ABSTRACT

HAYNES, TABITHA RASHEEN. Dropping the Cape of Strength: A Phenomenological Exploration of Black Superwomen’s Lived Experiences and Perceptions of Help-Seeking for Psychological Distress (Under the direction of Dr. Stanley B. Baker).

African American women experience psychological distress (i.e. stress, anxiety, or depression) at rates comparative to the general population. However, studies indicate that due to the presence of specific barriers, cultural factors, and perceptions of psychological distress, African American women generally do not seek professional help as a means to manage symptoms of distress. A prominent cultural factor for African American women—the Black Superwoman (BSW) persona, prompts women to exhibit strength, self-reliance, and self-silence in response to distress. Furthermore, the internalization and endorsement of the BSW persona, can hinder Black women’s propensity toward help-seeking. This qualitative research study was conducted to understand the phenomenon of help-seeking for Black Superwomen who experience psychological distress. Utilizing the interconnected tenets of Black Feminist Thought, Superwomen Schema Conceptual Framework, and the Theory of Planned Behavior, this study highlighted the voices of Black women and sought to uncover the true essence of help-seeking by exploring their unique lived experiences, perceptions and beliefs, cultural influences, and intersecting identities.

In keeping with phenomenological research methods, semi-structured, open-ended interviews were conducted with six women who self-reported experiencing symptoms of psychological distress, and who met criteria to be characterized as a Black Superwoman. Interview questioning yielded in-depth responses that answered the research questions: (1) How do Black Superwomen who experience psychological distress, experience help-seeking? (2)
What does help-seeking mean for a Black Superwoman who experiences psychological distress? and (3) What lived experiences influence help-seeking for Black Superwomen?

Research findings indicated that when experiencing psychological distress, these Black Superwomen seek help from external sources by utilizing informal supports and professional services, as well as utilize internal coping strategies and avoidant coping strategies as a means of seeking help from within. Many defined help-seeking as merely asking for and accepting assistance, however, most of the Black Superwomen’s perceptions of help-seeking have often been influenced by generational and cultural beliefs taught by their mothers, community and social networks. Additionally, these women reported experiencing personal crises of physical and psychological distress, and personal or professional role transitions that influence their help-seeking practices. Experiencing family crises, cultural stigma, and personal bias surrounding help-seeking have also impacted their process of seeking help.

Findings from the study offer significant implications for counseling professionals. It is necessary for counseling professionals to become knowledgeable of the Superwoman role and various intersecting identities, and its implications for African American women, and how it impacts help-seeking, as well as, all areas of life for this populations. Counselors should also consider integrating cultural-based theories that promote empowerment for women of color, that can prove effective in developing interventions that address the Black woman’s perceived relentless strength and excessive self-sacrifice which often results in increased distress. Future research should focus on the relationship between cultural values, social norms, expectations, religion, language, the social relationships endorsed by Black Superwomen, and the impact on their intentions and motivations to seek help. Generation variation and related differences should
also be explored with the goal of creating person-centered, culturally relevant treatment models that promote help-seeking options.
Dropping the Cape of Strength: A Phenomenological Exploration of Black Superwomen’s Lived Experiences and Perceptions of Help-Seeking for Psychological Distress

by
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A dissertation submitted to the Graduate Faculty of North Carolina State University in partial fulfillment of the requirements for the degree of Doctor of Philosophy

Counseling and Counselor Education

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Committee Chair

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Dr. Tuere A. Bowles               Dr. Sylvia C. Nassar
DEDICATION

“A strong woman knows she has strength enough for the journey, but a woman of strength knows that it is in the journey where she will become strong.” ~ Luke Easter

Praise GOD from whom all blessings flow. Above all, I give honor and praise to my Almighty God. Through your strength, mercy, favor, and love, I have the courage to undertake what appears to be the impossible. I dedicate this dissertation to my parents, Bobby and Dorothy Haynes, who instilled in me the importance of courage, ambition, and perseverance. Your demonstration of unconditional love for me has taught me how to have compassion for myself and others. I love you and am blessed to have your unwavering support and encouragement. This is also dedicated to my late grandmother Carrie Mell Roberson and late aunt Carolyn Roberson who were always so very proud of me and excited to hear about my latest endeavor. Every time the sun shines through the rain clouds I know that you are both watching and smiling over me.

Finally, this dissertation is dedicated to all of the Black Superwomen who suffer in silence because they believe that being strong means “sucking it up” and putting everyone and everything before themselves. Self-care and self-love are necessary for self-preservation; they are not selfish acts. To the counselors, mental health professionals, spiritual leaders, families, and other sources of support who empower and help foster resiliency for these women, and other vulnerable populations, you are the true SUPERHEROES.
BIOGRAPHY

Tabitha Rasheen Haynes was born and raised in Wilmington, North Carolina. She is the daughter of Bobby Lee Haynes and Dorothy Roberson Haynes. She received a Bachelor of Arts in Psychology from the University of North Carolina at Wilmington (1998). She worked as a professional in the human services field until relocating to Raleigh, North Carolina to spread her wings. During this time, her passion for mental health and entrepreneurship began to flourish. She, along with professional colleagues founded a community support agency servicing children and families faced with mental health and/or substance abuse challenges. While overseeing the operations of the company’s clinical program services, Tabitha decided to return to school where she received her Masters of Arts in Agency Counseling from North Carolina Central University (2010).

Tabitha is a Licensed Professional Counselor Supervisor, Licensed Clinical Addictions Specialist, and a National Certified Counselor. She has extensive experience providing individual, group, and family therapy for individuals diagnosed with mental health and/or substance use disorders. She is highly skilled in conducting short-term solution focused counseling, screenings, clinical and diagnostic assessments, and crisis intervention. She has worked heavily in residential treatment and inpatient psychiatric settings, medical and rehabilitative facilities, hospitals, and community agencies where her focus has been the wellness of the total person. As a professional interfacing with a primarily marginalized client base, Tabitha began to recognize a growing number of African Americans entering into treatment that were either resistant due to cultural barriers or had previously received inadequate mental health care. These individuals had begun to mistrust their providers due to misdiagnoses, limited access
to case, or culturally insensitive therapy practices. This became the basis of Tabitha’s research interest.

In 2015, Tabitha entered North Carolina State University to pursue her Doctor of Philosophy degree in Counseling and Counselor Education. As a student, Tabitha further developed her competencies in the area of research, teaching pedagogy, and counseling supervision. She was soon awarded a fellowship from the National Board of Certified Counselors (NBCC) and named a 2016 recipient of the Minority Fellowship Program grant for her commitment to underserved populations and the development of culturally competent counseling professionals.

Tabitha has held various leadership roles on the professional and institutional level. She has served as an advocacy chair for the North Carolina Association of Multicultural Counseling and Development (NCAMCD), student representative for the Committee on Multicultural Issues and Diversity (COMID) at NC State University, College of Education; and national member of Chi-Sigma-Iota (Counseling Academic and Professional Honor Society). She is a nationally recognized Mental Health First Aid Trainer and Certified Peer Educator Trainer. She has honorably served on the Counselor Education Faculty Search Committee for the Department of Educational Leadership, Policy, and Human Development at NC State University.

Tabitha lives by the philosophy of, “Live simply so that others may simply live”. She lives life with intention and purpose and recognizes her ability to have extraordinary impact on others. She further believes that mutual empathy, respect, and love are at the core of any meaningful connection we have with another individual. Her parents always encouraged her to celebrate herself. Being Black and a woman are not obstacles. It is this same encouragement and empowerment she hopes to impart on the women she faces both in her personal and professional
life. It is her clients’ and students’ inner strengths, commitment to self and their wellness that continues to motivate Tabitha toward professional fulfillment.

Tabitha currently lives in Raleigh, NC where she is surrounded by friends and loved ones who share her interest in music, concerts, movies, and travel. She is the Assistant Director for Clinical Services at North Carolina Central University’s counseling center. There she is responsible for overseeing the center’s training program for master level practicum and internship students. She provides individual and group supervision for trainees, conducts individual and group counseling for students, is heavily involved in outreach programming, and is an advisor for Project SUCCESS, a student mental health ambassador and peer education program.
ACKNOWLEDGMENTS

“For I know the plans I have for you,” declares the Lord, “plans to prosper you and not to harm you, plans to give you hope and a future.” Jeremiah 29:11

Glory to GOD in the highest. I would first like to thank my Lord and Savior for ordering my every step and making my pathway clear. My faith in you and trust in your promises have always been the foundation of my success. To my mother and father, Bobby and Dorothy Haynes, you are my biggest cheerleaders who remind me that my reach should exceed my grasp. I have the ability to achieve what seems to be the impossible. You are a reflection of God’s love for me and I thank you. I am blessed to have two of the most loving parents who have made many sacrifices for my betterment. Because of your hard work and dedication to building a foundation that supports all of my aspirations, I am even more steadfast in my efforts to continue your legacy of greatness.

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with your students. You taught me a great deal about self-awareness and the importance of
demonstrating mutual empathy and love. We have only just begun to change the world! To Dr.
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you on your various research projects. You were my first introduction to collaborative qualitative
research. Those experiences peaked my curiosity and fueled my desire toward qualitative
inquiry. You pushed me beyond my self-imposed limits and further confirm that Black women
are indeed a valuable asset in academia.

To my village of “Sister Docs”, Atalaysha, Regina, LaVera, Katrina, Latonya, Liz, and
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my tears, and my triumphs. I am appreciative for your mentorship and collaboration throughout
the years. Your friendship helped me to know I was not alone in this journey even during some
of my most isolative moments. We are Superwomen.

To my loving friends, extended family, and classmates who have been with me
throughout this process, I give special thanks. Your care and support and constant reminders in
helping me find balance has proven to be invaluable. To my special sorority sisters, thank you
for the regular phone calls, fellowship, and check-ins that kept me from checking-out. I love you
to the moon and back.
A special thank you to my co-workers and colleagues at North Carolina State and North Carolina Central Universities’ counseling centers. You have been instrumental in my personal and professional growth. I am fortunate to have worked alongside some of the most skillful and talented individuals in the profession. To my students and any other youth, adults, and families that I have had the pleasure of working with, it is because of you that I am inspired to continue walking in my purpose of helping and healing.

Never-ending gratitude goes out to the resilient and courageous women who participated in my study. I am humbled that you allowed me into your space, your life, and your hearts all without reservation. You believed in my vision, my mission, and my goals which gives me the confidence to promote hope and wellness in others. I could only hope to be as determined and brave as many of you are. You are my SHE-ROES!
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CHAPTER 1: INTRODUCTION

The prevalence of mental health related conditions (i.e. stress, anxiety, and depression) for African Americans is evident. In fact, the American Psychiatric Association (APA; 2017) reports that rates of mental health occurrences for African Americans are similar to those of the general population. However, there are noteworthy differences in mental health conditions and psychological distress across various race, gender, and age groups (Watkins & Johnson, 2018). For instance, “African Americans experience disproportionately higher levels of psychological distress due to their exposure to a greater frequency and severity of psychosocial stressors (e.g., experiences with marital problems, the justice system, abuse, and financial crises) compared to other groups”, as reported by Watkins and Johnson (2018, p. 2). Likewise, both the frequency and severity of psychosocial stressors are exacerbated by other socio-demographic factors, such as, age, household income, marital status, and education level that can influence the emotional and psychological health of African Americans (Watkins & Johnson, 2018). As for African American women, it is reported that they experience higher rates of depression, anxiety, and phobias compared with African American men, and they experience more mental health-related hardship than White women (Sosulski & Woodward, 2013). Therefore, it can be assumed that Black and African American women experience more psychological stressors based on their demographic backgrounds, which in turn, increases the need for access to effective help-seeking resources.

Despite the growing number of mental health occurrences among people of color, disparities exist and utilization of health care services are significantly low (APA, 2017). Reports from the APA (2017) indicate that people from racially/ethnically marginalized groups are less likely to receive mental health care. Only one-in-three African Americans who need mental
health care receives it (APA, 2017). For example, statistics show that in 2015, among adults with any mental illness, 48% of whites received mental health services, compared with 31% of blacks (APA, 2017). For Black women, mental health service use is drastically lower compared to white women (APA, 2017). Substance Abuse Mental Health Services Administration (SAMHSA), the Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health reported that between 2008 and 2012, 10.3% of African American women utilized professional services compared to 21.5% of white women (APA, 2017, SAMHSA). Given the aforementioned statistics, it continues to be a growing concern that African American women who experience psychological distress (i.e. stress, anxiety, or depression), do not actively seek professional help.

Although African American women are burdened by psychological distress, their use of mental health services is low. According to Watson and Hunter (2015a), African American women generally do not seek professional psychological services as a means to manage psychological distress due to the presence of specific barriers, cultural factors, and perceptions of psychological distress. This means that they may not access formal support if they do not believe a problem exists, and therefore there is no perceived need for help. Fear of stigma associated with seeking professional psychological services, an individuals’ psychological openness, and their willingness to seek help from professionals (Watson & Hunter, 2015a), are also factors in determining help-seeking intentions for African American women.

Help-seeking for psychological distress can be multifaceted and have various meanings for Black and African American women. In fact, studies indicate that African American women endorse a range of behaviors to cope with distress, including seeking formal professional help, using informal support networks, prayer, and sometimes avoidance. (Ward, Clark, Heidrich,
These various behaviors and self-care strategies may be influenced by cultural messages, values, or imagery received from society or familial sources. Therefore, improving disparities in treatment may not be solved solely by targeting specific groups, but rather identifying specific beliefs and cultural factors among members of particular groups (Banks, 2002). This means that the variation in treatment utilization and help-seeking among African American women may be more closely related to how much they adhere to culturally defined beliefs (Banks, 2002) or even the endorsement of a culturally specific image.

Scholars have claimed that a prominent cultural factor for African American women—the Black Superwoman (BSW) image, prompts women to exhibit strength, self-reliance, and self-silence in response to stressors (Beauboeuf-Lafontant, 2007; Black & Peacock, 2011; Watson & Hunter, 2015b; Harrington, Crowther, & Shipherd, 2010; Woods-Giscombe, 2010) which can hinder their propensity toward help-seeking. The BSW image is characterized by an expectation to be strong and practice emotional suppression which contradicts help-seeking behavior. This image was partially developed as a result of African American women’s efforts to counteract stereotypes and negative societal characterizations of womanhood, and intended to highlight unrecognized attributes that developed and continue to exist despite oppression and adversity (Woods-Giscombe, 2010). Initially, images such as the BSW may appear to be a barrier against psychological distress; however, endorsing this mask of strength has been linked to negative outcomes such as, binge eating, obesity, emotion dysregulation, increased distress, depression, and anxiety for African American women (Beauboeuf-Lafontant, 2003; Donovan & West, 2015; Giscombe & Lobel, 2005; Harrington et al., 2010; Romero, 2000; West, Donovan, & Daniel, 2016; Woods-Giscombe’, 2010). Furthermore, the Black Superwoman suffers in
silence as a result of internalizing an image of strength and resisting or avoiding seeking help for psychological distress.

The BSW image is pervasive within Black culture, and for Black women it may become an important part of her intersecting identities—as a woman, a Black person, and an individual who personifies the Black Superwoman image. Consequently, Nelson, Cardemil, and Adeoye (2016) emphasized the importance of exploring cultural context and intersecting identities and how these concepts may relate to how Black women understand and seek help for their personal mental health. Exploration of the phenomenon of help-seeking as experienced by Black Superwomen is imperative to counseling professionals for the development of culturally sound interventions that support Black women’s strengths, encourage vulnerability, and promote self-care. However, little is known about how Black Superwomen make meaning of help-seeking for psychological distress. Moreover, there is limited qualitative research exploring the help-seeking experiences for women who internalize the BSW image. Thus, it is necessary that this dissertation study utilize a lens of advocacy to capture the voices and views shared by this population of Black women to understand the essence of help-seeking that may potentially explain the disparities in mental health care.

Statement of the Problem

Research has indicated that the underutilization of professional mental health care for African American women is due to the presence of various barriers. Barriers, such as, stigma associated with mental illness, distrust of the health care system, lack of providers from diverse racial/ethnic backgrounds, lack of culturally competent providers, and lack of insurance or underinsurance (APA, 2017) result in Black women’s decision to postpone care or delay help-seeking for psychological distress and related mental health conditions. Additional common
barriers to seeking help and accessing care are associated with the importance of family privacy, lack of knowledge regarding available treatments, and denial of mental health problems (APA, 2017).

Despite the evidence of literature addressing help-seeking behaviors for African American women, there appears to be little research specific to the study of Black women who endorse the BSW image and how they perceive and experience help-seeking when in distress. Watson and Hunter (2015a) suggested that for many Black women, the previously named barriers coupled with their personal attitudes, experiences, perceptions of help-seeking, as well as, specific cultural factors influence their reluctance in accessing professional psychological services as a means to manage psychological distress. Additional gaps in the literature involve the lack of acknowledgement of individual beliefs and personal stigma as barriers to help-seeking for Black women. Ward et al. (2009) agreed that the “growing body of literature on systemic-level barriers makes a significant contribution, it fails to provide insight into whether other beliefs (individual level)—such as internalized stigma of mental illness, shame and embarrassment about mental illness, lack of knowledge of mental illness and cultural norms—might serve as barriers for African American women” (p. 1591).

It appears that the culturally specific factor, the BSW image, impacts the help-seeking behaviors for Black women experiencing psychological distress; however, there is limited literature addressing this concern. It is also problematic when Black women constantly receive cultural and systemic messages from society and familial sources that promote the overwhelming need to be strong, independent, self-reliant, emotionally contained, hardworking and high achieving, all while taking care of family and others (Donavan & West, 2015; Nelson, et al., 2016). Intergenerational messages from mothers, grandmothers, aunts, and significant others
emphasizing the importance of maintaining strength and exhibiting strength behaviors, become ingrained in the minds of Black women at an early age (Abrams, Maxwell, Pope, & Belgrave, 2014). These repeated messages result in self-silencing and suffering that have yet to be thoroughly addressed in counseling specific literature.

Additionally, much of the research has utilized a quantitative design approach, whereas a qualitative method would empower Black women to share their stories and allow for the exploration of lived experiences to guide in understanding how this population of women make meaning of help-seeking. Quantitative studies have addressed the relationship between adopting a persona of strength and the exacerbation of chronic stress and related mental health issues (Donovan & West, 2015; Woods-Giscombe’, 2010), as well as, health conditions such as, cardiovascular disease (Abrams, 2015). Scholars agreed that for the Black Superwoman, the embodiment of stress and the aforementioned health conditions has been linked to the postponement of self-care, avoidance coping, emotional silencing, reluctance to vulnerability, and underutilization of mental health care (Beauboeuf-Lafontant, 2003, 2007; Black & Peacock, 2011; Woods-Giscombe´, 2010). Although useful, these studies’ findings rarely offer theoretical based counseling strategies that have been supported by participants’ vocalized experiences.

Finally, to date, there are little evidenced based, culturally specific counseling interventions developed to treat mental health conditions for Black Superwomen. Previous studies have provided some recommendations for professionals to promote culturally sensitive intervention strategies when working with this population (Donovan & West, 2015; Watson-Singleton, 2017; Woods-Giscombe´, 2010). For example, Watson and Hunter (2015a) pointed out that strong Black women who suppress their emotions may not verbalize their true symptoms during assessment and screening. They suggest that clinicians use care when interpreting the
possible lack of endorsement of emotionally laden assessment prompts (Watson & Hunter, 2015a). Romero (2000) suggested that professionals facilitate emotional expression among African American female clients by exploring the origin of these images and its role in self-silencing. Similar to these studies, Abrams et al. (2014) charged mental health professionals to consider that internalization of images of strength may “enhance existing cultural biases against mental health professionals and ultimately discourage women from seeking care” (p. 516). For the BSW, this means that even if they are willing to initiate treatment, counseling and self-care may not be a high priority (Abrams et al., 2014).

**Overview of Theoretical Framework**

An essential component of the present study, is the use of applicable theory as a basis to guide research and formulate research questions. Few theoretical models are found to be relevant in exclusively explaining Black women, strength, and mental health. Additionally, there is no single empirically and culturally based counseling theory that guides research to address help-seeking experiences for the BSW. Instead, for the purposes of this research study, the integration of various theoretical models is applied. These theories allow for connections to be made between the abstract and the concrete; the theoretical and the empirical; and between thought statements and observational statements (Sunday, 2008). Furthermore, these interconnected theories have been fundamental in determining and defining the focus and goals of the research problem. This section presents a brief synopsis and rationale of selected theoretical underpinnings for the study. These frameworks are discussed in detail in Chapter Two.

**Black Feminist Thought**

Patricia Hill Collins’ Black Feminist Thought (BFT; 1990) has been selected for the study because it introduces the importance of Black women’s recollections of lived experiences
which are considered truth. Black feminist thought presents Black women's emerging power as agents of that truth and knowledge (Collins, 1990). BFT provides key elements that highlight the importance of the Black female voice and perspective as it pertains to her life experience. BFT assumes that Black women have a unique perception of their experiences and that common themes exist among groups of Black women. BFT also places emphasis on the role of Black female intellectuals, in this case the researcher, as one that produces facts and theories to clarify the Black woman’s perspective for other Black women.

Black feminists, such as Collins, see Black women as powerful, self-reliant, confident, and independent individuals that challenge race, gender, and class oppression. BFT provides a framework that seeks to help women cope with discrimination and gender stereotypes, taking into account multiple levels of marginalization (Collins, 2000). BFT is based on the idea that oppression is part of an interconnected system of domination called intersectionality, which describes gender, race, and class as being inseparably bound together (Collins, 1990). Collins (1986) also identified the following three key themes critical to BFT and the understanding of the lived experiences of Black women: (a) self-definition and self-valuation, (b) the interlocking nature of oppression, and (c) importance of Afro-American women's culture. The inclusion of concepts essential to BFT as a framework for the present study has significant potential for clarifying Black women's standpoint of and for Black women and in understanding the historical and contemporary viewpoints of Black women that influence how they perceive help-seeking and experience mental health care.

**Superwoman Schema Conceptual Framework**

Superwoman Schema Conceptual Framework (SWS), developed by Cheryl Woods-Giscombé, (2010), is a model that explores the relationships between strength, stress, and health
disparities among African American women. Woods-Giscombé, like Patricia Hill Collins and Black feminist perspectives, places great emphasis on the lived experiences of African American women, including the sociohistorical experiences of discrimination and oppression. According to Woods-Giscombé (2010), these experiences and perspectives can have a great impact on the way Black women experience and report stress-related health conditions. The SWS conceptual framework reveals ways in which more proximal (and often gender-related) life experiences shape an African American woman’s propensity toward the Superwoman role (Woods-Giscombé, 2010); a role characterized by: (a) obligation to help others, which includes difficulty saying no to multiple roles and responsibilities; (b) resistance to being vulnerable or dependent; (c) obligation to suppress emotions; and (d) postponement of self-care.

The SWS conceptual framework is made up of four key constructs intended to operationalize the Superwoman role and act as an instrument to measure the phenomenon to facilitate empirical examination of the impact on health (Woods-Giscombé, 2010). These common themes are the basic foundation of theoretical model. Constructs include: (a) characteristics of the Superwoman role, (b) contributing contextual factors, (c) perceived benefits, and (d) perceived liabilities (Woods-Giscombé, 2010). The inclusion of this theoretical model provides a framework to understand the Superwoman role, its historical contexts, and the characteristics that encompass this identity. The integration of key constructs of the SWS framework prove instrumental in understanding how internalizing the BSW image influences the perceptions and experiences of help-seeking, as well, as the way Black women report psychological distress.
Theory of Planned Behavior

According to Gulliver, Griffiths, Christensen, and Brewer (2012), several theories and models have been applied to help-seeking for mental health issues, but none has been widely accepted. For this study, Icek Ajzen’s (1991) Theory of Planned Behavior (TPB), an empirically tested model concerned with predicting human behavior in certain situations, has been selected. A central focus of the TPB is the individual’s intention to perform a given behavior (Ajzen, 1991). According to Ajzen (1991), intentions involve the motivational factors that influence a behavior, and are indicators of the effort and will an individual puts forth in order to perform the behavior in question. The TPB assumes three determinants of intention to perform specific behaviors: (a) attitudes toward the behavior, (b) subjective norms, and (c) perceived behavior control (Ajzen, 1991). Attitudes, subjective norms, and perceived behavior control predict intentions to engage in the behavior, while intentions predict performance of the behavior (Ajzen, 1991). The tenets of the TPB aid in understanding the help-seeking intentions, beliefs, and attitudes of Black women.

The TPB has been successful in utilizing variables of attitudes toward the behavior, subjective norms, and perceived behavioral control in explaining a variety of help-seeking behaviors for IPV survivors, International and African American college students, and men’s psychological help-seeking (Liang, Goodman, Tummala-Narra, & Weintraub, 2005; Mesidor & Sly, 2014; Smith, Tran, & Thompson, 2008). Therefore, it is assumed that the TPB is an acceptable framework for exploring the help-seeking experiences of the Black Superwoman. The TPB also places emphasis on salient beliefs and past behavior as a factor when seeking help. Ajzen (1991) argues that past behavior can be the best predictor of future behavior, while salient beliefs are considered the most dominant determinants of an individual’s intentions and actions.
These constructs of TPB are useful in exploring past experiences of help-seeking and cultural beliefs as contributors to help-seeking.

**Purpose of Study**

The purpose of this phenomenological research study was to understand the phenomenon of help-seeking for Black Superwomen who experience psychological distress. A primary goal of the present study was to capture the true essence of help-seeking for Black women who endorse the BSW image by exploring their lived experiences; essentially to make meaning of help-seeking for Black Superwomen. Help-seeking is defined in several ways for several individuals, and there appears to be no specific definition for help-seeking, especially for the Black Superwoman; therefore, it is necessary to hear their voices and understand what help-seeking means in their lives. The aim was to identify personal, social, environmental, and historical factors that influence perceptions and experiences of help-seeking for psychological distress, and explore what is involved in their help-seeking process.

A second goal of the present study was to fill in the gaps of research through qualitative exploration that lends an ear to the voices that have long been silenced. The intent was to expand the existing body of literature that focuses on Black Superwomen by defining, describing and understanding the phenomenon of help-seeking for this unique population. A number of studies have been conducted to examine mental health and help-seeking attitudes or behaviors among Black women, and several studies have even laid the foundation of our understanding of the BSW and other related images of strength. However, few have explored the experiences and perceptions of help-seeking among women who endorse the BSW image. Scholars suggest that research be conducted to explore the intersecting identities of Black women (Black, female, and BSW) to understand how they seek help for their mental health (Nelson, et al., 2016).
Lastly, a final goal of the current study was to provide recommendations for counselors and counselor educators specific for the mental health treatment, support, and advocacy of self-proclaimed Black Superwomen. Participants’ voiced experiences and perceptions of mental health care and the help-seeking process are essential to the development of culturally relevant treatment interventions. Jones, Hopson, Warner, Hardiman, and James (2015) suggested that future research focus on participants’ emphasis on the need to be perceived as strong black women should be considered in future studies of Black women and receiving mental health treatment. Future studies can be useful in identifying ways to use such strength to engage women in treatment (Beauboeuf-LaFontant, 2007; Glass, 2012; Miranda & Cooper, 2004; Woods-Giscombe´, 2010; as cited by Jones et al., 2015).

**Significance of the Study**

The barriers that prevent Black women from seeking help for psychological distress and other related mental health conditions are numerous. However, there appears to be a lack of counseling literature addressing the cultural factors that impact help-seeking for Black women. It is of vital importance that the counseling field give more attention to the intersecting identities of Black women, namely the convergence of race, gender, and the BSW image. The present study can inform counselors, scholars, and educators on the impact that internalizing strength and endorsing the BSW persona can have on Black women’s definition and experiences of help-seeking. Nelson, et al., (2016) suggested researchers explore strength and how this concept relates to Black women’s understanding and seeking help for their personal mental health. The researcher also considered how personal, social, environmental, and historical factors may shape perceptions of help-seeking for Black Superwomen, and explored how past and present lived experiences influence their utilization of support networks and resources. The findings from this
study add to the counseling body of knowledge and can also inform research. This research study can be a catalyst in developing culturally sound practice and interventions for Black Superwomen seeking professional help in response to psychological distress.

The present study is significant in addressing the urgency of advocacy, support, and the empowerment of Black women who share a collective history of slavery, colonization, objectification, and discrimination. Racist, sexist, and classist ideologies remain embedded within U.S. culture today, and stereotypical views of Black women that originated during the slave era continue to persist (Nelson, et al., 2016) and frequently impact how Black women perceive themselves and the world around them. Nelson et al. (2016) suggest that clinicians and researchers support Black women’s historical context of strength and vulnerability in relations to their help-seeking practices. Findings from the study can inform future research regarding mental health professionals’ responsibility in addressing systems of oppression and discrimination that may result in Black women’s resistance toward seeking help. Furthermore, because it appears that Black women may also resist professional help-seeking due to barriers such as, limited access to culturally competent clinicians or few opportunities to work with professionals matching their racial and ethnic backgrounds (Cristancho et al., 2008; Miranda et al., 2003; Tidwell, 2004; as cited in Ward, et al., 2009), it is essential that this study provide a culturally specific lens from which all clinicians can operate.

Despite the growing body of research examining help-seeking for mental health concerns, studies that employ culturally-based theoretical models to investigate and understand the meaning of help-seeking remain scarce. Additionally, there is a significant lack of counseling and culturally-based theories focused on African American women and access to care. The application of culturally specific models in understanding help-seeking is essential for
researchers to identify possible strategies through which help-seeking intentions can be enhanced. It has been suggested that integrating a Womanist theoretical perspective, similar to BFT, into counseling approaches for Black women has the potential to increase the number of Black women who receive the necessary mental health support (Abrams, Hill, & Maxwell, 2018). Therefore, it is imperative that studies such as this, provide integrative conceptual frameworks that can enhance the understanding of the phenomenon and create a pathway for future research in addressing help-seeking barriers for culturally diverse populations.

To the researcher’s knowledge, this study is the only to use qualitative methodology combined with Black Feminist Thought (BFT), Superwoman Schema Conceptual Framework (SWS), and the Theory of Planned Behavior (TPB) to comprehensively examine Black women’s perceptions and experiences of help-seeking in response to psychological distress. Use of the interconnected concepts of each model helps to address the intersecting identities of the participants, as well as, illuminate their underlying beliefs. The findings from the present study provide a framework to better understand this population’s conceptualization of help-seeking, their preferred modes of support, and how stigma and other cultural barriers affect professional help-seeking behaviors.

**Overview of Methodology and Research Questions**

The researcher utilized a hermeneutic phenomenological approach to qualitative inquiry to explore and understand the meaning of help-seeking through the lived experiences of the identified participants. The approach seeks essentially to describe rather than explain, and to start from a perspective free from hypotheses or preconceptions. This method of research not only allows for exploration of the phenomenon of help-seeking, but also focuses on illuminating details within lived experiences with a goal of making meaning and achieving a sense of
understanding of help-seeking (Wilson & Hutchinson, 1991, as cited by Laverty, 2003). The voices of participants are an essential component in this method of research and each woman is empowered to share her perspectives as a means to garner a detailed understanding of what help-seeking means when responding to psychological distress.

The hermeneutic approach is also most appropriate for this study in that it highlights the importance of participant’s history or background, including their culture and generational philosophies of understanding the world. This research approach is ideal in the exploration of Black women’s experiences that are rooted in cultural, social and historical contexts. Presented in the current study are the perceptions and experiences of help-seeking from a demographically diverse sample of six Black women essentially gathered from in-depth, open-ended, semi-structured interview questions. Recorded interviews yield thick, rich descriptions, therefore resulting in highly meaningful data.

Interpretive Phenomenology Analysis (IPA), which draws from the hermeneutical approach was utilized to analyze data. Data was transcribed into text and reduced into themes by coding or identifying patterns. An interpretative relationship with the transcribed data results in a deeper meaning and understanding of help-seeking for Black Superwomen. IPA also highlights the assumption that the researcher has some knowledge and expertise in the subject matter, which in turn means they may have considerable scope in interpreting the participants’ experiences (Smith, 1996; Sutton & Austin, 2015). Therefore, the researcher’s experiences and assumptions are not bracketed or set aside, but rather acknowledged that they are essential to the interpretive process.

The purpose of the dissertation study was to understand the phenomenon of help-seeking for Black Superwomen who experience psychological distress which serves as the basis for the
research questions. The central research questions and sub-questions which are also linked to the theoretical models and provide the foundation and main focus of the study, are as follows:

1. How do Black Superwomen who experience psychological distress, experience help-seeking?
   a. What does help-seeking involve for Black Superwomen?
   b. How do black superwomen seek help?

2. What does help-seeking mean for a Black Superwoman who experiences psychological distress?
   a. What personal, social, environmental, and historical factors shape help-seeking perceptions for Black Superwomen?
   b. What past experiences shape perceptions of help-seeking for Black Superwomen?

3. What lived experiences influence help-seeking for Black Superwomen?
   a. What personal, social, environmental, and historical factors influence help-seeking for Black Superwomen?
   b. What past experiences influence help-seeking for Black Superwomen?

Key Terminology

The following significant and most frequently used terms in this study are being defined. All definitions are from this author’s point of view if not otherwise accompanied by a referenced citation.

1. African American Women- for the purpose of this study, African American women are defined as women of African descent born and living in the United States. This term is often used interchangeably with the term Black Women, however, women who identify as Black may not consider themselves American or from America. Both terms Black and
African American are used in this document with Black used as a general term to refer to individuals of African ancestry, and African American referring to ethnicity or women born in the United States (Anyikwa, 2015).

2. Strong Black Woman - often used interchangeably with Black Superwoman. The SBW has been consistently described as a “schema” that prescribes an exclusive set of cognitive and behavioral expectations for African American women, notably standing up for oneself, exhibiting self-reliance, and taking care of others (Beauboeuf-Lafontant, 2007; Settles, Pratt-Hyatt, & Buchanan, 2008; Woods-Giscombé, 2010, as cited by Watson & Hunter, 2015b). Additionally, terms used to describe the SBW include: mask (Beauboeuf-Lafontant, 2003; Beauboeuf-Lafontant, 2007), ideology (Harrington, Crowther, & Shipherd, 2010), and script (Black & Peacock, 2011, as cited by Watson & Hunter, 2015b).

3. Black Superwoman - often used interchangeably with Strong Black Woman; Superwoman is defined as the “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 2010). Also refers to the tendency for some women to portray a superhuman-like ability to successfully manage multiple roles and responsibilities (Shaevitz & Shaevitz, 1984; Wallace, 1990; Woods-Giscombe, 2010). “Black” indicates the terms’ relevance to the racial group of Black women.

4. Psychological Distress- “a state of emotional suffering characterized by symptoms of depression and anxiety” (Drapeau, Marchand, & Beaulieu-Prevost, 2012). Psychological
distress involves: (a) the exposure to stressful situations that threaten one’s psychological and physiological health, (b) the failure to effective cope with the presenting stressor, and (c) the resulting strain that results from the ineffective coping (Drapeau, et al., 2012). For the purpose of this study, self-reported symptoms relating to stress, anxiety, and depression occurring within the last 12 months will be the primary focus.

5. **Help-Seeking**- the act of searching for assistance for psychological or emotional distress. Assistance may be in the form of professional counseling, therapy, various treatment modalities, or other formal and informal modes of support based on the views and perceptions of the study participants.

**Organization of the Study**

There are five chapters included in the present study. The first chapter has provided an introduction of the main focus of the present study. The statement of the problem, significance of the study, overview of theoretical framework, purpose of the study, overview of methodology and research questions, and key terminology are also included in Chapter 1. Chapter 2 provides a review of literature focused on help-seeking and its various definitions, help-seeking for psychological distress, the dimensions of help-seeking, and help-seeking with a focus on Black women. The review of literature also centers on the historical context, characteristics and expectations of the Black Superwoman, the Black Superwoman and psychological distress, and the Black Superwoman and help-seeking. Further detail into the three theories utilized in this study: Black Feminist Thought, Superwoman Schema Conceptual Framework, and the Theory of Planned Behavior is also provided in Chapter Two. The methodology utilized in the study is discussed in Chapter 3 with details about the research design, population and sample of participants, instrumentation, and procedure including data collection and analysis. Chapter 4
focuses on the findings of the interviews conducted in the phenomenological study, with the final chapter, Chapter 5, presenting a discussion of the findings of the study and implications for counseling professional, as well as limitations and recommendations for future research.
CHAPTER 2: REVIEW OF LITERATURE

Relevant literature is reviewed in this chapter to gain an understanding of the Black Superwoman, and their help-seeking experiences when responding to psychological distress. This chapter demonstrates that a gap exists in the research relating to help-seeking for Black Superwomen with psychological distress, particularly regarding how they experience and make meaning of help-seeking. An analysis of applicable theoretical models is also offered to guide research and make connections between shared experiences of Black Superwomen that shape their views and understanding of help-seeking. The review of literature will be presented in the following sections: (a) an introduction to the help-seeking phenomenon; (b) the Black Superwoman; (c) theoretical framework with selected theoretical models, (Black Feminist Thought, Superwoman Schema Conceptual Framework, and Theory of Planned Behavior); (d) theory synthesis and integration; and (e) chapter summary.

Search for Relevant Literature

There appears to be limited research on Black women and their lived experiences of help-seeking. Specifically, there is minimal literature providing an understanding of how Black Superwomen experience and make meaning of help-seeking when experiencing psychological distress. A comprehensive search of on-line databases was conducted to locate relevant literature, published in the last decade (2008-2018), on “help-seeking”, “help-seeking perceptions”, and “help-seeking experiences”, among Black/African American women. Searches also included keywords; Black Superwoman and Strong Black Woman. A search of Google Scholar, the Educational Research and Information Center (ERIC), PsychINFO, SAGE, North Carolina State University and North Carolina Central University’s library search, JSTOR, and ProQuest yielded hundreds of results. However, results narrowed after eliminating irrelevant studies.
Subsequently, much of the literature focuses on quantitative research methods to investigate variables of help-seeking rather than explore the unique experiences of Black women shared by Black women.

Studies closely relating to Black Superwomen emphasized strong Black woman images and distress associated with internalizing the role, and only offered implications for mental health professionals in addressing role identification. Furthermore, the majority of research is based in psychology, rather than counseling specific. Overall, there are no recent empirically based qualitative studies that exclusively explore Black women who endorse the Black Superwoman persona and their experiences of help-seeking in response to psychological distress; therefore, more research in this area is warranted. The following sections present relevant research discussing the themes of help-seeking and psychological distress for African American/Black women and the Black Superwoman.

Help-seeking

Help-seeking is a complex phenomenon that has gained attention within the healthcare and education arenas. Scholars have investigated concepts of behavior, attitudes, and beliefs that drive help-seeking intentions in a variety of settings such as, interactive learning environments and classrooms (Aleven, Stahl, Schworm, Fischer, & Wallace, 2003), as well as in domestic violence shelters (Anyikwa, 2015) and college settings (Chen, Romero, & Karver, 2016). With regards to these concepts, there appears to be an abundance of literature regarding help-seeking behaviors, including research on mental health help-seeking behaviors and young people (Gulliver, Griffiths., & Christensen, 2010); help-seeking amongst university students (Kearns, Muldoon, Msetfi, & Surgenor, 2015); men’s mental health help-seeking behaviors (Parent, Hammer, Bradstreet., Schwartz., & Jobe (2016); and help-seeking behaviors among urban
adolescents with a history of dating violence and suicide ideations (Alleyne-Green, Fernandes, & Clark, 2015) to name a few. Most noteworthy is the study conducted by Anyikwa (2015) that considers an intersectionality perspective in addressing the intersecting factors of race, ethnicity, class, and gender that impact Black women’s help-seeking strategies.

Although these studies are relevant in investigating the concept of help-seeking behaviors, Fishcer and Turner (1969) were among the first to explore the constructs of help-seeking attitudes as a catalyst to actually accessing care. They suggested that an individual’s attitude toward receiving help motivates actual help-seeking behavior (Fishcer & Turner, 1970). Studies investigating older adults’ help-seeking attitudes (Mackenzie, Scott, Mather, & Sareen, 2008); and African American men and women’s mental health help-seeking attitudes (Ward, Wiltshire, Detry, & Brown, 2013) are relevant examples in addressing how individuals’ beliefs and perceptions impact their help-seeking experiences.

**Defining Help-seeking**

Despite the evidence of growing literature pertaining to help-seeking, there appears to be no definite definition. Mechanic (1982) provided one of the earliest definitions of help-seeking as an adaptive form of coping. Help-seeking was later defined as the behavior of actively seeking help from other people (Rickwood, Deane, Wilson, & Ciarrochi, 2005). Additionally, Rickwood, Thomas, and Bradford (2012) specified that in the mental health context, help-seeking is an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern. Glass (2012) pointed out that Rogler and Cortes (1993) defined help seeking as a set of transactions between a help seeker and help provider, also called a pathway. She added, “Pathways begin at the onset of the distress” (Glass, 2012, p. 95). They are not random and are
influenced by the subjective experience of the individual, cultural norms, expressions of distress, and the context of social networks (Steel et al., 2006; Uehara, 2001; as cited by Glass, 2012).

Help-seeking can be characterized in several different ways for different people. Formal help-seeking, includes assistance from professionals, while informal help-seeking involves help from social networks or other various sources of assistance. For the purpose of this study, the definition of help-seeking is the act of searching for assistance for psychological or emotional distress. Assistance may be in the form of professional counseling, therapy, various treatment modalities, or other formal and informal modes of support. The exploration of study participants’ lived experiences results in further interpretation and making meaning of this phenomenon.

**Help-seeking for Psychological Distress**

Help-seeking in response to psychological distress and other related mental health conditions can be considered a cultural phenomenon that involves the influence of tradition, values, and one’s world view. In fact, help-seeking, or “pathways” as coined by Rogler and Cortes (1993) is an unfolding process structured by the merging of psychosocial and cultural factors (Glass, 2012). Cultural factors associated with help-seeking can also be considered barriers to receiving support or assistance for psychological distress. Awareness and perceived need for help are such barriers. In a study conducted by Ward, et al. (2009), they found that Black women reported a lack of awareness and even denial of the existence of mental health related distress in the African American community. They concluded that this is an example of the cultural belief that Blacks are supposed to be strong which could be related to the mental illness stigma in the African American community (Ward, et al., 2009).

Similarly, Villatoro, et al. (2018) highlighted that perceived need among racial/ethnic marginalized populations can explain the underutilization of mental health services. Perceived
need describes how individuals perceive and label their mental health problems. The self-labeling process can motivate a person to seek help if they believe their problems exist or are severe. Villatoro, et al. (2018) found that perceived need varies based on gender, race, class, and mental health literacy. They concluded that African Americans had the lowest percentage of perceived need for help based on the unlikelihood of self-labeling a mental health condition (Villatoro, et al., 2018).

**Dimensions of Help-seeking**

There can be various preferred modes of support pursued when responding to psychological distress. Additionally, help-seeking preferences are influenced by various attitudinal and socio-demographic factors which can often result in unmet needs, treatment gaps, and delays in help-seeking (Picco et al, 2006; as cited by Ward, et al., 2009). Scholars have identified two preferred dimensions of help-seeking: (1) formal sources which refer to services provided by professionals and professional agencies, and (2) informal sources which refer to help from individuals’ own social network (i.e. friends, family, religious figures, healers, and self-help (Gibbs, Snowden, & Huang, 1996; Taylor, Hardison, & Chatters, 1996; Ullman & Filipas, 2001; as cited by Anyikwa, 2015). Literature suggests that there are gender, race, and class differences associated with each help-seeking dimension.

**Formal sources.** The use of professional sources to address mental health related distress is not uncommon among communities of color. However, African American women are more likely to access formal support compared to men (Toler Woodward, Taylor, & Chatters, 2011; Ward, et al, 2009). In fact, some studies show that African American women utilize formal supports more often than resisting help all together. Sosulski and Woodard (2013) posited that access to and utilization of both professional and informal sources of support are important to the
help-seeking process. The findings from their study suggest that African American women who receive formal professional services combined with informal supports may benefit from periods of intensive mental health care while receiving frequent emotional support from social networks (Sosulski & Woodard, 2013). Furthermore, they believed that based on their study results, the occasional use of professional services may likely alleviate the pressure from friends and family (Sosulski & Woodard, 2013).

**Informal sources.** Literature suggests that African Americans tend to cope with mental health problems by using informal resources such as the church, family, friends, neighbors, and coworkers (Matthews & Hughes, 2001; Ward, et al. 2009) Ward and Heidrich (2009) found that Black women in their study expressed a strong belief in religious coping, with older women being more likely to endorse religious coping than younger women. Ward, et al. (2009) further stressed the possibility that the sole use of religious support in coping with psychological distress can result in adverse consequences or a delay in help-seeking. Likewise, Anyikwa (2015) found that intimate partner violence survivors also seek prayer rather than help from formal mental health providers. Participants in Anyikwa’s (2015) study also reported seeking help from female friends, mothers and sisters, other relatives, neighbors, and co-workers.

**Black Women and Help-seeking**

Help-seeking can be a multi-layered experience for Black and African American Women. Watson and Hunter (2015a) point out that studies have shown that African American women generally do not seek professional psychological services as a means to manage psychological distress. This is due to the presence of specific barriers, cultural factors, and perceptions of psychological distress held by African American women. Economic barriers, such as lack of insurance and limited transportation are primary factors in their underutilization of professional
psychological assistance (Watson & Hunter, 2015a). Attitudes and behaviors toward professional psychological help-seeking also impact the decision to utilize formal means of assistance in addressing psychological distress. Negative attitudes toward mental health care decrease the likelihood of help-seeking intentions for African American women.

When investigating the multifaceted attitudes of help-seeking for African American women, Watson and Hunter (2015a) stressed the importance of understanding (a) individuals’ stigma concerns associated with seeking professional psychological services, (b) individuals’ comfort with acknowledging personal psychological problems, and (c) individuals’ willingness to seek help from professionals. They predicted that not only does the strong Black woman schema increase symptoms of anxiety and depression, but the symptoms are exacerbated by negative attitudes toward seeking professional psychological services (Watson & Hunter, 2015a). These variables may be directly related to the underutilization of mental health services for African American women.

**Fear of Stigma**

Negative attitudes and beliefs about help-seeking plague our society, and this fear increases the underutilization of services for communities of color. Factors such as fear of help-seeking stigma (Diala et al., 2001; Nadeem et al., 2007), self-stigma, and shame may be particularly common to African American women. These beliefs and attitudes guide help-seeking behaviors (Ajzen, 1991). The intersection of race and gender for the African American woman, coupled with stigma associated with seeking professional psychological services may create an additional unwanted burden according to Watson and Hunter (2015a). In the eyes of many African American women, utilizing mental health services will confirm society’s negative perceptions of them (Watson & Hunter, 2015a, 2015b). Therefore, it can be concluded that
mental health services are avoided partly to combat negative perceptions of African American womanhood (Watson & Hunter, 2015a).

Acknowledging Psychological Problems

Psychological openness and the acknowledgement of psychological distress is a factor that impacts help-seeking intentions for African American women. In fact, “low psychological openness, either with mental health professionals or family members, may intensify symptoms of anxiety and depression” (Watson & Hunter, 2015a, p. 605). Watson and Hunter (2015a) continue to point out several factors that may influence African American women’s openness in acknowledging problems associated with psychological distress and with seeking help for those problems. First, the portrayal of the SBW and characteristics of strength and self-reliance result in a resistance to being vulnerable (Beauboeuf-Lafontant, 2007; Black & Peacock, 2011; Watson & Hunter, 2015a; Woods-Giscombé, 2010) and an avoidance of admitting a need for help. Second, African American women receive cultural messages that encourage to them to be less open about psychological distress, especially in formal settings with mental health professionals (Watson & Hunter, 2015a). Last, because of fear of being stigmatized, African American women may not feel comfortable talking about symptoms of distress with family members (Watson & Hunter, 2015a).

Willingness to Seek Help

There has been minimal focus on African American women’s attitudes toward help-seeking and their ability to seek help for psychological distress. The current study explored help-seeking perceptions or beliefs that translate into attitudes (Ajzen, 1991) that drive the behavior and willingness to seek mental health care. It can be assumed that African American women’s willingness to seek help is influenced by the above-named factors. Watson and Hunter’s (2015a)
study with 95 African American women investigating the cost of strength on attitudes toward psychological help, found patterns of associations between the SBW schema and low indifference to stigma, low psychological openness, and low help-seeking propensity. They concluded that these variables interact to predict low utilization of professional psychological help (Watson & Hunter, 2015a).

**Black Superwoman**

The term *Superwoman* has been titled as a myth, a syndrome, an ideal, an image, a schema, a role, and a persona (Beauboeuf-LaFontant, 2009; Romero, 2000; Thomas, Witherspoon, & Speight, 2004; Wallace, 1990; Woods-Giscombe’, 2010) when describing women who juggle work, family, and life in an effort to achieve a perfect balance and make everyone happy (Bourg Carter, 2011). Specifically, for women of color, they may adopt a persona, which in Latin means mask. Famed psychologist Carl Jung defined the persona as, “the individual's system of adaptation to, or the manner he assumes in dealing with, the world” (Jung, 1990, p.123). He believes the development of a persona is a result of social adaptation that plays a significant role in dealing with others (Jung, 1990). He further speculates that many individuals wear a social mask that may be forced on them by the world (Jung, 1990). The danger in wearing this mask is the anticipated lessening of the authentic self. Based on Jung’s definition, it can be assumed that for Black women the obligation to endorse a socially or culturally reinforced persona can result in the diminishing of the true self.

The Black Superwoman (BSW) parallels the Strong Black Woman (SBW; Beauboeuf-LaFontant, 2007; Donavan & West, 2015; Nelson, et al., 2016), and is often used interchangeably in much of the literature. Donavan and West (2015) agreed that the name changes depending on the writer, to describe the similar images of SBW labeled Superwoman, Modern Mammy, Black
Lady, and Sojourner Syndrome (Collins, 2004; Mullings, 2002; Wallace, 1990). Both the SBW and BSW highlight a similar balancing act including attributes of strength, power, and resilience in the face of adversity (Nelson, et al., 2016). For instance, a study conducted by Donavan and West (2015) suggest that the SBW is self-reliant and emotionally contained and needs no emotional or financial support to succeed; while a similar study also found that participants conceptualized the superwoman role through characteristics, such as being independent, taking care of family and others, and being hardworking and high achieving (Nelson, et al., 2016). However, it has also been discovered that some Black women are ambivalent about their relationship with this role, given its historical background and familial examples (Nelson, et al., 2016). It can be assumed that this population of women may not want to feel the pressure to conform to stereotypical roles of care-taking supported by society and generational ideals. Not surprisingly, Nelson et al. (2016) hypothesized that many participants in their study would appropriate the SBW/BSW role by redefining it in ways that were more empowering and freeing.

Regardless of the name, both the BSW and SBW images are multidimensional constructs with overlapping historical and culturally relevant characteristics endorsed by Black and African American women (see Table 1). As described by many scholars, this persona encompasses both cognitive characteristics and stress-coping behaviors, like emotional suppression, self-reliance, and caregiving which have been internalized by African American women to overcome oppression (e.g., racism, sexism; Nelson, et al., 2016; Watson-Singleton, 2017; Woods-Giscombe, 2010). Therefore, the BSW persona has historical and cultural relevance for Black women attempting to navigate their world and multiple systems of domination.
Table 1

*Black Superwoman (BSW) and Strong Black Woman (SBW) Parallel*

<table>
<thead>
<tr>
<th>Image</th>
<th>Historical Connection</th>
<th>Characteristics</th>
<th>Referenced Scholar (s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strong Black Woman (SBW)</td>
<td>Connected to the enslaved Black woman</td>
<td>• Strength through struggle</td>
<td>Romero, 2000</td>
</tr>
<tr>
<td></td>
<td>A survival response to an existence rife with violence, exploitation, and oppression</td>
<td>• Independent/ Self-reliant</td>
<td>Jones &amp; Shorter-Gooden, 2003</td>
</tr>
<tr>
<td></td>
<td>Passed intergenerationally through parents’, particularly mothers’</td>
<td>• Takes care of family and others</td>
<td>Collins, 2000, 2004</td>
</tr>
<tr>
<td></td>
<td>Socialization of Black girls</td>
<td>• Hardworking and high achieving</td>
<td>Beauboeuf-Lafontant, 2007</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Overcomes Adversity</td>
<td>Harrington et al., 2010</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Emotionally contained</td>
<td>Abrams, et al, 2014</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Embodies and displays multiple forms of Strength</td>
<td>Donavan &amp; West, 2015</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Possesses Self/Ethnic Pride in Spite of Intersectional Oppression</td>
<td>Nelson et al., 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Embraces Being Every Woman</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Anchored by Religion/Spirituality</td>
<td></td>
</tr>
<tr>
<td>Black Superwoman (BSW)</td>
<td>Historical legacy of racial or gender stereotyping or oppression</td>
<td>• Mirrors the SBW</td>
<td>Woods-Giscombe`, 2010</td>
</tr>
<tr>
<td></td>
<td>Lessons from foremothers</td>
<td>• Helps others</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Past history of disappointment, mistreatment, or abuse</td>
<td>• Obligated to manifest strength</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spiritual values</td>
<td>• Resistance to vulnerability or dependence</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Emotion restriction</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Success despite limited resources</td>
<td></td>
</tr>
</tbody>
</table>

**Historical Context**

African American women have seldom ever been viewed in a positive light according to society’s standards. Instead, the dominant society has created several “controlling images” (Collins, 2000) that misrepresent the Black woman’s femininity perpetuate their social subordination (Beauboeuf-Lafontant, 2007). Four prominent controlling images, or stereotypes of Black women that are pervasive in the media and U.S. culture include: (a) the nurturing, overly selfless, all-giving “Mammy”; (b) the angry, hostile, argumentative “Sapphire”; (c) the
lazy, dependent, fertile ‘‘Welfare Queen’’; and (d) the sexually promiscuous ‘‘Jezebel’’ (Beauboeuf-Lafontant, 2007; Collins, 2000; Gillespie, 1984; hooks, 1981, Jewell, 1993; Nelson, et al., 2016; Stephens & Phillips, 2003; West, 1995, 2004). Collins (2000) insists that the dominant culture uses these stereotypic images to disempower subordinate groups and depict inaccurate concepts about Black women. As a consequence, Black women use these images as an attempt to make meaning of their lives (Collins, 2000).

A relationship between the internalization of negative stereotypical images and psychological distress, low self-esteem, and chronic health conditions for Black women has been documented in previous research (Beauboeuf-Lafontant, 2007; Nelson, et al., 2016;; Rosenthal & Lobe, 2016; Watson-Singleton, 2017; Woods-Giscombe, 2010) Additionally, Black feminist theorists, such as Patricia Hill Collins (2000) and bell hooks (1993) have suggested that Black women endorse alternatives to stereotypical images in order to interrupt distorted representations perpetuated by society. One such alternative image to the historically damaging stereotypes is the SBW or BSW which has gained widespread attention (Beauoboeuf- Lafontant, 2007; Gillespie, 1984; Nelson, et al., 2016; Woods-Giscombe´, 2010).

Watson-Singleton (2017) points out that the BSW or SBW schema describes “the culturally specific and multidimensional construct internalized by African American women to overcome oppression (e.g., racism, sexism)” (p. 779). These images are said to encompass both cognitive characteristics and stress-coping behaviors, such as emotional suppression, self-reliance, and caregiving (Nelson, et al., 2016; Watson-Singleton, 2017; Woods- Giscombe´, 2010). These characteristics are assumed to be mechanisms to aid in coping with societal domination. However, according to Beauboeuf- Lafontant (2007) during the past 30 years, the concept of a SBW has gained attention among Black feminists as yet another problematic
controlling image (Collins, 2000; Gillespie 1984; hooks 1981). Collins (2000, 2004) suggests that the SBW/BSW role, which is attributed to strength, is connected to the brutalization of the enslaved Black woman, who at her expense emphasizes personal responsibility by concealing institutional racism and inequality. Other scholars describe this role as simply another stereotype that parallels the modern-day mammy (Beauboeuf-Lafontant, 2009; Harris-Perry, 2011), who overlooks her own needs and distress.

Various features of the SBW/BSW image are necessary for today’s Black woman to disassociate from painful and disruptive stereotypes. For example, for women to separate from the sapphire or angry Black woman image, the SBW/BSW role requires emotional regulation or self-containment of anger (Nelson et al, 2016). Additionally, the SBW emphasizes the importance of independence, self-reliance, and an identity that is capable, strong, and economically independent, which negates the image of the welfare queen (Nelson et al, 2016). Furthermore, to combat the jezebel image, the SBW/BSW places emphasis on respectability rather than sexual promiscuity (Nelson, et al., 2016).

**Characteristics and Expectations**

Various characteristics make up the ideal of the BSW. Nelson and colleagues (2016) suggested that nurturing and caregiving of Black families, friends, loved ones, and perhaps coworkers is characteristic of the SBW/BSW. Similarly, Woods-Giscombe´ (2010) concluded that the Superwoman role is characterized by an obligation to help others, resistance to being vulnerable or dependent, and obligation to suppress emotions, and the postponement of self-care.

It is further assumed that when adopting this persona, Black women have expectations of strength and power when faced with adversity. Romero (2000) has suggested that some Black women view characteristics of caretaking, emotional regulation or self-containment, and
independence or self-reliance positively, as reflections of Black women’s strength despite being oppressed.

**Perceived strength.** Regarding strength, according to Beauboeuf-Lafontant (2007), “Being strong is essentially about appearing so, affecting a persona and performance of managing a difficult life with dignity, grace, and composure” (p. 38). Strength for the BSW is a source of pride and an indication of the ability to overcome almost anything. “SBW is perceived as naturally resilient, able to handle with ease all the stress, upset, and trauma life throws at her” (Donovan & West, 2015, p 385). Studies suggest that challenges that would break others just make the Black Superwoman stronger. When researcher Woods-Giscombe’ (2010) asked participants about their perceptions of strength, some felt they needed to present an image of strength because there were others (e.g., mothers, grandmothers, esteemed Black women in the media) who had gone through many more challenges than they were facing. This suggests a generational endorsement of strength. In the Nelson, et. al. (2016) study, they found that participants perceived strength as having the ability to care for one’s own problems and work through difficult situations in a self-reliant manner. Some participants also felt the need to represent an image of strength while in the work place (Woods-Giscombe’, 2010). Her strength is also shown in her independence, self-control, and work ethic (Donovan & West, 2015).

Independence is also characteristic of strength for the BSW. “The salience of independence and caretaking is encompassed within the SBW race-gender schema” (Watson & Hunter, 2015b, p. 26). After careful investigation, Nelson and colleagues (2016) concluded that independence within the SBW can be replaced with interdependence—“mutual intentionality,” which may more fully describe the active role that many Black women and their social support networks and families engage in as a helping process. The idea of strength and independence was
also found in the study conducted by Abrams, et.al (2014), where participants endorse the SBW role and focus on resiliency. “The SBW needs resilience to be independent and often relies on independence to be resilient.” (Abrams, et.al, 2014, p. 512).

Some research findings indicate that women express ambivalent perceptions of strength and SBW relative to their own personal experience (Nelson, et.al. 2016). Strength can be a two-edged sword encompassing a feeling of pride and simultaneously a heavy burden. Harris (1995) sees strength as an illness. He posits that the notion of strength in African American women may present rewards and challenges. On one hand strength may be seen as a virtue needed to overcome adversity. On the other hand, it may create the false image of a “superwoman,” who perceives it her duty to help others while ignoring her own distress (Harris, 1995). Harris continues to state that “this thing called strength, this thing we applaud so much in African American women, could also be a disease” (1995, p. 1).

**Sense of power.** Black women who support the notion of the BSW role, believe that possessing power is a contributing factor. Power can be seen as parallel to survival. “One of the most salient benefits of the Superwoman role was survival despite personal obstacles, perceived inadequacy of resources, and unique life experiences attributed to the double jeopardy of being African American and female (Woods-Giscombe, 2010, p. 677). Women in related studies have discussed the importance of being able to survive in the workforce, romantic relationships, the home environment, and society at large. Black women have learned that they need to reject societal messages as a means of survival in the face of oppression. Abrams, et.al, (2014) found that Black women associated power with leadership and assuming responsibility to care for their families and the community.
Black Superwomen often associate power with emotional suppression. Watson and Hunter’s (2015b) investigation of the benefits and liabilities of accepting the BSW or SBW role uncovered tensions of having to be psychologically durable, yet prohibited from engaging in behaviors that preserve psychological durability. This suggests that the BSW has to refrain from displays of emotional imbalance, yet are limited in access to self-care strategies. This need to withhold emotions was also found in the Woods-Giscombe’ (2010) study where participants agreed on having an “obligation to suppress emotions” (p. 673).

Gonzalez-Prendes and Thomas (2011), further investigated the clash of powerlessness with internalized historical representations of the SBW, which increases the risk of internal distress, frustration, and anger in African American women. There appears to be a relationship between African American women’s experiences of anger as they relate to strength and powerlessness. According to Gonzalez-Prendes and Thomas (2011), from an early age, African American women receive gender-role and culture-bound messages of “being strong”. They agree with Black feminist scholars in that the SBW image may be limiting and problematic. Gonzalez-Prendes and Thomas (2011) insist that the image “creates unrealistic demands and problematic expectations of stoicism that impact upon their emotional expression, often leaving feelings of frustration, anger and depression unstated because it does not fit with the image of strength” (p. 5). In other words, Black women are told that strength is demonstrated through their ability to contain their emotions, and endure all pain or difficulties, which leaves them feeling angry and powerless rather than empowered.

**Black Superwoman and Psychological Distress**

Researchers have found higher incidence of depression among African Americans than European Americans (Neighbors et al., 2007), with African American women being more likely
than European American women to report depressive symptoms (i.e., feelings of sadness, hopelessness, and worthlessness (Schiller et al., 2012) as cited by (Watson & Hunter, 2015a). For African American women, the pressure to maintain the image of strength, especially in response to psychological distress, may increase incidents of depression and anxiety. With regards to anxiety, Watson and Hunter (2015a) point out studies indicating that African Americans endorse somatic symptoms (e.g., frequent headaches) more than mood symptoms. Additionally, the sole reporting of somatic symptoms for African American women may be consistent with the SBW or BSW expectations of emotional containment, which in turn, may predict increased distress (Watson & Hunter, 2015a).

The endorsement of strength, power, and the BSW persona may seem positive when considering how it can be a barrier against common stressors Black women may encounter. However, this may only be a mask where in actuality the endorsement of a BSW persona has been implicated in the development of chronic stress and related mental health issues and linked to the development of symptoms related to anxiety and depression (Donovan & West, 2015; Woods-Giscombe’, 2010). Stress and anxiety become commonplace for Black women who internalize characteristics of strength and power and resist being vulnerable with their emotions. According to Donovan and West (2015) qualitative evidence has suggested an association between images similar to the BSW endorsement and high levels of stress, depressive and anxious symptoms. They hypothesized that higher levels of stress-related symptoms would be found in participants who endorsed the SBW role (similar to the BSW persona), as opposed to those that do not. Studies such as these have suggested that Black women be cautious in embracing these stereotypic images which views excessive strength, caregiving, and emotional restraint as central to Black womanhood.
The BSW may also suffer in silence, suggesting that her challenges are secondary to the needs of those around her. At the core, depression can be found in women who work a lot and neglect their own needs (Beauboeuf-Lafontant, 2007). They are propelled to become silent for fear of unmasking a persona of weakness. The BSW persona then develops as a coping strategy and is reinforced by a culture that insists that Black women do not suffer from depression and do not need to seek resources to help in the management of their lives or mental distress (Beauboeuf-Lafontant, 2007). There is oftentimes pressure to live up to the BSW ideal. When the image of the BSW/SBW is highly internalized, shame, guilt, low self-esteem, and depression may arise when the goals of this persona are not realized (Harrington et al., 2010). According to Harrington, et al. (2010), the ideal/excessive form of the SBW image may also be especially problematic for women prone to use eating as a coping strategy. One purpose of this research was to examine whether SBW ideology mediated the relationship between trauma exposure/distress and binge eating symptomatology. The investigators used the findings to suggest that among African American trauma survivors, trauma exposure and distress predict greater internalization of SBW ideology, which is associated with emotional inhibition/regulation difficulties, eating for psychological reasons, and ultimately binge eating (Harrington, et al., 2010).

Additional liabilities of endorsing the BSW persona were explored by Watson and Hunter (2015b), revealing the competing messages experienced by participants when they internalize the SBW race-gender schema. According to Watson and Hunter (2015b), strength is often embraced as a vital aspect of African American womanhood, and African American women’s endorsement of the SBW race-gender schema has received empirical attention because of its association with harmful health outcomes. They concluded that the SBW race-gender schema simultaneously
created opportunities to assert power, such as minimizing negative stereotypes, but also limited African American women’s options, such as engaging in self-care behaviors. Furthermore, social group memberships (i.e. age, etc.) have an impact on African American women’s experience of the SBW race-gender schema (Watson & Hunter, 2015b), suggesting that specific demographics internalize certain traits characteristic of the SBW/BSW.

**Black Superwoman and Help-seeking**

There appears to be limited research on African American women who endorse the BSW persona and their reported help-seeking experiences. However, studies indicated that a prominent cultural factor—SBW schema or BSW persona for African American women has prompted them to exhibit strength, self-reliance, and self-silence in response to stressors (Beauboeuf-Lafontant, 2007; Black & Peacock, 2011; Harrington, et al., 2010; Watson & Hunter, 2015b; Woods-Giscombé, 2010) that can hinder their propensity toward help-seeking. The BSW is expected to demonstrate strength, be independent, and suppress emotions, which is contradictory if professional mental health assistance is sought. Therefore, help-seeking is perceived as a consequence rather than a reward. Watson and Hunter (2015a) concluded that avoiding behaviors that promote emotional expression, such as seeking professional psychological services, could intensify symptoms relating to anxiety and depression.

Rather than seeking professional help for mental health related conditions, containment of emotions and other strategies of coping are common place for African American women who endorse the BSW persona and images of strength. In a study surveying 148 African American women who reported it is best for them to deny or hide personal conflicts or difficulties to present an image of strength for family, friends, and community, 24% of them reported higher levels of distress and in turn, were more likely to use food to cope (Giscombé, 2015, as cited by...
Woods-Giscombé, 2010). Harrington and colleagues (2010) found similar results among African American trauma survivors who internalized the SBW ideal. They discovered a relationship among emotional inhibition/regulation difficulties, eating for psychological reasons, and binge eating (Harrington, et al., 2010). African American female participants diagnosed with PTSD were found to actively avoid symptoms all together rather than seek mental health care in a study conducted by Wrenn et al. (2017). Moreover, their ambivalence and self-identified resilience were seen as undermining to help seeking decisions (Wrenn et al., 2017). These participants, like the BSW, placed great importance on being of help to others and distinguished help acceptance from help seeking with greater willingness to accept help and importance placed on being of help to others. (Wrenn et al., 2017).

The perception of informal networks of support is important to understand when exploring help-seeking tendencies for Black Superwomen. “Social support can be obtained from family and friends and can differ in terms of structure (e.g., size), type (e.g., emotional), and quality” (Zimet, Dahlem, Zimet, & Farley, 1988, as cited by Watson-Singleton, 2017, p. 779). Watson-Singleton (2017) hypothesized that because kin support is valued in African American communities, African American women who endorse the BSW persona may adopt beliefs that strong Black women have limited people to count on during times of need. These beliefs may in fact be positively associated with psychological distress. Consequently, women who perceive limited emotional support may also endorse this image of strength to successfully navigate hardships alone (Watson & Hunter, 2015b; Watson-Singleton, 2017).

**Theoretical Framework**

A theoretical framework consists of the selected theories, as well as the relevant concepts and definitions from each theory, that provide a firm basis to guide the exploration and
understanding of the phenomenon. A theoretical framework is essential in stimulating research and making research findings meaningful and generalizable. For this study, a blending of Black Feminist Thought (BFT), the Superwoman Schema Conceptual Framework (SWS), and the Theory of Planned Behavior (TPB) is appropriate in understanding help-seeking experiences for Black Superwomen. Although these models are not specific to making meaning of help-seeking for Black women who internalize and endorse a Superwomen image, each is key in the development of research questions, the focus of the literature review, the design approach and analysis plan of the current study.

BFT is foundational in understanding the importance of participants’ voices in exploring lived experiences. This theory also helps explain the historical nature of Black women’s culture, oppression, and intersecting identities, while SWS provides a conceptual framework in understanding the characteristics and historical contexts of the Superwoman role. As a complementary theory, TPB provides an explanation of how one’s attitudes, beliefs, and past experiences influence the behavior of help-seeking. Integrating the key constructs of each model is useful in understanding the lived experiences, the perceptions, and the culture of this unique population. Moreover, these theories can be used to generate implications for counseling practice and future research.

**Black Feminist Thought**

The present study places great emphasis on the vocal accounts of the lived experiences of Black women. In order to capture the true perspectives of the Black female participants, this study utilized the theoretical model based on Black Feminist Thought (BFT). BFT is rooted in the groundbreaking works of Patricia Hill Collins, an American sociologist, researcher, and theorist. BFT proponents seek to help women cope with discrimination and gender stereotypes,
taking into account multiple levels of marginalization (Collins, 1990). Additionally, the theory is based on the idea that oppression is part of an interconnected system of domination also known as intersectionality. Although the term intersectionality was first coined by Kimberlé Williams Crenshaw (1989), an American civil rights advocate, Patricia Hill Collins (1990) expanded the concept in BFT to describe intersecting social identities and related systems of oppression, domination, and discrimination.

Historically, the evolution of Black feminism in the United States developed out of the need for Black women’s freedom and equality and the realization of the exclusion of Black women’s issues from the Women’s Liberation Movement (Collins, 1990). It emerged from the hostile interactions between Black and White women, and the need for Black women to improve conditions for empowerment on their own terms (Taylor, 1998). Mythical, stereotypical images, surrounding Black womanhood plagued both free and enslaved women (Taylor, 1998). Images, such as *Jezebel* the sexual being, and *Mammy*, the caretaker were used to characterize and describe the lives of Black women. It was also during this time that Sojourner Truth, a famous 19th-century reformer, called attention to the intersection of race and gender through her narrative and speech, *Ain’t I a Woman?* (Taylor, 1998).

Black feminists have characterized Black women as powerful, self-reliant, confident, and independent individuals that challenge race, gender, and class oppression. Taking into account the influential works of Black feminist scholars, Collins (1990) defines Black feminism as “a process of self-conscious struggle that empowers women and men to actualize a humanist vision of community” (p. 39). Therefore, the incorporation of BFT as a framework for this study assists in the exploration of Black women’s perspectives, as well as historical oppressive systems that impact help-seeking experiences.
Key constructs and assumptions. BFT is based on notable constructs and assumptions. First, BFT is produced by Black women (Collins, 1986). Their recollections of lived experiences are considered truth. Black feminist way of thinking is seen as a way of unveiling the “truth” and promoting empowerment (Collins, 1986). Collins (1990) adds that Black feminist thought demonstrates Black women's emerging power as agents of that truth and knowledge. Marginalized groups can gain knowledge from others’ experiences, as well as, be empowered after gaining knowledge about their own experiences. Secondly, BFT assumes that Black women have a unique perception of their experiences and that common themes of shared experiences exist among groups of Black women. Thirdly, universal themes based on the Black woman’s perspective may be experienced differently for each woman based on age, class, region, and sexual orientation. Lastly, BFT describes the role of Black female intellectuals as one that produces facts and theories to clarify the Black woman’s perspective for other Black women. In other words, Collins (1986) asserts that BFT “contains observations and interpretations about Afro-American womanhood that describe and explain different expressions of common themes (p. 16).

Collins (1986) also identified three key themes critical to BFT and the understanding of the lived experiences of Black women. The following themes: (a) self-definition and self-valuation, (b) the interlocking nature of oppression, and (c) importance of Afro-American women's culture, are significant in clarifying Black women's standpoint of and for Black women. (Collins, 1986). These themes are also key in understanding the historical and contemporary viewpoints of Black women and their navigation through this world.

Self-definition and self-valuation. First, affirming Black women's self-definition and self-valuation is an important theme in understanding stereotypical imagery. Self-definition
challenges the creation and societal validation of stereotypical images of Afro-American womanhood. On the other hand, self-valuation explains Black women’s replacing of stereotypically controlling images with Black female images that authentically define them. Collins (1986) asserts, “Black female self-definition speaks to the power dynamics involved in the act of defining images of self and community, the theme of Black female self-valuation addresses the actual content of these self-definitions” (p. S17). For example, strong, assertive Black women are often labeled as the stereotypic image Sapphire. Labeling Black women is dehumanizing and is considered a failed effort to control Black female behavior. Rather than counsel women to be more docile and feminine, BFT urges Black women to embrace their strength and assertiveness as a way to survive and navigate their harsh lived realities (Collins, 1986).

The interlocking nature of oppression. The interlocking nature of race, gender, and class is a key theme for BFT and in the understanding of oppression for African American women. Oppression is part of an interconnected system of domination. According to Collins (1990), “Domination operates by seducing, pressuring, or forcing African-American women and members of subordinated groups to replace individual and cultural ways of knowing with the dominant group's specialized thought” (p. 229). Unlike traditional theories, BFT rejects additive approaches to oppression (Collins, 1990). For example, traditional feminist theory begins with gender as the primary source of oppression and then adds in other variables like age, sexual orientation, race, social class, and religion. Collins (1990) points out that these traditional theories are based on Eurocentric masculine thought. In contrast, BFT argues that gender, class, and race are inseparably bound together. This concept is also called intersectionality or the intersection between forms or systems of oppression.
In Patricia Hill Collins’ book, *Black Feminist Thought: Knowledge, Consciousness and the Politics of Empowerment*, her chapter entitled *Black Feminist Thought in Matrix of Domination* stresses that Black feminist thought “fosters a fundamental paradigmatic shift in how we think about oppression” (1990. p. 221). Collins (1990) suggests that by embracing a paradigm of race, class, and gender as interlocking systems of oppression, Black feminist thought reconceptualizes the social relations of domination and resistance. Given this, it can be assumed that each system needs the others in order to function. Collins (1986) concluded that, although Black feminist activists may work on behalf of Black women, they are also sensitive to how these same interlocking oppressive systems affect Afro-American men, people of color, women, and the dominant group itself.

**Importance of Afro-American women’s culture.** BFT is also characterized by the efforts to redefine and explain the importance of Black women's culture (Collins, 1986). There are common themes, values, and ways of life that collectively characterize the Black woman’s experience. These themes link Black women of different classes, ages, regions, and sexual preferences, as well as Black women from different historical settings (Collins, 1986). BFT emphasizes Black feminists’ concern with bringing attention to several unexplored areas of the Black female experience.

The interpersonal relationships shared among Black women or their sisterhood is an important part of Black women’s culture. The concept of sisterhood for Black women, which implies the support, loyalty, and an attachment to other Black women that stems from having shared experiences of oppression is fundamental. The second theme, reassessing Afro-American motherhood, describes the interpersonal relationship between Black women and their children, as well as their relationship with children in their extended families and those in the Black
community. These relationships are essential when examining the choices Black mothers have, the perceptions mothers have about their children’s choices, and the strategies Black mothers use raising their children when dealing with institutions that affect their children’s lives (Collins, 1986).

The third and final theme or dimension of Black women’s culture is the role creative expression plays in shaping and sustaining Black women's self-definitions and self-valuations (Collins, 1986). Free expression by way of the arts (e.g. writing, dancing, acting, and music) can be considered vehicles by which Black women cope, overcome, and excel in daily life.

**Usefulness of theory.** BFT can be useful when studying the lived experiences of Black women. Black women are highlighted as agents of knowledge and only through their experiences are we able to understand social relations of domination and oppression. According to Collins (1990), “Placing Black women's experiences at the center of analysis offers fresh insights on the prevailing concepts, paradigms, and epistemologies of this worldview and on its feminist and Afrocentric critiques” (p. 222). Collins also posited that the use of dialogue is important in assessing knowledge claims (Collins, 1989). From the BFT perspective, it is essential that in-depth interview and dialogue between the researcher and the participants as a way to garner knowledge be utilized in the present study.

BFT offers two significant contributions toward furthering our understanding of the important connections among knowledge, consciousness, and the politics of empowerment (Collins, 1990). First, BFT causes individuals to change our way of thinking about oppression. Rather, race, class, and gender must be recognized as intertwined systems of oppression. Thorough a BFT lens, individuals can understand the social relations of domination and
resistance. Second, BFT addresses the importance of recognizing the truth in the empowering experiences of marginalized groups.

BFT can be applied to the examination of multiple systems of oppression, including incidents of domestic violence, sexual abuse, and internalized oppression or self-hatred. Collins (1990) stated, “Situations of domestic violence and abuse or cases in which controlling images foster Black women's internalized oppression represent domination on the personal level” (p.223). It can be assumed that these systems of oppression can lead to disempowerment and feelings of inferiority for Black women. It can further be concluded that these factors may impact help-seeking patterns for Black women who have experienced these incidents of domination.

**Generalizability.** BFT can be applied to African American women, women of African descent, and those identifying with the Black race (i.e., Jamaican, Haitian, Brazilian). BFT can also be generalized to those individuals faced with all types of oppression. The significance of seeing race, class, and gender as interlocking systems of oppression is an approach that fosters a paradigmatic shift of thinking inclusively about other oppressions, such as age, sexual orientation, religion, and ethnicity (Collins, 1990). Race, class, and gender represent the three systems of oppression that most heavily affect African-American women. But, these systems and the economic, political, and ideological conditions that support them may not be the most fundamental oppressions, and they certainly affect many more groups than Black women (Collins, 1990). Therefore, BFT can be applied to other people of color, religions, lower socio-economic status, and the LGBTQ community which have all had similar experiences of domination from oppressive systems.

Although BFT is focused on the impact domination and oppression have on the experiences of Black women, there has been an attempt to find ways to integrate the theory in
helping both men and women. Alice Walker introduced the term *womanist* in 1983 to define a Black feminist who is not a separatist (as cited in Winkler, 1994). A womanist is committed to helping black women and men. One of the first scholars associated with black feminism, Patricia Bell-Scott, a professor of psychology and women's studies at the University of Georgia, says the term “eases the transition for scholars who are uncomfortable with the label feminist” (as cited in Winkler, 1994). Today, many Black scholars use the terms *womanism* and *feminism* interchangeably when applying theoretical viewpoints in examining oppressive systems.

**Integration of historical, social, political, and economic contextual information.**

Black feminism was created by Black women for Black women. The Black feminist approach consists of ideas produced by Black women that clarify a stance of and for Black women. From a historical standpoint, African-American women have been challenged by painful and counteractive stereotypes. Additionally, African American women continue to be inadequately protected by Title VII of the Civil Rights Act of 1964, the statute that was to eradicate all aspects of discrimination (Collins, 1990). In regards to judicial treatment of Black women's employment discrimination claims, Black women have had to either identify race or sex as the primary source of discrimination. BFT can explain how race, gender, and class can be the source of discrimination. The rapid growth of female-headed households in African American communities would also benefit from a theoretical concept such as BFT that focuses on intersectionality (Collins, 1990).

**Integration of social justice concepts.** Black feminist thought challenges injustice and promotes the rights and freedoms of African American women. It promotes the belief that Black women can be afforded the same opportunities regardless of race, gender, or class. A distinguishing feature of Black feminist thought is its insistence that both the changed
consciousness of individuals and the social transformation of political and economic institutions constitute essential ingredients for social change (Collins, 1990). New knowledge is important for both dimensions of change. Based on this theory, women can become empowered and agents of their own destiny when exposed to the truth about oppression.

BFT emphasizes both the necessity of individual empowerment and collective action. Collins (1990) stated, “Viewing the world as one in the making raises the issue of individual responsibility for bringing about change. It also shows that while individual empowerment is key, only collective action can effectively generate lasting social transformation of political and economic institutions” (p. 238). Given Black feminists’ fight for social justice, equity, and change, there is a growing need for the establishment of new local and national organizations to raise awareness and advocate for the rights of Black women. Professional counseling organizations, such as the Association of Multicultural Counseling Development (AMCD) are necessary to spread awareness that would be instrumental in educating scholars, advocates, and counseling professionals about racial oppression, women’s rights, and the misrepresentation of Black women in today’s society.

**Superwoman Schema Conceptual Framework**

A conceptual framework for Superwoman Schema (SWS) was devised from the research study conducted by Cheryl Woods-Giscombe (2010) which explored the potential relationships among strength, stress, and health disparities among African American women. Coping and how African American women experience stress are seen as important factors to their general well-being. Woods-Giscombe, like Patricia Hill Collins and Black feminists, place great emphasis on the lived experiences of African American women. Black women’s perspectives were captured to operationalize the Superwoman role and to develop an instrument to measure this
phenomenon to facilitate empirical investigation of the impact on health (Woods-Giscombé, 2010). Woods-Giscombé (2010) stated “The Superwoman role has been highlighted as a phenomenon influencing the ways that African American women experience and report stress” (p. 670). Thus, incorporating this conceptual model in the present study helps in understanding the possible characteristics that make up the Black Superwoman image or persona that impacts the way Black women perceive and experience help-seeking.

The purpose of Woods-Giscombé’s (2010) study was to develop a preliminary conceptual framework for Superwoman Schema (SWS) by exploring women’s descriptions of the Superwoman role, perceptions of contextual factors, and the benefits and liabilities of the role as it relates to overall well-being. Woods-Giscombé (2010) conducted eight focus groups of 48 participants ranging in ages from 19 to 72 from varying educational backgrounds. She allowed discussions about stress and coping to be led by the participants. Additional questions, such as “Have you ever heard the term Strong Black Woman/Black Superwoman?” “What is a Strong Black Woman/Black Superwoman?” “What are her characteristics?” “Is being a Strong Black Woman/Black Superwoman a good thing?” were asked to initiate dialogue about the Superwoman role (Woods-Giscombé, 2010, p. 670-671). Results of this study, based on the demographically diverse sample of African American women, indicate that the Superwoman role is a multidimensional phenomenon encompassing various characteristics such as obligation to manifest strength, emotional suppression, resistance to vulnerability and dependence, determination to succeed, and obligation to help others (Woods-Giscombé, 2010). The SWS framework also emphasizes elements of strength and determination and provides details about women’s suppression of negative emotion and difficulty with accepting emotional support (Woods-Giscombé, 2010).
Key constructs and assumptions. The SWS conceptual framework is based on the assumption that stress and coping strategies are key factors in explaining health disparities in African American women (Woods-Giscombé, 2010). Woods-Giscombé, (2010) asserts, “to examine how stress contributes to adverse health outcomes, the operationalization and measurement of stress must be culturally relevant, taking into consideration the context of African American women’s lives” (p. 669-670). Additionally, the SWS framework assumes that the Superwoman role is a phenomenon that influences the ways African American women experience and report stress (Woods-Giscombé, 2010).

The SWS conceptual framework is made up of 4 key constructs intended to operationalize the Superwoman role and act as an instrument to measure the phenomenon to facilitate empirical examination of the impact on health (Woods-Giscombé, 2010). These constructs were considered common themes among the study participants and are the basic foundation of theoretical model. Constructs include: (a) characteristics of the Superwoman role, (b) contributing contextual factors, (c) perceived benefits, and (d) perceived liabilities which is illustrated in Figure 1, and discussed in further detailed in the following sections.

Characterization of the Superwoman role. Woods-Giscombé (2010) questioned participants about their perceptions of varying characteristics of the Superwoman role. Their responses were grouped into five topic areas: (a) obligation to manifest strength, (b) obligation to suppress emotions, (c) resistance to being vulnerable or dependent, (d) determination to succeed, despite limited resources, and (e) obligation to help others.
Participants reported a need to present an image of strength for the sake of their children, parents, and other members of their family as a way to show they can get things done without help and not complain about it. Some recall the need to express strength when at work or in the presence of friends. This obligation, oftentimes set forth by society, can become burdensome, albeit necessary. These women added that showing they need help can be seen as a sign of weakness, therefore they internalized and hid their emotions. The majority of the participants agreed that they were defensive in the face of vulnerability. Many resisted help, did not know how to ask for help, or did not want to seem dependent on others especially when they fear there was an ulterior motive. Some admitted to not asking for help until they were extremely overwhelmed which resulted in them enduring unnecessary struggles. This strength propelled them to succeed and prove to others that they can accomplish anything even in the face of adversity. Participants felt a need to demonstrate their ability to complete an education, work
full-time, and raise a family without the help of others. Additionally, the participants’ reported belief in the necessity to care for others that prevented them from saying no, causing challenges to their own well-being. In contrast, some felt that helping others gave them purpose and they did not know how to put their needs first.

**Contributing contextual factors.** In addition to the characteristics of the Superwoman role, contributing contextual factors were discussed. These factors include: (a) historical legacy of racial or gender stereotyping or oppression, (b) lessons from foremothers, (c) past history of disappointment, mistreatment or abuse, and (d) spiritual values. Participants trace the endorsement of the Superwoman role back to slavery and attribute the role development to the response to stereotyping and oppression of African American women. Some believed that historically they have always had to be take care of things and are propelled to succeed because society expects much less. Women participating in the study discussed that they were taught by their mothers and grandmothers to be self-sufficient. Some have even observed their mothers or women in their lives resist the displaying of emotions, and often dealt with stress internally. Many related their reluctance to show emotion on past experiences of being let down by others. They shared that even though they give their all to help others, that same assistance had not been available to them. Some have witnessed domestic abuse in the home where their mother expressed the obligation to remain strong. Woods-Giscombé (2010) pointed out that “women discussed how these experiences with abuse created suspicion, fear, apprehension, and mistrust, which led to the development of resistance to depending on others or being placed in a vulnerable position” (p. 676). Faith, religion, and spirituality were also factors to the participants lives when understanding the Superwoman role and a reluctance to seek help from others. Prayer
and faith in God is seen as an essential source of their strength, determination, and will to succeed even with limited resources.

**Perceived benefits of the Superwoman role.** The rewards in endorsing the Superwoman role were gathered from focus group discussions. Benefits of the Superwoman role as perceived by the participants involve: (a) preservation of self/survival, (b) preservation of African American community, and (c) preservation of African American family. Based on participant dialogue Woods-Giscombé (2010) concluded, “One of the most salient benefits of the Superwoman role was survival despite personal obstacles, perceived inadequacy of resources, and unique life experiences attributed to the double jeopardy of being African American and female” (p. 677). The Superwoman role encompasses an ability to survive in society despite adversity and the intersection of being Black and female.

**Perceived liabilities of the Superwoman role.** In contrast, there are consequences to endorsing the Superwoman role. The perceived liabilities of the Superwoman role consist of: (a) strain in interpersonal (e.g., romantic) relationships, (b) stress-related health behaviors (e.g., postponement of self-care, emotional eating, poor sleep), and (c) embodiment of stress (e.g., anxiety, depressive symptoms, adverse maternal health). As a characteristic of the Superwoman role, resisting vulnerability is seen as strain in romantic relationships for the participants who believe in being independent, self-reliant. These beliefs can cause conflict and hinder the connection between intimate partners, leaving significant others, especially men, feeling unneeded. Characteristics relating to the Superwoman role also contribute to undesirable health outcomes, such as stress. Additional health issues shared by participants included migraines, panic attacks, weight gain, depression, and constant feelings of being overwhelmed.
related behaviors, poor self-care, and inadequate coping mechanisms are resulting liabilities discussed in the study.

**Usefulness of theory.** When questioning the applicability of the SWS framework to the present study and in understanding help-seeking experiences for Black Superwomen, the methods of research to develop the theory are considered. Similar to Woods-Giscombé’s (2010) constructivist approach, the study focuses on the participants’ perspectives. Research conducted to develop the SWS framework placed participants in an emic role, where information was gathered from an insider’s perspective or the viewpoint of each participant rather than the viewpoint of the researcher (Patton, 2002). Each scheduled group in Woods-Giscombé’s (2010) study was designed to be homogeneous in age and educational background in order to bring individuals together who have shared life experience. In relation to research methods, the primary data collection techniques are participant observation and in-depth interviewing, suggesting an emic perspective. Furthermore, in this example of emic research methods, categories of meaning were described based upon phenomenological definitions derived from the focus group participants’ world views that were culturally and historically bound. This methodology provided an opportunity to identify the various dimensions of the Superwoman role in African American women and to identify relevant contextual factors.

The goals of the SWS framework have also been considered when examining the usefulness of the theory. Woods-Giscombé (2010) indicated that the goal was to use the SWS framework to enhance future research on stress and African American women’s health. The current study focuses on similar constructs in understanding the help-seeking experiences of participants who endorse the Black Superwoman role. Woods-Giscombé (2010) acknowledges that the Strong Black Woman/Superwoman role has been highlighted as a phenomenon
influencing African American women’s experiences and reports of stress and adopting the BSW role can be related to the development of stress related health conditions. Therefore, the SWS framework is useful when examining psychological distress and help-seeking experiences of women who internalize a Black Superwoman image. The theory emphasizes the underutilization of mental health services by those African American women who identify with the Superwoman role might be greater than the general population.

**Integration of previous research and theory.** Woods-Giscombé (2010) acknowledges that limited empirical research has been published exploring women’s perspectives on stress, the Superwoman role, and health to advance the development of a framework, however, it appears that previous research and theoretical contributions are integrated in the SWS. The findings presented by Woods-Giscombé (2010) are similar to those of Beauboeuf-Lafontant (2007). Beauboeuf-Lafontant’s (2007) study utilized feminism and Black feminist critique as theoretical frameworks to examine the associations between strength and depression for African American women. The cultural mandate of strength, self-silencing, excessive attunement to the needs of others, and denial of one’s own needs were several themes that emerged (Beauboeuf-Lafontant’s, 2007). The two studies are also parallel in that positive characteristics of showing strength (e.g., enhancing success with goals, assertiveness, and moral character) were identified (Beauboeuf-Lafontant, 2007; Woods-Giscombé, 2010)). Woods-Giscombé (2010) concluded that these comparable studies with similar findings, “strengthens the argument that the Superwoman/Strong Black Woman role is an important factor in understanding stress and health in African American women” (p. 679).

Woods-Giscombé’s (2010) research is also related to James’ (James et al., 1983) John Henryism Hypothesis (JHH). It was hypothesized that “health effects of chronic, high-effort
coping among individuals with inadequate resources are described within the historical social context of systematic discrimination and oppression of African Americans” (James et al., 1983: Woods-Giscombé’s, 2010, p. 679). Similar to the JHH, the SWS framework focuses on elements of strength and determination when examining health. However, the SWS framework provides distinct details about African American women’s suppression of negative emotions and difficulty with accepting emotional support (Woods-Giscombé, 2010).

Additional theoretical underpinnings appear to be foundational to a SWS framework. Black feminist theorists influence the SWS framework by providing critical examinations of the development of the Black Superwoman role among African American women (Woods-Giscombé (2010). Woods-Giscombé (2010) makes mention of the influential works, *Black Macho and the Myth of the Superwoman* (Wallace, 1990), *Black Feminist Thought* (Collins, 2000), *Sisters of the Yam* (hooks, 1993), and *The Myth of the Strong Black Woman* (Gillespie’s, 1984) that illuminate the potential detrimental and negative impact of the Superwoman image on the interpersonal, social, and emotional well-being of African American women. The SWS framework and these literary works utilize a theoretical lens that is critical in understanding the historical and contemporary context of the BSW image and Black women’s wellness.

**Integration of historical, social, political, and contextual information.** Woods-Giscombé (2010) points out that according to the women in study, “the Superwoman role involves sociohistorical and personal contextual factors as well as themes of survival and health status” (p. 679). Through focus group dialogue, participants identified sociohistorical experiences of discrimination and oppression that contribute to the Superwoman phenomenon, as well as gender-related life experiences that influence the endorsement of the Superwoman role.
Lived personal experiences such as, abuse and mistreatment, single motherhood, and challenges associated with being a highly educated African American woman or achieving professional success, as well as perceived benefits of the Superwoman role such as the ability to protect the welfare of African American children, are factors that shape the African American woman’s tendency to endorse the Superwoman role (Woods-Giscombé, 2010).

**Theory of Planned Behavior**

Icek Ajzen’s Theory of Planned Behavior (TPB; 1991) is found to be well supported by empirical evidence in the predicting of human behavior in certain situations. More specifically, the theory is a valuable framework when exploring help-seeking behaviors and intentions. The TPB is an extension of the Theory of Reasoned Action (TRA; Fishbein & Ajzen, 1975) which suggests that intentions are determined by attitudes and subjective norms. TRA is applied to volitional behaviors which can be limiting. To address this limitation, Ajzen (1985, 1988) proposed the TPB, which includes perceived behavior control as a third component.

**Key constructs and assumptions.** A central factor proposed by the TPB is the individual’s intention to perform a given behavior (Ajzen, 1991). It is assumed that intentions involve the motivational factors that influence a behavior. Intentions are indicators of the effort and will an individual puts forth in order to perform the behavior (Ajzen, 1991). TPB states that stronger the intention to engage in a behavior, the more likely the performance. The theory assumes three determinants of intention to perform specific behaviors: (a) attitudes toward the behavior, (b) subjective norms, and (c) perceived behavior control (Ajzen, 1991). Attitudes, subjective norms, and perceived behavioral control predict intentions to engage in the behavior, while intentions predict performance of the behavior (see Figure 2). According to Ajzen (1991), “as a general rule, the more favorable the attitude and subjective norm with respect to a behavior,
and the greater the perceived behavioral control, the stronger should be an individual’s intention to perform the behavior under consideration” (p.188). However, all three predictors make independent contributions. The significance of attitude, subjective norm, and perceived behavioral control in the prediction of intention is expected to vary across behaviors and situations. Therefore, when considering some situations, attitudes may be found to have more of an impact on intentions and predicting behavior, while in other instances, subjective norms or perceived behavioral control is more significant.

**Attitudes.** Attitudes are formulated by beliefs about the outcomes of performing the behavior and the perceived importance of that outcome for the individual (Kiriakidis, 2015). They are an evaluation of acceptability, degree of appraisal of the behavior, and the usefulness of the behavior in question (Ajzen, 1991). For example, a person’s attitudes toward help-seeking is formulated based on his or her perception or belief of the importance or outcome of participating in mental health services. Therefore, “attitudes towards any behavior are a function of the strength that a behavior will result in an outcome and the evaluation of that outcome” (Kiriakidis, 2015, p. 41).
Subjective norms. Subjective norms, a social factor, refers to the perceived social pressure to perform or not to perform the behavior (Ajzen, 1991). Subjective norms depend on the views of others and how those views pressure the individual to perform or resist performing the behavior in question. For instance, an individual may not seek psychological help if it is viewed negatively by friends, family, or others in their social or cultural group. This construct explains the degree of power stigma has on the utilization of mental health services.

Perceived behavioral control. Perceived behavioral control is the amount of control an individual believes they have over performing the behavior. Ajzen (1991) refers to perceived behavior control as the perceived ease or difficulty of performing the behavior. It is a reflection of previous experience with the performance of the behavior, as well as anticipated obstacles that could impede the behavior (Ajzen 1991; Kiriakidis, 2015).

Role of beliefs in human behavior. The TPB is not only useful in predicting behavior, but also has a goal of explaining human behavior. The theory suggests that behavior is a function
of salient information, or beliefs, relevant to the behavior (Ajzen, 19919). Salient beliefs, or those that are most relevant to the individual, are considered to be the most dominant determinants of a person’s intentions and actions. Ajzen’s TPB (1991) distinguishes three kinds of salient beliefs: (a) behavioral beliefs which are assumed to influence attitudes toward the behavior, (b) normative beliefs which constitute the underlying determinants of subjective norms, and (c) control beliefs which provide the basis for perceptions of behavioral control.

Behavioral beliefs, according to Ajzen (1991), explain our preference for behaviors that yield positive outcomes, and we develop unfavorable attitudes toward behaviors that are associated with negative consequences. Normative beliefs are concerned with the likelihood that important individuals or groups approve or disapprove of performing a given behavior. Control beliefs emphasize the presence or absence of necessary resources and opportunities and may be partly based on past experience with the behavior. Control beliefs are usually influenced by experiences and information about the behavior received from others that will either increase or reduce the perceived difficulty of performing the behavior in question. Essentially, “the more resources and opportunities individuals believe they possess, and the fewer obstacles or impediments they anticipate, the greater should be their perceived control over the behavior” (Ajzen, 1991, p 196).

Usefulness of theory. The TPB has been shown to be a useful theoretical framework in investigating a variety of health-related behaviors, including gambling intentions (Walker, Courneya, & Deng, 2006), healthy eating behaviors in urban Native American youth (Fila & Smith, 2006), breast self-examination behavior (Norman & Hoyle, 2004), mammography intentions among African American women (Bowie, Curbow, Laveist, Fitzgerald, & Zabora, 2008), and eating behaviors of older African Americans (Walker O’Neal et al., 2014). In an
effort to test the efficacy of the TPB, Armitage and Conner (2001) retrieved 185 independent empirical tests of the TPB from journal articles and book chapters. They conducted a meta-analysis, yielding a large effect size \((r = .52; r^2 = .27)\), which provides evidence supporting the use of the TPB for predicting intention and behavior (Armitage & Conner, 2001). According to Ajzen (1991), the TPB provides a host of information that is extremely useful in any attempt to understand various behaviors, or to implement interventions that will be effective in changing them.

**Theory of planned behavior and help-seeking.** The TPB has been successful in utilizing variables of attitudes toward the behavior, subjective norms, and perceived behavioral control in explaining help-seeking behaviors for sexual problems in women with epilepsy (Lin, Oveisi, Burri, & Pakpour, 2007) and help-seeking intentions for international and African American college students (Mesidor & Sly, 2014). The purpose of Lin et al (2007) study was to apply the TPB to explain help-seeking behaviors, as well as explore models of self-stigma and perceived barriers that influence help-seeking for sexual problems in Iranian women suffering from epilepsy. Lin et al (2007) argued that a high proportion of women with epilepsy encounter sexual problems for which they do not seek help. According to the TPB, attitude, subjective norms, perceived behavioral control, and intention explained 63.1% of the variance in help-seeking behavior of the participants (Lin et al., 2007). Additional models that highlight the important factors of self-stigma and perceived barriers, were suggested when considering future interventions aiming to adopt TPB to improve help-seeking behavior for sexual problems (Lin, et al., 2007).

Mesidor and Sly (2014) examined the relationship between social-cognitive factors (e.g., attitudes, subjective norms, and perceived behavioral control), psychological distress, and help-
seeking intentions for international and African American college students. They hypothesized that positive attitudes toward mental health services and perceived behavioral control would be significant predictors of the students’ intentions to seek mental health services. Results of the study showed that the TPB variables (attitudes, subjective norms, and perceived behavioral control) accounted for 17.7% of the variance in help-seeking intentions (Mesidor & Sly, 2014). Perceived behavioral control was the strongest predictor of help-seeking intentions; however, attitudes toward mental health services were not a significant predictor of mental health seeking intentions among the college students.

Unlike the Mesidor and Sly (2014) and Lin et al (2007) studies, Skogstad, Deane, and Spicer (2006) examined past behavior as a factor in predicting help-seeking behaviors. Skogstad et al (2006) explored the intentions to seek help for emotional problems and suicidality among New Zealand prison inmates. The TPB places emphasis on past behavior as a factor when considering mental health help. Ajzen (1991) assumes that past behavior can be the best predictor of future behavior. In the New Zealand study, social-cognitive factors and TPB variables predicted intentions to seek help among the prisoners. It was concluded that those who only had prior contact with prison psychologists, had lower intentions to seek help for suicidal feelings than those who did not have such contact (Skogstad et al., 2006) Additionally, prisoners who had previous contact with a psychologist outside prison tended to have higher intentions to seek psychological help (Skogstad et al., 2006). With these findings, it can be assumed that depending on the past experience with seeking help, whether it be positive or negative, is a predictor of future help-seeking behavior.

The TPB has been useful in evaluating attitudes, subjective norms, and perceived behavioral control in predicting help-seeking behaviors among various populations. However,
there are no found empirically based studies of the use of the TPB to explore help-seeking among Black women who internalize the Black Superwomen image outside of few published dissertation studies. Additionally, factors associated with beliefs and past behaviors have been highlighted in the TPB model. The present study captures the perceptions and past experiences of the Black Superwoman as influential factors in their help-seeking experiences when responding to psychological distress.

**Integration of multicultural concepts.** When examining behavior, it is important to consider the backgrounds and culture values (i.e. social values, norms, expectations, religion, language, social relationships) that an individual endorses. A limitation of the TPB model is the exclusion of a clear statement of the incorporation of multicultural factors. It should be understood that individuals exhibit cognitions, emotions, and behaviors reflective of their own culture (Markus & Kitayama, 1991). Additionally, the way a person from a particular culture perceives and interprets a behavior is equally important.

There are various studies that have considered cultural influence and related variables on the effects of attitudes, subjective norms, and perceived behavioral control on behavioral intentions (Yun & Park, 2010; Hagger et al, 2007; Lee, Hubbard, O’Riordan, & Kim, 2006). Yun and Park (2010) explored the relevancy of individualism/collectivism dimension to cross-cultural comparison of TPB. Individuals from individualistic cultures place emphasis on their own unique (individual) attributes and perceive themselves as independent of others, while those individuals from collectivistic cultures value connectedness and are attentive to the norms within their social groups (Triandis, 1995; Yun & Park, 2010) According to Hagger et al. (2007), “social influences on behavior are more likely to be stronger among people from collectivist backgrounds” (p. 4). Therefore, subjective norms may be more important for individuals from
collectivist cultures, whereas individuals from individualistic cultures may be more likely to have intentions based on their own attitudes (Yun & Park, 2010).

Yun and Park’s (2010) study compared Americans (individualist orientation) with Koreans (collectivist orientation) and examined the extent to which attitudes, subjective norms, and perceived behavioral control were related to intentions to sign an organ donor registry and to have family discussion about organ donation. Their research questions focused on cross-cultural comparison and whether Americans or Koreans would be more likely to rely on variables of attitudes, subjective norms, and perceived behavioral control in forming intentions to sign organ donor registry and to have family discussion about organ donation (Yun & Park, 2010). They found that Koreans had difficulty in signing the registry which could be due to cultural influences, opinions and perceptions from others which results in their interpretation of signing behavior as having social implications.

Hagger et al (2007) also found that intentions to participate in physical activity among young people from the Hungarian culture (collectivist orientation) were influenced more by social pressures than personal influences. In a mainly Asian, Pacific Islander, and White sample, Lee et al (2006) found that interdependent self-construal was linked to subjective norms, and independent self-construal was linked to perceived behavioral control. Findings from all studies indicated the participants from individualist cultures (e.g., Western Europe, US, Britain, Greece), decisions and intentions were more oriented around personal considerations like attitudes (Lee et al., 2006; Hagger et al., 2007; Yun & Park, 2010).

Theory Synthesis and Integration

As demonstrated in the literature review, many relevant studies have utilized BFT, SWS, and TPB as applicable frameworks. Many tenets of each theory intersect and can be useful in
exploring and understanding the help-seeking experiences of Black Superwomen. Constructs such as lived experiences, the idea of strength, and themes surrounding cultural values and beliefs for Black women are interwoven and emphasized by the BFT, SWS, and the TPB theoretical models. Additionally, each theory provides similar implications for counselors and counselor educators, as well as, recommendations for future research. Therefore, integration of these theories is necessary in providing an anchor and foundation for the research design, and also makes the vision for the present study clear. The diagram found in Figure 3, illustrates the interconnectedness of themes associated with BFT, SWS, and the TPB that make up the theoretical framework.

BFT highlights the notion of intersectionality or intersecting social identities as referenced by Patricia Hill Collins (1990). It is assumed that race, gender, class, as well as, the Black Superwoman role and other significant personal and professional roles, are the most salient intersecting identities that have an impact on the help-seeking experiences for Black women. BFT places emphasis on the Black female voice and the importance of exploring their lived experiences. The theory assumes that Black women have a unique perception of their experiences and that common themes of shared experiences exist among groups of Black women. SWS extends the importance of the Black female’s unique lived experience by introducing the experiences and endorsement of the Superwoman role (Woods-Giscombé, 2010). Woods-Giscombé (2010) argued that endorsing the Superwoman role impacts Black women’s experiences which can explain health disparities. There are negative outcomes when endorsing and experiencing this role. The reporting of stress, the embodiment of stress (e.g., anxiety, depressive symptoms), and the existence of stress-related health behaviors (e.g., postponement of self-care), are all liabilities of endorsing the role (Woods-Giscombé, 2010). When combined,
BFT and SWS offer an understanding of how Black Superwomen can experience psychological distress, and at the same time, resist help, do not know how to ask for help, or do not want to appear dependent when seeking help.

Similarly, reflecting on past experience is a significant concept of the TPB in addressing help-seeking perceptions, behaviors and intentions. Ajzen (1991) assumes that past behavior can be the best predictor of future behavior. In regards to the Black Superwoman, TPB provides an explanation of the influence of perception of control over performing acts of help-seeking, perceived ease or difficulty of seeking help, and perception of present resources or obstacles to help-seeking.

The BFT and SWS also overlap in emphasizing the concept and stereotypical label of strength in Black women. For instance, a key theme of BFT is self-definition and self-valuation which stresses the urgency in Black women to embrace their strength and assertiveness as a way to survive and navigated their harsh lived realities (Collins, 1986). As a parallel, SWS highlights the obligation to manifest strength, obligation to suppress emotions, and the resistance to being vulnerable or dependent as a characteristic of the Superwoman role (Woods-Giscombé, 2010). According to Woods-Giscombé’s (2010) study, participants believed strength motivated them to succeed and prove to others that they can accomplish anything even in the face of adversity. Both target the historical attitudes surrounding strength as either a hinderance or means of feeling empowered. The embodiment of strength is a shared themed for participants in Woods-Giscombé’s (2010) study to understand their motivations or resistance toward help-seeking.

Although the TPB does not place emphasis on the concept of strength, the idea of having control over behaviors is a key assumption. If the BSW is strong and self-reliant, it can be inferred that she possesses some aspects of control. For example, TPB could explain the control
she feels she has over psychological distress and decisions relating to who, how, and what is involved in her help-seeking experiences.

The influence of cultural values, Afro-American women’s culture, and contributing contextual factors are all overlapping principles of the three interconnected theoretical models. The TPB explains social pressure, stigma, and the likelihood that important individuals or groups approve or disapprove of performing a given behavior as being influential concepts in determining attitudes or behavioral intentions. Likewise, Collins (1986) points out that for BFT, Afro-American women’s culture is significant in clarifying Black women's standpoint of and for Black women. There are common themes, values, and ways of life that collectively characterize the Black woman’s experience. These themes, such as the idea of sisterhood and Afro-American motherhood link Black women of different classes, ages, regions, and sexual preferences, as well as Black women from different historical settings (Collins, 1986).

Equally, SWS supports lessons from foremothers and spiritual values as cultural norms for Black women. Black women who endorse the Superwoman role are taught by their mothers and grandmothers to be strong and self-sufficient. Participants in Woods-Giscombé’s (2010) study reportedly observed mothers or women in their lives resist the displaying of emotions, and often dealt with stress internally (Woods-Giscombé, 2010). Additionally, faith, religion, and spirituality are also factors in the participants lives when understanding the Superwoman role and a reluctance to seek help from others. Prayer and faith in God are seen as essential sources of their strength, determination, and will to succeed even with limited resources (Woods-Giscombé, 2010).
Chapter Summary

This literature review provided an exploration of the help-seeking phenomenon and how it relates to psychological distress for African American women and the Black Superwoman. Several perspectives of relevant research findings were highlighted. Research studies indicated that internalized characteristics of the BSW (i.e., strength and self-reliance) have an impact on the utilization of mental health services for Black women. Various additional barriers and factors that have a significant impact on the help-seeking perspectives of African American women were presented. These factors include fear of stigma, psychological openness, and willingness to seek help. In addition, women who endorse the BSW image suppress emotions as a way of coping and often look toward other social networks as sources of support. This population needs
advocacy, support, and empowering techniques to reduce negative experiences and perspectives toward help-seeking.

Theoretical frameworks that are relevant to the examination of help-seeking for the BSW were included. Black Feminist Thought, Superwoman Schema Conceptual Framework, and Theory of Planned Behavior were recognized as viable frameworks for understanding the perceptions, behaviors, and lived experiences of Black women. Although these theories are not counseling specific, the integration of these frameworks is considered useful in providing recommendations for counseling professionals and educators. Therefore, the help-seeking needs of the BSW can be met by empathetic and compassionate professionals who are working to understand the perceived barriers for African American women.

Although relevant, the provided literature and applicable frameworks offered no clear explanation of how Black Superwomen make meaning of help-seeking. Furthermore, research indicated a need for counseling professionals to understand the intersecting identities of Black women and their unique experiences that can impact their utilization of mental health services. Given this, it is worthy to explore these concepts and how this population of strong Black women understand, experience, and seek help for their personal well-being and mental health.
CHAPTER 3: METHOD

This study explored six Black Superwomen’s lived experiences of help-seeking for psychological distress. A primary goal was to capture the true essence of help-seeking for Black women who endorse the BSW image; essentially to make meaning of help-seeking for Black Superwomen. The goal of the study was achieved by identifying common themes shared by participants regarding their perceptions and experiences of help-seeking when confronted with psychological distress, and how these views and experiences impact the utilization of formal and informal supports. The goal was further accomplished by taking an interpretive, naturalist approach. The research design for the study, the rationale for qualitative phenomenological methodology, the population and sample of participants, instrumentation, procedures, data collection and analysis, trustworthiness, and researcher’s role and positionality are presented in this chapter.

Research Design

A qualitative approach has been chosen as the most appropriate research design for this study. Creswell (2013) asserts that conducting qualitative research allows for exploration of a problem or issue, and the identification of variables that otherwise could not be easily measured without the voices of participants. Participants in this qualitative research study were empowered to share their stories in an effort to garner a detailed understanding of help-seeking from their perspectives and lived experiences. In order to accurately capture their verbalized experiences, qualitative research is a design that supports the collaboration between researcher and participants during data analysis and interpretation phases (Creswell, 2013).
Phenomenological Approach

The research study incorporated the phenomenological approach to qualitative inquiry to uncover the common meaning for several individuals of their lived experiences of help-seeking. The purpose of the phenomenological approach is to illuminate the specific, that is, to identify phenomena through how they are perceived by the participants living the shared experience. This includes gathering deep information and perceptions through inductive, qualitative methods such as interviews, discussions and observation and representing it from the perspective of the research participants (Lester, 1999). The study design is dedicated to reducing individual participant’s experiences with help-seeking to a description of the universal essence (van Manen, 1990; Creswell, 2013). Moustakas (1994) adds, that the composited description should consist of “what” the participants experienced and “how” they experienced it.

A distinctive branch of phenomenology, Heidegger’s hermeneutical phenomenology (van Manen, 1990), highlights phenomenology as not only providing a description of an experience, but also involving an interpretive process in which the researcher mediates between different meanings to formulate an interpretation of the experience (Creswell, 2013). Van Manen (1990) places the focus of phenomenology on human science, describing research as oriented toward lived experience (phenomenology) and interpreting the “texts” of life (hermeneutics) (p.4; Creswell, 2013). This study followed the principles of hermeneutical phenomenology in interpreting the experience of help-seeking for Black Superwomen who experience psychological distress. By incorporating hermeneutical approach in this study, a true reflection of the lived experience is executed. Close attention was paid to reading, writing, and rewriting to develop thoughtful themes and meanings for the description and interpretation of the phenomenon.
**Design Rationale**

The goal of the study is to understand the meaning of help-seeking for the participants by exploring their lived experiences, therefore, the qualitative research approach is most appropriate. Quantitative measures and the statistical analyses are not useful in capturing the unheard voices and unique perspectives of participants, and may not be sensitive to issues of gender and race (Creswell, 2013). The research design is further justified due to the necessity of flexibility in the study. In order to answer the research questions, meaningful comparison of responses to in-depth interview questions across participants was necessary (Mack, et al., 2015). Unlike quantitative research design, there are no predictions, or testing of a hypothesis. Instead, the research study focuses on the examination of participants’ voices and lived experiences. This study did not test variables, instead variables were discovered that can contribute to the development of empirical knowledge.

The phenomenological approach is powerful for understanding participants’ experiences, gaining insights into the experiencing of a phenomenon, and cutting through conventional wisdom to make meaning of the researched issue. The study design relies on the voices and perspectives of the participants in understanding the meaning and experiences of help-seeking, therefore making a phenomenological approach ideal. Van Manen (1997a) points out that phenomenological research activities should begin with the researcher turning to a phenomenon which seriously interests them and commits them to this abiding concern; therefore, the hermeneutical phenomenological approach is most appropriate given this researcher’s orientation and concern about women of color, mental health, and help-seeking experiences. This approach recognizes the positive impact the researcher’s assumptions and self-reflections can have on the
research process, and the importance of incorporating social, personal, and historical contexts to develop a holistic picture of the phenomenon.

Data generated by in-depth interviews is considered highly meaningful and based on the participants’ verbal descriptions and recollections of the experience. There was no theory development during the data collection process, therefore, a grounded theory approach was not appropriate for the study. A narrative approach could be considered and is often powerful when giving voice to experiences, philosophies, and feelings of African American women (Etter-Lewis, 1991). However, narrative studies involve the telling of stories, and incorporating the participant’s life with that of the researcher’s. This method seems less useful than a phenomenological approach for addressing the research questions and in understanding of the phenomenon.

Population and Sample of Participants

Purposeful sampling, probably the most commonly described means of sampling in the qualitative methods (Gentles, et al, 2015) was used to gather a sample in a two-step process. Purposeful sampling, which is more selective, locates a more closely defined group for whom the research question will be significant. Patton (2015) further described purposeful sampling as “The logic and power of purposeful sampling lie in selecting information-rich cases for in-depth study. Information-rich cases are those from which one can learn a great deal about issues of central importance to the purpose of the inquiry. Studying information-rich cases yields insights and in-depth understanding” (p. 264). Furthermore, “purposive sampling offers researchers a degree of control rather than being at the mercy of any selection bias inherent in pre-existing groups” (Barbour, 2001, p. 1116). This type of sampling can be advantageous in that it enhances sample coverage and provides a framework for analysis (Barbour, 2001). Additionally, criterion
sampling was used to recruit participants because certain criteria had to be met. Mertens (2010) stated that a blended sampling approach such as this works well with Interpretative Phenomenological Analysis (IPA).

In the first step, purposeful and criterion sampling was utilized to gather the targeted sample of 15 to 20 participants. To participate, individuals must have identified as Black female, be between 21 to 64 years of age, and have experienced psychological distress (i.e., stress, depression, or anxiety) within a 12-month period. The initial sample was asked to complete the Superwoman Stereotype sub-scale of the Stereotypic Roles for Black Women Scale (SRBWS; Thomas et al., 2004) to determine their levels of internalization and endorsement of the Superwoman image. In the second step, women with the highest scores on the Superwoman Stereotype sub-scale of the SRBWS were recruited until the desired cohort of five or six participants was achieved.

When utilizing IPA methods, a sample size of 5-6 is recommended. This is specifically indicated for the novice student researcher because IPA emphasizes detailed case-by-case analysis of individual transcripts that may be time consuming (Smith & Osborn, 2007). Smith and Osborn (2007) further pointed out that IPA is committed to a detailed interpretative account of each participant case which may only realistically be done on a very small sample, therefore, researchers sacrifice breadth for depth. Subsequently, there were no more than six Black women participating in the study. The following criteria had to be met in order to participate in the study: (a) identify as Black or African American, which may include being of African descent, native born or of immigrant status, (b) identify as female, (c) be age 21 to 64 years old, (d) have experienced psychological distress (i.e., stress, anxiety, or depression) within the last 12 months, and (e) have a high mean score (closest to 5.0) on the Superwoman stereotype sub-scale of the
SRBWS. There were no restrictions on participation based on educational, martial, or economic status.

**Instrumentation**

Several methods and instruments were used to gather data for the study. To collect demographic data of the participants, a descriptive questionnaire was utilized. The initial sample of participants were asked to take the Superwoman sub-scale of the Stereotypic Roles for Black Women Scale (SRBWS; Thomas, et al., 2004) prior to being selected for the final phase of the study. Finally, semi-structured interviews were conducted to explore the phenomenon of help-seeking as it pertains to the participants. The study generated large amounts of data, and procedures were put in place to record what was said and done throughout the data collection and interview process.

**Demographics Questionnaire**

An 11-item demographic questionnaire was used to collect background information and data representative of the sample population (see Appendix A). Characteristics such as, age, ethnicity, gender, marital status, presence of children and others living in the home, educational level, and employment status were gathered and included in the detailed written participant profiles. Questions derived for the demographic questionnaire are designed to capture socio-demographic background information that can be considered significant when considering influences of psychological stressors, as well as, exploring themes representative of the Black Superwoman. For example, questions referencing number of children or having family living in the home can be used to explain a participant’s obligation to family which is characteristic of the Black Superwoman. Including demographics in the study is necessary when comparing the differences and similarities of participants, as well as, determining whether the individuals in the
research study are a representative sample of the target population (Pietkiewicz & Smith, 2014: Salkind, 2010).

**Stereotypic Roles for Black Women Scale (SRBWS)**

To assess participants’ endorsement of the Black Superwoman persona, the 11-item Superwoman stereotype sub-scale of the SRBWS (Thomas, et al., 2004) was used. Thomas et al. (2004) conducted an investigation on 186 African American women to develop the 34-item SRBWS and test its validity and reliability as a measure of the stereotypic roles of African American women. The relationship between the four stereotypic roles, stemming from images and the legacy of slavery (*Mammy, Sapphire, Jezebel, and the Superwoman* image), and self-esteem was explored (Thomas, et al, 2004). In regards to the Superwoman image, they found that the Superwoman stereotype positively related to self-esteem of women and that the attitudes associated with the stereotypes had a similar or stronger relationship with self-esteem than racial identity attitudes (Thomas, et al, 2004). Their study also provided practical and clinical implications verifying the accuracy of the stereotypical images in the lives of African American women (Thomas, et al, 2004). They suggested that therapists and researchers “move beyond the assessment of racial or gender identity to include a discussion of the stereotypic roles and their influence on identity development and functioning” (Thomas, et al, 2004, p.439). Finally, clinicians can benefit from having discussions about images to understand the socialization processes and identity development influenced by parental messages, peer groups, and the media (Thomas, et al, 2004).

The incorporation of this scale is necessary in the measuring of participants’ internalized attitudes and beliefs that contribute to their endorsing an identity representing the Black Superwoman persona. As pointed out by Thomas, et al (2004), the Superwoman stereotype
maintains that African American women are strong, resourceful, and able to endure multiple roles and responsibilities; and has been conceptualized as a coping mechanism to manage life’s adversities (Greene, 1994; McNair, 1992; Mitchell & Herring, 1998; West, 1995). Items such as, “Black women have to be strong to survive”, “If I fall apart, I will be a failure”, and “I find it difficult to ask others for help” (Thomas, et al, 2004) measure the connection between African American women’s identity and the Superwoman role. Similar to the individuals in the Thomas et al. (2004) study, participants in the present study responded to a 5-point Likert-type scale (1 = strongly disagree to 5 = strongly agree) to rate agreement with each item. Higher mean scores indicated greater endorsement of the Superwoman persona.

**Semi-structured Interviews**

Based on Creswell’s (2013) phenomenological research design, open-ended, semi-structured questions were utilized to interview the participants. Participants were asked questions about their lived experiences and understandings about help-seeking, specifically in regards to them being identified as Black Superwoman who have experienced psychological distress. Open-ended questioning provided the opportunity for active probing to gain insight into how participants make sense of their experiences with seeking help. In-depth interviews were designed to gather rich, thick descriptions of participants’ experiences, as well as garner as much detail from the participant’s point of view. According to Mack et al. (2005) “In-depth interviews are optimal for collecting data on individuals’ personal histories, perspectives, and experiences, particularly when sensitive topics are being explored” (p. 2).

An interview protocol was designed to help facilitate questions, central to the phenomenon, which were derived from the research questions and theoretical underpinnings that guided the study. An illustration of the link between theoretical frameworks, research and
interview questions is displayed in Table 2. Semi-structured questioning gave way for some deviation from the protocol to allow for additional dialogue and permitted participants to add unstructured responses. Smith and Osborn (2007) assert that it is possible that the interview may enter an area that had not been predicted by the researcher, but can be extremely valuable, pertinent to, and enlightening of, the study’s overall question. Also, unprompted responses likely provide significant and valuable data.

The purpose of the study is to understand the phenomenon of help-seeking for Black Superwomen who experience psychological distress; therefore, questions probed participants to recollect specific events, situations, and people involved in their help-seeking experience. According to Van Manen (1984), if individuals are interviewed about their lived experience of a certain phenomenon, it is important to be very concrete and ask what an experience is like, then explore the whole experience to the fullest. This was achieved in asking open-ended questions such as, “What is involved in your help-seeking process?” Questions like, “Can you give an example?” helped focus the dialogue on recollections of lived experiences rather than participants’ opinions.

When utilizing research methods consistent with hermeneutic phenomenology and IPA, the goal is to capture a rich, detailed, and reflective account of lived experiences. As pointed out by Laverty (2003), Hans-Georg Gadamer (1960/1998), a hermeneutic phenomenologist, stated that “Questioning is an essential aspect of the interpretive process as it helps make new horizons and understandings possible. Questioning opens up possibilities of meaning” (p. 375). Larkin and Thompson (2012) further explained that an IPA interview is not about collecting facts, but more about exploring meanings. Moreover, the IPA researcher’s aim should be to take a neutral and facilitative role that provides participants with an opportunity to openly tell their story
(Larkin & Thompson, 2012). Interviews were less directive and allowed participants the flexibility of engaging in shared dialogue about their experiences. Laverty (2003) agreed that dialogue during the interview process takes into account various points of view and is regarded as transformative for the participant and researcher (Laverty, 2003).
### Table 2

**Linkage Between Theoretical Frameworks, Research Questions, and Interview Questions**

<table>
<thead>
<tr>
<th>Theory</th>
<th>Research Question</th>
<th>Interview Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Superwoman Schema Conceptual Framework (SWS)</strong></td>
<td>How do Black Superwomen who experience psychological distress, experience help-seeking?</td>
<td>Tell me about your feelings of distress; stress, anxiety, or depression.</td>
</tr>
<tr>
<td>- Reporting distress</td>
<td>a. What does help-seeking involve for Black Superwomen?</td>
<td>What kinds of “help” do you look for when you feel distressed?</td>
</tr>
<tr>
<td>- Contextual factors</td>
<td></td>
<td>What is involved?</td>
</tr>
<tr>
<td>- Culture</td>
<td></td>
<td>Who do you involve in your help-seeking processes?</td>
</tr>
<tr>
<td>- Unique lived experiences</td>
<td></td>
<td>Who is most helpful?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>How do you seek out help?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If you feel stress, anxiety, or depression, when exactly do you seek help?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In your experiences with help-seeking, what have been the benefits? What is not beneficial?</td>
</tr>
<tr>
<td><strong>Theory of Planned Behavior (TPB)</strong></td>
<td>What does help-seeking mean for a Black Superwoman who experience psychological distress?</td>
<td>Tell me what comes to mind when you hear the words “help seeking”.</td>
</tr>
<tr>
<td>- Beliefs</td>
<td>a. What personal, social, environmental, and historical factors shape help-seeking perceptions for Black Superwomen?</td>
<td>What are your views of seeking help for mental health concerns?</td>
</tr>
<tr>
<td>- Past behaviors</td>
<td>b. What past experiences shape perceptions of help-seeking for Black Superwomen?</td>
<td>How have your views about seeking help for stress, anxiety, or depression been shaped?</td>
</tr>
<tr>
<td>- Previous experiences</td>
<td></td>
<td>What experiences have shaped your views?</td>
</tr>
<tr>
<td>- Culture/Social influences</td>
<td></td>
<td>Who has been influential in shaping your views?</td>
</tr>
<tr>
<td>- Stigma</td>
<td></td>
<td>What have they told you about seeking help?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What have they modeled about seeking help?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What are your thoughts about your own views of help-seeking for stress, anxiety, or depression?</td>
</tr>
<tr>
<td><strong>Black Feminist Thought (BFT)</strong></td>
<td>What lived experiences influence help-seeking for Black Superwomen?</td>
<td>What are typical reasons you seek help?</td>
</tr>
<tr>
<td>- Voices</td>
<td>a. What personal, social, environmental, and historical factors influence help-seeking for Black Superwomen?</td>
<td>Walk me through a time when you felt your most distressed and needed help.</td>
</tr>
<tr>
<td>- Black female experience</td>
<td>b. What past experiences influence help-seeking for Black Superwomen?</td>
<td>What experiences have resulted in you choosing not to seek help?</td>
</tr>
<tr>
<td>- Culture</td>
<td></td>
<td>Who has been influential in your help-seeking processes and decisions?</td>
</tr>
<tr>
<td>- Self-definition/Identity/Intersectionality</td>
<td></td>
<td>How have they been helpful/unhelpful?</td>
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<tr>
<td></td>
<td></td>
<td>Please describe any environmental influences (family, community, etc.) that contributed to you seeking help?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not seeking help?</td>
</tr>
</tbody>
</table>

### Procedure

**Recruiting Participants**

The North Carolina Institutional Review Board (IRB) provided approval for the research prior to the initiation of all recruitment. A community-based sample of Black women were
recruited from local North Carolina counties. Recruitment was a two-step process with the first step involving the distribution of flyers, email notifications, and word-of-mouth announcements for participation in the first phase of the study, completion of the sub-scale of the Stereotypic Roles for Black Women Scale (SRBWS). Flyers were distributed strategically at a local historically Black university campus, two community mental health clinics, and a private counseling agency. The content of the recruitment flyer can be viewed in Appendix B. A recruitment email was sent out through a professional counseling listserv, and sent to the researcher’s social network of about 50 individuals. The recruitment email, which can be found in Appendix C, highlighted specific criteria to recruit participants who self-identify as Black, female, age 21 to 64, and have experienced stress, anxiety, or depression within the last 12 months. The majority of participants were recruited by email and word-of-mouth. The content of the recruitment materials contained the following details: (a) name of the primary investigator, (b) clear statement that this is research, (c) contact information for interested individuals, (d) the purpose of the research, (e) primary eligibility criteria for the study, (f) time or other commitment required of the participants, and (g) incentive/compensation for voluntary participation.

Participants who expressed interest after seeing the recruitment flyer were instructed to contact the researcher either through email or by telephone. Those who communicated via email were emailed information from the recruitment email document, including the link to complete the electronic copy of the IRB approved informed consent document, titled Informed Consent Form for Research Participation- Phase 1(see Appendix D), and a link to take the Superwoman stereotype sub-scale of the SRBWS. Participants who made telephone contact were provided verbal information about the research prior to them agreeing to voluntarily participate in the
study. The majority of participants agreed to meet face-to-face to sign the informed consent form and take the paper-based assessment sub-scale. All participants during this phase received a signed copy of the informed consent document and were entered into a lottery drawing to receive a $50 gift card.

The second step in recruitment involved contacting participants with the highest mean scores via telephone and inviting them to participate in the second phase of the study, a face-to-face interview. They were informed that, based on their scores on the sub-scale, they met criteria to participate in the study. They were given their score and explained that it indicated the endorsement of the Black Superwoman role/persona. They were informed of: (a) the purpose of the research, (b) primary eligibility criteria for the study, (c) time or other commitment required of the participants, (d) procedures, and (e) incentive/compensation for voluntary participation. All women contacted, agreed to volunteer to be participants in the second phase of the study and set a date and time to meet to complete two copies of the IRB approved informed consent document, titled Informed Consent Form for Research Participation- Phase 2 (one copy retained by the participant; see Appendix E) prior to beginning the interview process.

**Data Collection**

Data was collected through the use of in-depth, semi-structured interviews. Prior to the start of each interview, the purpose of the study and confidentiality measures were explained. Participants were reminded of what to expect during the interview session and each was encouraged to ask questions for clarity. Participants were also informed of the sensitive nature of the topic and their right to refuse to answer questions or withdraw voluntary participation at any time. Participants were instructed to complete the demographic questionnaire. After completion of the questionnaire and labeling it with a corresponding pseudonym, participants were informed
that the interview questions and responses would be audio recorded on a password protected
device and later organized for thorough transcription on a password protected computer, and
stored in a password protected file.

Interviews were conducted in a secure, confidential, and comfortable setting of the
participants’ choosing. The majority of interviews were conducted in the participants’ homes,
their secure work spaces, and other private settings. Each interview lasted between 50 and 60
minutes. The researcher utilized a facilitative and flexible interviewing style to promote
conversational dialogue about the participants’ lived experiences. Interviews began with asking
participants to provide some background information about self, their family of origin, their
current life and work situation. Participants were then asked about their reported encounters with
stress, anxiety, and/or depression, and encouraged to discuss the exact symptoms they had been
experiencing within the past 12 months.

In keeping with hermeneutic phenomenology, data collection methods also included
paying close attention to what verbatims did not capture during the interview sessions. Kvale
(1996) insisted that it is important to look at what is said between the lines. Furthermore, paying
attention to silence is also necessary (van Manen, 1997b). At this point in data collection, field
notes were generated to compliment taped interviews. Handwritten field notes allowed this
researcher to comment upon impressions, environmental contexts, behaviors, and nonverbal cues
that are evident during the interview, but may not be captured through the audio-recording
(Sutton & Austin, 2015). Taking field notes provided important clarification and context to the
interpretation of audio-taped data and is a helpful reminder to this researcher of situational
factors that may be important during data analysis (Mack, et al., 2005; Sutton & Austin, 2015).
At the conclusion of each interview, a period of debriefing was held where participants were allowed to voice any emotions or distress experienced during the interview. During this debriefing session, this researcher provided tools and resources for participants such as, information for area mental health care, counseling, crisis lines, and support services. Finally, participants were informed of their invitation to provide feedback on research findings for the purpose of validating their experiences. Participants were thanked for their participation in the study and each was provided with a $15 gift card. Reflective journaling was completed at the conclusion of each interview. The researcher designated this time to reflect upon personal thoughts and feelings about the research process. Immediate reactions and impact of participant’s stories and experiences were documented.

**Data Analysis**

Several techniques of qualitative data analysis were implemented to increase the scientific rigor of this study. Analysis and organizing data began with transcribing verbatim the recorded interview data into text, with the intent of reducing the data into themes by coding, to finally represent the themes in a narrative. The process of analyzing qualitative data, involved the researcher engaging in procedures much like moving in circles rather than following a fixed linear approach (Creswell, 2013). In similar fashion, data analysis was performed applying the hermeneutic cycle (Laverty, 2003; see Figure 4). This circular process involved reading and re-reading data, reflective writing and interpretation in a rigorous fashion to increase familiarity with the text (Laverty, 200). Rigorous moving back and forward with the data, focusing on important words, phrases, and ideas helped to develop a mental picture of the participant’s experience. Final interpretation in qualitative research involves making sense of the data
(Lincoln & Guba, 1985). It involves conceptualizing beyond the codes and themes to propose the larger meaning of the data (Creswell, 2013).

**Organizing data.** Data generated from the semi-structured interviews was voluminous. The secure computer application, Otter, was used to translate voice recordings into text. Each transcribed interview was encrypted and stored on a password protected device. The transcribed data was then converted into password protected PDF documents labeled with each participant’s pseudonym. Transcribed data was checked several times for accuracy by listening to the recorded interviews. This qualitative study placed great emphasis on the collaborative nature of data analysis and interpretation by soliciting participant feedback (Creswell, 2013); therefore, transcribed interviews were prepared to be shared with participants for member checking. Four participants responded to requests for member checking and met face-to-face to verify statements transcribed.

**Reading and memoing.** Transcripts were read several times to gather the details. At this phase of data analysis, it is suggested that the researcher read transcripts several times and get a sense of the whole database (Creswell, 2013). Agar (1980) also urged, “Immerse yourself in the details, trying to get a sense of the interview as a whole before breaking it into parts” (p. 103). To further explore the data, audio recorded interviews were listened to several times to help the researcher absorb the data and recall the atmosphere of the interview. New insights were produced with each reading of the transcripts and listening of the recordings. Notations of key concepts and statements, as well as, significant observations and reflections about the interview experience were made in the margins of the transcribed interviews. Finally, comments associated with personal reflexivity, such as how the researcher’s position and identity affected the rapport with the participant were documented.
**Interpretive phenomenology analysis.** Strategies consistent with Interpretive Phenomenology Analysis (IPA) were utilized to garner insight into how the participants make sense of the world, both personally and socially. IPA is a two-stage process of interpretation where first participants make meaning of the phenomenon, and then the researcher attempts to make meaning of participants’ perspectives. This process allowed deeper exploration of the meanings, experiences, and notable events that are significant to participants. This phenomenological approach involved “detailed examination of the participant’s life world; it attempts to explore personal experience and is concerned with an individual’s personal perception or account of an object or event, as opposed to an attempt to produce an objective statement of the object or event itself” (Smith & Osborn, 2007, p. 53). By employing IPA strategies, an active researcher role was emphasized. In other words, an “insider’s perspective” was utilized to further understand the participants’ point of view (Conrad, 1987; Smith & Osborne, 2007).

Strategies of interpretive phenomenological analysis (IPA) were utilized to seek meaning and try to understand the content and complexity of those meanings rather than measure their frequency (Smith & Osborn, 2007). This process involved engaging in an interpretative relationship with the transcribed data. It is important that not just a description of what participants say is provided, rather, the analysis of data for the study gets underneath what the participants said to accurately understand the world from their perspective (Larkin, Watts, & Clifton, 2006; Sutton & Austin, 2015).

**Developing codes.** At this stage, the researcher aimed to transform notes into emerging themes. This was first accomplished by looking at each individual transcription closely, line-by-line, and identifying key words or phrases used by the participants. The process of coding refers
to “the identification of topics, issues, similarities, and differences that are revealed through the participants’ narratives and interpreted by the researcher” (Sutton & Austin, 2015, p. 228).

“Coding represents the heart of qualitative data analysis” (Creswell, 2013, p. 184). Coding was completed by hand on a hard copy of the transcript, by making notes in the margin and highlighting and naming sections of text. Coding was the beginning of understanding the world from each participant’s perspective. To establish the credibility of the coding, the primary researcher had an outside researcher, a doctoral graduate from the College of Education, to code the same transcript and then discuss any similarities and differences to clarify and confirm findings.

**Clustering themes and subthemes.** Codes from all six transcripts were drawn together to identify emergent patterns or subthemes. van Manen (1997b) promotes the process of recovering the themes that are embodied in the evolving meanings and imagery of the text. In an attempt to isolate themes, a holistic approach was utilized in which the whole text was analyzed to capture its fundamental meaning. As subthemes emerged, components of participants’ statements relevant to each theme were highlighted and clustered. Subthemes were connected to form a final theme to capture details, nuances and produce a complete picture. The creation of themes and corresponding subthemes helped to make sense of the participants’ lived experiences of help-seeking in response to psychological distress.
Validity in qualitative research focuses on authenticity, that is, “giving a fair, honest, and balanced account of social life from the viewpoint of someone who lived it every day” (Neuman, 2014, p. 218). According to Lincoln and Guba (1985), to achieve validity or accuracy, it is essential to evaluate the worth or trustworthiness of the qualitative research study. To ensure a study has trustworthy findings, the researcher must establish conformability, dependability, credibility, and transferability (Lincoln & Guba, 1985). To accomplish this, the following procedures were enacted when conducting this study.

In order to establish confirmability, the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest (Lincoln & Guba, 1985), this researcher attended to personal bias and subjectivity. Malterud (2001) states, "A researcher's background and position will affect what they choose to investigate, the angle of investigation, the methods judged most adequate for this purpose, the findings considered most appropriate, and the framing and communication of conclusions" (p. 483-484). The act of reflexivity or systematically attending to the context of knowledge construction throughout the research

![Hermeneutic Cycle](image-url)
process increased the likelihood of confirmability (Lincoln & Guba, 1985). To foster reflexivity, this researcher developed a private journal to reflect on personal values throughout the research process. Additionally, a positionality statement highlighting the researcher’s personal perspectives and beliefs is included in this written dissertation report.

Dependability, showing that the findings are consistent and could be repeated (Lincoln & Guba, 1985) was achieved by conducting an external audit. An outside researcher looked over transcripts as an auditor in order to negotiate agreement. The simple act of having another researcher code the same transcript and then discussing any similarities and differences, resulted in revisions to the codes and helped to clarify and confirm the research findings (Sutton & Austin, 2015). This auditing and feedback process also provided an opportunity to summarize preliminary findings and allow for the development of stronger findings.

Colaizzi’s (1978) method of validation, including having participants return for feedback and clarification, was also considered for this study (see Beck, 1994). A follow-up appointment with the participants was conducted for the purpose of validating their transcribed experiences. This form of member checking allowed the participants to be the judges for accuracy and credibility (Creswell, 2013; Lincoln & Guba, 1985). Alterations were made according to participant feedback in order to ensure that their intended meanings were conveyed in the fundamental structure of the phenomenon.

To achieve external validity, trustworthy data must yield rich, thick descriptions (Lincoln & Guba, 1985). The phenomenon of help-seeking was described in sufficient detail. Descriptions provided detail of the participants, as well as, descriptions of ideas. By using this type of detailing, the research findings can be transferable to other times, settings, situations, and populations (Lincoln & Guba, 1985).
Additional attempts to increase validity included the recruitment of participants that are familiar with this researcher in hopes that a level of trust and comfortability was pre-existing.

This trusting relationship expectantly increased participants’ belief in confidentiality measures, yielding more in-depth dialogue. Phenomenological research requires some type of dialogue. Conversational dialogue took place during the interviews and data collection components of the study. Citing Colaizzi (1978), Beck (1994) points out that phenomenological data analysis and evaluation stresses that dialogue exists on equal levels between “co-researchers”. The researcher and the participants were considered co-researchers seeking answers to the meaning of help-seeking for Black Superwomen. Colaizzi (1978) further believed that this essential dialogue occurs under the conditions of trust (see Beck, 1994). A commitment to the study and the participants, as well as the conveying of empathy and sensitivity, acted as a catalyst to increase the existence of trust. This trust allowed the participants to fully engage with the primary researcher in dialogue and questioning which could not happen otherwise. Ultimately, because a level of trust existed, the participants engaged fully and truthfully, further adding to the accuracy of the data collected.

**Ethical Considerations**

Various ethical issues may arise during the qualitative research process. It is the responsibility of the researcher to first protect the confidentiality of the participants to the full extent allowed by law. This was accomplished by assigning pseudonyms to each individual. There will be no information included in published report that would make it possible to identify the participants. Participants were not placed at risk of harm. None expressed risks or frustration associated with the recollections of lived experiences associated with pain, hurt and unresolved psychological distress. The primary researcher is a Licensed Professional Counselor who is
trained and was prepared to assess and to intervene if any participants verbalized distress associated with the study. Additionally, it was restated that participation in the study was voluntary and withdrawal or refusal to participate was acceptable at any time without penalty.

Each participant was given an IRB approved informed consent form to sign prior to any data collection. They were informed of: (a) the purpose of the research, (b) primary eligibility criteria for the study, (c) time or other commitment required of the participants, (d) procedures, and (e) incentive/compensation for voluntary participation. Participants were also informed that the information collected would be considered personal and sensitive as it relates to their life experiences, and all data would be stored securely on a password protected computer. Additionally, they were told that all research records would be kept in a locked file, and electronic information would be transcribed, coded, and secured using a password protected file. They were reminded of their right to decline to answer any questions or withdraw from participation at any time.

**Positionality and Role of the Researcher**

As an African American woman, I am frequently confronted by the need to prove my intelligence, worth, and capabilities in a society that traditionally does not favor women of color. I have had to navigate this discriminatory world and combat systems of oppression and domination. Furthermore, society has developed assumptions of me based on perceived ideas of both my race and gender. An article in *Psychology Today* points out that common stereotypes for African Americans are that we are loud, dirty, and criminal (Williams, 2011) while many characterize my gender as weak, emotional, and irrational. These generalizations are destructive and disempowering. These stereotypes are also often the basis on which many people of color form their identity. The media further paints a picture of a Black woman as either being
aggressive, sexually promiscuous, or *welfare queens* and *breeders* (Rosenthal & Lobe, 2016). This image neither represents me nor embodies the lives or shared experiences of women I encounter. Theorist Patricia Collins (2000) further concludes that “negative stereotypes applied to African American women have been fundamental to Black women’s oppression” (p. 5). This research study contributed to my aim to become a catalyst in my efforts to change the trajectory of racial and gender role identity for women of color and served to help in understanding how societal and cultural influences have shaped the experiences and motivations of women who identify as a Black Superwoman.

Because of my personal experiences of oppression due to the intersectionality of my race and gender, I am committed to exploring the variables that affect women of color and the counseling implications that should be considered. As I begin to understand my own strengths and place in society, I am also confronted by the power or privilege I may have when in the counseling arena. As a Licensed Professional Counselor, my thoughts and beliefs about the benefits of mental health counseling as an option when seeking help, cannot be ignored when conducting research such as this. My professional experience, personal interests and worldview motivated me to explore the lives of strong Black women and their understanding of help-seeking. The present phenomenological study allowed me to understand Black women’s experiences, with future hopes of educating them on the reality of being strong and powerful despite society’s psychological messages and deterring stereotypes. My hope is to begin to change the narrative for Black women who believe seeking help is a sign of weakness; rather it must be an indicator of strength.

In order to conduct this research study on Black Superwomen and help-seeking experiences, it was imperative that I, as the researcher, become aware of my own biases and
assumptions, not to bracket or set them aside, but rather to acknowledge that they are embedded and essential to the interpretive process. I gave considerable thought to my own experience and openly provided insight into the ways in which my position and experiences relate to the issues being researched. While conducting the research study I kept a journal and reflective notes. This documentation served as a means of acknowledging my opinions and becoming aware of my personal perceptions. By reflecting on my thoughts and feelings during the research process, I was able to acknowledge my differing roles of researcher, counselor, and interpreter that frequently entered into the research setting. I acknowledged my role as an author, who van Manen (1997a) stated, is a writer who “writes from the midst of life experience where meanings resonate and reverberate with reflective being”.

I also solicited the assistance of participants in the data analysis and interpretation phases. They were allowed to ask questions and have open dialogue during data collection. An external auditor was involved to ensure that I followed the proper procedures in conducting unbiased research. Having another researcher evaluate the accuracy of findings, interpretations, and conclusions, helped guard against misinterpretations and misrepresentations of the data collected.

**Chapter Summary**

This chapter of the study presented the methodology. The research design for the study, the rationale for qualitative phenomenological methodology, the population and sample of participants, instrumentation, procedure including data collection and data analysis, and the researcher’s role and positionality were also presented. Chapter four will thoroughly discuss the descriptions of the participants and findings of the research study, including themes, subthemes and relevant interpretations.
CHAPTER 4: FINDINGS

The findings of the present study will be discussed in this chapter. This chapter will provide detail of how the findings were used to explore the phenomenon related to help-seeking experiences for Black Superwomen who experience psychological distress. Included in this chapter are detailed participant profiles derived from demographic and background information collected from each participant. Emergent themes, subthemes, and the connections to the research questions are also presented. The research questions and sub-questions that serve as the foundation and guide for this study are as follows:

1. How do Black Superwomen who experience psychological distress, experience help-seeking?
   a. What does help-seeking involve for Black Superwomen?
   b. How do black superwomen seek help?
2. What does help-seeking mean for a Black Superwoman who experiences psychological distress?
   a. What personal, social, environmental, and historical factors shape help-seeking perceptions for Black Superwomen?
   b. What past experiences shape perceptions of help-seeking for Black Superwomen?
3. What lived experiences influence help-seeking for Black Superwomen?
   a. What personal, social, environmental, and historical factors influence help-seeking for Black Superwomen?
   b. What past experiences influence help-seeking for Black Superwomen?

Description of Participants

The sample for this study included six African American women who received a high mean score (maximum score of 5.0) on the SRBWS classifying them as Black Superwomen. The
participants currently reside in the triangle area (Wake, Durham, or Orange county). They are employed in a variety of professions. Each participant was required to be between 21-64 years of age and speak and read English.

**Common Descriptive Characteristics**

The average age of the participants was 47 years of age. Four out of the six women are married, one is divorced, and one participant has never been married. All, but one participant has children. One participant has grandchildren. Three of the participants are parents or caregivers of family living in the home. Three of the six participants have a master’s degree as their highest level of education. Employment among these women varied. Four of the participants are currently employed, one is a student, and one is retired. The average annual household income among the participants varied as well. Four of the participants reported an annual income of at least $41,000 or over, while the remaining two participants did not disclose their annual household contribution.

All of the women in this study scored a required mean score closest to 5.0 on SRBWS. The highest mean score was 4.54, the lowest mean score was 3.60., and the average mean score was 4.11. During recruitment, every participant indicated that the strongly agreed with the SRBWS statement *Black women have to be strong to survive*. All of the women self-reported symptoms relating to either stress, anxiety, or depression occurring within the last 12 months. Three out of the six participants have received some form of professional help in their lifetime. The following are descriptions of each participant interviewed during this study.
### Table 3

**Participant Demographics**

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>SRBWS Score</th>
<th>Age</th>
<th>Self-Reported Psychological Distress Indicators</th>
<th>Use of Formal Mental Health Care</th>
<th>Marital/Relationship Status</th>
<th># of Children/Ages</th>
<th>People Living in the Home/Relationship</th>
<th>Highest Level of Education</th>
<th>Employment Status</th>
<th>Current or Previous Area of Employment</th>
<th>Amount Contributed to Annual Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wanda</td>
<td>4.0</td>
<td>56</td>
<td>Stress</td>
<td>Yes</td>
<td>Married</td>
<td>2; 25, 21</td>
<td>Husband</td>
<td>Master's Degree</td>
<td>Employed</td>
<td>Office Administration</td>
<td>41,001-50,000</td>
</tr>
<tr>
<td>Carla</td>
<td>4.09</td>
<td>47</td>
<td>Stress, Anxiety, Depression</td>
<td>No</td>
<td>Married</td>
<td>2; 18, 15</td>
<td>Husband</td>
<td>Master's Degree</td>
<td>Employed</td>
<td>Mental Health</td>
<td>61,000+</td>
</tr>
<tr>
<td>Marie</td>
<td>4.54</td>
<td>56</td>
<td>Stress, Anxiety, Depression</td>
<td>Yes</td>
<td>Married</td>
<td>2; 36, 34</td>
<td>Husband</td>
<td>Bachelor's Degree</td>
<td>Retired</td>
<td>Information/Technical</td>
<td>ND</td>
</tr>
<tr>
<td>Karen</td>
<td>3.6</td>
<td>50</td>
<td>Stress, Depression</td>
<td>No</td>
<td>Married</td>
<td>4; 19, 17, 12, 11</td>
<td>Husband</td>
<td>Master's Degree</td>
<td>Employed</td>
<td>Health and Wellness</td>
<td>61,000+</td>
</tr>
<tr>
<td>Stephanie</td>
<td>3.90</td>
<td>32</td>
<td>Stress, Depression</td>
<td>No</td>
<td>Single</td>
<td>None</td>
<td>Mother</td>
<td>High school Diploma</td>
<td>Unemployed</td>
<td>Sales</td>
<td>ND</td>
</tr>
<tr>
<td>Latanya</td>
<td>4.54</td>
<td>41</td>
<td>Stress, Anxiety, Depression</td>
<td>Yes</td>
<td>Divorced</td>
<td>1</td>
<td>None</td>
<td>Master's Degree</td>
<td>Employed</td>
<td>Banking</td>
<td>51,000-60,000</td>
</tr>
</tbody>
</table>

*ND* = not disclosed
Participant Profiles

Wanda. Wanda is a 56-year-old Black female currently working in an office administrative role. She has been married for 28 years to her college sweetheart. She has two sons, one in college, and one a recent college graduate, both living outside of the home. Wanda’s most memorable moments raising a family, was her recollection of her responsibilities as a mother and always being busy. She stated, “I always take care of them.” She hoped to mirror her family after her own growing up, but stated that they never had enough time. She and her husband kept her sons involved in music and sports. She felt it was unfortunate that her sons were not able to go to church every single Sunday and her family did not eat together every night. The semi-structured interview was conducted in a private office setting.

When discussing her thoughts about Black Superwomen, she stated, “It is someone that just does it all on a daily, they're responsible for everything in their surroundings, basically, you know, and if they have a family, they're trying to juggle a lot of different things, trying to think about themselves, health wise, trying to make sure that everybody has what they need in the family that the household is taken care of, and that you've done your civic duty to learn what you should and should not be doing kind of thing and you try to take care of your parents take care of in-laws. So, you just you just all over the place, just trying to make sure everything in your orbit is running smoothly. And to the best of your ability. When asked if she ever felt that way, she stated, “All of the time.” “I always have had responsibilities and felt that I should make sure everything's cool.” She admitted that it is a stereotype and a label, but feels that these things are what you are supposed to do.

Psychological distress indicators. When asked about her level of psychological distress, she was reluctant to report that she has experienced stress. She stated, “Stress for me is having a
lot on my plate that I put on there that I'm trying to make sure happens in a timely manner.”
Since her father’s death she has felt responsible to check on her mother everyday via telephone or visit her as often as possible. However, her mother is independent, resists her help, and does not see the importance of accepting help. Wanda often feels overwhelmed and worried about making sure her mother has her name on things, such as important documents. “If something were to happen to her, I need to know what to do; how to do the arrangements and stuff and be aware of what her wishes are,” she said, “it’s a lot, it’s a whole lot, and it’s just me.” She recalled the difficulty in making arrangements for her father after his death. She stated, “It’s a lot of pressure for me personally to try and get that information and pull it from somebody that don’t really want to give it to you. That’s the sad part.” It is frustrating for Wanda to care for someone who wants to maintain her independence, but also needs help due to aging. She added, “Those kinds of things bear on me.” Stress to her feels like not having enough time and feeling overwhelmed by deadlines. However, she said that somewhere in the back of her mind she tries to tell herself that she does not really have stress compared to her grandmother who died of being extremely worried.

**Family of origin considerations.** Wanda is an only child born and raised in rural eastern NC. She described her mother and father as having traditional roles as husband and wife. “My mother was a very independent type who took care of all of the bills. She bought the groceries and did all of the female kind of stuff,” she said. Although her mother was a home economic extension agent and was very active in the community, she maintained a structured routine in the home, including eating dinner every night as a family at 6:00 pm. She recalled attending Catholic school and going to church every Sunday as a family. Her father was a police officer who played
in a band, and liked to work in the yard. Her parents were married for almost 50 years until her father’s death in 2012.

**Carla.** Carla is a 47-year-old Black female presently employed as a mental health clinician. She is married and has two daughters living in the home. She is a N.C. native and is very active in her community. She has been intentional in keeping her daughters active and engaged in community service organizations. Her oldest daughter is in college, but lives in the home and has been helpful in sharing in some responsibilities. Carla is a current student working to complete her PhD in psychology, all while working a contract position and completing an almost 20 hour a week internship. She agreed to be interviewed in a secure office setting.

When discussing the Superwoman role, Carla specified, “I guess to me, that means being not necessarily the head of your household, being someone who does just about everything to hold the household together, whether it's being that wife or that daughter, or that mother, you know, just being able to do and multitask and do everything for the entire family.” When asked if she relates that definition to her own life, she agreed, but feels like her responsibilities have changed. She has always only worked part-time to allow time to pick up her daughters or drop them off at sports or appointments, but now her role has switched in which she is busy prioritizing her own school and work.

**Psychological distress indicators.** Carla reported that she has experienced some form of stress, anxiety, and depression within the last 12 months. “I’m a type A personality, so naturally, you know, I’m a little anxious anyway.” Because she is a clinician, she said that she knows what it means to have depression and anxiety. “I would say the one that's probably ranked the highest is probably anxiety and probably stress, I would say, because I have been extremely stressed just trying to get through this program and still maintain my family because I feel like I have become
unplugged with my family,” she explained. It has been difficult for Carla since returning to school because she feels guilty for going back to school which she believes has turned her family “upside down”. She no longer feels available to them. She compared her experience with that of her husbands who also had to complete a medical residency. However, he did not “miss a beat” and was able to balance everything. She feels sad because she is unable to always pick her daughter up from school. Her oldest daughter has stated that she has to raise her sister by picking her up and taking her places because Carla is busy juggling work and school. Carla reported that it has been a running joke in the house, but she admitted that it is hurtful to hear.

**Family of origin considerations.** Carla is the oldest of a younger brother and sister. She grew up in a military family in which her father was deployed much of the time. She reported that she and her siblings grew up not knowing their father because he was always deployed out of the country. She recalled her mother often traveling with her father until her mother “just got tired” and they divorced when Carla was 10 years old. As a result, she was raised very closely to her grandparents. Her grandfather, whom she considers the father she never had, passed away four years ago. His death was very hard for Carla. Soon after her parents divorced, her father became mentally ill, was dishonorably discharged from the military, and he has been “in and out” of her life ever since. Carla described her mother as being very, very strong.

**Marie.** Marie is a 56-year-old Black female who is currently retired. She has been married for 35 years, has two adult children, and three grandsons. She got pregnant and married soon after she started college and was unable to finish. She recalled having a busy life as a young parent and attempting to always keep a tight routine and schedule. She is very proud of her children and dotes on her grandchildren. She has been active in her grandsons’ lives who are ages 19, 16, and 6. Marie reported that she has worked all of her life in various capacities and is
currently active in her church and community. She misses living near family and constantly experiences empty nest being that she and her husband are the only ones living in the home. Marie recently graduated with her bachelor’s degree in 2013. She chose to participate in the semi-structured interview in her home.

After discussing the characteristics of the Black Superwoman and her score of the SRBWS, Marie agreed that the BSW someone who takes care of people, does things, takes care of others before you take care of your yourself. She agreed that she does not let others know if she has a problem or needs help. She bottles things up and deals with them on her own. She also often feels underappreciated for the time and care she offers others.

*Psychological distress indicators.* Marie expressed that she has experienced symptoms of stress, anxiety, and depression within the last 12-months. When asked how she knew she experiences anxiety, she related her symptoms to her feeling easily frustrated and irritable. “I go from zero to 100,” she added. She also relates the importance of time to her being anxious. She does not like to waste time and is easily angered if she believes that time is not being used wisely. She added that she has always been this way. Marie gets angry and her anxiety increases when she has to repeat herself. She further recognized that depression runs in her family. She is aware that she has experienced similar signs of sadness and feeling hopeless over the years.

*Family of origin considerations.* Marie is one of five children. She was born and raised in Ohio to parents she states were 10 years apart. Her mother was 16 when she married her father. Marie stated that her mother was of Jamaican descent, beautiful, “fair skinned”, and encouraged by her mother to go out and get a husband to financially support the extended family. Her mother was told that because of her skin and beauty she had more advantages and could get married quickly. Her parents were union workers and steel workers. She remembers being closer
to her father whom she described as the best dad in the world, and her mother as being a little strict. Her parents had a complicated marriage resulting in a brief separation and the conception of Marie’s younger sister by another woman. Marie recalled being raised around “pool halls” and “liquor houses” run by her mother’s family. She was not encouraged to go to college, but instead was guided by the generational mentality of getting a job and finding a man to take care of her. She moved to N.C. at age 18 to live with her father’s family who valued education and women’s independence. Her parents were married for 49 years until her father’s death in 2000 which was soon proceeded by the death of her mother in 2005.

**Karen.** Karen is a 50-year-old Black female currently working in health and wellness promotions. She has been married for almost 23 years and has four children. Her oldest daughter is attending college out-of-state. She considers herself to be a “Cali girl” who has lived in several places based on her career path and family influence. She is an active parent and admitted that when she started having children, she knew she wanted to be present in their lives much like her mother was during her childhood. Many of Karen’s career decisions have been made based on the needs of her growing family and her desire to be available to her children. Her passion and career interests have been centered on health, fitness and wellness, as well as entrepreneurship. She is purposeful in keeping herself and her children engaged in community organizations, school and extracurricular activities. She attends church on a regular basis and finds that her faith is foundational to her success. Karen requested to be interviewed in her private office setting.

Karen described the Superwoman role as being a compliment on one hand, and a burden on the other. She explained:

I've had people say, well, girl, you a superwoman how can you do all that? It's like, oh, wow, I do do a lot. But then on the other hand, you feel like it's this, I don't know this
weight you have to carry because Superwoman implies that you're super and that you're super strong, that you don't have any struggles. And that's the persona that you typically kind of give off even though you are struggling. But because people think of you a certain way, you feel this pressure to be that at all times.

**Psychological distress indicators.** Karen endorsed current symptoms relating to stress. “I'm in a weird space in life,” she reported. “So, we're part of that sandwich generation where we have aging parents, we've got kids that are in different life stages, and they have different needs.” She admits that managing the lives of her children, as well as, the lives and needs of her elderly parents has created a level of stress that was not expected. She added that she feels like she is in the middle, things are happening around her and moving so fast, and she almost feels like she does not have control. The process of being reactive and constantly trying to figure things out is overwhelming. She also feels the constant strain of juggling her children’s activities and meeting requests of her own social parent networks. “Stress definitely is real”, she exclaimed. Karen mentioned depression as a reality, but pointed out that it is not chronic in nature. She attributed feelings of depression being “real” when she realizes that she has a lot of things to do, coupled with the pressure of expectations to get it all done.

**Family of origin considerations.** Karen is the youngest of three children. She had two older brothers, one passed away in 1998. She was born in Texas and grew up in a military family in which they moved around a few times. Her father retired when Karen was seven years old and they settled down in Southern California. Karen described her mother as a stay-at-home mom, but the irony is she in fact wanted to work. “She went to college, wanted to be a dietitian, she got the dietitian job. And my dad turned the job down for her. They called her to offer the job. And he said, No, because he wanted her to be home with the kids. And during that time, and that
generation, that’s what women did. They stayed home with the kids”, stated Karen. Her parents reside out-of-state and have been married for 60 years.

**Stephanie.** Stephanie is a 32-year-old Black female who is currently unemployed. She is a full-time student earning her Bachelor’s degree and has experience working in the area of sales. She is single, never married, and has no children. Her mother is currently living with her in her home due to a physical disability. Stephanie spends most of her time completing school work and being active in academic and community organizations. She recently had to resign from her job to focus on her studies with hopes of being finished in 2 years. Stephanie chose to be interviewed at a local library branch.

Stephanie related the Black Superwoman role to her own experiences by agreeing that she does not let others know if she has a problem. She tells others that she is fine when she really is not. She puts others’ needs before her own and has taken on the role of caregiver for her mother. She has often felt guilty for being in school and not focusing solely on her mother’s financial and medical needs. At times, she is underappreciated and devalued. She added, “I am always in this constant place of juggling everything and still having to put up a brave face…like I’m strong.”

**Psychological distress indicators.** Stephanie expressed that within the last 12-months, she has experienced stress and depression. She knows that she is experiencing stress because is constantly overwhelmed and burned out due to being a full-time student and full-time caregiver to her mother. At times, she feels like she is in a “black hole” and cannot see her way out. She feels extreme pressure to complete various tasks efficiently and timely. At times, she feels extreme sadness due to her believing that she is trapped in her role as caregiver. She often has to place her social life on hold to attend to the needs of her mother. She explained, “I cannot tell
you how many times I have had to leave a function early to make sure my mother has taken her medication, eaten, and is ready for bed.” She often feels hopeless about her mother’s declining health and believes that she has had to put her life on hold. She admits to feeling guilty about wanting to place her mother in the care of professionals so that she can begin to live her life free of caretaking responsibilities.

**Family of origin considerations.** Stephanie is an only child born and raised by a single mother. Her parents never married and she has maintained limited contact with her father over the years. She described her father as being absent and only contacting her around special occasions. Stephanie believes that her parent’s failed relationship impacted her mother’s decision to remain single and focus solely on raising and supporting a daughter. Stephanie is, however, close to her mother’s side of the family who live in a neighboring county. She recalled being raised around her grandmother and cousins growing up because her mother worked a lot. “My mother worked all of the time and often had to leave me with relatives overnight,” she said.

Marie described her mother as being strong and independent when she was able-bodied. Her mother was diagnosed with multiple medical conditions, including Lupus, several years ago which has left her wheelchair bound and unable to use her limbs. Stephanie has watched her mother’s physical and emotional state take a steady decline since her mother moved in with her two years ago.

**Latanya.** Latanya is a 41-year-old Black female currently working in the banking industry. She is the mother of a 19-year-old daughter who attends a local university. After a year of being separated, her divorce has recently been made final. Latanya currently lives alone and has begun to surround herself with extended family and friends who has been supportive of her new single status. “Being unmarried is new to me and I am just now learning how to embrace
being alone,” she declared. Latanya was married for 20 years and recalls always putting her husband and daughter first. She stated, “We always had a routine and schedule to follow at home because my daughter was in Girl Scouts, dance, and softball. My husband was always working out-of-town, but fund time to support our daughter in her activities.” Latanya participated in the semi-structured interview in her home.

Latanya was given her score from the SRBWS and agreed with the results. When asked what she felt a Black Superwoman was and if the characteristics aligned with her own thoughts of self, she replied, “I used to really believe that I could do everything and do it well. But, now that I am divorced, I question my abilities.” She insisted that she does often wear the “badge of strength with honor” and this is just how it is as a Black woman. She exclaimed, “Never let them see you sweat!”

**Psychological distress indicators.** Stress, anxiety, and depression have been commonplace for Latanya over the last 12-minths. She reported constantly feeling overwhelmed, often hopeless and helpless. Most of her experiences of distress have centered around her separation and divorce. “The separation was unexpected and kind of threw me for a loop and ever since, I have been trying to keep myself uplifted,” she said. She expressed how stress has turned into anxiety because she now overthinks things, worries, and is often fearful of uncertainty. She recalled once feeling so sad and hopeless when her husband requested the divorce, that she wanted to remain home in bed, but instead pushed through to “save face”. She has silently struggled with shame, guilt, and feelings of failure.

**Family of origin considerations.** Latanya has one older sister who lives in the same city and considers their relationship to be close. They were raised in rural N.C. by their mother and grandmother. Latanya recalled also being close to her mother’s sister growing up because they
were close in age. Her parents never married and she has no recollections of her father who is now deceased. She described her mother and grandmother as strong influences in her and her sister’s life. They were often reminded of how unfaithful men could be and it was up to the woman to make her own place in life. Latanya and her sister were taught to be independent, strong, and self-sacrificing for their children. Her grandmother passed away while Latanya was in her teen years, but her mother and aunt have continued to demonstrate strength and resiliency despite adversity.

**Emerging Themes and Subthemes**

This section will provide the findings from the analysis of data collected from the transcripts of six participants. The search for meaning from the transcribed interviews and the researcher’s attempt to make sense of the findings resulted in the development of emergent patterns. From the subthemes, a connected theme emerged that would link and answer the research questions to understand the phenomenon of help-seeking for Black Superwomen. The findings presented herein are organized by research question and the following themes: (a) seeking help from external sources, (b) seeking help from within, (c) asking for assistance, (d) accepting assistance, (e) negotiating generational and cultural beliefs, (f) experience of personal crises, (f) experience of family crises, and (g) experience of cultural stigma and personal biases surrounding help-seeking. Subthemes are reported within each of the major themes. Table 4 below represents the connection between research questions and the generated themes and subthemes.
### Table 4

*Research Questions and Generated Themes and Subthemes*

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**Research Question 1: How Do Black Superwomen Who Experience Psychological Distress Experience Help-seeking?**

The first research question sought to understand how Black Superwomen experience help-seeking when encountering psychological distress (i.e. stress, anxiety, depression). The relevant sub-questions asked: (1) what does help-seeking involve for Black Superwomen? and (2) how do Black Superwomen seek help? Dialogue from the semi-structured interviews captured the help-seeking decision making process for the participants who endorse characteristics of the BSW image. Discussion pertaining to participants’ typical practice of help-seeking and what kinds of help they seek when in distress yielded several themes and subthemes. From the first theme of seeking help from external sources, the subthemes of (a) utilizing informal supports and (b) utilizing professional services, emerged. Within the second theme of seeking help from within, sits the subthemes of (a) utilizing internal coping strategies and (b) utilizing avoidant coping strategies.

**Seeking help from external sources.** At the beginning of the semi-structured interview, each participant was asked to reflect on their previously disclosed incidents of psychological distress. The rationale for this instruction was to gain understanding of the factors that warrant help-seeking practices for the participants. Each participant was then asked to walk the researcher through the steps they take to seek help when they are experiencing stress, anxiety, or depression. They shared how they seek help, who they involve, and who and what is most helpful in their help-seeking process. Many of the participants’ responses were related to seeking help from external sources, namely informal supports such as natural support networks, family, friends, religious organizations and community resources; and professional services that include counseling and other formal mental health and wellness modalities.
Utilizing informal supports. Of the external sources utilized in their help-seeking process, all married or previously married participants involved their spouse. Many have depended on their husbands, whom they solely trust, as the primary source of informal help. Wanda shared, “I rely on him [husband] a lot for a lot.” When asked why she would involve him in her help-seeking practices, she replied, “Because he is reliable.” Karen described her husband as completely trustworthy and attributed this character trait with his ability to help her. Carla explained the importance of involving her husband in her help-seeking process when she said her husband is “super supportive.” She believed that he is most helpful: “Oh, my goodness. He's super supportive.” But Carla admitted that she is reluctant to accept his help because she feels that she is capable of helping herself. Marie shared similar thoughts about her husband when she said, “He knows how to keep me level…how to help me. I trust him with my life.”

Participants also alluded to the fact that lost family connections have resulted in them seeking help from other informal sources. Marie reiterated why she has leaned on her husband for help due to her children living outside of the home and “certain family members have passed away”, she and her husband only have each other. “We don’t have the family connections.” Latanya conveyed a similar loss of connection from her previous source of support when she said, “Prior to the divorce, he [husband] was my ‘go to person’. Now I feel like I have nobody, but myself.” Wanda would also ask her sons or sister-in-law for help as another option if her husband was unable to help her. Carla’s statement, “We are very, very religious. And, you know, we go to church and my faith is very strong” indicated that she seeks help from the church and believes attending religious services help her cope with distress. When Karen was asked to describe her help-seeking practices and who is involved, she said:
So, when I'm thinking about seeking help, I think of kind of my core crew so I've got my outer circle, tones of acquaintances that I have, like this core group of women who, you know, there are not a lot, four women who I feel like I can really talk to, who get me, who are in the same life stages as me.

Stephanie also discussed the importance of sisterhood in her help-seeking practices and how she depends on her sorority sisters and childhood friends. This was emphasized when she stated, “They are who I go to first if I need help. They know how to help me calm down when I’m overwhelmed.”

**Utilizing professional services.** Three out of the six participants shared that professional service utilization had been part of their help-seeking process to address symptoms of distress. Participants shared the benefit of seeking professional help was garnering unbiased, non-judgmental guidance. Marie explained the effectiveness of seeking professional services in reducing her symptoms of depression, “I went to therapy and I still go. I've been to therapy about two years.” When asked why she sought professional help and remains an active participant, she said:

I just felt like I needed some help. I needed somebody to talk to that couldn't judge, didn't know me. I didn't want to go to my church. I just wanted to go to somebody who could give me some kind of direction. She’s older than me, elderly white lady. But she listens and cares because she thought I was gonna hurt myself.

Similar to Marie, Wanda sought out professional help to find answers and relief for her presenting distress, but only participated in a limited number of sessions. She disclosed that she utilized Employee Assistance Program (EPA) services to talk to a professional about the possible
underlying issues of her poor eating habits. She wanted to talk to someone that did not know her.

When asked if EPA services were helpful, she indicated:

I mean, I only went like a couple of times…it was a White man…which was a good thing because I feel that they could really be objective because they are not a female and they’re not Black. But I did not see the need to take it [EPA services] any further.

Latanya discussed how it was not initially her idea to seek professional help, but was agreeable to find ways to cope with the stress, anxiety, and depression that resulted from her marriage separation. She too believed that a professional “could provide a different perspective” on her situation. She disclosed:

I was referred to someone by a co-worker because I needed a professional to help me learn how not to blame myself for my husband wanting to leave. I only went a few times because I wanted to do it [cope] on my own.

Although Karen had never utilized professional services, she too recognized the benefits of receiving impartial viewpoints when she shared:

It would be nice sometimes, even in your core group to talk to somebody who doesn't really know you who could just listen, and you can just talk about your frustrations about all the other things.

Seeking help from within. Although participants have sought help from external sources, many continue to often seek help from within. In other words, the focus of many participants’ responses centered on internal strategies used to overcome distress. Most interestingly, some participants disclosed their tendency to avoid seeking help or to make no attempts at reducing stress, anxiety, or depressive symptoms. Within the major theme of seeking
help from within, sits the subthemes of (a) utilizing internal coping strategies and (b) utilizing 
avoidant coping strategies.

**Utilizing internal coping strategies.** In regards to seeking help from within, internal 
resources for coping with psychological distress include self-directed mental and physical 
strategies to reduce symptoms. Carla talked a lot about her faith and spirituality as being core to 
her inner strength and ability to cope with stress, anxiety, and depression. She “fasts and prays” 
regularly when she feels overwhelmed or distressed. Stephanie concurred as she has started 
meditating and attending yoga classes regularly. She stated, “Prayer has always been a coping 
mechanism for me. Talking to God makes me feel more relaxed and at peace.” Likewise, Marie 
prays to fight “demons” which she correlated to symptoms of anxiety and depression. She 
insisted how God can protect her from these same symptoms that plagued her family members in 
the following statement:

> You have to fight it [anxiety and depression] to me in a spiritual form because the human 
form I can't do it. So, I have to go to God and I will not be like my mother, I will not be 
like my grandmother, I will not be like my aunt.

As a preferred internal help-seeking and coping strategy, Karen stated, “I make 
adjustments…make sure I’m drinking enough water, cut out sugar, get more rest.” She, like other 
participants believed that as a Black Superwoman, they are supposed to be self-reliant and seek 
ways to help themselves, by themselves.

To perpetuate the concept of self-sufficiency, participants who are also mothers, 
disclosed how they also encouraged their children to primarily utilize internal strategies to cope 
rather than seek external sources of help. When discussing how she advises her children, Marie 
explained:
I have to stay on my daughter because she has tendencies to get depressed so we fight this all the time. I tell her don’t start, no pity, you are a chosen one. Even with my son… people don't think males can be depressed…so, I'll tell him make it a good day.

In similar fashion, Latanya admitted that she has encouraged her daughter to “be strong” when she feels stressed or overwhelmed which can “come off as being dismissive.” In actuality, “I just want her to utilize self-help skills.” When asked how she would encourage her daughter to seek help and cope with distress, Karen reported:

I would ask her about lifestyle. How much have you been sleeping? What's your diet like? What are you doing in your spare time? Are you always on social media? Are you decompressing?

Karen’s additional statement, “The other thing I do is encourage her to read the Bible because she knows the word” emphasized the importance Karen places on the benefits of utilizing inner coping strategies such as prayer to help in reducing symptoms related to distress. Carla shared similar reports referencing her daughter, who is currently a freshman in college, who told her that she was experiencing stress. Carla admitted that she “encouraged her to pray and fast until she felt relief.” She further disclosed:

Oh, they have a great Counseling Center over there. But, the first thing that came to me wasn’t to go to the counseling center because she was stressed, but was to pray…that’s interesting.

**Utilizing avoidant coping strategies.** When discussing other self-directed coping strategies, some participants admitted that they questioned the severity of their symptoms to warrant needing help, and oftentimes ignored symptoms in hopes they would subside on their own. When asked how and when participants seek out help, Carla admitted, “I don’t really seek
out any.” She continued, “I don’t seek out help and I don’t accept it.” Marie stated, “I will cry and then I will pick myself up and then I'll say it’s ok.” To avoid the existence of a problem and related distress, Karen often “stress eats.” However, she has become aware that seeking outside help can be beneficial, but professional help-seeking did not appear to be a priority when she stated, “There have been times when I've thought to myself, I could probably go talk to someone, but I don’t have time.” Stephanie also admitted that she “tries to ignore stress in hopes that it will go away on its own.” She added, “I have mastered being able to block out distress and just get over it.”

**Research Question 2: What Does Help-seeking Mean for a Black Superwoman Who Experiences Psychological Distress?**

Participants were asked to reflect on what comes to mind when they hear the words “help seeking”. The significance of this question was to uncover the participants’ meaning of help-seeking and how the term pertains to them as Black Superwomen who experience psychological distress. All of the participants offered detail on their lived experiences that shape their views and perceptions of help-seeking. Participants’ narratives produced themes, asking for assistance and accepting assistance, and the third theme of negotiating generational and cultural beliefs, which unveiled two subthemes: (a) lessons from mothers and (b) lessons from community and social networks.

**Asking for assistance.** It is not surprising how the responses detailed the participants’ shared experiences highlighting what it would mean if they were encouraged to seek help, as well as, the meaning behind their initiation of help-seeking behaviors to counteract psychological distress. In asking participants what help-seeking meant to them, many believed it meant being vulnerable and asking for help when necessary. Wanda concurred and stated, “I think it means if
you have an issue and you feel like you can't resolve it yourself, then you need to find and figure out who you're going to reach out to, to get support in that particular area.” Both Stephanie and Latanya believed that seeking help when they are feeling distressed means “becoming vulnerable” or “open” to needing someone. Neither of the women felt comfortable in admitting they need help; therefore, they rarely ask for any assistance. Carla and Wanda related their resistance to asking for help as their “hope and belief that they could help themselves.” Carla admitted, “If I need help, I will wait.” Similarly, Wanda stated, “It would be at the last minute” before she asked for help. Marie reiterated that she was open to asking for help and initiating therapy, but, she stated, “It [asking for help] really took a long time because I thought I could do it myself.”

Accepting assistance. To the participants, accepting help appeared to be just as uncomfortable as asking for help when experiencing distress. When asked about her views on receiving help from external sources, Carla disclosed that as a mental health professional herself, she believes that she should be the one helping others, not receiving help. She affirmed, “It would hurt my feelings if someone recommended, I seek professional help.” Stephanie disclosed that she is mostly used to caring for others, “just like I have to care for my mother” that she does not know how to accept help from other sources. She believed accepting help would be a form of “surrendering.” Latanya also alluded to the fact that accepting help would somehow be a direct reflection of her inability to care for herself. She was quoted as stating:

Since the divorce, I feel the need to prove my independence and capabilities. If I accept help from others to deal with pain and depression, I will appear weak. Plus, it would be a slap in my face if it was suggested that I need help.
In contrast, Marie shared that she was told by others in her family that she needed to “go get help and talk to somebody, possibly put on medication.” “They had fears that I would hurt herself,” she concluded. Although she waited for some time to comply with their recommendations, she in fact eventually “gave up”, accepted assistance and is grateful for the professional help she is receiving.

**Negotiating generational and cultural beliefs.** The participants were asked to share personal, social, environmental, and historical factors that shape their perceptions of help-seeking. Each participant shared past experiences and factors that influenced their belief about seeking assistance. Many of the participants disclosed how their community, family, and friends would view them if they needed help for stress, anxiety, or depression. Participants revealed how they have received lessons from their mothers, their friends and other networks which has influenced the way they view psychological distress and mental health help-seeking.

**Lessons from mothers.** During each interview, a common theme that emerged was the impact that the participants’ mothers have had on them. Each participant discussed notable characteristics of their mothers, as well as, observations they have had that have been influential in shaping their perceptions of help-seeking for mental health related distress. Carla said that her mother is strong, and claimed:

> Just in the midst of different crisis she just kind of steps in and just handles it. You never see her breakdown. You never see her skip a beat, she just handles it. She always has the right answer or she always knows the right things to say to make me feel better, but it’s never that you should go get help.

Similarly, Karen described her mother as being strong “due to her having to be married to a military man, adjusting to constant changes, moving 28 times, dealing with a lot of
discrimination and integrating neighborhood.” She concluded, “So, I think she's strong.” Similar to Carla, Karen observed her mother’s strength as a barrier to her believing in seeking help for psychological distress. Karen emphasized, “I just think there's certain areas where she [mother] feels vulnerable, that she doesn't want to go near, and mental health is one of those things.”

Marie remembers her mother as “always being unhappy about something and not showing any affection” toward she nor her siblings. To Marie, her mother appeared always guarded, however, Marie tries to counteract those messages from her mother by “fighting that” and openly expressing her feelings and emotions toward her loved ones. Stephanie has also struggled to understand her mother’s portrayal of strength while attempting to formulate her own perceptions and views of seeking help. She indicated:

> My mother has tried so hard to show strength. I think her guardedness and strength go hand-in-hand especially since she got sick. You would think she would soften up and be more open to help-seeking as it relates to feeling depressed. But, no! She acts like it does not exist and wants me to do the same.

When asked what her mother would say if she told her she was seeking professional help, Wanda reported:

> She wouldn't believe it. She'd be like, what is wrong with you? I mean she is still old school about everything. So, as far as bringing her into, you know, the reality of things now, she would really be…she wouldn't express it. But she would probably be really concerned. She would think I need to solve it on my own.

Carla conveyed a similar stance when discussing if her mother and family members would be supportive of her decisions to seek help:
They probably would not be receptive to it because I know a lot of times just within my job and trying to explain to my family what I do… they kind of look at me a little strange you know, because they don't believe in seeking mental health services. Like my grandparents would say, I just don’t understand what you do because those people just need prayer, you know. I just don't think my community or my family would… even my mom who you would think would be more receptive to it because of her age and having an ex-husband who is mentally ill...she also doesn't see the benefit of mental health.

Yeah, she believes that it has to be extreme meaning schizophrenia, things like that where you have those types of symptoms that you get help.

Unfortunately, Carla shared that her mother never talked about her father being mentally ill, especially around her grandparents because “they didn’t believe in it.” She said, “They thought he was just playing around.” Carla’s family encouraged avoidance in response to mental health and help-seeking, whereas Marie’s family attributed mental health related distress to “curses” handed down through the generations that cannot be avoided nor helped. Marie explained her mother’s teachings in the following dialogue:

My mother said you cannot run from generational curses. Being that my mother, my grandmother, and aunts are from the islands, they believe in a lot of that stuff. In Black families, you don't seek professional help…back in the day you didn’t.

Karen also contemplated how her mother would respond if she revealed that she needed professional help. Her assumption was that her mother would not understand if she needed to seek out professional help because her mother would claim that she herself never had any problems. She declared:
That's not really something that I would share with her, even though I consider her close, but not something I would talk to her about because of the generational issues around mental health. And her perception about what that looks like. It almost looks like you failed if you have to seek mental health support.

**Lessons from community and social networks.** When discussing the lessons and teachings from other influential sources such as, family, friends, and social or community networks, participants recalled the impact that others’ perceptions and beliefs have on their propensity toward help-seeking. Carla felt if she told her friends that she was considering seeking professional help, “they would not believe it because I appear that I have it all together.” She insisted, “But, behind closed doors, I don’t.” Like Carla, Karen’s views on seeking help for psychological distress are shaped by the beliefs of others. Karen commented that she would not be able to tell anyone outside of her core group of friends if she needed to seek professional help. She professed, “I think my outer group, and maybe my acquaintances might be like ‘for real Karen, but you seem so together, like, what do you need to talk to somebody for.’” Wanda did not recall her social networks ever discussing mental health, therefore, seeking help was never a focus of hers. Through dialogue, she revealed:

> It's [mental health] not a normal first thought, at least that's my understanding. Because I don't know if any of my friends that we've ever mentioned that [help-seeking for mental health]. And none of them have ever come to me and said ‘girl, you know I've been having issues with blah blah blah blah blah, and I reached out to a counselor.’

Both Marie and Latanya considered the correlation between varying views of mental health and help-seeking and an individual’s geographical location. Marie shared that her family living in the north would support her utilization of professional help, while her family and
friends in the south would most likely urge her to pray as a means of coping with distress. Latanya said, “My family is from the country and they believe that my help should come only from the Lord.”

**Research Question 3: What Lived Experiences Influence Help-seeking for Black Superwomen?**

Discussions to garner understanding of the lived experiences that influence help-seeking for the participants resulted in voluminous data. Expectedly, participants disclosed additional information about the presence of stress, anxiety, and/or depression as being the primary reason to consider seeking help. The theme of experience of personal crises was connected by the subthemes: (a) emergence of physical and psychological distress and (b) adjusting to role transitions. Themes of experience of family crises and experience of cultural stigma and personal bias surrounding help-seeking, also emerged from participants’ dialogue.

**Experience of personal crises.** When participants were asked to reflect on a time when they felt the most distressed and needed to seek help. Many of the women have shared in the experiences of increased psychological distress and emerging physical conditions as an indicator of the need to seek help. Responses also revealed that changes in professional and personal roles for the participants coincide with experiences that lead to help-seeking.

**Emergence of physical and psychological distress.** Participants disclosed how the emergence of physical conditions and psychological distress influence their help-seeking practices. Carla discussed the relevance of recognizing when she is in distress and the impact distress has on her immune system:
I always get a cold and my immune system is compromised from not sleeping, not eating, I lose weight a lot. Sometimes my face breaks out. I still wait until I get really sick before I consider seeking help.

Stephanie recalled being so extremely overwhelmed from school and caring for her mother that she developed stomach ulcers. She revealed, “When my body begins to break down, it is a signal that I need to find ways to cope or contemplate seeking some help.” Similar to Stephanie, Marie and Karen’s body signals the need for help-seeking to reduce distress. “My asthma and sleep apnea are caused by stress.” Marie also stated that in the past when she experienced distress, she would utilize internal coping strategies, such as exercise. However, distress also results in a lack of energy and no motivation to practice self-care or seek other forms of help. “Right now, I’m not doing any workouts, I’m not mentally there right now,” she concluded. Karen commented on her experience of “physical sluggishness, such as sleep deprivation, which then leads to crankiness.” She proclaimed, “And then I stress eat. And so, and then starts a vicious cycle of stress eating sugar to self-medicate.” Even with these experiences of physical and psychological distress, Karen acknowledged, “It takes a couple of days before I reach out for help.”

**Adjusting to role transitions.** The transitioning of life roles appeared to be a significant trigger for increased distress experienced by the participants. As a result of unexpected transitions, many women in the study were driven to seek help to combat distress. Wanda disclosed that she had to transition from working in the corporate sector to accepting a less stressful job. She recalled being burnout and even considered retirement as an option. However, COBRA insurance was too expensive. It was also during this “high stress” employment period that Wanda sought help from EPA services. Likewise, when Marie was forced into retirement
due to asthma and exacerbation of stress and anxiety, she adhered to her family’s recommendation that she seek professional help.

Karen recalled her transition involving re-entry into the workforce when her husband’s job status changed. Rather than remain at home and incur expensive COBRA insurance benefits, she accepted a full-time job offering little flexibility to balance homelife. She described her feelings of being overwhelmed with her changing roles:

My family has changed, the dynamic has changed. And so, and then I'm working in this new role. So, it's been a real shift in my life to take on this role, to be on the family thing.

So that's been the challenge.

It is during these challenging and stressful times that Karen may ask her husband or friend group for help. Carla has also found it difficult to balance the roles of wife, mother, student, and employee. Since transitioning into the role of student, she is more stressed, anxious, and depressed which warrants her to re-evaluate her help-seeking practices.

Latanya agreed that she never considered seeking professional help until her role and status as wife began to shift. She stated, “I don’t like change or transitions, especially when it’s not planned. I notice I get more anxious with change which makes me think about getting help from someone, anyone.” She described this time as her “new normal” and contemplated help-seeking as a potential part of her new life experience. Stephanie has also found herself attempting to cope with her new role as caregiver to her ailing mother. She explained:

One day I was working, living alone, and preparing to go back to college, and then my mother got sick and I needed to step in. With my new responsibilities, comes new stressors and thoughts about how to find relief. So, I guess my current life situation and experiences make me think about my help-seeking habits.
Experience of family crises. Participants revealed personal, social, environmental, and historical factors that have been influential in their help-seeking processes. All of the participants discussed experiences with family and society that impact their help-seeking intentions. Participants disclosed experiences of being confronted by various family issues that somewhat motivate them toward help-seeking to address their own challenges with stress, anxiety, or depression.

Carla disclosed that her father having mental illness has been influential in her own help-seeking processes. She admitted that him having been diagnosed with a mental health disorder made her aware of “the need for people of color to go out and help other people of color that were mentally ill.” She admitted, “I really did not know anything about it [mental illness] or finding help until he became mentally ill himself.” Marie also shares in the experience of having family members diagnosed with mental health disorders which propelled her into seeking professional help to address her own challenges with depression and anxiety. She described those experiences:

My grandmother died of depression because my grandfather left her. My aunt, my mother’s sister, took pills because of being so unhappy. She took her life. Her mother deteriorated after her father passed away and ultimately died of depression. “My mother was always unhappy about something,” she declared, “and I don’t want to be like my mother, grandmother, or aunt.” Stephanie conveyed similar thoughts when explaining how her mother’s physical and emotional health are declining which stimulates her to find ways to take care of herself. She verbalized, “I don’t want to be sick and suffer like my mom. The fear of ending up constantly sad and anxious motivates me to practice self-help and self-care.” Likewise, Latanya considers the impact of her divorce as a family crisis. Experiencing the
“breakdown of the family” is what she believed had been enough to trigger her to potentially reach out for help to coping with on-going distress.

**Experience of cultural stigma and personal biases surrounding help-seeking.** For some participants, experiences relating to stigma perpetuated by Black and African American culture have impacted their help-seeking practices. Additionally, their own personal biases have influenced their help-seeking behaviors. Carla pointed out the cultural messages that she has received:

> In our culture, we don’t believe in seeking help from professionals, we believe in going to our church and, you know, seeking out more informal because when you think of going to a psychiatrist or psychologist people going to think we're crazy. So, culturally we don't seek out help.

Latanya concurred and recalled always being told that “Blacks don’t go to counseling.” Both Carla and Latanya admitted that these cultural messages have resulted in their reluctance to seek professional help. However, with further reflection, Carla began to connect her profession as a mental health clinician to being a barrier to her seeking help. “How can I help someone? When I need help, or when I'm seeking help myself? I think it's more or less the stigma for me,” she claimed. If the stigma were erased, Carla would consider seeking professional help to learn coping skills to reduce her anxiety. When attempting to reconcile her dilemma, she admitted:

> But that just seems so strange to me. When I'm giving people or clients strategies and techniques on how to manage their own stress, and I can't manage my own. That to me, just does not sit well.

She further acknowledged, “I don't think to me it’s culture, I think to me, it’s my profession.”
Wanda also divulged her past biases related to mental health and help-seeking. “It’s always been like a person is like really crazy versus they just need somebody to talk to.” However, since gaining exposure to mental health counseling, through her job, she has become open to the possibilities of utilizing professional services if she feels it is necessary. Additionally, Karen also revealed instances of how working in the wellness industry exposed her to professional service procedures, but she was negatively impacted by her experiences with confidentiality:

To be honest with you, there's been a trust issue I've had having worked in healthcare and knowing how they share information. I've just, you know, when I was coming up in my health administration career there were certain people who wanted certain roles, but they were able to tell if they had psychiatric evaluations and they were they weren't selected. I think that was probably illegal. But like it became a career killer for me. So, that was the barrier. So it was like, who's going to find out… like is my insurer gonna tell? Is somebody looking at the paperwork in HR going to flag something and let my manager know that hey, you know, I don't know about this one. Because I knew it happened to people before. So that was a huge barrier. Yeah, yeah. And even though I know that there's HIPAA, there's PHP. Now, there are more protective things in place. But, you know, I probably could have benefited from talking to somebody [professional counselor] 10 or 15 years ago about some things, but because of that, that was a big barrier.

**Chapter Summary**

This chapter described the six participants interviewed for the research study. The findings of this study that the phenomenon of help-seeking for Black Superwomen who experience psychological distress were reported. The findings were detailed according to the
research questions, themes, and subthemes that supported the purpose of the study. The final chapter will provide a discussion of the findings garnered from participant interviews. The discussion will include the connection of findings to the theoretical framework, study limitations, implications for counseling professionals, and recommendations for future research.
CHAPTER 5: DISCUSSION

The purpose of this phenomenological research study was to understand the phenomenon of help-seeking for Black Superwomen who experience psychological distress. Six Black female participants in the study met criteria to be characterized as a Black Superwoman, and self-reported experiencing symptoms of psychological distress (i.e. stress, anxiety, depression) within the last 12-months. Given the lack of qualitative literature addressing the cultural factors that impact help-seeking for Black women, particularly women who endorse the BSW persona, a goal of the study was to capture the true essence of help-seeking by exploring the lived experiences of this population. The aim was to identify personal, social, environmental, and historical factors that influence perceptions and experiences of help-seeking by conducting semi-structured interviews. Therefore, a second goal was to fill in the gaps of research through qualitative exploration that amplifies the Black female voice which has long been silenced. A final goal of the present study was to provide recommendations for counselors and counselor educators specific for the mental health treatment, support, and advocacy of Black Superwomen.

The theoretical framework that guided this study consisted of the integration of Black Feminist Thought (BFT; Collins, 1990), the Superwoman Schema Conceptual Framework (SWS; Woods-Giscombé, 2010), and the Theory of Planned Behavior (TPB; Ajzen, 1991). Each of these interconnected theories have been fundamental in understanding the phenomenon of help-seeking as experienced by the participants. BFT proved to be foundational in understanding the importance of participants’ voices, and explaining the historical nature of Black women’s culture, oppression, and intersecting identities, while SWS provided a framework in understanding the characteristics and historical contexts of the Superwoman role. The TPB is a complementary theory that provided an explanation of participants’ attitudes, beliefs, and past
experiences influence the behavior of help-seeking. The central research questions and sub-questions which are also linked to the theoretical models and provided the foundation and main focus of the study, were as follows:

1. How do Black Superwomen who experience psychological distress, experience help-seeking?
   a. What does help-seeking involve for Black Superwomen?
   b. How do black superwomen seek help?

2. What does help-seeking mean for a Black Superwoman who experience psychological distress?
   a. What personal, social, environmental, and historical factors shape help-seeking perceptions for Black Superwomen?
   b. What past experiences shape perceptions of help-seeking for Black Superwomen?

3. What lived experiences influence help-seeking for Black Superwomen?
   a. What personal, social, environmental, and historical factors influence help-seeking for Black Superwomen?
   b. What past experiences influence help-seeking for Black Superwomen?

This chapter provides a discussion of findings produced from the study. A discussion of the findings specific to the research questions and existing literature, and the connection to the theoretical framework will also be presented. The chapter concludes with the limitations of the study, implications for professional practice, and recommendations for future research.

**Discussion of Findings by Research Question**

The following section provides a discussion of the study findings based on each
research question and review of the literature. Data analyzed using Interpretive Phenomenology Analysis (IPA), resulted in the emergence of eight themes and eight connecting subthemes that support literature indicating that help-seeking can be a multilayered experience. Findings from this study also align with the existing literature in discussing how the participants, as Black Superwomen who experience psychological distress, experience help-seeking, define the meaning of help-seeking, and describe the lived experiences that influence their help-seeking practices.

**Help-seeking Experiences of Black Superwomen Who Experience Psychological Distress**

The first research question sought to understand how Black Superwomen experience help-seeking in response to psychological distress (i.e. stress, anxiety, depression). The accompanying sub-questions asked: (a) what does help-seeking involve for Black Superwomen? and (b) how do Black Superwomen seek help? To answer these questions, during the semi-structured interviews, participants were asked to reflect on the steps they take to seek help when they are experiencing stress, anxiety, and/or depression. They were also asked who they involve in their help-seeking practices, and who and what is most helpful in their help-seeking process. The findings from this research produced two themes and four subthemes that describe the participants’ experiences. The first theme of seeking help from external sources, is connected by the subthemes of (a) utilizing informal supports and (b) utilizing professional services; and within the second theme of seeking help from within, sits the subthemes of (a) utilizing internal coping strategies and (b) utilizing avoidant coping strategies.

**Seeking help from external source.** Research has indicated that African Americans tend to cope with mental health problems by using informal resources such as the church, family, friends, neighbors, and coworkers (Matthews & Hughes, 2001; Ward, et al. 2009). Participants in
the present study also reported that when seeking help from external sources, they typically utilize informal sources of support. For the women that were currently married, their spouse was the primary person they involved if they needed help. Each participant’s rationale for seeking help from their spouse centered on the belief that their husbands were dependable, competent, and could be trusted. In considering the independence of the Black Superwoman and their dependence on social support, Nelson and colleagues (2016) concluded that independence can be replaced with interdependence—“mutual intentionality,” which may more fully describe the active role that many Black women and their social support networks and families engage in as a helping process.

Similar to the study conducted by Ward and Heidrich (2009) which found that Black women expressed a strong belief in religious coping, participants in the current study also depend on the church and guidance from spiritual leaders when needing help to overcome psychological distress. It became clear that the participants only involve individuals that they trust and feel closely connected to, in their help-seeking process. However, some participants had experienced lost family and social connections which motivated them to seek help from other informal sources, such as extended family members, sister circles, and other close peers. For instance, Karen and Stephanie expressed the importance of sisterhood in their help-seeking process and how they seek help from girlfriends who can relate to their experiences and are fully capable of assisting in reducing their distress. This correlates with literature that emphasizes that the interpersonal relationships shared among Black women or their sisterhood is an important part of Black women’s culture (Collins, 1990). Furthermore, the concept of sisterhood for Black women, which implies the support, loyalty, and an attachment to other Black women that stems from having shared experiences of oppression, is fundamental (Collins, 1990).
In relation to utilizing professional services as a means to seeking help from external sources, half of the participant pool sought professional mental health services to address symptoms of distress. This may not be consistent with some studies that suggest that African American women utilize formal supports more often than resisting help all together. (Toler Woodward, Taylor, & Chatters, 2011; Ward, et al, 2009). However, participants in the current study did convey that the benefit of seeking professional help, was the potential of receiving unbiased, non-judgmental guidance and assistance in managing symptoms. The gender, race, nor ethnicity of the professional did not appear to discourage participants in their utilization of services, as long as they felt heard.

**Seeking help from within.** Even though participants in the study have sought help from external sources, the majority of the women rely on internal strategies to help in managing distress. Internal coping strategies such as prayer and fasting are most common among the participants. Those participants who utilize faith and spirituality as a coping and help-seeking technique, believe that a connection with God is the most powerful solution to overcome distress. Two participants referred to the concept of practicing self-care as being their internal coping strategy when seeking help. For example, exercise, getting adequate rest, and eating a healthy diet are seen as effective ways that participants help themselves.

As Black Superwomen who are prone to be self-reliant, the participants also disclosed their tendency to avoid seeking help or ignore symptoms of distress thinking they would go away on their own. Ackerman (2017) pointed out that avoidant coping may or may not be accompanied by an awareness of the problem (i.e. psychological distress), but there are no active attempts to reduce or eliminate the problem. Instead, those engaging in avoidant coping will ignore or avoid the problem altogether. Participants may also be in denial about the severity of
symptoms and therefore, utilize avoidance coping strategies. Research supports these findings and specified that awareness and perceived need for help are indeed barriers (Ward, et al., 2009).

The majority of the participants indicated how they avoid symptoms, do not seek help, and are reluctant to accept help. Many have engaged in maladaptive behaviors (crying, stress eating, repressing) to avoid facing symptoms of distress. Karen finally admitted that seeking professional help could be beneficial, however, she does not have time to make participating in professional services a priority.

The most interesting findings related to this research question, involve the participants’ acknowledgment of their tendency to encourage their daughters to be self-sufficient and utilize internal coping strategies as an initial help-seeking option. Particularly, three of the participants disclosed that they instruct their daughters to rely on their faith and utilize strategies such as prayer, fasting, and reading the Bible to overcome stress. Participant Marie had urged her daughter to stop having self-pity and “fight” depression, while Latanya admitted that she could be rather dismissive when encouraging her daughter to “be strong” when she experiences stress. Carla was even more surprised at herself for not suggesting that her daughter seek help from her university’s counseling center given that Carla, herself, is a mental health professional. These findings corroborate that an important cultural factor for Black women is Afro-American motherhood, which describes the interpersonal relationship between Black women and their children (Collins, 1986). These relationships are seen as being essential when examining the choices Black mothers have, the perceptions mothers have about their children’s choices, and the strategies Black mothers use in raising their children (Collins, 1986).
The Meaning of Help-seeking for Black Superwomen Who Experience Psychological Distress

The significance of the second research question in the study was to uncover the participants’ meaning of help-seeking, and how the term help-seeking pertains to them as Black Superwomen who experience psychological distress. Sub-questions included: (a) what personal, social, environmental, and historical factors shape help-seeking perceptions for Black Superwomen? and (b) what past experiences shape perceptions of help-seeking for Black Superwomen? Participants were asked to reflect on what comes to mind when they hear the words “help seeking”. The themes, asking for assistance and accepting assistance, emerged out of participants’ narratives. The third theme of negotiating generational and cultural beliefs, unveiled two subthemes: (a) lessons from mothers and (b) lessons from community and social networks.

**Asking for assistance.** Many of the participants believed help-seeking conveyed a sense of vulnerability in asking for help when necessary. Help-seeking to one of the participants meant asking for assistance only if you cannot solve the issue on your own. Three of the participants indicates that they were not comfortable asking for help or admitting they need help. Most of the women rarely if ever ask for any assistance, believing that they did not need any help. Scholars, such as Villatoro, et al. (2018), highlighted that perceived need among racial/ethnic marginalized populations can explain the underutilization of mental health services. Perceived need describes how individuals perceive and label their mental health problems. Villatoro, et al. (2018) concluded that African Americans in their study had the lowest percentage of perceived need for help based on the unlikelihood of self-labeling a mental health condition. Likewise, participants in the present study admitted that they delay seeking help because they do not see the immediate
need until the symptoms of distress worsen, motivating them to surrendering to the need to ask for help.

**Accepting assistance.** As Black Superwomen, the notion of accepting help appeared to cause just as much uneasiness for the participants as asking for help when they are experiencing distress. Many of the women view themselves as caregivers and the idea of them being cared for is quite foreign. In fact, if they accept help then they are somehow surrendering or giving up. Carla expressed how much her feelings would be hurt if it were suggested that she needed help, almost as if she feared that it would appear that she no longer was capable of caring for herself or anyone else for that matter. In a study conducted by Wrenn et al. (2017), participants placed great importance on being of help to others and distinguished help acceptance from help seeking. They had a greater willingness to accept help when placing emphasis on being of help to others (Wrenn, et al., 2017). In actuality, one participant admitted that they did not know how to accept help due to always needing to be independent and often lacking trust in others. However, only one participant, with some hesitation, gave up and accepted professional help for which she is grateful.

**Negotiating generational and cultural beliefs.** According to the participants, there have been personal, social, environmental, and historical factors, as well as previous experiences that have impacted how they make meaning of help-seeking. Many of the participants have received cultural messages from their mothers, friends, family, and community about what help-seeking should mean to them. This means that before deducing that help-seeking is merely asking for and accepting assistance, participants have to navigate through the generational and cultural teachings about help-seeking that they have received over the years.
All of the participants described their mothers as being most influential in the way they have become to view mental health and help-seeking. For the participants, strength is the most salient characteristic representative of their mothers. Although their mothers present as being strong, and can also be labeled as Black Superwomen themselves, several of the participants viewed their mother’s strength as a barrier to them understanding the need to seek help when experiencing distress. In other words, the lessons of avoiding the problem, getting over the issues, and resolving and coping with pain on your own have been handed down to the participants from their mothers. Even the idea of being a failure if they did seek help had been ingrained in the mind of one participant.

Many of the women felt that their mothers lacked mental health literacy, and other mothers were oblivious to the fact that psychological distress was a very real experience for their loved ones. This theme supports findings in a study conducted by Ward, et al. (2009), in which they found that Black women reported a lack of awareness and even denial of the existence of mental health related distress in the African American community. For Marie, her mother attributed mental health disorders to curses handed down through the generations that could not be escaped, leaving Marie often feeling hopeless about the possibilities of seeking help to manage her own distress.

Several of the participants’ perception of and definition of help-seeking have been influenced by the lessons received from friends, family, and within the community. Many of the women believed that because others view them as Black Superwomen who “have it all together”, that they do not need help. Actually, these social networks believe that the participants may never encounter psychological distress and if they did, that they could handle it on their own. Watson and Hunter (2015a) postulate that African American women receive cultural messages
that encourage them to be less open about psychological distress. Because of these views, the participants often feel compelled to present a façade and hide behind a mask of strength. For Wanda, the discussions around mental health and help-seeking have never come up in her social circles, therefore she has been left to make her own assumptions about help-seeking without the support of others. Essentially, because of fear of being stigmatized, African American women may not feel comfortable talking about symptoms of distress with friends or family members (Watson & Hunter, 2015a). Other participants have considered the geographical location of their community and where their friends or family reside as a factor in how those individuals perceive mental health and help-seeking. In short, friends and family living in the southern regions appear to value religious coping, whereas those from more northern areas may encourage formal, professional modes of help-seeking.

The Lived Experiences that Influence Help-seeking for Black Superwomen

The third and final research question sought to understand the lived experiences that influence help-seeking for the participants. The complementary sub-questions asked: (a) what personal, social, environmental, and historical factors influence help-seeking for Black Superwomen? and (b) what past experiences influence help-seeking for Black Superwomen? Participants were asked about typical reasons they seek help, including personal, familial, and environmental experiences warranting help-seeking. Voluminous data resulted in the creation of several themes and subthemes. The first theme, experience of personal crises, was connected by the subthemes: (a) emergence of physical and psychological distress and (b) adjusting to role transitions. The additional themes of experience of family crises and experience of cultural stigma and personal biases surrounding help-seeking, also emerged from participants’ dialogue.
Experience of personal crises. As expected, participants disclosed additional information about the presence of stress, anxiety, and/or depression as being the primary reason influencing their help-seeking decisions. For any of the women, experiences of increased psychological distress and emergence of physical health conditions served as indicators of the need to seek help. Four of the participants experience noticeable changes in their body such as a compromised immune system, acne, ulcers, asthma, and extreme fatigue which signals to them that they need to seek help. However, many continue to solely resort to utilizing internal coping strategies rather than seeking the assistance of others. In fact, many wait until they experience these aforementioned incidents or they believe their body is breaking down before they surrender to external support. Surprisingly, it appears that these physical and psychological warning signs trigger the participants to practice maladaptive coping skills that in turn exacerbate psychological distress.

Interestingly, all of the women have experienced life transitions and changes in their professional and personal roles that necessitate help-seeking. When the participants are faced with unexpected change, many of them experience an increase in psychological distress that motivates them to seek help. Four of the participants have experienced transitions in employment and professional work status. For example, job loss, retirement, career change, and increased job responsibilities have resulted in the emergence of distress. Many of the participants have experienced changes in their personal roles as caregiver. This is important to note as Watson and Hunter (2015b) pointed out that the salience of independence and caretaking is encompassed within the BSW persona. For example, Stephanie has most recently become a caregiver for her ailing mother, and both Wanda and Karen have become to feel more responsible for their parents who are also elderly.
When discussing their roles as parents, four of the women have children either living in the home or own their own, but the responsibility of caring for them requires some balance. As a new student, wife, and mother with new work demands, Carla has continued to cope on her own despite the feelings of being overwhelmed and depressed on a much more frequent basis. And Latanya, who appeared to have experienced the most unexpected transition with the termination of her marriage, also has had little experience seeking help from external sources.

**Experience of family crises.** Participants indicated that family experiences have impacted help-seeking for them. Four of the women conveyed that being confronted by various family issues potentially motivate them toward seeking help for their own psychological distress. Both Carla and Marie have a family history of mental health disorders. It was not until they became aware of their family members’ illnesses that they thought about the impact of psychological distress. For Carla, this experience led to her wanting to help others who are faced with mental health conditions, however, she admitted that she remains focused on her role of being the helper rather than getting help. Marie, on the other hand, has learned through her experience of observing her loved ones pass away as a result of psychological distress, that seeking help of any kind can be beneficial. Another participant also has been motivated to practice more internal coping strategies and self-care as a preventative measure against severe distress. A final participant, coping with the family crisis of divorce, also verbalized her potential openness to seeking additional methods of assistance rather than depending on her own inner strength and avoidance strategies.

**Experience of cultural stigma and personal biases surrounding help-seeking.** Participants described experiences relating to mental health and help-seeking stigma perpetuated by Black culture which has impacted their help-seeking processes. One participant has upheld
the cultural belief that “Blacks don’t go to counseling,” while another participant had once supported the message that one has to be “crazy” before seeking help. This view has since shifted since being exposed to the operations of mental health counseling through her work experiences. Ward, et al. (2009) described this is as an example of the cultural belief that Blacks are supposed to be strong which could be related to the mental illness stigma in the African American community.

   Carla explained that cultural messaging discourages professional help-seeking, and instead reinforces the utilization of religious coping, spirituality, and devotion to God as a means to manage distress. Nevertheless, she also holds her own biases toward utilizing professional mental health services. Researchers agree that factors such as fear of help-seeking stigma (Diala et al., 2001; Nadeem et al., 2007), self-stigma, and shame may be particularly common to African American women. Because Carla is also a mental health professional, she acknowledged that her belief is that she should be psychologically fit and not in need of the same help that she offers others. Therefore, her resistance to seeking help is not primarily based on Black cultural messaging, but her own preconceptions and potential shame around seeking and accepting help. Lastly, participant Karen’s biases toward seeking professional help, emerged from personal work experiences and the observance of poor confidentiality practices. Experiences such as these, instill fear and a lack of trust in professional services, and become a barrier to mental health help-seeking.

   **Connecting Findings to Theoretical Framework**

   The theoretical framework for the study was derived from the integration of concepts from Black Feminist Thought (BFT), Superwoman Schema Conceptual Framework (SWS, and the Theory of Planned Behavior (TPB). Including BFT (Collins, 1990) as a foundational theory
was essential as it emphasizes the Black female voice and the importance of exploring their lived experiences through dialogue. Collins claimed that the use of dialogue is important in assessing knowledge claims (Collins, 1989). The study findings signified the participants’ voiced perceptions of their unique experiences. Additionally, the emergent themes representing the participants’ similar verbalized experiences, further supports BFT’s assumption that commonalities of shared experiences exist among groups of Black women. The findings also highlight the notion of intersectionality or intersecting social identities as referenced by Patricia Hill Collins (1990). Race, gender, class, as well as, the roles of mother, wife, daughter, student, professional employee, and Black Superwoman are intersecting identities that are prominent among the participants in the study. The identity of each participant had an impact on their help-seeking perceptions and practices.

The SWS was selected to highlight the importance of the Black female’s unique lived experience by introducing the experiences and endorsement of the Superwoman role (Woods-Giscombé, 2010). The participants were able to share their experiences through the lens of them confirming association with the characteristics of the Black Superwoman. The findings further support Woods-Giscombé’s (2010) claim that Black experience negative outcomes or liabilities when endorsing the Superwoman role. These liabilities include, the reporting of stress, the embodiment of stress (e.g., anxiety, depressive symptoms), and the existence of stress-related health behaviors (e.g., postponement of self-care, emotional eating, poor sleep). The findings demonstrate that the participants, as Black Superwomen struggle to accurately report distress and often remain in denial of the severity of symptoms as to avoid seeking help. Also, it was founded that participants’ embodiment of stress, anxiety, and depression is based on the ideals that accompany the endorsement of the Black Superwoman role. Participants, as Black Superwomen
also shared their experiences of stress eating, poor sleep, and existing health conditions and resulting delayed self-care and help-seeking practice. The combination of BFT and SWS was significant to the study and correlate with the findings that demonstrate the participants’ experiences of psychological distress, resistance toward help, inexperience in asking for help, and need to practice self-reliance and inner strength.

The inclusion of the TPB (Ajzen, 1991) was necessary in exploring how past experiences are significant in influencing help-seeking perceptions, behaviors and intentions. The findings support Azjen’s (1991) argument regarding the influence of perception of control over performing a behavior. The findings illustrate participants’ perceptions of their control over seeking help, their perceived difficulty in asking for and accepting help, and their perception of barriers, such as cultural messaging and stigmas, to help-seeking. The participants’ views and perceptions of help-seeking aid in explaining and predicting their resistance in performing help-seeking behaviors.

The stereotypical label of strength for Black women is an overlapping concept for both BFT and SWS. When considering the key themes of BFT, self-definition and self-valuation, in relation to the present study, it was evident that participants believed in the urgency to embrace their strength as a survival mechanism to overcome adversity. Participants in the current study were more likely to rely on their inner strength and ability to care for themselves rather than seek help from external sources. To some participants, it appeared an obligation to demonstrate strength in the presence of family, friends, and other social networks. According to the SWS, the Superwoman role is indeed characterized by an obligation to manifest strength, an obligation to care for others, an obligation to suppress emotions, and the resistance to being vulnerable or dependent (Woods-Giscombé, 2010). The study findings showed that these characteristics were
shared by each participant in the current study. Several of the participants in a caregiver role expressed reluctance to seeking care for themselves, and few felt it necessary to be responsible for other loved ones. Participants also viewed help-seeking as also asking for assistance or being vulnerable and giving in. These beliefs resulted in a reluctance to seek help, and in suppressing the need to receive help.

The theory of TPB does not directly emphasize the concept of strength, as this is a salient characteristic of the Black Superwoman. However, an assumption of the TPB is the idea of having control over behaviors, such as help-seeking. The BSW is strong, self-reliant, and exercises control through emotional suppression. The findings presented the concept of control in that the participants expressed the amount of control they had over their symptoms and their decisions making process in relation to who, how, and what is involved in her help-seeking practices.

The overlapping principles of the three theoretical models include, the influence of cultural values, Afro-American women’s culture, and contributing contextual factors. A premise of the TPB explains social pressure and stigma relating to performing a given behavior. This premise was supported in the current study by experiences participants shared regarding cultural stigma and messaging they have received about mental health and help-seeking. The findings further support the TPB and the assumption of the likelihood that cultural messaging and stigma are influential in determining participants’ help-seeking perceptions and practices. Afro-American women’s culture, including the ideas of sisterhood and Afro-American motherhood is a significant theme of BFT (Collins, 1986). The findings revealed that the participants value their friendships and sister circles in providing support and helpful viewpoints. The participants also
acknowledge the importance of their role as mothers. Most appear influential in their children’s beliefs and help-seeking behaviors.

Finally, the findings support SWS and the tenets that highlight lessons from foremothers and spiritual values as cultural norms for Black women. This is evident in participants’ shared experiences of being taught by their mothers to be strong, self-sufficient, and resist seeking help. Participants observed their mothers suppress emotions and portray an image of strength. Similar to the participants in Woods- Giscombe’s (2010) study, the women in the present study lean on their faith, religion, and spirituality as coping strategies for psychological distress.

**Limitations of the Study**

There are limitations to the present study that may impact the trustworthiness of the research findings. The most obvious limitation of the proposed study involves the participants and sample size. There were only six participants, whereas larger samples may yield more diverse responses to consider. In a phenomenological design, there are typically a larger number of participants with several interviews being conducted by the researcher (Creswell, 2013), however, IPA methodology, which was utilized in the present study, suggests a maximum of 6 participants for the novice researcher. This study was also limited by the selection of participants and geographical location. Participants were recruited from three surrounding counties, whereas if participants were from other regions, findings could be more representative of a larger population.

Another limitation of the study involves the role of the researcher. The researcher acted as primary investigator, interviewer, and data analyzer. Although an outside coder was utilized for auditing purpose, it is possible that employing another researcher may have adjusted the methodology or offered a different interpretation of the findings. Finally, the nature of self-
reporting and self-labeling are considered limitations of the study. When self-reporting information related to mental health, one may be less inclined to label themselves as experiencing psychological distress or share unflattering information. This makes self-reported information, which was the primary data source in this study, a limitation.

**Implications for Counseling Professionals**

The present study offers an understanding of help-seeking for Black Superwomen who experience psychological distress. Findings from the research study have implications for counseling professionals that are significant for the treatment, advocacy, and support of this unique population. Findings from the study suggest that it is important for counseling professionals to become knowledgeable of the Superwoman role and its implications for African American women. Woods-Giscombe (2010) stated, “health care practitioners who are aware of the potential influence of the Superwoman role on health behaviors might have an enhanced ability to understand the lived experiences of their patients and the ability to integrate appropriate methods of patient education and counseling into their clinical practice” (p. 680). It is necessary for counselors and counseling educators to become knowledgeable of the varying intersecting identities of Black women. It is imperative that counseling professionals recognize how intersectionality (Crenshaw, 1989; Collins, 1990) impacts help-seeking, as well as, all areas of life for marginalized populations.

Counseling professional need to develop effective distress management interventions for African American women who use strength as a stress-related coping strategy to mask symptoms. The findings of the present study show that participants, as Black Superwomen, often utilize avoidant coping strategies to ignore or avoid symptoms until they subside. The incorporation of empowerment techniques can to foster self-advocacy, authenticity, and
psychological maturity. Counselors should also consider integrating cultural-based theories, such as a Black feminist perspective with traditional counseling theories and techniques to better assist Black women who encounter psychological distress. The principles of Black feminist perspectives work well in promoting empowerment for women of color, and can prove effective in developing interventions to work with Black women experiencing depression, low self-esteem, trauma-related stress, and domestic violence. Professionals can expand the framework to offer holistic wellness approaches that address psychosocial and health issues such as, blood pressure, obesity, diabetes, work-life balance and life satisfaction. The findings of the study suggest that the participants are often challenged by life transitions and balancing multiple roles. Therefore, counseling professionals should develop interventions that address the Black woman’s perceived relentless strength and excessive self-sacrifice which often results in increased distress.

Counseling professionals should address the presence of resistance strategies and emotional suppression for their African American female clientele, given that the underutilization of mental health services by this population might be greater than the general population. Counselors may also find it difficult to accurately assess the symptoms of psychological distress for this population of women. Many Black women, especially those who feel obligated to suppress their emotions and avoid self-labeling, may not accurately report the existence or severity of distress. Therefore, culturally appropriate assessment tools should be utilized to evaluate the presence of distress symptoms.

Counselors have a responsibility to attend to the cultural values of Black Superwomen, as well as their perceptions and interpretations of mental health, psychological distress, and help-seeking. Counseling professionals should recognize that social values, norms, expectations,
religion, language, and the social relationships endorsed by the individual have an impact on their intentions and motivations to seek help. According to Yun and Park (2010), “Examination of a specific behavior through its cultural meanings is necessary” (p.130). Counselors should become aware of an individual’s association with a collectivist culture or their orientation toward individualism. For the participants in the study, they were highly influenced by their cultural beliefs, family values, and related messaging. It can be assumed that counselors who are examining someone’s entry into mental health services must consider these aforementioned factors as potentially being a positive influence or a contributor to treatment resistance. It may be necessary to involve the individual’s social network and natural support system in the help-seeking and treatment process. This may increase the likelihood that the Black Superwoman will initiate treatment and fully participate in services.

Counselors must also consider previous experiences with mental health treatment as a determinant for seeking help. Individuals should be encouraged to explore their past experiences and/or hesitations associated with mental health care as a motivator toward establishing new experiences. Counseling professionals must also take into account factors such as shame, self-stigmas, and perceived barriers which affect attitudes toward help-seeking (Lin, et al., 2007). For example, if a Black woman who internalizes the Black Superwoman persona believes that entering into counseling is a sign of weakness, she is less likely to seek help. This was made evident by the findings in the current study which illustrated participants’ reluctance to utilizing professional help because they desired to demonstrate their ability to care for themselves.

According to Hagger (2007), additional psychological constructs, such as self-esteem, personality, social identity, and emotion, which vary across cultures should be explored. Additionally, counseling professionals should explore the difference between intentions and
actions when attempting to encourage the Black Superwoman to utilize varying formal modes of mental health care. Mesidor and Sly (2014) suggest that mental health providers design outreach programs that motivate individuals to translate help-seeking intentions into active treatment participation.

**Recommendations for Future Research**

Findings from the present study suggest several directions for future research. First, it should be acknowledged that for Black women, race, gender, social class, and its influence on identity cannot be separated. The influence of multiple roles and identity factors must be examined, particularly for Black Superwomen who find themselves obligated to balance various personal and professional roles. As a result of participants’ intersecting identities and role transitions, they experienced periods of distress, for which they felt obligated to suppress, and consequently resisted seeking help. Perhaps researchers will need to move beyond the assessment of racial or gender identity to include a discussion of the stereotypic roles and their influence on identity development, mental health, and coping. An investigation of how culturally specific factors impact identity and role development, will help in understanding the socialization processes, generational messages, peer influence, and historical images, that influence perceptions of mental health and help-seeking.

Secondly, the findings in the present study suggest that Black Superwomen utilize more internal coping strategies than seek help from external professional sources. Often times, participants utilized avoidant coping strategies in which symptoms of distress are avoided or ignored, due to denial or lack of awareness of distress symptoms. In considering the tendency toward emotional suppression for Black Superwomen, additional studies surrounding poor coping, internal help-seeking, and detrimental health outcomes can be examined. Future research
could be useful in investigating the relationship of emotional suppression, disordered eating, obesity, and other physical health conditions, and the potential contributing factors of the Black Superwoman role on the disproportionate rate of mental health care entry. Woods-Giscombé, (2010) stated, “An embodied approach to investigating health disparities moves beyond rational explanations and incorporates contextual factors emphasizing how an individual’s subjective experience influences health behaviors” (p. 680). In other words, the Black Superwoman’s lived experiences must be taken into consideration when understanding how and why she may delay help-seeking, health care screenings, and adherence to mental health care recommendations.

The data from this study can be used by future researchers to examine the factors associated with culturally accepted help-seeking practices. The findings of the study revealed that spirituality, religious coping, and utilization of social support are common help-seeking practices among the participants. These strategies appeared to be culturally accepted and perpetuated by the obligation to demonstrate strength. Moreover, family, friends, and the community encouraged less formal help-seeking practices to manage stress, anxiety, and depression. Subsequent research might examine the operation of Black women’s networks specifically around the cultural mandate of strength, self-reliance, and self-containment.

Lastly, future study procedures should involve focus groups, rather than semi-structured individual interviews. According to Collins (1991), “for Black women, new knowledge claims are rarely worked out in isolation from other individuals and are usually developed through dialogues with other members of a community” (p. 212). It can be assumed that if the researcher conducted focus groups for the present study, the potential for deeper dialogue could have emerged among the women participants. Larger scale studies are suggested to address geographical differences and generation variation. It is possible that the meaning of help-seeking
for women who endorse the Black Superwoman persona may vary across other geographical locations and among younger aged participants. The present study’s findings were gathered from participants residing in the triangle of NC, with an average age of 47 years.

**Conclusion**

The incidence of psychological distress and stress related mental health conditions among Black women continue to be prevalent, just as with the general population. However, they utilize mental health resources and access care in disproportionate rates. This phenomenological research study set out to understand the phenomenon of help-seeking for Black Superwomen who experience psychological distress. The findings indicate that when Black Superwomen experience psychological distress, they seek help from external sources and seek help from informal supports, such as spouses, family, friends, more often than utilizing professional mental health services. Also, the majority of women participating in the study are more inclined to seek help from within by utilizing internal coping strategies, or practicing avoidant techniques and ignore symptoms. The use of applicable theoretical models such as Black Feminist Thought (BFT), the Superwoman Schema Conceptual Framework (SWS), and the Theory of Planned Behavior (TPB) provided a firm basis to guide the exploration and understanding of the phenomenon of help-seeking, and proved essential in stimulating research and making research findings meaningful.

There appears to be little research specific to the study of Black Superwomen and how they perceive help-seeking when in distress. The present study made an important contribution in acknowledging individual beliefs and personal stigma as barriers to seeking help for psychological distress as well as, highlighting the culturally specific factor -- the BSW image that impacts help-seeking behaviors for Black women. It appears that more research is clearly
needed, specifically related to stereotypic roles and their influence on identity development, mental health, and coping.

Findings of the present study suggested that participants define help-seeking as asking for and accepting assistance. However, their perceptions are influenced by generational and cultural beliefs handed down by their mothers, the Black community, and other social networks. Findings also revealed that help-seeking practices were influenced by the participants’ experience of personal and family crises, adjusting to role transitions, and cultural stigma and personal bias. As other professional fields such as psychology, social work, and nursing continue to provide research that clarifies how adverse physical and psychological conditions result from emotional suppression and resistance to healthcare, the counseling field is charged to demonstrate how practitioners can develop and implement culturally based interventions and strategies to encourage help-seeking.

As mental health disparities continue to exist and poor utilization of health care services become more pronounced, the need to address cultural messaging, stigma, and mental health literacy will become more evident. Therefore, improving disparities in treatment may not be solely dependent on targeting specific groups, but rather identifying specific experiences, beliefs and cultural factors among members of particular groups. As counseling professionals begin to attend to the cultural values of Black women, and recognize that social values, norms, expectations, religion, language, and the support networks endorsed by the individual have an impact on their help-seeking practices, they can assume the lead role in advocating, supporting, and assisting the Black Superwoman with *dropping the cape of strength.*
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APPENDICES
Appendix A
Demographics Questionnaire

1. What is your age? __________________________

2. Please indicate your racial or ethnic identity. __________________________

3. Please indicate your gender identity. __________________________

4. Please indicate your marital/relationship status. (circle one)
   a. Single
   b. Married
   c. Separated
   d. Divorced
   e. Widowed
   f. Other

5. Do you have children?
   a. No
   b. Yes
      If yes, how many? ______
      What are their ages? ______

6. Do you have other people living in the home?
   a. No
   b. Yes. If so, how many? ________________________________
   c. What are their relationships to you? ________________________________

7. Please indicate your highest level of education completed. (circle one)
   a. No high school diploma
   b. HS Diploma/GED
   c. Bachelor’s degree
   d. Master’s degree
   e. Professional (e.g., JD, MD)
   f. Doctoral degree (Ph.D., Ed.D)
   g. Other ______________________

8. Please indicate your current employment status. (circle one)
   a. Employed
   b. Unemployed
   c. Retired
9. If employed or previously employed, please indicate your current occupation. If unemployed, please list your most recent occupation.

10. Please indicate the amount you contribute to your annual household income? (circle one)

- $0-10,000
- $10,001-$20,000
- $21,001-$30,000
- $31,001-$40,000
- $41,001-$50,000
- $51,001-$60,000
- $61,001+
HAVE YOU EVER BEEN ANXIOUS...?
STRESSED...?
OR DEPRESSED?

ARE YOU DETERMINED TO HANDLE PROBLEMS ON YOUR OWN?

If you have experienced any stress, anxiety or depression within the last 12 months and believe you are self-reliant, you could be eligible to participate in a research study to learn just how STRONG you are.

Eligible participants must identify as Black or African American, Female, and be age 21-64.

Your initial participation will take about 15 minutes and can be conducted at a time and location that is convenient for you.

Compensation is available for your participation. You will have the opportunity of entering a drawing to receive a $50 gift card.

If you have any questions or are interested in participating, please contact:
Tabitha Haynes at (919)816-5274 or trhaynes@ncsu.edu
IRB#15424

Principal Investigator: Tabitha Haynes
North Carolina State University
Department of Educational Leadership, Policy, and Human Development
Appendix C

Recruitment Email

Greetings,

My name is Tabitha Haynes, a doctoral candidate in the Counselor Education Program at North Carolina State University (IRB Protocol #15424) under the supervision of my dissertation chairperson, Dr. Stanley B. Baker, Professor of Counselor Education.

Many Black women, specifically those who consider themselves strong and self-reliant, may be resistant to support or are hesitant to seek help when experiencing stress, anxiety, or depression. I am interested in exploring how help-seeking is perceived and experienced by these women when they experience distress. I would like to invite you to participate in my qualitative study. Your risk in this study is minimal as all information will remain anonymous and confidential.

To be eligible to participate in this study, you must:
(a) identify as Black or African American;
(b) identify as female;
(c) be between 21 to 64 years of age;
(d) have experienced stress, anxiety, or depression within the last 12 months.

Your participation is completely voluntary, and you have permission to withdraw at any time. If you agree to participate in this study, please complete the scale (link below) that includes an informed consent document and demographic questionnaire. It will take approximately 15 minutes to complete the scale. If your score qualifies, you may be asked to participate in a second phase of the study which includes a 40-50-minute interview.

Compensation is available for your participation. If you complete the scale, you will have the opportunity of entering a drawing to receive a $50 gift card. All participants who complete the second phase of the study will receive a $15 gift card.

If you have any questions about the research study itself, please contact Tabitha Haynes at (919) 816-5274 or trhaynes@ncsu.edu or Dr. Stanley B. Baker at sbaker@ncsu.edu.

If you don’t satisfy the eligibility criteria, please forward this information to your colleagues who may be eligible to participate.
Thank you very much for your consideration,

Tabitha R. Haynes, MA, LPC, LCAS, NCC  
Doctoral Candidate, Counseling and Counselor Education  
Department of Educational Leadership, Policy, and Human Development  
North Carolina State University
Title of Study: Unveiling the Cape of Strength: A Phenomenological Exploration of Black Superwomen’s Lived Experiences and Perceptions of Help-Seeking for Psychological Distress (15424)
Principal Investigator: Tabitha R. Haynes
Faculty Sponsor: Stanley B. Baker, PhD

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The goal of this research study is to understand what help-seeking means to Black women and provide recommendations for counseling professionals. Ultimately, this research may be presented as a paper, or published as part of a book or journal on counseling, mental health, and/or social justice advocacy.

As a participant, you are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those who participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above or the NC State IRB office as noted below.

What is the purpose of this study?
The purpose of the study is to understand what help-seeking means to Black women and provide recommendations for counseling professionals. Many Black women, specifically those who consider themselves strong and self-reliant, may have perceptions of seeking help when experiencing stress, anxiety, or depression that are worthy of exploration.

Am I eligible to be a participant in this study?
In order to be a participant in this study you must: (1) identify as Black or African American, (2) identify as female, (3) be between the ages of 21 and 64, and (4) have experienced stress, anxiety or depression within the last 12 months.
You cannot participate in this study if you do not meet the above criteria.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to:
• Complete a sub-scale of the Stereotypic Roles for Black Women Scale. This should take about 15 minutes.
• After completion of the scale, your score will be provided.
• If your scores qualify, you will be contacted to participate in the second phase of the study.

Risks and Benefits
There are minimal risks associated with participation in this research. However, as a participant, you may have to recollect lived experiences associated with pain, hurt and unresolved distress. At any moment you are free to withdraw your participation. You may not get any direct individual benefits for participation in this study outside of receiving a monetary incentive. As a participant, you may gain a better self-awareness and discovery of options or resources for four well-being.
The information we learn from participants in this study may help counseling professionals better understand the help-seeking experiences of Black women as a means to increase advocacy efforts.
Confidentiality
The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely on a password protected computer. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. No reference will be made in oral or written reports which could link you to the study. We will not include any information in any report we may publish that would make it possible to identify you.

Compensation
There are no costs for participating in this study other than time. For participating in this study, you will be entered into a lottery drawing to receive a $50 gift card for your participation. If you withdraw from the study prior to its completion, you will not be compensated.

Right to Refuse or Withdraw
The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the investigators or N.C. State University. Your decision will not result in any loss or benefits to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely from the study at any point during the process; additionally, you have the right to request that the investigator not use any of your material.

What if you have questions about this study?
You have the right to ask questions about this research study and to have those questions answered by us before, during or after the research. If you have any further questions about the study, at any time feel free to contact us, Tabitha R. Haynes at trhaynes@nsu.edu or by telephone at (919)816-5274 or Stanley B. Baker at (919) 575-6360.

What if you have questions about your rights as a research participant?
If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the NC State IRB Office via email at irb-director@ncsu.edu or via phone at 1.919.515.4514. You can also find out more information about research, why you would or would not want to be in research, questions to ask as a research participant, and more information about your rights by going to this website: http://go.ncsu.edu/research-participant

Consent to Participate
"I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled."

Participant's signature_____________________________________ Date _________________
Investigator's signature_____________________________________ Date _________________
INFORMED CONSENT FORM for RESEARCH PARTICIPATION - PHASE 2

Title of Study: Unveiling the Cape of Strength: A Phenomenological Exploration of Black Superwomen’s Lived Experiences and Perceptions of Help-Seeking for Psychological Distress (15424)
Principal Investigator: Tabitha R. Haynes
Faculty Sponsor: Stanley B. Baker, PhD

What are some general things you should know about research studies?
You are being asked to take part in a research study. Your participation in this study is voluntary. You have the right to be a part of this study, to choose not to participate or to stop participating at any time without penalty. The goal of this research study is to understand what help-seeking means to Black women and provide recommendations for counseling professionals. Ultimately, this research may be presented as a paper, or published as part of a book or journal on counseling, mental health, and/or social justice advocacy.

As a participant, you are not guaranteed any personal benefits from being in a study. Research studies also may pose risks to those who participate. In this consent form you will find specific details about the research in which you are being asked to participate. If you do not understand something in this form it is your right to ask the researcher for clarification or more information. A copy of this consent form will be provided to you. If at any time you have questions about your participation, do not hesitate to contact the researcher(s) named above or the NC State IRB office as noted below.

What is the purpose of this study?
The purpose of the study is to understand what help-seeking means to Black women and provide recommendations for counseling professionals. Many Black women, specifically those who consider themselves strong and self-reliant, may have perceptions of seeking help when experiencing stress, anxiety, or depression that are worthy of exploration.

Am I eligible to be a participant in this study?
In order to be a participant in this study your score on the Superwoman Stereotype sub-scale of the Stereotypic Roles for Black Women Scale meets eligibility criteria. You cannot participate in this study if do not meet these criteria.

What will happen if you take part in the study?
If you agree to participate in this study, the following will occur:
- You will be asked questions relating to your personal lived experiences.
- The interviews will last between 40 and 50 minutes.
- Interview questions and responses will be audio recorded to help organize information for transcription.

Risks and Benefits
There are minimal risks associated with participation in this research. However, as a participant, you may have to recollect lived experiences associated with pain, hurt and unresolved distress. At any moment you are free to withdraw your participation. You may not get any direct individual benefits for participation in this study outside of receiving a monetary incentive. As a participant, you may gain a better self-awareness and discovery of options or resources for four well-being. The information we learn from participants in this study may help counseling professionals better understand the help-seeking experiences of Black women as a means to increase advocacy efforts.
Confidentiality
The information in the study records will be kept confidential to the full extent allowed by law. Data will be stored securely on a password protected computer. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. No reference will be made in oral or written reports which could link you to the study. We will not include any information in any report we may publish that would make it possible to identify you.

Compensation
There are no costs for participating in this study other than time. For participating in this study, you will receive a $15 gift card. If you withdraw from the study prior to its completion, you will not be compensated.

Right to Refuse or Withdraw
The decision to participate in this study is entirely up to you. You may refuse to take part in the study at any time without affecting your relationship with the investigators or N.C. State University. Your decision will not result in any loss or benefits to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely from the study at any point during the process; additionally, you have the right to request that the investigator not use any of your material.

What if you have questions about this study?
You have the right to ask questions about this research study and to have those questions answered by us before, during or after the research. If you have any further questions about the study, at any time feel free to contact us, Tabitha R. Haynes at trhaynes@nsu.edu or by telephone at (919)816-5274 or Stanley B. Baker at (919) 575-6360.

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Consent to Participate
"I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled."

Participant's signature____________________________________ Date _________________
Investigator's signature___________________________________ Date _______________