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Examining Perceptions and Sensemaking of Wellness Among African American Women Who Manifest the Archetype of the Strong Black Woman

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EXAMINING PERCEPTIONS AND SENSEMAKING OF WELLNESS AMONG AFRICAN AMERICAN WOMEN WHO MANIFEST THE ARCHETYPE OF THE STRONG BLACK WOMAN

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Dedication

To my husband, Dr. Tyrone D. Wallace and our children Jasmin, TJ, Jalen and Cameron. It was because of your patience, your understanding and your sacrifices that I was able to get through this. You guys are my whole world and I love you more than words can say.

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Abstract

Furthering a strengths-based approach to mental health and wellness requires researchers to explore the role of cultural systems, sociohistorical factors and the intersectionality of race and gender as factors impacting wellness. To fill the existing gap in the literature describing perceptions of wellness through a cultural lens, I examined experiences of wellness among African American women who manifest the archetype of the Strong Black Woman. Working within the client's perspective, Interpretative Phenomenological Analysis was employed to analyze data collected during semi-structured in-depth interviews and focus groups. I conducted the interviews to explored participant personal and social experiences with wellness. Super-ordinate themes were pulled from the data and used to describe how characteristic traits of the archetype were internalized during childhood and had implications for how participants perceived and prioritized the importance of self-care, a crucial component of wellness. Participants demonstrated use of the archetype to combat experiences of racism and microaggressions in the work place and emphasized the dual roles of the archetype as a mitigator of both racial stress and well-being.

Keywords: Strong Black Women, Sensemaking, Interpretive Phenomenological Analysis, Wellness, Cultural Competency, Disparities in Minority Mental Health

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Chapter One: Introduction

In this study I sought to address disparities in minority mental health by enhancing awareness of cultural differences and specificity in experiences of wellness. Specifically, I examined how participants made sense of their lived experiences with wellness through a cultural lens. Brach and Fraser (2002) introduced cultural competency as a strategy to address the growing need for counselors to respond appropriately to the diverse cultural needs and concerns of clients as a measure to reduce disparities in mental health. Moreover, understanding how culture influences client experience broadens clinical knowledge of cultural variations of the concept of wellness and enhances cultural competencies (Pedrotti, Edwards, & Lopez, 2009). This enhancement of competency paves the way for a cultural view of wellness that highlights the unique perceptions of minorities and incorporates their preferences for coping in the development of interventions and treatments which may improve retention and outcomes. I endeavored to accomplish this by conducting in-depth case by case analysis of a small pool of African American women and explored the meanings they assigned to lived experiences with wellness using an interpretive lens. The intended outcomes of this study were to enhance clinical knowledge by expanding the literature on cultural variations in the experience of wellness and to increase clinician cultural competency on the experiences of African American women who manifest the archetype of the Strong Black Woman. Furthermore, this study sought to provide insight into how these women made sense of their experiences with wellness and to lay a foundation for future development of culturally

specific interventions and treatments that specifically target the needs and preferences of this cultural identity.

Wellness

Wellness is a key focus of positive psychology (Hefferon, Ashfield, Waters & Synard, 2017; Seligmann, 2000) which shifts clinical focus from deficit and problem behavior to the reinforcement of strengths and values, as noted by several researchers (Frisch, 2000; Keyes, 1998; Magyar-Moe et al., 2015). Emphasized as not just the absence of illness; wellness exists as a collection of assets and strengths that optimize client functioning (Frisch, 2000; Keyes, 1998; Magyar-Moe et al., 2015). Encouragement of wellness in clinical settings generally involves the re-enforcement of developmental, preventative and wellness enhancing skills (Myers & Sweeney, 2004). These skills, when applied expeditiously, aid clients in achieving optimal functioning. Young (2013) encouraged counselors to work within the client's perspective, as is consistent with positive psychology, which seeks to "better understand and apply those factors that help individuals and communities thrive and flourish" (Seligman & Csikszentmihalyi, 2000, p. 509). Such an approach encourages wellness through reinforcement of strengths and values, as has been demonstrated in multiple studies (Smith, 2006; Myers, 1993) and is consistent with the attainment of wellness.

Current approaches to wellness are often critiqued (Aisenberg, 2008; Becker & Maracek, 2008; Constantine and Sue, 2006; Pedrotti, Edwards, & Lopez, 2009) for what appears to be a lack of consideration of factors which impede its attainment among minorities. These critiques cite the absence of a cultural lens in operationalizing the social construct of wellness. Examination of wellness through a cultural lens suggests that

culture influences participant interpretation and experiences of the construct. Culture is defined as the shared expectations, values, worldviews, beliefs and behaviors of a group who identify with one another because of their shared purpose, need or similarity such as race, ethnicity or class (Gladding, 2018). As such, wellness through a cultural lens reflects researcher awareness and respect for participant worldviews and the impact of culture of those perceptions and experiences (Jun, 2010).

Positive Psychology is further critiqued by researchers because of its support of a westernized view of wellness that measures the success of the construct with the attainment of individual gains over collectivist and communal needs (Becker & Maracek, 2008; Christopher & Hickinbottom, 2008; Christopher, Richardson, & Slife, 2008). Achieving personal success contradicts the collective and communal ideology of minority cultures and therefore does not reflect awareness of cultural values or optimal functioning (Becker & Maracek, 2008; Christopher & Hickinbottom, 2008; Christopher, Richardson, & Slife, 2008; Held, 2004; Pedrotti, Edwards, & Lopez, 2009; Sandage & Hill, 2001). Optimal functioning through a cultural lens considers the communal and collectivist nature of minorities, as well as the internal and external influences of systemic factors that play a critical role in the development of wellness (Hefferon, Ashfield, Waters & Synard, 2017). Positive psychology suggests that optimal functioning is achieved through the development and enhancement of the self (Christopher & Hickinbottom, 2008) and implies that wellness supports "a way of life that integrates body, mind and spirit so that individuals live fully with a sense of well-being and are oriented towards optimal health" (Gladding, 2018, p.168). What appears to be endorsed is what Sue (2010) calls the Myth of Meritocracy which suggests that individual hard-work is all that is needed to achieve

success. From this perspective wellness can be achieved by anyone who endeavors to "integrate mind, body and spirit to live fully with a sense of well-being" (Gladding, 2018, p. 168). However, minorities have historically broached the experience of wellness from a deficit created by racism, inequalities and denial of access to resources that support wellness such as adequate housing, healthcare, education and employment opportunities (World Health Organization, 2014). How wellness is perceived and experienced within a culture with historical roots in slavery has yet to be explored and can provide insight into how cultural and historical influences impact the meanings assigned to experiences of wellness from a cultural perspective.

Wellness among African Americans

The National Alliance on Mental Illness (NAMI) estimates that one in five American adults live with a mental illness; with over 10 million experiencing symptoms with significant impact on their day to day functioning and quality of life (NAMI, 2016). Research presented by the World Health Organization (WHO) cites interesting variables that negatively impact wellness and promote poorer mental health across diverse cultures. These variables include poor housing conditions, lower incomes, poor physical health, a lack of social support and social inequalities such as access to health care (WHO Social Determinants of Mental Health, 2014). African American women, who are at a greater risk for disparities in employment, income, and housing, are often faced with compounding factors of racism, sexism, and discrimination (Williams & Collins, 2001; Williams & Jackson, 2005;). As such, they demonstrate greater propensity to develop symptoms of poor mental health, with estimates as high as 20% more likely than the general population (NAMI, 2016). Such elevated statistics justify the paramount need for

sufficient attention to the wellness experience of this population (Norcross & Wampold, 2011).

A significant issue impacting wellness among African American women is the avoidance of professional help-seeking, an avoidance behavior associated with negative stigmas about mental illness and psychological care (Baker, 2011; Ward, 2009). Often, professional help-seeking occurs after symptoms have worsened and become debilitating, and in many cases, those who do seek therapeutic intervention are turned off by a lack of cultural diversity and sensitivity in treatments, resulting in early termination of services (Dana, 2002; Tidwell, 2004; Ward & Heidrich, 2009). Research into access and use of mental health services among African Americans has identified barriers in the form of stigmas (Ward & Heidrich, 2009), discrimination (Williams & Sternthal, 2010), and lack of access to care (Bell & Douset, 2003). One often overlooked, but hugely impactful barrier is the use of culturally sanctioned means of coping that often preclude professional help-seeking behaviors. These include seeking the support of family and friends, reliance upon spiritual faith and religious practice, and the enactment of archetypes that encourage perseverance to address both physical and mental health concerns (Staton-Tindall, Duvall, Stevens-Watkins, & Oser, 2013; Ward & Heidrich, 2009; Walker-Barnes, 2009). The current study suggests that it is possible for researchers to begin to conceptualize wellness for this population when taking into consideration how African American women use these preferred coping resources to combat adverse conditions and stress (Constantine & Sue, 2006). Furthering this proposed strengths-based approach to mental health and wellness requires researchers to explore the role of cultural systems, historical influences and the intersectionality of race and gender

(Rosenthal, 1999) as factors impacting wellness and wellness experiences through a culturally informed lens.

The Strong Black Woman

The Strong Black Woman archetype has roots deeply embedded in the history of the United States and within the African American culture (Beauboeuf-Lafontant, 2007). Scholars believe the association of strength with black women has its origins in chattel slavery (Abrams, Maxwell, Pope, & Belgrave, 2014), which differentiates the archetype from other racial and ethnic groups who boast strength in their identity (Romero, 2000; Watson & Hunter, 2015). As documented by Harrington et al. (2010), the portrayal of enslaved African women as strong sharply contrasted with the delicate images of European-American women (Harris-Perry, 2011), serving as evidence of their differences and thereby justification for the atrocities committed against them by their colonizing enslavers (Davis, 1995; White, 1999; Wyatt, 2008). Wyatt (2008) summarizes the purpose of aligning Black women with strength in this way:

> *The idea that Black female slaves were strong enough to endure any pain and keep on going justified slaveowners' abuses, including rape: The black woman's mythic 'strength' became a convenient justification for every atrocity committed on her" (p. 98)…. The Strong Black Woman was initially a White construct that benefited White slaveowners.* (Wyatt, 2008, p. 60)

Labeling black women as strong was also believed to have enabled her enslavers to minimize and desensitize themselves to feelings of guilt or remorse for the harsh treatments they employed in their efforts to gain the submission of their forced captives

(Wyatt, 2008). Valued no more than mules (Beaufoeuf-Lafontant, 2007; Harris-Lacewell, 2001), enslaved Black women were expected to labor in the fields alongside men (Jones, 1982; Leary, 2005) and suffered the same severe consequences in response to acts of defiance and insurrection (Jones, 1982; Wyatt, 2008). The autobiography of Harriet Jacobs (1861) provides examples of the severity of the sexual and physical abuse of enslaved women. Jacobs' testimony details the brutality of both male and female enslavers, who demonstrated no remorse toward expressions of sorrow or pain. In one account from her work, Jacobs describes the child-birthing experience of a "young slave girl" (p. 15) who suffered and subsequently died after giving birth to a bi-racial child who also died. The female enslaver of this girl and wife of her impregnator, is reported to have mocked her suffering: "You suffer, do you?' She exclaimed. I am glad of it. You deserve it all, and more too" (p. 15). As the suffering of the dying girl intensified, the female enslaver "felt unable to stay; but when she left the room, the scornful smile was still on her lips" (p. 15). J. Marion Sims, a noted physician and the creator of the first vaginal speculum performed hundreds of invasive surgical procedures on enslaved African women without anesthesia or their consent (Leary, 2005). The namesake of Sims Hall on the University of South Carolina campus, and honoree of a statue on the grounds of the South Carolina capital, is quoted as having said enslaved women were "able to bear great pain because their 'race' made them more durable and thus they were well suited for painful experimentation" (Leary, 2005, p. 81).

The label of 'strong' applied not only to assumed abilities to endure pain but also was used to explain what appeared to be a lack of emotional despair in the face of adversity (Wyatt, 2008). Rather than succumb to the traumas of the sexual, psychological

and physical abuse inflicted upon themselves, their children and their mates, enslaved Black women learned to minimize emotional expression, recognizing that such expressions only intensified the savagery of their captors and put themselves and others at greater risk (Jacobs, 1861; West, 1995). They learned to suffer in silence. Being able to do so became necessary for their survival and ultimately, for the survival of an entire culture and race (Mullings, 2006). Furthermore, the methodical removal and emasculation of enslaved African men destroyed the hierarchical structure of the African family (Boyd-Franklin, 2003), requiring enslaved women to become increasingly independent and self-sufficient in the absence of their male protectors and partners (Wyatt, 2008). Such rationalized behaviors permitted the adoption of an uncommon endurance (Beauboeuf-Lafontant, 2007; Harrington, Crowther & Shipherd, 2010) as a means of coping, a behavior still enacted by today's African American woman.

Evidence supporting the necessity of these traits appears in the literature. White (1999) documents the necessity of strength to endure the hardships of plantation life, building upon Davis (1995), who rationalized Black women's independence in the absence of Black men to provide protection, and the significance of caretaking responsibilities given the lack of access to much needed medical and other resources (White, 1999). The myth once used to justify atrocities, took on a living form as it became adopted as a survival schema, was cultivated, and passed down generationally from mother to daughter (Harris-Lacewell, 2001).

Because of continued struggles faced by African American women with financial hardships, enacting multiple roles, racism, sexism and the methodical breakdown of the African American family, the schema continues to persist (Watson & Hunter, 2015).

Modern definitions of the Strong Black Woman refer more to emotional resilience than physical strength and, when taken at face value, depict women who exhibit resiliency, unfaltering motivation and relentless hard-work (Harris-Lacewell 2001; Romero, 2000; Watson & Hunter, 2015). Such traits are passed down generationally, as young girls implicitly and explicitly learn messages of strength, and independence as a means of survival (Harris-Lacewell, 2001; Woods-Giscombe', 2004). Not readily acknowledged, however, are the debilitating impacts on mental health associated with self-silencing of emotional and physical needs and over-attentiveness to the needs of others; characteristics of the archetype that have been linked to depression and poorer mental health (Donovan & West, 2015).

Romero (2000) theorized that denial of personal needs through self-sacrificing, silencing of emotion, sacrificial caregiving and other characteristics of the archetype discourage self-care behaviors, which are supported as buffers against mental health disturbances (NAMI, 2008). Women embodying the archetype are often unaware of the clinical implications for mental health as indicated in a study conducted by Donovon and West (2015) on Black female college students. Findings from the study indicated that women who moderately to strongly embrace the archetype have higher reports of depression than those who mildly endorse the characteristics (Donovon & West, 2015). Despite the link, the archetype is deemed a culturally appropriate and often expected means of coping with stress and adversity (Watson & Hunter, 2015) and highly endorsed within the culture (Donovon & West, 2015). The Strong Black Woman archetype appears as an example of strength embodied among black women to address stressful and adverse circumstances (Watson & Hunter, 2015; Beauboeuft-Lafontant, 2007; Harrington,

Crowther & Shipherd, 2010). The purpose of this study was to examine how Black women who manifest the Strong Black Woman archetype made sense of their experiences with wellness. Use of the term *manifest* to describe the embodiment of the archetype is intentional as it implies cognitive and behavioral patterns which demonstrates internalized embrace of the archetype. Given the significance of the archetype as a symbol of strength within the culture (Harris-Lacewell, 2001) and the paradoxical negative impact it has on women's well-being (Donovan & West, 2015), the lived experiences of those who manifest the characteristics were explored to add cultural specificity to understandings of optimal functioning and well-being. Exploratory research of this phenomenon provided rich data that has the potential to broaden clinical knowledge and practice.

Statement of the Problem

CACREP standards mandate counselors' training in social and cultural diversity, with further requirements that counselors demonstrate the ability to weave culturally competent dimensions into interventions and treatment (CACREP, 2016, standard 2.6). Enhancing this ability is awareness of the impact of cultural factors on psychological and emotional distress and well-being as documented in Kirmayer (2012). Evidence supports the notion that race, religion, language and perceptions of society influence the development and course of mental health symptomology (Gone & Kirmayer, 2010). As such, CACREP standards also require counselors- in-training demonstrate awareness of this influence as one of eight common core areas within the study of human growth and development. This awareness implies that counselors have not only knowledge of theories of human development but demonstrate awareness of the impact of socio-

cultural factors on normal and abnormal growth (CACREP 2.3). So critical is awareness of such implications that Butler and Shillingford-Butler (2014) have labeled failure to acknowledge race and culture as "emotionally destructive", adding voice to cries that counselor education programs do more to prepare students to work within an increasingly changing heterogeneous climate (Pedersen, 1988; Speight, Myers, Cox & Highlen, 1991; Sue, 1990; Sue, Aradondo & McDavis, 1992; Sue & Zane, 1997).

Cultural competency implies counselor openness to exploring differences relative to cultural worldviews and perspectives of clients (Sue & Sue, 2013). Addressing the needs of clients through their phenomenological experience (Ratts & Pedersen, 2014) can provide insight into how issues of race, culture, and historical oppression impact mental health issues (Vereen et al., 2013). Working within the client's perspective, as demonstrated in culturally competent treatment, is suggestive of a strengths-based approach which focuses not only on pathology, but also addresses client strengths and values as useful tools towards overcoming adversities (Constantine & Sue, 2006).

Positive psychology and current models of wellness ignore the importance of culture and other systemic factors in the achievement of wellness. This includes cultural variations in perceptions and prioritization of the phenomenon and other operationalizing crucial terms (Constantine & Sue, 2006; Sandage & Hill, 2001) that demonstrate and promote its achievement (Myers, 1998; Myers, 1992; Park, Peterson & Seligman, 2004; Raship, 2015; Rayle & Myers, 2002; Smith, 2006). Critiques of these models highlight their euro-centric focus on the attainment of individual gain over communal and collectivist interests (Henrich, Heine & Norenzayan, 2010) which are consistent with minority cultures (Christopher 1999).

Brach and Fraser (2002) introduced cultural competency as a strategy to address the growing need for counselors to respond appropriately to the diverse cultural needs and concerns of clients as a measure to reduce disparities in mental health (Brach & Fraser, 2002). Addressing these disparities through increased cultural competency requires researchers and clinicians to develop interventions and treatments that a) acknowledge cultural worldviews and values, b) incorporate cultural preferences for coping into treatment and c) restore client dignity through positive regard and genuineness (Jun, 2010).

The purpose of this study was to address mental health disparities by examining how Black women who manifest the archetype of the Strong Black Woman make sense of experiences with wellness. The Strong Black Woman archetype provides an example of how embodied strength among black women mitigates stressful and adverse circumstances (Watson & Hunter, 2015; Beauboeuft-Lafontant, 2007; Harrington, Crowther & Shipherd, 2010). Further, researchers have demonstrated a correlation between embracing the archetype and symptoms of depression and increased stress (Donovan & West, 2015) among Black women as depicted in Figure 1.1. Given the significance of the archetype as a symbol of strength within the culture (Harris-Lacewell, 2001; Romero, 2000) and its paradoxical correlation with increased stress and depression (Abrams, Maxwell, Pope, & Belgrave, 2014; Beauboeuf-Lafontant, 2007; Dana, 2002; Donovan & West, 2015; Romero, 2000), the phenomenological experiences of those who manifest the characteristics was explored to add cultural specificity to clinical understandings of optimal functioning and well-being. More specifically, this study aimed to understand how this population experiences and makes meaning of wellness

given the detriment of the archetype on mental health. Exploratory research of this phenomenon was warranted as a means of developing a broader, more culturally constructed interpretative understanding of wellness to inform clinical knowledge and practice.

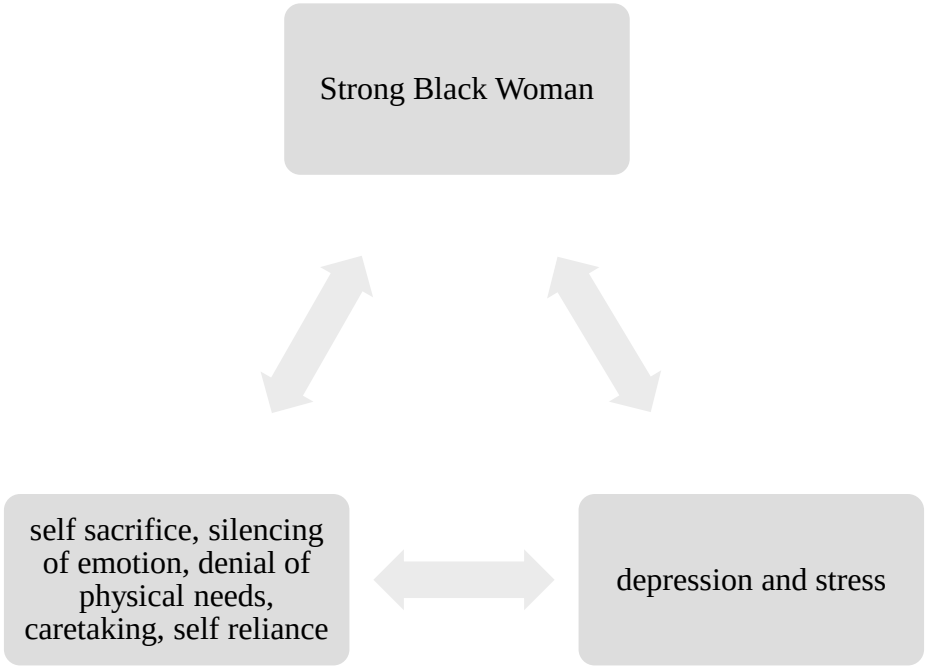

Figure 1.1: Bi-directional Relationship of the Strong Black Woman, its Traits and Depression and Stress.

Significance of the Study

The contributions of this study to the counseling literature were significant in improving counselor competency with regards to treating African American women and adding specificity to the experience of wellness. The Strong Black Women archetype has been studied by researchers to define its characteristics (Abrams, Maxwell, Pope, & Belgrave, 2014; Hamin, 2008; Harris-Lacewell, 2001; Nelson, Cardemil, & Adeoye, 2016; Romero, 2000; Wyat, 2008), understand its impact on mental health and wellness

(Beauboeuf-Lafontant, 2007; Dana, 2002; Day-Vines & Holcomb-McCoy, 2007; Donovan & West, 2015; Shavers & Moore, 2014; Ward & Heidrich, 2009; Ward & Hunter, 2015; West, Donovan, & Daniel, 2016), and its impact on physical health (Etowa, Beagan, Eghan, & Bernard, 2017; Harrington, Crowther, & Shipherd, 2010; Maillet, Melkus, & Spollett, 1996; Staton-Tindall, 2013) yet there existed a paucity of research investigating how the archetype influences black women's meaning-making, perceptions and experiences of wellness. Specifically, this study provided: (a) clarity of how African American women who manifest the Strong Black Woman archetype make sense of their experiences with wellness, (b) awareness of how Strong Black Women used traits of the archetype to manage stress, (c) understanding of the influence of the archetype on wellness and (d) how wellness is achieved, experienced and enacted within the current socio-cultural climate by women manifesting the archetype. Furthermore, because gaps exist in the literature explaining differences in wellness based on ethnic or cultural background, (Myers & Sweeney, 2005) knowledge of how these women perceived concepts of wellness in relation to their identity as Strong Black Women was significant and has many implications for developing clinical interventions that address the cultural differences and needs for wellness within this population.

Theoretical Framework

Constructivism refers to the concept that humans seek to create their own meanings and give significance to their experiences (Mahoney & Lyden, 1988). Constantine and Sue (2006) outlined a constructivist framework for enhancing wellness with minority clients that incorporates cultural assumptions about how wellness and optimal functioning should be defined and prioritized. Such inclusivity challenges

counselors to re-envision definitions of counseling terms that incorporate client values (Brown, 2003) and honor the significance of cultural meanings ascribed to client experiences (Utsey & Constantine, 2008). Constantine and Sue suggested conceptualization of wellness through the values of the African American culture (family, collectivism, racial and ethnic pride, religion and spirituality, mind/body/spirit and community) and the impact of discrimination on the development of strengths that are unique to the lived experiences within the African American culture. In other words, the values of those who are not in the dominant culture, may be different (Wade, 2006; Butler & Shillingford-Butler, 2014), therefore wellness interventions for minorities should encompass cultural values, beliefs and practices, and use of their strengths gained through adversity (Constantine and Sue, 2006). Further, the authors suggested adverse conditions have enabled minorities to develop strengths that inform their preference for coping. These strengths, which include: heightened perceptual wisdom, ability to rely on nonverbal and contextual meanings and bicultural-flexibility are believed to interact with cultural values, beliefs and practices to maximize optimal functioning and mental health as depicted in Figure 1.2. Because I sought to understand the unique, lived experience of the participants, how they've ascribed meaning to their experiences with wellness and the social-cultural context under which it is constructed, it was necessary to investigate the significance of intersecting historical factors of racism and discrimination on African American women's stress.

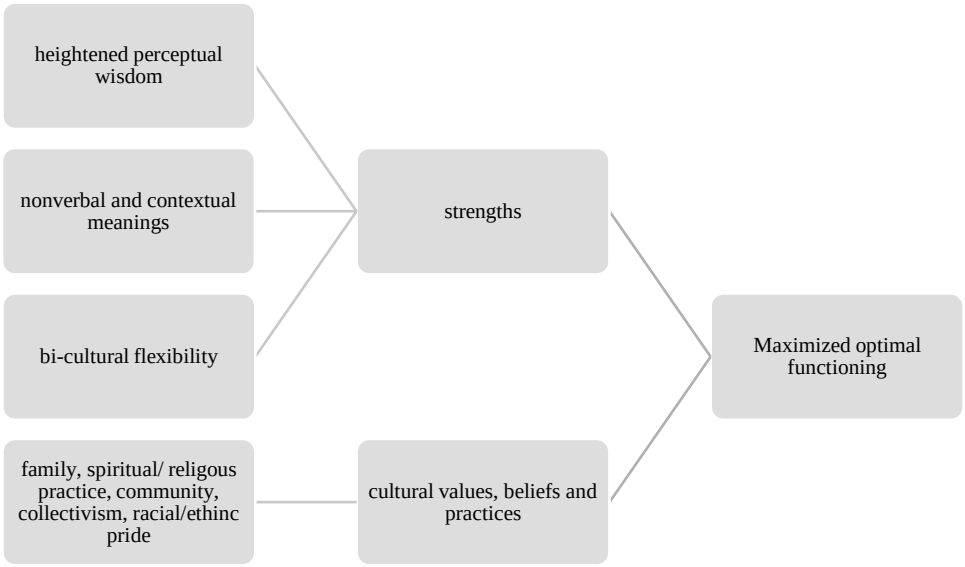

Figure 1.2: Framework for Maximizing Optimal Functioning (Constantine and Sue, 2006)

Post Traumatic Slave Syndrome

Joy Degrury Leary, PhD is credited for coining the term Post Traumatic Slave Syndrome to describe the emotional and mental impact of chattel slavery that continues to plague African Americans. Specifically, the syndrome is defined as a pattern of behaviors which stem from multigenerational trauma resulting from the enslavement of one's ancestors and continued experiences of oppression with beliefs that one is disenfranchised (Leary, 2005). Leary (2005) identified three categories of behavior: vacant esteem, ever-present anger and racist socialization (Leary, 2005) that demonstrate symptomology. For purposes of this study, PTSS were used to inform the researcher's understanding of the historical influence of slavery on study participants conceptualization of strength, black womanhood and wellness. This framework uniquely considers the emotional and behavioral impact of slavery on its descendants which is

significant in determining a baseline for wellness from a historical and cultural perspective.

Operational Definitions of Terms

African American

African American is a culturally bound term used to refer to "individuals of African descent who have received a significant portion of their socialization in the United States." (Seller, Smith, Shelton, Rowley & Chavous, 1998, p. 19).

Bicultural flexibility

The ability to see multiple world views and thereby having an increased ability to understand another person's point of view (Sue, 2010).

Blacks

The term Black is used interchangeably with African American for the purposes of this study as a culturally bound term referring to individuals of African descent who have received a significant portion of their socialization in the United States (Seller, Smith, Sheldon, Rowley and Chavous, 1998, p. 19).

Culturally constructed/ culturally informed

The inclusion of cultural values, worldviews, beliefs, preferences, etc. in the development of ideas, interventions, or treatments.

Heightened perceptual wisdom

Ability to perceive the truth and determine reality by reading between the lines, seeing beyond the obvious and being keenly aware of inconsistencies between verbal and nonverbal messages. "vigilance in discerning the motives, attitudes, and the unintentional biased contradictions of White people." (Sue, 2010, p. 85)

Nonverbal and contextual accuracy

The ability of oppressed people to discern the unintentional biases of Whites by attending to nonverbal communication (Sue, 2010).

Optimal functioning

Culture-bound perceptions of functioning as measured by subjective well-being, contentment and satisfaction (Sue, 2006).

Sensemaking

The active, cognitive processing of information to achieve understanding which requires learning of new material, solving problems, acquiring awareness and engaging in social exchange of knowledge; also referred to as making sense (Pirolli & Russell, 2011).

Strength

A description assigned to African American women to justify and maintain a hierarchical social order by minimizing black women's experiences of trauma, suffering, anger and desperation (Wyatt, 2008). A social and personal expectation (Beauboeuf-Lafontant, 2009) used to describe the emotional resilience of Black women.

Strong Black Woman

"Unassailable, tough and independent" (Harris-Perry, 2011, p. 184), a coping mechanism enacted by African American women to protect self and those connected to her through family, community or fictitious kinship from perceived threats of physical, psychological or emotional harm. The mechanism is characterized by specific behavioral traits and cognitions that differentiate it from the persona of African American women who do not profess the title. For purposes of this study manifest of the archetype is demonstrated by African American woman who pride themselves on being independent,

self-reliant and strong, while suppressing and silencing their own emotions and needs. These women engaging in caretaking responsibilities in their relationships and avoid expressing feelings or vulnerabilities.

Wellness

A positive state of well-being that ranges from illness to health to high-level wellness (Travis & Ryan, 1988).

The integration of mind, body and spirit to achieve optimal functioning and well-being (Myers, Sweeney & Witmer, 2000).

Research Questions

The purpose of this study was to address disparities in minority mental health by enhancing awareness of cultural differences and specificity in experiences of wellness. Accordingly, I inquired about the lived experience with wellness among Black women who manifest the Strong Black Woman archetype by investigating the following research question: How do African American women who manifest the archetype of the Strong Black Women make sense of their experiences with wellness?

Smith, Flowers and Larkin (2012) suggested the use of secondary research questions to investigate existing theories. This investigation did not prove or disprove theory but provided a platform for comparison during the interpretive process of analysis (Smith, Flowers & Larkin, 2012). Given Constantine and Sue (2006) and Leary's (2002) theoretical frameworks surrounding the impact of culture and historical trauma on experiences of wellness among minorities, I explored the compatibility of participant data to constructs found in theory (Smith, Flowers, & Larkin, 2012) by further examining these secondary research questions:

1. Are the cultural values identified in Constantine and Sue (2006) evident in the Strong Black woman's experience of wellness?
2. Are descriptions of stress experienced by the Strong Black Woman similar to those described in Post Traumatic Slave Syndrome (Leary, 2002)?

Research Design

The research design for this study is qualitative. Qualitative inquiry seeks to make sense of the interaction of participant narratives and actions (Glesne, 2016). Because I was interested in understanding how my participants made sense of their experiences with the phenomena and the underlying processes guiding the meanings and interpretations they've assigned to their experience, I used interpretive phenomenology as the research method. Interpretation of participant sense-making is crucial to understanding participant coping behaviors, wellbeing and adaptation to adverse life events, and can provide insight into phenomenological dimensions of the participants' lives (Wilkinson, 1998). Sense or meaning-making refers to the cognitive process of engaging evaluative judgments about what matters, its significance and importance (Baynes, 2010). Seidman (2013) describes the concept as the intentional act of attending to an experience after it has been reconstructed to reflect on its meaning. Reconstruction occurs as participants share their experiences in in-depth interviews. According to Dervin (1992) through this process, people engage in *Information Behavior*s to fill the gap between what is known and what is not known to achieve a state of being that comprises knowledge, intuition, opinion, affective response and evaluation. It was my assertion that knowledge of this interpretive process is an essential first step toward developing culturally competency that can inform researchers and clinicians of how cultural factors

guide the perceptions of meaning assigned to phenomena by participants. Therefore, I engaged in a dual interpretive process which allowed for use of my knowledge of theory to interpret participant interpretation of their sense making of their experiences. This process of analysis, called hermeneutics, is further explained in the Data Analysis section.

Research Method

Population and Sampling Procedures

African American women who manifest the archetype of the Strong Black Woman were the target population for this study. To add clarity to the framework for this study and specify why this population was selected it is important to know:

1. African American women are 20% more likely than the general population to develop a serious mental illness (NAMI, 2016).
2. African American women are the least likely to seek professional services for mental health concerns (Ward & Heidrich, 2009).
3. African American women prefer to rely on culturally sanctioned means of coping, one of which is the Strong Black Woman archetype which encourages perseverance in the face of adversity (Romero, 2000).
4. Manifesting the Strong Black Woman archetype has been linked to depression and increased stress in Black women (Donovan & West, 2015).
5. To address mental health disparities in Black women, it is important to understand how women manifesting this archetype make sense of experiences of wellness. This knowledge could be used to establish

culturally informed interventions that address retention and treatment outcomes as a measure to improve disparities in minority mental health.

Participant inclusion criteria for this study was purposive (Glesne, 2016; Smith, Flowers & Larkin, 2012), and more specifically, criterion-based (Creswell, 1998). Therefore, to participate in this study, participants were

1. 18 years of age or older,
2. identified as Black or African American women and
3. manifested the archetype of the Strong Black Woman.

Interested participants were pre-screened for participation to determine if they manifest the cognitions and behaviors described in the *Strong Black Woman Cultural Construct Scale* (SBWCCS, Hamin, 2008) and were eligible to participate in the study. A pre-screening questionnaire, derived from the *SBWCCS* (Hamin, 2008), was used to screen participants for this study. The pre-screen questions used to determine eligibility were:

1. *Do you identify as African American or Black?*
2. *Are you 18 years of age or older?*
3. *Do you identify as a Strong Black Woman?*
4. *Do you pride yourself on being strong and independent?*
5. *Do you hide or not let others know your true feelings?*
6. *Are you self-reliant meaning do you have a hard time relying on others?*
7. *Do you assume caretaking roles in your relationships?*

Only those who indicate a positive response to all pre-screening questions were selected to participate.

Sample size for this study was determined using the guidelines established in Smith and Osborn (2007) and Pietkiewicz and Smith (2014) who encouraged small sample sizes of six to 15 participants to maintain a focus on individual experiences while fully appreciating each account (Pietkiewicz & Smith, 2014) as echoed in Turpin et al. (1997) who suggested smaller samples of participants to allow opportunity for collection of richly detailed accounts without generating an unmanageable amount of data. The interest in phenomenology is in developing a thick description of participant experience to understand how individuals make meaning of the phenomena under study (Starks & Trinidad, 2007). The desired level of analysis and reporting; richness of data and researcher time constraints (Smith, Flowers & Larkin, 2012; Smith & Osborn, 2007) drove participants numbers for this study and, by adhering to a smaller sample size, multiple interviews were conducted with participants to stimulate the emersion of richer and fuller descriptions of their accounts following Seidman's (2013) three series process.

To obtain participants, a snowballing technique was used to encourage participation through a word of mouth strategy (Creswell, 2008). Snowballing is an intentional act of recruitment that relies on reference from one individual to the next to create a participant pool (Streeton, Cooke, & Campbell). The characteristic of snowballing is for gatekeepers to contact potential participants through forwarding of study related recruitment materials. I emailed an announcement of the study and call for participants to professional contacts from Colleges and Universities, counseling organizations and African American sororities and requested they forward the announcement to those they thoughts might be interested in participating. All interested participants were asked to contact me by phone or email for additional information.

Data Collection Procedures

Approval for this study were sought from the University of South Carolina's Institutional Review Board (IRB). The necessary documents required for approval were submitted to ensure all ethical requirements are adhered to throughout the course of the study. I secured applicant responses and audio recordings with a password. All data was held in confidence and reported anonymously using pseudonyms.

Data collection began once IRB approval was obtained and consisted of participant responses to the *SBWCCS* (Hamin, 2008), semi-structured interviews and a focus group. Data also consisted of audio recordings of individual interviews and focus groups. The audio recordings were compared with completed transcripts to ensure accuracy (Amankwaa, 2016). All data was professionally transcribed using software available through NVivo (Leech & Onwuegbuzie, 2011; Zamawe, 2015). NVivo is a software computer program used to store, transcribe and analyze qualitative data. Audio recordings were destroyed upon completion of the dissertation process.

Semi-structured interviews followed the three series interview protocol outlined in Seidman (2013). The first interview contextualized participant experience by asking them to share as much as they could about their manifest of the archetype "in light of the topic up to the present time" (Seidman, 2013, p. 21). Questions from this interview focused on life history that influenced their identity as Strong Black Women and their perceptions of wellness, "How did you become a Strong Black Woman?" and how they developed a sense of wellness, "How did you see the women in your life practice wellness?"

Prior to the second interview, participants were asked to complete the *SBWCCS*

(Hamin, 2008). Participant responses to the scale were reviewed and explored to add richness and detail to how they experience wellness as Strong Black Women (Seidman, 2013). Questions used during this interview were: "You have identified yourself as a Strong Black Woman, what is it like to be a Strong Black Woman?" "What does wellness mean, and how do you achieve and demonstrate wellness?" "In what ways does your identity as a Strong Black Woman impact your sense of wellness?" I asked participants to reflect on their lives as Strong Black Women and the impact of traits of the archetype on their mental health (Beauboeuf-Lafontant, 2007; Seidman, 2013). I asked these questions to explore how participants made sense of their lived experiences with wellness (Seidman, 2013; Smith, Flowers, & Larkin, 2012).

In the final interview, conducted as a focus group, participants were asked to assist in the interpretation and analysis by providing feedback on emerging and super-ordinate themes from the data. This step added a level of triangulation of the data and reflected an absence of researcher bias in interpretation.

Instrumentation

Demographic Survey

I created the *demographic survey* gather participant identifying data. The self-report questionnaire consisted of demographic information (name, age, gender, ethnicity, level of education, employment and parental status) reported in similar studies (Thomas, Witherspoon & Speight, 2008; Abrams, Maxwell, Pop & Belgrave, 2014; Woods-Giscombe', 2010). To establish face validity, the *Demographic Survey* was reviewed and approved by the dissertation committee before being administered to colleagues for pilot testing.

Semi-structured Interview Protocol

I administered a *semi-structured interview* protocol using adaptations of Woods-Giscombe' (2010) and Seidman (2013) during the interviews. Use of a semi-structured over a structured measure was preferable because of its use of open-ended questions to elicit in-depth responses from participants (Smith, Flowers & Larkin, 2012). The interviews followed the three series protocol (Seidman, 2013) and occurred over a series of three meetings. Interview questions for each meeting can be found in Appendix B.

Strong Black Woman Cultural Construct Scale

Participants were asked to complete the *SBWCCS* prior to our second interview. The *SBWCCS* was developed by Thompson (2003) and later modified by Hamin (2008) as part of a dissertation. The scale was designed to assist clinicians and researchers in assessing the impact of the Strong Black Woman archetype on well-being (Hamin, 2008; Thompson, 2003). The measure consists of 22 items scored on a Likert type scale ranging from 1=never, 2=rarely, 3=sometimes,4=frequently and 5=almost always. Item totals are summed to obtain a score ranging from 22-110 with higher scores indicating stronger identification with the archetype. Reliability of the measure was demonstrated with an overall alpha coefficient of r = .76. Findings from this study paralleled those of the original scale (Thompson, 2003). Validity was established through exploratory factor analysis which suggested a three-factor model consisting of affect regulation, caretaking and self-reliance. For purposes of the present study, this scale was used to guide the second interview process by adding richness and depth to participant accounts and focused participant attention to the cognitive and behavioral traits associated with the

archetype. Results of the scale were not tabulated, analyzed or incorporated in any way into the analysis of participant data.

Data Analysis

Data analysis began immediately after the first interview was conducted and continued throughout the duration of the study. First-order analysis (Smith, Flowers, & Larkin, 2012) of the data was conducted by a research team consisting of myself and two researchers. Members of the research team were recruited from the pool of current PhD students enrolled in the Counselor Education program at the University of South Carolina through a word of mouth strategy. Members of the research team provided debriefings and first order analysis of the data to assist with establishing trustworthiness and triangulation. All team members had experience coding qualitative data and two had taken at least one qualitative coding course. The two team members had experience conducting qualitative research. Because of the cultural specificity of the study, one of the team members was an African American female (Abrams, Maxwell, Pope, & Belgrave, 2014). Before initiating the interview process, the research team met to discuss the project, the research methodology and potential biases related to the study (Knox et al., 2008). Each member completed a positionality statement which was uploaded into a shared folder on Dropbox. A record of this meeting was kept and included in the submitted version of this dissertation as Appendix E.

I analyzed the data collected through interviews using Interpretive Phenomenological Analysis (IPA) and the six steps outlined in Smith, Flowers and Larkin (2012). IPA is a qualitative method of inquiry that seeks to understand how participants "make sense of their major life experiences" (Smith, Flowers, & Larkin, 2012, p. 1). My

use of a phenomenological approach helped to give evidence of participants making sense of their experience based on three underlying principles: Phenomenology, Hermeneutics and Idiography (Smith & Osborn, 2007; Smith, Flowers, & Larkin, 2012). Accordingly, IPA allowed me to conduct a robust investigation of how each participant experienced the phenomenon to reveal the essence of their experience before shifting to a more etic approach as I used knowledge and theory to interpret the participant's meaning-making process (Pietkiewicz & Smith, 2014). This added dimension of analysis allowed me to emphasize underlying culturally infused cognitive and emotional processes involved in participant meaning-making (Dervin, 1995) of experiences with wellness. Therefore, I analyzed data using these steps:

1. In step one I immersed myself in the data through reading and re-reading of the first interview. To further the effort of active engagement, I reviewed the audio recordings to take note of tone and voice inflection and verbal expressions that add context and richness to the data (Pietkiewicz & Smith, 2014). I used reflexivity and memo-ed as needed to record my reaction to the transcript and other observations.
2. In the second step I conducted initial noting of semantic content and language using annotations to gain familiarity with the transcript and began to identify specific ways in which the participant thought and spoke about the phenomenon under study (Pietkiewicz & Smith, 2014). Words and phrases that I thought captured the complexity of participant experiences were highlighted as codes. This analytic dialogue with the transcript allowed me to reflect on the meaning of specific words, and

phrases and investigation of what those things meant to the participants (Smith, Flowers, & Larkin, 2012).

3. In step three I used my reflections, annotations, descriptions, codes and interpretations of the content from the data to develop emergent themes (Smith, Flowers, & Larkin, 2012).
4. In step four I analyzed connections across themes.
5. In step five I conducted steps one through four on the next case.
6. In step six I looked for patterns across all cases and developed super-ordinate themes.

An external auditor who held a PhD in Counseling Education and was well versed in the topic and population was used to ensure trustworthiness in data collection, coding and the analysis process.

Ethical Considerations

Ethical research practices were monitored and attended to throughout data collection and analysis. Considerations impacting this study included but were not limited to:

1. Talking about sensitive issues such as one's emotional wellness caused some participants to experience uncomfortable feelings and dredged up memories and emotions. Participants were closely monitored during interviews to ensure their emotional health was protected.
2. Of ethical consideration in this study were threats to participant confidentiality (Kress & Shoffner, 2007). To safeguard against this, the

focus group interviews began with a reminder of the purpose of the study and the importance of confidentiality to maintain its integrity.

3. Conformity among participants and the silencing of less active focus group members (Kitzinger, 1995) presented a unique limitation inherent to focus groups. Focus group participants were invited to share as much or as little as they chose.
4. Participants were notified of their rights, the voluntary nature of their participation and provided with an explanation of the study and a consent document.
5. Participants were informed of their right to withdraw consent at any time. Interview questions were shared with participants before the interview to allow time to withdraw consent if desired.
6. Recorded and written participant data were protected to maintain confidentiality and the anonymity of participants. Participants were assigned a pseudonym of their choosing to ensure anonymity.

Potential Limitations of the Study

Several limitations are intrinsic to the nature of qualitative studies. These included threats to trustworthiness, face validity and methodology limitations regarding the interpretation of collected data and researcher bias.

To ensure that data collection procedures were valid, the dissertation committee members and peers were asked to review the *Demographic Survey* and *Semi-structured Interview Protocol* for accuracy before it was presented to participants for completion (Anney, 2014).

The participant pool for this study consisted of a specific subset of the African American culture. Moreover, the purpose of this study was to examine the idiographic experiences of participants therefore the data collected highlighted their unique interpretations and experiences of the phenomena under study. As such results of this study reflected only the experiences of the participants

To avoid threats to trustworthiness related to researcher bias, I avoided leading or probing questions that reflected my personal experiences and engaged in transparency through journaling, memo-ing, and by asking participants to "expose the obvious" and "reveal the 'strange' in the familiar" (Smith, Flowers & Larkin, 2012, p.69). Analysis of the data was documented through journaling and memo-ing as evidence of my interpretations of the phenomena. Such reflexivity was a crucial component of this study, as my reflections and annotations guided the inquiry and interpretive process (Pietkiewicz & Smith, 2010). To avoid biased personal influence (Kitzinger, 1995), I employed the assistance of an external auditor to review the data and its analysis to ensure transparency. Additionally, participants were included in data collection and analysis as fact checkers, adding significance to the process of validating interpreter analysis (Hepner, Kivlighan & Wampold, 1999). Wong (2017) strongly advocates for the inclusion of participants in the interpretation of research as a means of avoiding researcher bias and subsequently valuing the voice of the participant.

Chapter Summary

This chapter introduced wellness as a component of Positive Psychology. The use of a color-blind approach to operationalizing the social construct of wellness was highlighted to demonstrate the need for a culturally informed approach that considers

factors indicated as contributing to optimal functioning within African American populations. Additionally, this chapter described the research design, rationale for data collection procedures, research questions, ethical considerations, and potential limitations for this study.

Chapter Two: Literature Review

In preparation for the undertakings of this study I reviewed literature that supported my aims. I sought to address disparities in minority mental health by expanding clinical awareness of cultural differences in the experience of wellness. More specifically, I sought to investigate how African American women who manifest the archetype of the Strong Black Woman made sense of experiences with wellness. Therefore, I conducted a literature review of counseling wellness models and critiques of studies using positive psychology, the IS-Wel and the Wheel of Wellness Model, two empirically supported models of wellness that have been critiqued for their lack of minority populations in sampling and the absence of a cultural lens in operationalizing the social construct of wellness. Moreover, I reviewed literature related to wellness among African Americans and more specifically wellness and the Strong Black Women. I also reviewed works pertaining to the cultural factors identified in Constantine and Sue (2006). Those factors included family, collectivism, racial and ethnic pride, religion and spirituality, mind/body/spirit and community. Additionally, I reviewed articles that added weight to the discourse for a phenomenological exploration of wellness among minority populations. To begin the review, I offered a brief summary of literature that explains sense-making and its relevancy to this study.

Sensemaking Literature

Interpretive phenomenological is concerned with cognition and how participants make sense or find meaning in their experience (Smith & Osborn, 2007; Smith, Flowers,

& Larkin, 2012). Sensemaking or meaning-making in counseling research is similar to sense-making in other fields of study. Literature of its relevance to phenomenological inquiry can be found in the fields of education (Dervin, 1992), human-computer interaction (Pirolli & Russell, 2011) and information systems (Muhren, Van den Dede, & Van de Walle, 2010). Sensemaking as a process was coined by Karl Weirk (1995) who is credited with coining the term to describe the process of *making sense* or an active processing of information to achieve meaning and understanding (Pirolli & Russell, 2011) within the study of organizations. Sensemaking involves solving problems, aquiring awareness, finding information, learning and engaging in the social exchange of knowledge (Pirolli & Russell, 2011). With this said, Weber and Glynn (2006) contend that sensemaking is directed by the cultural climate under which it occurs as evidenced in participant perceptions, interpretations and actions. Their work sought to understand how institutions edit, prime and trigger sensemaking (Weber & Glynn, 2006).

Chenail and Maione (1997) discussed the importance of sensemaking by clinicans conducting qualitative research. Their 'Y of the How' model describes how clinicians-as-researchers (Chenail & Maione, 1997) should reflect on their sensemaking activities through quesitoning within three areas: The Literature and Others, Your Clinical Experience and Your Reserch Experience (Chenail & Maione, 1997). These three areas require clinicians-as-researchers to reflect on their "own sense of the phenomenon" (p. 6) through previous practice, education and training (Chenail & Maione, 1997). Additionally, clinicians-as-researchers are required to make sense of what other researchers have concluded about the phenomenon under study. The final area involves sensemaking of the data generated from the study itself. In this area clinicians-as-

researchers juxtapose newly aquired sense-making with previously held sensemaking of the phenomenon to generate new knowledge (Chenail & Maione, 1997). Using sensemaking in this reflexive manner builds rigor and trustwothiness by encouraging bracketing and avoiding bias in the analysis of data.

Positive Psychology and Wellness Models

Sweeney and Witmer (1991) and Witmer and Sweeney (1992) developed the first counseling wellness model known as the Wheel of Wellness following a review of various disciplines and theories. Prior wellness models focused on physical wellness (Hettler, 1984). They originally identified seven sub-tasks believed to correlate with wellness which included quality of life, healthy living, longevity, self and spirit, work, friendship and love.

Myers et al. (2000) defined wellness as a way of living that is oriented toward optimal health and well-being, where mind, body and spirit are integrated to live life as fully as possible. This definition stems from the work of Sweeney and Witmer (1991) and Witmer & Sweeney (1992). Using this definition, Myers et al. sought to organize the relationship between 17 principles of wellness on the Wheel of Wellness (Myers et al. 2000). The Wellness Evaluation of Lifestyles (Whitmer, Sweeney & Myers, 1998) was developed to assess each of the components of the Wheel of Wellness model.

Myers et al. suggested that it was the interaction of these 17 principles with contextual and global factors that influence wellness (Myers, 2008). Centered in the wheel is the principle of Spirituality which includes having a sense of meaning in addition to religious and spiritual practice (Myers, 2008). Radiating from Spirituality are 12 life tasks: sense of humor, problem solving & creativity, emotional awareness &

coping, realistic beliefs, sense of control, sense of worth, cultural identity, gender identity, stress management, self-care, exercise, and nutrition. The Wheel of Wellness has been used to assess wellness in formal and informal settings (Myers, 2008). Statistical analysis of the Wheel of Wellness model and WEL failed to support spirituality as central to the achievement of wellness (Myers, 2008)

Two prominent models of wellness have emerged from the foundations of positive psychology that promote a holistic approach to treatment. The Wheel of Wellness and The Indivisible Self Wellness Evaluation of Lifestyles (IS-WEL) models are both grounded in Adlerian theory and demonstrate effectiveness in multiple disciplines (Myers, Sweeney & Witmer, 2000). The Wheel of Wellness highlights the role of five life tasks in achieving optimal functioning: spirituality, creativity, self-direction, work and leisure, love and friendships and inform counselors on treatment needs of individual clients within their environments. It was later modified to include elements of diversity and self-direction (Myers, 2005).

The IS-WEL model was also conceptualized using positive psychology (Myers, 2005) and is considered an evidenced based model (Myers & Sweeney, 2008). The IS-WEL expanded the original work of Myers, Witmer and Sweeney (1996) to assess the five components of the Wheel of Wellness model and added elements of diversity and self-direction. Myers (2005) described her model as having been "based on characteristics of healthy people and thus can be considered to be strength-based" (Myers, 2005, p. 27). Hattie et al. (2004) and Myers (1998) each provided strong support for Adlerian concepts related to holism, a theme within the model.

Constantine and Sue (2006) critiqued evidenced based models of wellness for what they called an absence of a cultural lens in operationalizing the social construct of wellness. Evidence of this absence can be found in several studies that reinforce the importance of culture and a cultural-lens in operationalizing the experience of wellness. Shurts and Meyers (2008) found that use of the IS-WEL to explore ethnic variations in wellness uncovered numerous differences between African American and White participants. Spurgeon and Myers (2010) also found significant differences using the IS-WEL as they explored racial identity and wellness among African American males attending historically black colleges (HCBU) and those attending predominately white institutions (PWI). Significant differences between alphas of Black students attending HBCU's and PWI's led the researchers to suggest use of a more ethnographic approach to measure wellness that incorporates open-ended questions that can provide insight into the implications of the differences in wellness among the target population (Spurgeon & Myers, 2010). Such results call into question not only the face validity of these measures, but also the implications of cultural differences on the achievement and experience of wellness.

Moreover, as pointed out by Sandage & Hill (2001), further ignored in wellness literature is the importance of culture and other systemic factors in the achievement of wellness to include cultural variations in the definitions of strength and other key terms. Such a color-blind approach (Sue, 2010; Brown, 2008) raises concern regarding the generalizability of findings from wellness studies (Henrich, Heine & Norenzayan, 2010), and the application of models normed on westernized European-American participants (Christiansen, 1999). As such, current wellness studies, with their overwhelmingly

westernized European American participants pools, and the field of positive psychology are often critiqued for their euro-centric focus on the attainment of individual gain over communal and collectivist interests (Henrich, Heine & Norenzayan, 2010), making the results of current wellness studies difficult to generalize outside the selected population (Kirmayer, 2012).

Additionally, concerns have been raised regarding the cultural validity of previous research on evidence-based models of wellness because of a lack of minority participants in sampling (Christiansen, 1999; Henrich, Heine & Norenzayan, 2010). Specifically, extant literature demonstrated a minimal use of population samples that represent the cultural diversity of the world (Hernich, Heine & Norenzayan, 2010). According to Henrich, Heine & Norenzayen (2010), a 2008 survey of psychology journals found that 96% of research participants were from westernized countries, with many befitting the description of what the authors labeled WEIRD: Westernized, Educated, Industrialized, Rich, and Democratic. Kirmayer (2007) called attention to the lack of cultural presence in sampling, explaining it as assumptions made by researchers that purposive sampling of highly selective groups yields results that are generalizable. Highly selective groups generally were comprised of western, middle class, educated young subjects (Henrich, Heine, & Norenzayan, 2010). Noticeably absent were ethnic and racial minorities (Alegria, Atkins, Farmer, Slaton, & Stelk, 2010), making the results of such studies, again, difficult to generalize outside the selected population. Kirmayer (2017) calls on scholars to not only examine diverse samples but to focus on studies of the needs of specific groups to identify effective resources.

Counseling Wellness Models and African Americans

Myers & Mobley (2004) examined existing and unexamined data collected on traditional (defined as 25 years of age and younger) and non-traditional undergraduate students attending small to intermediate sized colleges in North Carolina, Louisiana, Arkansas, Ohio, Minnesota and Florida to determine differences in wellness. The researchers hoped to learn how traditional and non-traditional undergraduate students compared on measures of wellness and if differences existed between the groups based on age, gender or ethnicity. The study examined data from 1,567 students; 84% were traditional students, 57% were female, 42% were male, 61% were white, 15.5% African American and 19% were listed as others to include Hispanics, Asian Americans and Native Americans. Using a quantitative approach, the authors highlighted two commonalities among wellness studies in general: (1) lack of adequate sampling of African Americans in wellness studies and (2) the standard practice of researchers 'lumping' minorities together without consideration of cultural differences when there is a lack of minority generated data to analyze. Specific to this study, because of the small quantity of African American generated data, the cell sizes were too small to permit valid analysis and therefore the African American samples were combined with the samples previously categorized as 'other' to create a new category labeled 'students of color'. Analysis of this larger combined group consisting of Asian Americans, Native Americans, Hispanics and African Americans, revealed higher scores for Caucasian students on six factors (Social Self, Friendship, Exercise, Leisure, Physical Self, and Self Control) and students of color scoring highest on Cultural Identity and Realistic Beliefs. Numerous differences in wellness factors were illuminated prompting the researchers to

suggests future studies "clarify the nature of ethnic difference in wellness as a foundation for counseling practice" (Myers & Mobley, 2004, p. 64).

As noted by the authors, findings from this study contradicted Hattie et al. (2004) in which students of color demonstrated a greater Sense of Worth than Caucasian students and scored lower then Caucasian students on Realistic Beliefs. Here researchers examined the WEL using multivariant analysis to outline the psychometric properties of the WEL and indicate its use in various settings. The population sample for this study consisted of 81% Caucasian and only 9% African Americans, thereby demonstrating previous concerns of minority absence in studies on the topic and making the results generalizability questionable to African Americans as a whole. The authors also called for further studies on minority populations to determine variance between and within groups on the components of wellness as it is presented in the WEL model.

Seeking to explore these variances, Shurts and Myers (2008) used the IS-WEL to explore ethnic differences of social wellness between African Americans and Caucasians. The authors hypothesized, based on previous studies conducted on African Americans using this measure, that liking and loving styles would predict wellness and that Caucasians would score higher on measures of Agape love and total wellness. Participants were recruited from two universities and consisted of 47% Caucasian and 24.4% African American. Data was analyzed using multiple regression with results indicating more individualistic approaches to relationships among Caucasians; with higher values placed on their own goals over the welfare of the relationship, and African Americans were more planful of their mates adhering to cultural values that support family, collectivism, African Americans endorsed higher Essential Self wellness as

indicated in Hattie et al (2004). Because these results differed from previous studies (Shurts, 2004; Myers & Mobley, 2004) the authors also suggested additional research to clarify the nature of ethnic difference on wellness.

Adding to the literature of conflicting outcomes of the WEL used with African American populations, Spurgeon & Myers (2010) attempted to use the measure to examine racial identity as a crucial factor of wellness among "successful" African American male college students. For this study, successful was defined as African American males who had completed 2 years of undergraduate study and were in process of either their junior or senior years of study. Multiple prior studies had linked the achieved racial identity as a measure of wellness and these investigators sought to further determine which components of racial identify attributed to wellness using the 5F-Wel. 203 African American males completed three instruments: The Five Factor Wel (Myers & Sweeney, 1999); the Racial Identity Attitude Scale- Long Form (Cross, 1971); and a demographic questionnaire. Statistical analysis was conducted to determine if 1) differences existed between racial identity and wellness of students attending predominantly white schools and Historically Black Colleges and Universities, 2) How does wellness and racial identity of successful Black males compare to existing norm groups and 3) Is there a relationship between wellness and racial identity for the students in the study? Contrary to previous works, and long held notions, no relationship was found between wellness and racial identity and racial identity among African American male students attending predominantly white schools demonstrated higher racial identity than African American students attending Historically Black Colleges and Universities.

These findings prompted calls from the authors for future studies to develop instruments that "capture the complexity of wellness" (Spurgeon & Myers, 2010, p. 538)

Despite these studies being conducted on college aged males and or young adults, the relevance to the present study is clear. Current measures of wellness are lacking in cultural relevancy because of a lack of clinical consideration of ethnic differences in the experience of wellness and assumptions of its prioritization within the African American culture. Additionally, small sample sizes hindered strong conclusions about the generalizability of the results (Ainsberg, 2008) to the African American community in general but more specifically to African American women of non-college age. Because of the paucity of literature examining wellness among the target population of African American women who manifest the archetype of the Strong Black Woman, I explored the significance of cultural considerations in the experience of wellness as it relates to African American women and reviewed additional studies that focused specifically on that population.

Wellness and African American Women

Evans (1997) explored wellness activities used by African American counselors to determine how demographic variables informed wellness practices, and which strategies were used to cope with racism. In this quantitatively designed study, wellness was defined as the balance of physical, intellectual, emotional, environmental and social well-being and should consider the "influences of differences related to gender, race, culture and economic status' (p. 25). Participants were asked to complete three surveys, one of which was a wellness survey designed by the researcher specifically for the target population. This survey was developed using open-ended questions to gauge participant

responses to questions about racism and how they employed cultural coping strategies to achieve wellness. Data obtained was analyzed using multiple regression and analysis of variance with results indicating a preference for spiritual and emotional wellness over physical and occupational wellness when it came to preference for coping behaviors. Results of this early study highlight the need for culturally informed measures as the author cites a need for culturally sensitive wellness measures that consider the impact of social injustice, marginalization and racism on participants.

A much later study conducted by Day-Vines & Holcomb-McCoy (2007) also considered the experience of wellness of African American counselors. Similar to Evans (1997) the authors sought to investigate the cultural experience of wellness among African American counselors citing the lack of attention to cultural implications for wellness among this population. Using the argument from Prilleltensky & Prilleltensky (2003) that wellness cannot be separated from social justice, equality and structural change (p. 83) and that wellness operated on three inseparable planes (personal, relational and collective), the authors reviewed existing literature and found a need for research that focused on unique factors that contributed to the socialization of African Americans (Day-Vines & Holcomb-McCoy, 2007). The authors called for both qualitative studies to understand the construct of wellness and how it should be defined.

Wellness and the Strong Black Woman

Abrams, Maxwell, Pope and Belgrave (2014) conducted a study using focus groups to capture the perceived roles, experiences, and responsibilities of Strong Black Women residing in the Midwest. Thematic analysis was used to capture the essence of the participants experience using 44 participants. Purposive, convenience and snowball

sampling were used in the recruitment process. An interpretive paradigm was used to maximize subjectivity with much of the data emerging from a single question, "What does it mean to be a 'Strong' Black Woman?" (p. 508). Results from this study highlighted the role of spirituality and religion as an effective means of counteracting stress, confirmed participant awareness of the health toll of self -sacrificial caretaking, provided additional support to extant claims that under conditions of racial stress, racial pride encourages positive coping and well-being and expectations that displays of strength are unwavering (Abrams, Maxwell, Pope, & Belgrave, 2014). The authors stressed the importance of their findings on the physical and emotional wellbeing of black women and closed with recommendations for future studies that examined the role of the archetype on self-care, health promoting and compromising health related behaviors given the high reports of stress and stress related health disorders among study participants (Abrams, Maxwell, Pope, & Belgrave, 2014).

Donovan & West (2014) also conducted a study examining the experience of wellness among African American women who embrace the Strong Black woman archetype. The authors sought to examine the relationship between the archetype and stress, citing a dearth of research on the subject. The researchers employed multiple regression to examined 92 African American female college students with results indicating that moderate to high manifest of the archetype increased participant experience of stress and depression.

Itowa et al. (2017) sought to examine opinions of the Strong Black Woman archetype among African Canadians. Specifically, the study investigated the health and wellness of midlife Canadians of African descent living in Nova Scotia, Canada.

Interviews, focus groups and community workshops were conducted to examine the construct and experiences of racism, depression, stress, coping mechanisms and the activities used by participants to promote well-being. A mixed methods design was used to answer the following research questions, "Who is the strong black woman?" Results of the mixed methods inquiry demonstrated that African Canadians are also conflicted by the archetype; recognizing both its benefits and detriments impacting wellness and coping. In the following section, I will examine studies that highlight the cultural values of African Americans in areas that have been supported as crucial to understanding wellness and optimal functioning.

Values within the African American Culture

Constantine and Sue (2006) argued that wellness interventions for minorities should encompass cultural values, beliefs and practices and use of their strengths gained through adversity. Their framework implied that optimal human functioning should be assessed within the framework of a cultural lens that guides perceptions of what wellness means and how values should be prioritized. Furthermore, they suggested conceptualization of wellness through the values of the African American culture (family, collectivism, racial and ethnic pride, religion and spirituality, mind/body/spirit and community) and consideration of social factors such as racism and discrimination on the development of strengths that are unique to the lived experiences of those within the culture.

Cultural values represent a socially constructed set of ideas, behaviors and feelings that have been deemed relevant within a group of people who share similarities. Because values within minority cultures differ from those of white cultures (Christopher,

Wendt, Marecer & Goodman, 2014) and values guide thoughts, feelings and behaviors (Christopher, 1999), it is necessary to review the values of African Americans when considering culturally relevant experiences of wellness.

Family Relationships

Family relationships are central components of social support for African Americans who adhere to a more expanded definition of family that includes friends, neighbors, blood and marriage or function (Hill, 1998). These characteristics also lend to family systems that value interdependence or collectivism (Karenga, 2007; McLoyd et al., 2000), which theoretically protect family members and reduce stress. In a community-based sample of African Americans (n = 255), the relationship between family functioning and stress was examined, as well as possible mediators of this relationship, independent of demographic variables. Using multiple regression analysis, close and flexible family relationships were linked to lower perceived stress levels. The association of family functioning and stress operated through the internal processes of anxiety, depression, daily hassles, and higher hardiness and explained more than half of the variance in stress levels. These findings suggest the significant role of family to the overall functioning of African Americans.

Collectivism

Reed and Neville (2014) found that African American women evaluate the significance of their experiences through relationships which may be more critical to emotional well-being and overall satisfaction than adherence to religious practices. Social support and connectedness are often exercised as buffers in the relationship between stress and depression and researchers have found that increased positive social support

leads to a decrease in mental health symptoms with social support acting as a buffer against stress (Marshall-Fabien & Miller, 2016). Furthermore, studies with African American women have shown strong negative correlations between mental health symptomatology and social support (Bailey, Wolfe, & Wolfe, 1996; Thompson et al., 2000; Warren, 1997) with low social support being a significant predictor of depressive symptomatology in this population thus indicating the significance of support. Moreover, women with low social support were four times as likely to present with depressive symptomology than women with high social support (Schumm, Briggs-Phillips, & Hobfoll, 2006). Thus, the more social support that exists, the less depression one experiences.

This point is further enhanced in studies conducted on love styles and wellness (Spurgeon & Myers, 2010). Their study was undertaken to explore the relationship between liking, loving and holistic wellness in emerging adult college students using a quantitative method. Spurgeon & Myers (2010) found that African Americans endorsed more intentionality when selecting mates with higher levels of love-styles that supported the cultural value of maintenance of relationships. This finding is consistent with collectivist orientations that place value on family opinion and approval of partners.

Religion and Spirituality

African American women make up the most religious and spiritual group in the United States according to the U.S. Religious Landscape Survey, which determined that an overwhelming majority of the population (84%) report religion being very important, with nearly 60% attending worship services each week (Pew Forum on Religion & Public Life, 2009). The positive association of religiosity with life satisfaction and the negative

association of religiosity with mental health impairment and distress suggests its value and offers empirical support for the integration of religious or spiritual values into cultural definitions of wellness (Reed & Neville, 2014). The stimulus of religiosity and spirituality on emotional well-being was examined using a sample of 167 African American women with findings advocating a direct link between the two constructs and psychological well-being. Furthermore, results indicated that spirituality fully facilitated the relationship between religiosity and over-all mental health and between religiosity and life satisfaction (Reed & Neville, 2014). Moreover, during an interview focused on women's history and experiences with substance abuse treatment and child protection, Blakey (2016) interviewed 26 women and noted that despite spirituality not being a part of the study all of those participating mentioned the powerful role that their relationship with God played in their recovery. Further, a study by Stanton-Tindall, Duvall, Stevens-Watkins and Oser (2013) looked at the moderating impact of spirituality on the relationships between trauma, mental illness and drug use among African American women. Findings from these studies indicate that spirituality is particularly important for African American women, with an overwhelming majority acknowledging the impact of their spiritual beliefs on their coping abilities.

Mind/Body/Spirit

The strong connection of spirituality to African American culture is further evidenced in the beliefs around connection of mind/body to a higher spiritual being. L. Myers (1993), in her theory of Optimal Psychology, illustrated wellness as a holistic component of physical health and connection to a higher being. From this perspective one cannot achieve optimal wellness in one area of existence without mindful attention to

others. Day-Vines & Holcolm (2007) offered the example of an African American woman who is diagnosed with a medical condition and blamed her lack of spiritual practice. As a demonstration of cultural mind/body/spirit connection she sought prayer, increased her physical activity and engaged in thoughtful introspection and meditation to address her physical ailment. This example illustrates the cultural belief that distress stems from multiple interconnected sources (Constantine & Sue, 2006).

Chapter Summary

I established the rationale for the present study by highlighting the significance of cultural values as identified in Constantine & Sue (2006) and demonstrated the need for an expansion of current epistemologies that defined wellness from the individualistic perspectives of white, western society that neglect the influence of culture and ethnicity. Additionally, I examined extant literature of wellness using minorities and empirically supported measures of wellness to build a case that demonstrated the need for qualitative inquiry into the cultural differences in experiences of wellness. In the following chapter, I provide a detailed account of the qualitative method I used to conduct this study. Population sampling techniques, descriptions of demographic questionnaires and justification of the use of interviews and a focus group were underscored as the most effective means of obtaining data necessary to answer the research questions. Chapters Four and Five provide results of the study, discussion, considerations and clinical implications

Chapter Three: Methods

In this chapter, I provide a detailed account of the qualitative design that was used to conduct this study. I used interpretive phenomenology to answer the research questions for this study. This chapter also addressed population sampling techniques, descriptions of demographic questionnaires, and data collection procedures.

Qualitative Research

Qualitative research is used to highlight the unique experiences of participants, thereby giving a voice to the interpretations they assign to their lived experiences (Glesne, 2016). These interpretations are critical in understanding coping behaviors, wellbeing and adaptation to adverse life events, in addition to providing insight into phenomenological dimensions of life (Wilkinson, 1998). Calls for qualitative research to investigate experiences of wellness can be found in Heffernon, Ashfield, Waters and Synard (2017) and Pedrotti, Edwards & Lopez (2009) who advocated for exploration of how wellness is promoted in day to day living from a cultural context. The authors echoed the work of Evans (1997), Prilleltensky & Prilleltensky (2003) and Day-Vines & Holcomb-McCoy (2007) in defining wellness as having cultural context, and priorities (Christopher, 1999) that differ across cultures and therefore should be examined through a cultural lens (Constantine & Sue, 2006). Heffernon, Ashfield, Waters and Synard (2017) have called for an understanding of wellness using qualitative measures to better assess the cultural and historical underpinnings of human experiences and behavior. Because I sought to understand the lived experiences of participants and the meanings they have

ascribed to their experiences with wellness, I conducted a qualitative study that used phenomenology as the research method.

Phenomenology

Starks & Trinidad (2007) identified three types of qualitative research frequently used in health research; discourse analysis, grounded theory and phenomenology. A chart describing each qualitative research method appears as Table 3.1 below and justified the use of phenomenology over discourse analysis and grounded theory.

Table 3.1: Comparison of Qualitative Research Methods (Starks & Trinidad, 2007)

	Phenomenology	Grounded Theory	Discourse Analysis
Goal	Describe the meaning of a phenomenon through participant lived experience	Develop a theory of social process that explains a phenomenon	Understand how participants use language to construct identities
Product	A thematic description of the 'essence' of participant experience	A theory generated from participant experience	A description of how language is used to shape identity

Discourse Analysis explores how language is being used to accomplish social, political and personal agendas. Research questions in discourse analysis seek to investigate how meaning, knowledge, social goods and identities are expressed and constructed through language use (Starks & Trinidad, 2007). Discourse analysis was not appropriate for answering this research question because I was not seeking to understand how participants are using language to express the meaning they have assigned to wellness. Instead, the focus of this study was to understand how participants ascribed meaning to their lived experience to uncover its essence (Murray & Holmes, 2014).

Grounded theory, another type of qualitative research, is used to develop an explanatory theory under the premise that theory is grounded in the data. Therefore, the phenomenon under investigation is witnessed as it is occurring, with the researcher using probing and questioning to unearth participants explanation of the experience (Starks & Trinidad, 2007). The focus of investigation is the phenomenon under question and what evolves is a theory, derived directly from the data, which is believed to explain the phenomenon. The investigation consists of analysis and comparison of data from a variety of sources including interviews, texts and artifacts (Gelling,2011). For this study, grounded theory was not appropriate because my research question sought to understand participant meaning-making and interpretation of the phenomenon rather than to explain the phenomenon.

Phenomenology, the study of the meaning assigned to a shared experience by several individuals (McClaskin & Scott, 2003), engages the researcher in a process of analyzing lengthy interviews collected as data to discover the central theme or essence of the experience under study. Four leading figures emerge from the history of phenomenology, Husserl, Heidegger, Merleau-Ponty and Sarte (Smith, Flowers & Larkin, 2012).

As it relates to the undertaking of phenomenology, Husserl's work established the relevancy of the focus on individual experience (van Manen, 2016). His work, deeply grounded in the philosophy of existence, called for the adoption of a phenomenological attitude which shifted focus from the experience itself to our own pre-reflective perception of the phenomena (Smith, Flowers & Larkin, 2012). Through the process of bracketing, one could set aside their taken-for granted assumptions about an experience

to arrive at its essence. Husserl's transcendental phenomenological method focused on the description of lived experience through various lenses that provided a different way of conceptualizing the phenomenon under study (van Manen, 2016). This process aimed to lead the researcher away from their preconceived notions about the phenomenon towards a descriptive and transcendental experience that captures its essence (Smith, Flowers, & Larkin, 2012).

Later scholars Heidegger, Merleau-Ponty and Sartre's moved the focus of phenomenology from the descriptive to the interpretive, invoking experience as a lived process with individual meaning situated within the context of a shared relationship with the world (Smith, Flowers & Larkin, 2012). Interpretive analysis is used when the research question seeks to investigate how participants make sense or assign meaning to a phenomenon (Pietkiewicz & Smith, 2014). Interpretation shifts the focus from merely documenting the participant's perceptions and descriptions of the phenomenon to using the researcher's knowledge and experience to interpret the participant's experience of meaning-making. Central in this process of interpretation is the interpretive lens of the researcher (Smith & Osborn, 2008), permitting active researcher involvement and investigation of the phenomena as it is being interpreted by the participants.

Similarities in ethnicity between myself and the participants helped to establish rapport (Maillet, Melkus, & Spollett, 1996) and aided in the process of interpreting culturally normed body language and colloquial speech (Abrams, Maxwell, Pope, & Belgrave, 2014). Although I do not identify as a Strong Black Woman, my identity as an African American woman has positioned me to understand and relate to many of the sociohistorical factors impacting the studies participants. I used an interpretive

phenomenological lens that incorporated my understanding of the current social and historical climate of oppression, years of clinical experience, knowledge of PTSS (Leary, 2008) and the framework established by Constantine and Sue (2006) to interpret participant process of sense-making. In other words, as the participants made sense of their experiences, I interpreted that process by taking into consideration the cultural and social factors impacting their experiences and meaning-making. The goal of phenomenology is to understand "how individuals perceive the world and make sense of their lived experiences" (Murray & Holmes, 2014, p.17). Phenomenology differs from quantitative work in that it seeks to understand how individuals talk about and deal with difficult situations by looking in detail at their lived experience (Smith & Osborn, 2007). Furthermore, interpretive phenomenological underscores the influence of reflection as a cognitive process that seeks to understand sense-making.

Research Method

Population and Sampling Procedures

African American women who manifest the Strong Black Woman archetype were the target population for this study. The Strong Black Woman archetype was defined as African American or Black woman who claim African ancestry and pride themselves on being independent, self-reliant and strong while suppressing and silencing their own emotions and needs. These women engage in sacrificial caretaking responsibilities and avoid expressing feelings or vulnerabilities. As previously stated I chose to study this population because of how frequently the archetype presented itself in literature regarding the mental and physical health of African American women (Abrams, Maxwell, Pope, & Belgrave, 2014; Beauboeuf-Lafontant, 2007; Dana, 2002; Day-Vines

& Holcomb-McCoy, 2007; Donovan & West, 2015; Etowa, Beagan, Eghan, & Bernard, 2017; Harrington, Crowther, & Shipherd, 2010; Maillet, Melkus, & Spollett, 1996; Marshall-Fabien, 2016; Shavers & Moore, 2014; Walker-Barnes, 2009; Ward & Heidrich, 2009; Ward & Hunter, 2015). Considering the embeddedness of the archetype with the culture as a symbol of strength (Abrams, Maxwell, Pope, & Belgrave, 2014; Romero, 2000; Harris-Lacewell, 2001) the lived experiences of those who manifest the archetype was sought to add cultural specificity to the construct of wellness.

Sampling Procedures

Purposive, criterion-based sampling (Glesne, 2016; Shavers & Moore, 2014; Smith, Flowers & Larkin, 2012), was used to obtain participants for this qualitative study. Purposive sampling is a nonprobability technique (Etikan, Musa & Alkassim, 2016) used to select participants for a study through a careful selection process. Participants were selected based on characteristics that met the needs of the study and their expressed interest in sharing their knowledge and experience (Bernard, 2002). Moreover, purposive selection criterion for this study required participants to share some traits to create a homogenous sample that allowed for focus on specific characteristics as they related to the construct under investigation (Etikan, 2016). For this study, participants were asked to complete a demographic questionnaire that inquired about name, age, gender, ethnicity, level of education, employment and parental status (Abrams, Maxwell, Pope, & Belgrave, 2014). Because I sought to investigate the experiences of African American women, only participants who identified as African American or Black and of the female gender were selected. Additionally, only participates 18 years of age or older and met pre-screening criteria were eligible to participate (Abrams, 2015; Polkinghorne, 2005).

All participants were pre-screened to determine eligibility for participating in the study (Abrams, Maxwell, Pope, & Belgrave, 2014). I conducted pre-screens by phone (Abrams, 2015) when interested participant called the number listed on the flyer to inquire about the study. Participants who emailed their interest received an email response thanking them for their interest and a request for a telephone number so that they could participate in the pre-screen. During the prescreen callers were asked to respond to pre-screening questions derived from the *Strong Black Woman Cultural Construct Scale* (Hamin, 2008). I used the pre-screen questions to confirm their identity as Strong Black Women was consistent with the literature (Romero, 2000) and to obtain a homogenous sample of participants who demonstrated similar manifest of the archetype (Polkinghorne, 2005). Only those women who responded 'yes' to all screening questions were selected to participate. Therefore, participants who met the inclusion criteria were selected to participate (Polkinghorne, 2005). The inclusion was: (a) African American women who identified as Strong Black Women, (b) 18 years of age or older, and (c) responded yes to the following pre-screen questions were chosen (Hamin, 2008; Polkinghorne, 2005; Romero, 2000):

1. Do you identify as a Strong Black Woman?
2. Do you pride yourself on being strong and independent?
3. Do you hide or not let others know your true feelings?
4. Are you self-reliant or do you have a hard timing relying on others?
5. Do you assume caretaking roles in your relationships?

Sample Size

There is no set rule regarding appropriate sample size for qualitative studies (Crabtree, 2006; Guest, Bruce, & Johnson, 2006; Smith, Flowers, & Larkin, 2012). Generally, sample size is determined by (1) the depth of the inquiry, (2) the desired richness of the data, (3) how the researcher intends to compare the data and (4) the time constraints of the study (Pietkiewicz & Smith, 2014). Published studies using IPA have ranged in participant sizes from one to fifteen. According to Starks and Brown Trinidad (2007) typical sample size is one to ten participants. Sample size for this study was determined using the guidelines established in Smith and Osborn (2007) and Pietkiewicz and Smith (2014) which encouraged small sample sizes of six to fifteen participants to maintain a focus on individual experiences while fully appreciating each account (Pietkiewicz & Smith, 2014). Smith, Flowers and Larkin (2012) have recommended a smaller sample size of six for "novice IPA researchers" (p.114). A total of twelve participants were obtained for this study.

Data Collection Procedures

Approval for this study was obtained from the University of South Carolina's IRB. The necessary documents required for approval were submitted to ensure all ethical requirements were adhered to throughout the course of the study. Applicant responses and audio recordings were maintained in a secure fashion and were destroyed upon completion of the dissertation process. Data collection began once IRB approval was obtained and consisted of in-depth interviews, focus groups and survey results. The rationale for using these data collection methods is discussed in the subsequent sections.

Recruitment

Brown et al. (2000) suggest barriers to under-served minority participation in research can be removed through awareness, access and acceptability. Therefore, to increase access, build awareness, and obtain participants, gatekeeping personnel of colleges and universities, African American female organizations such as sororities and service and philanthropic organizations were notified via email of the purpose and significance of the study and encouraged to forward a flyer about the study to their members, students and colleagues creating a snowball effect (Abrams, 2015. To obtain participants, I used a snowballing technique to encourage participation through a word of mouth strategy (Creswell, 2008; Shavers & Moore, 2014). I used Snowballing to addressed cultural considerations by targeting marginalized populations who are historically difficult to reach (Clottey, Scott & Alfonso, 2015) and are under-represented in health-related research (George, Duran & Norris, 2014. Interested participants were provided a telephone number and email address to contact for information. Upon contact, I introduced myself and provided information about the purpose of the study, time requirements and incentive for participation. I asked each respondent the pre-screen questions. Those determined eligible to participate responded 'yes' to all pre-screen questions. The following script was used to screen participants for eligibility (Abrams, 2015):

> *"Thank you for your interest in participating in this study which explores how African American women who manifest the archetype of the Strong Black Woman make sense of their experiences with wellness. Do you mind if I ask you a few questions to determine your eligibility?*

1. *Do you identify as African American or Black?*
2. *Are you 18 years of age or older?*
3. *Do you identify as a Strong Black Woman?*
4. *Do you pride yourself on being strong and independent?*
5. *Do you hide or not let others know your true feelings?*
6. *Are you self-reliant meaning do you have a hard time relying on others?*
7. *Do you assume caretaking roles in your relationships?"*

Those meeting criteria were read the following script (Abrams, 2015):

> *"Thank you. Based on your responses you meet eligibility to participate in this study. Now let me tell you about the study. This study hopes to improve disparities in mental health by investigating differences in experiences of wellness. Specifically, I am interested in exploring how Strong Black Women make sense of their experiences with wellness. Your participation will require 3 separate interviews which will last 90 minutes each during which you were recorded talking about being a Strong Black Woman and what wellness means to you. One of those interviews will be a focus group, where you will sit down with other Strong Black Women to discuss your experiences. In appreciation of your time you will receive $25.00 after each interview for a total of $75.00. Do you have any questions?"*

Those not meeting criteria heard this script (Abrams, 2015):

> *"Thank you for your interest, but you are not eligible to participate in this study. If you know of any friends or family members who may be eligible please share this number with them and have them call."*

Eligible participants were scheduled for individual interviews. Following the first interview, the second interview was scheduled, keeping to Seidman's (2013) preference for scheduling each meeting three days to one week apart (Seidman, 2013). Scheduling of focus groups was conducted following the completion of all individual interviews.

Semi-Structured Interviews

Interested participants were contacted via email or telephone to determine eligibility, and if eligible, were scheduled for the first interview. Semi-structured interviews lasted from 38 to 90 minutes to allow participants to share as much as they wanted about the topics (Smith & Osborn, 2008; Smith, Flowers & Larkin, 2012; Pietkiewicz & Smith, 2014) and followed the three series interview protocol established in Seidman (2013). Seidman's three-series method of in-depth interviewing involves conducting 3 separate interviews with participants. During the first interview I placed the participant's experience in context, by asking how they came to be Strong Black Women. In the second interview, I focused on their lived-experience with wellness as Strong Black Women by asking them to re-construct the experience through a detailed account of its essence (Seidman, 2013, p. 18) and to reflect on it to consider the meaning it has for them. In the final interview, conducted as a focus group, participants were asked to confirm researcher interpretation of their experiences by responding to visual images of emergent and super-ordinate themes collected from the individual interviews as data. The phenomenological themes underpinning this approach were used to support the aims of this study by: (1) focusing on participants experience and the meaning they had assigned, (2) striving to understand the subjective view of the participants, (3) transforming the

lived experience to uncover its essence and (4) aligning participant's meaning-making with how they engaged in the experience.

I selected semi-structured interviewing as the most appropriate means of collecting data for this study because it aligned with my epistemological beliefs. As a post-colonial/constructivist-interpretivist researcher I believe that knowledge is co-created through the interaction between the researcher and participant (Boyce & Neale, 2006). Appropriate interview questions for a phenomenological study involve questions related to the process of meaning-making and sensory perceptions that are open ended and encourage reflection (Pietkiewicz & Smith, 2014). Therefore, the questions I posed to participants encouraged reflection and sensemaking of their experiences and were developed, shared and interpreted during the dialogue (Legard, Keegan, & Ward, 2003). Probing was used to demonstrate my active role as a tool in the development of data and helped participants gain new insights (Bernard, 2002). Interviews were in-depth and consisted of exploration of participant experience and perspective (Boyce & Neale, 2006). Interviews were conducted via Zoom (Seidman, 2013). I followed the semi-structured three interview protocol series described in Seidman (2013) to conduct the interviews. To obtain deep access to participant experience, I often followed up responses with reflections of meaning and emotion, respecting their choice in the direction and boundaries of the interview. Audio recordings were made to provide a verbatim account of the interview for transcription (Pietkiewicz & Smith, 2014).

Focus Groups

The collection of data in focus groups is often criticized because of the potential for dilution of participant responses; giving rise to more 'opinions' and 'attitudes' rather

than intimate reflections (Smith, Flowers & Larkin, 2012). However, the benefits of employing such an approach were multifaceted and added depth and cultural specificity to the process. Focus groups are respectful of cultural interactions (Prentis & Vossler, 2017) and permit not only exploration of participant knowledge and experience but offer insight into how and why participants think the way they do (Kitzinger, 1995). Perspectives of several members of the same cultural group are deemed helpful in examining cultural thought and behaviors which inform clinical understanding and practice. According to Myers, Sweeney and Witmer (2001) focus groups are an effective way for counseling researchers to emphasize individual, cultural and developmental interpretations and perspectives. Focus groups elicit in-depth discussions on participant opinions, beliefs, attitudes, perceptions, and insights on socially or culturally constructed phenomenon (Kitzinger & Barbour, 1999, Myers, 1998). Studies (Kitzinger, 1994; Kress & Shoffner, 2007; Maillet, Melkus, & Spollett, 1996) have shown increased participant participation and engagement through the social process of groups leading to collection of richer and more expressive data. This is especially true when gathering data on minorities as the process is deemed more empowering and culturally sensitive with its focus on participant perspectives (Chiu & Knight, 1999; Hughes & Dumont, 1993; Race, Hotch, & Packer, 1994). Therefore, I used focus groups to member check interpretations made of their experiences with wellness. To collect data for this study I did the following:

1. Prior to the first interview, participants were emailed the consent document and the demographic questionnaire. Confirmation of their consent was audio recorded before beginning the interview and any questions they had regarding the consent document, purpose of the study or the process were addressed. The *Semi-Structured Interview Protocol*

(interview one) (Appendix B) was used to add cultural context to the study by exploring personal history with the construct.

2. After the first interview was completed, the second interview was scheduled. The day before the interview participants were emailed a link to complete the *Strong Black Woman Cultural Construct Scale* (Hamin, 2008). This interview explored participant identity as Strong Black women, and the identities impact on their experience of wellness by using the *Semi-structured Interview Protocol-Interview Two and Three*. Included in this interview was a discussion of participant responses to the *Strong Black Woman Cultural Construct Scale* (Hamin, 2008). Use of the responses generated from this measure adhered to the theoretical underpinning of idiography by focusing on and guiding the process of exploring details of their unique experiences (Seidman, 2013; Smith, Flowers & Larkin, 2012).
3. Focus groups were conducted as the third interview. During this interview I asked participants to offer feedback on emergent and super-ordinate themes as a means of including participants in the analysis and interpretation of the data (Seidman, 2013; Smith, Flowers & Larkin, 2012).

Instrumentation

Demographic Survey

I used a demographic survey as a tool to gather the participant qualifying data. The self-report questionnaire consisted of demographic information (name, age, gender,

ethnicity, level of education and employment status) reported in similar studies (Thomas, Witherspoon & Speight, 2008; Abrams, Maxwell, Pop & Belgrave, 2014; Woods-Giscombe', 2010). To establish trustworthiness the survey was reviewed and approved by the dissertation committee and then piloted using doctoral students for testing. No changes were required by dissertation committee members or testing students.

Semi-Structured Interview Protocol

A semi-structured interview protocol was created using adaptations of Woods-Giscombe' (2010), Seidman (2013), Maxwell, Pope and Belgrave (2014), Maillet, Melkus and Spollet (1996) and Hamin (2008) and was administered during the interviews. Use of a semi-structured over a structured measure is preferable in phenomenological research because of its use of open-ended questions to elicit in-depth responses from participants (Glesne, 2016). Questions from this protocol included "What lessons did you learn about womanhood, and strength as a child?", "Is there anything you don't like about being a Strong Black Woman?" and "In what ways does being a Strong Black Woman affect your physical/ emotional and mental health?" The use of open-ended questions encouraged participants to reflect and re-construct their lived experiences so that the essence and meaning could be revealed. Encouraging phrases such as "Can you tell me more about that?" and "What sense did you make of that?" were used and allowed for this deeper exploration. These studies were conducted to investigate the impact of stress on the mental and physical health of Strong Black Women and used data collection procedures similar to those proposed for this study. The complete list of questions for the semi-structured protocol can be found in Appendix B.

Strong Black Woman Cultural Construct Scale

The *Strong Black Woman Cultural Construct Scale* (SBWCCS; Hamin, 2008) was designed to assist clinicians and researchers in assessing the impact of the Strong Black Woman archetype on well-being. The scale is based on the original work of Thompson (2003) but was modified by Hamin (2008) to increase validity and reliability. The original measure (Thompson, 2003) supported the characteristics of the Strong Black Woman first described in Romero (2000); self-reliance, affect regulation and caretaking. However, subscale relatedness was not demonstrated resulting in issues of reliability and validity (Hamin, 2008). Hamin's work therefore, consisted of two aims: to improve psychometric properties of the original scale and to create a scale that would measure participant identification with the attitudes and various psychological disorders. In developing the measure, Hamin examined a sample of 152 women who self-identified as African American, Caribbean American, Black Hispanic or Biracial. 60% of the participants were single with the majority reporting income of less than $10,000. The revised scale consists of 22 items scored on a Likert type scale ranging from 1=never, 2=rarely, 3=sometimes,4=frequently and 5=almost always with scores ranging from 22-110. The higher scores indicated stronger identification with the archetype. Reliability of the measure was demonstrated with an overall alpha coefficient of $r = .76$. Exploratory factor analysis was conducted and suggested a three-factor model consisting of self-reliance, caretaking and affect regulation. The measure was determined to exhibit face validity in assessing centrality with cultural identity and stress

The construct scale served two purposes in this study. First, participants were asked to complete the scale before their second interview to contextualize their unique

lived experiences with wellness as Strong Black Women. This provided me with vital information on their "subjective understanding" (Schutz, 1967, p.20) of the phenomena. Secondly, participant responses gave direction to the interview, de-centering me as the 'expert' and maintained a focus on the participant as co-knowledge producer in making meaning of their experiences. Results of the construct were not scored and held no bearings to the outcome of this study.

Data Analysis

Data collection consisted of audio recordings of the interviews and focus groups which were professionally transcribed using software. The first eight interviews were transcribed using NVivo software. NVivo is a computer software program used in qualitative research to store, code, analyze and transcribe data. Upon comparing the completed transcription to the audio recordings, I noticed numerous mistakes which required me to spend countless hours making corrections to the first 8 interviews. This tedious process allowed me to become deeply immersed in the data as I listened, read, and corrected each of the recordings. The remaining 19 recordings were transcribed using Rev.com, an online transcription service. These transcripts were completed within a much shorter time frame and were with little to no error when compared to the audio recordings. Data analysis began immediately after the first interview was completed and continued throughout the duration of the study. NVivo was used to create memo's containing my reflections during the process (see Appendix F: Example of Memo) , Mind-maps which depicted how I thought emergent themes could be clustered (see Appendix E: Example of Mind Maps) and annotated transcripts as I worked through each

case (Miller, Chan & Farmer, 2018). These records were uploaded into Dropbox for transparency and auditing.

Interpretative Phenomenological Analysis (IPA) was used to analyze data from this study. IPA seeks to obtain a detailed exploration of the lives of its participants (Smith & Osborn, 2004) and is frequently used in counseling and health research to portray reality as a social construct that highlights unique perceptions and interpretations of some phenomenon (Smith & Osborn, 2008). IPA employs a double hermeneutic process or dual interpretation in its analysis (Pietkiewicz & Smith, 2012). In other words, as I used probing and questioning to aide participant attempts to make sense of their experiences, I decoded their process by seeing the experience through their eyes while taking into consideration the cultural and social factors impacting their experience, understanding and meaning-making. IPA seeks to give evidence of participants making sense of their experience based on three underlying principles: Phenomenology- the study of lived experience, Hermeneutics- interpretation of experience and Idiography- the study of individual experience. Accordingly, I used the design to conduct a robust investigation of how participants mades sense of experiences with the phenomenon to reveal the essence of their experience. Using IPA, I was able to then shift to a more etic approach in analysis as I employed my knowledge of theory to interpret the participant's meaning-making process (Pietkiewicz & Smith, 2014). This added dimension of analysis allowed me to emphasize underlying culturally infused cognitive and emotional processes involved in participant meaning-making (Dervin, 1995). The use of IPA expands the focus of investigation by using the researcher's experience of witnessing the participant's meaning-making to uncover aspects of the phenomena that the participant may not be

themselves aware of (Smith & Osborn, 2008), such as theory. The phenomenological interpretive steps I used to conduct this process are discussed in subsequent sections.

Initial analysis of the data consisted of thematic coding and was conducted using the 6 steps outlined in Smith, Flowers & Larkin (2012). An underlying principle of IPA is the researcher's interested in learning about the world of the participant (Smith & Osborn, 2008). Therefore, the first step I took toward analysis involved immersion in the data through reading and re-reading of the first interview. To further the effort of active engagement, I reviewed the audio and visual transcripts during the initial reading to take note of body language and facial expressions and gestures that add context and richness to the data (Smith, Flowers & Larkin, 2012). Audio recordings of the interview were replayed multiple times to permit immersion in the process (Pietkiewicz & Smith, 2014). I used reflexivity to record my preconceptions about the data, and to record reactions to the transcript and other observations (Glesne, 2016). These reflexive coding memos were shared during weekly research meetings and maintained in an audit log located in Dropbox.

In the second step, I took note of semantic content and language to gain increasing familiarity with the transcript and began to identify specific ways in which the participant thoughts and spoke about the phenomena under study (Smith & Osborn, 2008). This analytic dialogue with the transcript allowed me to reflect on the meaning of specific words, and phrases and to investigate what those things meant for the participant (Smith, Flowers & Larkin, 2012). In the third step I developed emergent themes through the description and interpretation of content from the transcript and my own reflections of

the process. Pietkiewicz & Smith (2014) describe this step as using more of the researcher's notes and reflections gained from the immersion in the data.

Connections across themes and the development of patterns occurred in step four. Once themes were developed, I established patterns to demonstrate how the themes were connected. Using the chronologically numbered themes, I employed NVivo software to develop maps which explained how the themes were clustered (Leech & Onwuegbuzie, 2011). Themes were clustered based upon common elements, frequency of occurrence and polarizations (Smith, Flowers & Larkin, 2012). This process was completed for each case in step five of the analysis process before I examined across cases for examples of convergence and/ or divergence in step six.

Trustworthiness

Trustworthiness for this study was established through credibility, dependability, confirmability and transferability (Amankwaa, 2016). To triangulate the data I used individual interviews, focus groups, and the *SBWCCS* (Anney, 2014). Furthermore, a research team and auditor were used to review my analysis of the data thereby providing a multitude of eyes to avoid researcher bias (Shenton, 2004). Member checks were used to establish confirmability (Anney, 2014). Thick descriptions of participant accounts were obtained and used in the analysis to demonstrate credibility and dependability. These descriptions were then embedded in the document as evidence of trustworthiness and allowed readers to investigate the accuracy and authenticity of my interpretations. A traceable research agenda was provided to demonstrate dependability. This agenda included: (1) development of a researcher proposal, (2) IRB approval, (3) individual

interviews, (4) analysis of data, (5) establishment of codebook, and (6) member checking (Shavers & Moore, 2014).

Member Checks

Lincoln and Guba (1985) have argued that member checks in qualitative research are crucial in the establishment of trustworthiness. Member checks require researchers to validate content and interpretation of their work by sharing the developing project with participants. Essentially, the need exists to balance researcher interpretations with what the participants have said (Williams & Marrow, 2009). Kornbluh (2014) suggested that researchers are influenced in their findings by their own subjective experiences which could potentially influence the findings (Lincoln & Guba, 1985). Member checks increase researcher reflexivity by pointing out potential researcher bias in interpretation, ensuring accurate representation of participant experiences, providing opportunities to obtain corrections to misinterpretations and offering deeper understanding of the data (Kornbluh, 2015).

Therefore, I used member checks following the procedures detailed in Knox et al. (2008) and Amankwaa (2016) to ensure balance of participant feedback with my interpretations (Williams & Morrow, 2009). As such, participants were emailed a transcript of their interviews along with a copy of themes derived from the data (Anney, 2014). They were asked to attest to the accuracy and content of their transcript and the degree to which the themes correctly match their experience. The 24 transcribed interviews were emailed to participants with no requests for changes. Once all cases were coded and analyzed for themes, two focus groups were held to discuss the accuracy of interpretations of the data and resulting themes (Kornbluh, 2015; Maillet, Melkus, &

Spollett, 1996). The third focus group was used to discuss participant interpretation of the super-ordinate themes resulting from the clustering of emergent themes (Williams & Morrow, 2009). Outcomes of each of the focus groups supported the emergent and super-ordinate themes. Asking for participant feedback at multiple points in the analysis process established trustworthiness and collaboration between the researcher and participants (Williams & Morrow, 2009).

Peer Debriefings

Lincoln and Guba (1985) defined peer debriefings as the process of exposing one's implicit thoughts to a peer in an analytical manner following an inquiry with a participant. The purpose of debriefings, as explained by Crabtree (2006), is to uncover biases, assumptions and perspectives of the researcher, offer a cathartic experience following interviews; and inform the researcher of implicit attitudes related to the data and analysis. Additionally, debriefings provide a sounding board for developing themes and interpretations (Shenton, 2004). Debriefings during this study were conducted during weekly research team meetings and recorded as part of the audit trail. During de-briefing sessions, I discussed the interviews along with my feelings, thoughts, revelations, ideas and thoughts about participant behaviors (Amankwaa, 2016; Miller, Chan, & Farmer, 2018). For example, one of the initial interviews evoked strong emotion from a participant. My initial instinct as a counselor was to engage her in deeper exploration of her feelings however as a researcher, I recognized the importance of not blurring the line. This experience created a level of discomfort for me that I did not anticipate. Sharing this during debriefings was helpful as it normalized my conflicted emotions. Audio recording

of these meetings were maintained as part of an audit trail (Amankwaa, 2016) and were accessible by the research auditor for review.

Audit Trail

An audit trail is a collection of records, notes and materials that document a researcher's process of decisions and assumptions while conducting a study. Establishing an audit trail that permits replication demonstrates transparency (Shenton, 2004) and provides evidence of trustworthiness. The use of an external auditor has been deemed a powerful way of ensuring trustworthiness and validity in qualitative research (Smith, Flowers, & Larkin, 2012). An external auditor for this study was recruited from the National Board of Certified Counselors. I sent an email to faculty members of the organization seeking an external auditor with a Ph.D. and experience in qualitative research. Dr. Kristy Holloway responded to the email and agreed to serve as auditor for the study. Dr. Holloway was added to the Dropbox file containing the audio recordings of the interviews, memo's, positionality statements, coding summaries, Mind-maps and transcribed annotated interviews. Monthly meetings were conducted via telephone to discuss the direction of the study, emergent themes and my interpretations of the collected data.

Positionality

Positionality refers to the social, locational and ideological placement of the researcher in relation to the research project (Hay, 2005). Considering the similarities in race and gender between myself and the participants, it is important that I situate myself within context to my perspectives and the circumstances under which this study was conducted. I am an African American woman who holds a Masters' degree and is

currently pursuing a PhD. I grew up as a military dependent and spent a portion of my childhood living in Europe. I am a third -generation college graduate, wife and mother of four. I am married to a physician and we own a holistic healthcare practice. I do not self-identify as a Strong Black woman but recognize that my race, gender, heritage and familiarity with the traits of the archetype offer a unique cultural insight which influences my interest, perspective and how I engaged the study participants and the data.

My interest in the topic of this study grew out of my work treating anxiety and depression in African American women. Many would openly use the term Strong Black Woman to describe the tenacity they exhibited in maintaining an outer appearance of strength while suffering from mental health issues. Others would identify characteristics of the archetype to describe their ways of coping with daily issues of stress and adversity. Often, these women would come see me as a last resort and with much skepticism about the benefits of mental health treatment. After working our way through the barriers and stigmas associated with what being in my office meant to them, and about them, the role of their identity as Strong Black women often surfaced as a mitigating factor in their presenting symptoms. To validate their distress, it became necessary to contextualize their dual roles, responsibilities to family and friends and lack of felt sense of support as something that, due to no fault of their own, would probably remain a permanent fixture in their lives. The success of treating these women meant that wellness had to be individually constructed and defined based upon the context under which their symptoms developed and were maintained. In their dual roles as head of households, nurturers and caretakers, their identity as Strong Black women was both their curse and their potion. I am proud of Black women and respect the hard work and sacrifices they have made over

the centuries. My understanding of the literature on the Strong Black Woman and wellness frames my perspective for this study. I am frustrated by the dearth of culturally relevant treatments for minorities that incorporate preferences for coping, cultural practices and beliefs and hold strong beliefs that the way in which counseling and therapy have been practiced in the past is partially to blame for many of the disparities impacting minority mental health. My role as a researcher, scholar and clinician mandate my responsibility to aid and improve access and outcomes for minority clients facing these disparities.

The paucity of wellness literature focused on the experiences of Black women also motivated my interest in this study. I suspect that the achievement of wellness for Black women is not the same as it is for others because of stressors that are unique to Black woman. These stressors, which have been identified previously as lack of access to housing, adequate medical care, unemployment and enacting dual roles interfere with the achievement of wellness. I believe it is very similar in concept to Maslow's Hierarchy of Needs. Wellness for marginalized people cannot be achieved until basic needs for safety, and security are met.

My position as a researcher of similar race and gender to my participants aided in the establishment of rapport and permitted participants to freely express themselves as women of color without feeling the need to 'shift' or alter their verbal and non-verbal communication patterns to match those of the dominant culture. Although I was unaware of difficulties connecting with study participants some participants may have perceived me as someone who can not relate to their experiences and this could have impacted their engagement in the process. My positionality as a college educated woman of color

positions me as both an insider and an outsider but did not appear to have implications for the process and outcome of this study. Though I looked like my participants, my upbringing, life exposures and experiences made me different. I acknowledge that I may have been judged by some participants base upon my appearance, level of education and the way I spoke and carried myself. As such, I was very mindful during the process of interviews to respect participant defined boundaries and to re-position myself as required using the fluidity of my insider/outsider role (Fine, 2004). My use of peer debriefings, memos and audits were tools intentionally selected to balance out what I know based upon my research and lived experiences and what I seek to learn through hearing, analysis and observation.

Ethical Considerations

Ethical research practices were monitored and attended to throughout data collection and analysis. Considerations impacting this study included but were not limited to:

1. Monitoring participants closely during interviews to ensure their emotional health was protected. Talking about sensitive issues such as one's childhood experiences, caregivers and emotional wellness subjected participants to uncomfortable feelings and dredged up unwanted memories and emotions. Participants demonstrating sad affect or tearfulness were asked permission to continue with the interview before moving forward.
2. Of ethical consideration in this study were threats to participant confidentiality (Kress & Shoffner, 2007). To safeguard participant confidentiality, the focus group interviews began with a reminder of the

purpose of the study and how it would potentially aid counselors in providing more effective treatments. The significance of participant data was stressed and how breaching group confidentiality could inhibit some participants from being honest and open in their responses.

3. Conformity among participants and the silencing of less active focus group members (Kitzinger, 1995) presented as a unique limitation inherent to focus group studies. Focus group participants were invited to share as much or as little as they chose. The interactions between participants were observed to enrich data as knowledge was shared, critiqued, debated and co-constructed (Kress & Shoffner, 2007).
4. Participants were informed of their right to withdraw consent at any time. Interview question were shared with participants before the interview to allow time to withdraw approval if desired.
5. Recorded and written participant data were protected to maintain confidentiality and the anonymity of participants. Participants were asked to use a pseudonym for identification. Pseudonyms were used during focus groups with participants and recorded on all transcripts.
6. Participants were notified of their rights, the voluntary nature of the study and provided with an explanation of the study and a consent document.

Chapter Summary

In this chapter, I provided a detailed account of the qualitative methodology I used to conduct this study. I underscored population sampling techniques, descriptions of demographic questionnaires and justification of the use of IPA as the most effective

means of analyzing data. I highlighted semi-structured interviews and focus groups as the best approach for collecting data necessary to answer the research questions. Chapters Four and Five provide results of the study, discussion, limitations and clinical implications.

Chapter Four: Findings

The purpose of this qualitative dissertation was to address disparities in minority mental health by investigating experiences of wellness among African American women who manifest the archetype of the Strong Black Woman. Specifically, I sought to understand how Strong Black Women make sense of experiences of wellness by conducting phenomenological individual interviews and focus groups. Understanding how women who manifest the archetype experience the phenomenon can add insight into what constitutes wellness for participants in their own words and deepen clinical understanding and knowledge. Chapter One described the importance of this endeavor to the counseling field as a measure to reduce disparities in minority mental health. As such, I sought to broaden clinical knowledge of cultural variations of wellness with implications for minority access to care, retention rates and outcomes. A review of extant literature in Chapter Two provided a foundation for the direction of this study by demonstrating the need to develop a natural progression from a broad understanding of wellness to an increasingly more specific understanding. This understanding considers cultural idiosyncrasies and highlights values and strengths that define the experience and specificity of wellness as a culturally bound phenomenon. I used Phenomenology to both describe and interpret participant lived experiences. Semi-structured interviews were conducted to obtain rich and detail laden descriptions of their accounts. Examination of participant lived experiences revealed important insight into how participants made sense of wellness within the defining characteristics of the archetype while mitigating

oppressive and marginalizing sociohistorical factors. Specifically, the findings highlighted the influence of childhood experiences, generational trauma, microaggression and racism as barriers to optimal functioning across several domains in the participants lives.

The framework for this study grew out of my interest in improving mental health disparities among minorities, specifically African American women, by examining the concept of wellness through the eyes of the participants. African American women, who have historically enacted "uncommon endurance" to combat stress, use the archetype of the Strong Black Woman to suppress emotion and personal needs (Harris-Lacewell, 2001). The ability to endure what may appear as unsurmountable obstacles is often accomplished through enacting Strong Black Woman traits, however previous research has demonstrated the detrimental effects to mental health (Abrams, Maxwell, Pope, & Belgrave, 2014; Beauboeuf-Lafontant, 2007; Donovan & West, 2015). The paradox of the archetype, the attempt to manage difficulties through perseverance, suppression of emotion and focus on others, results in poorer psychological outcomes for black women and yet the schema remains highly regarded within the African American community. It was my hope that this study would provide insight to clinicians treating black women on the paradoxical influence of the archetype on the experience of wellness and broaden understanding of what wellness looks like across cultures. Chapter Five of this work will demonstrate how findings from the current study converge and expand upon current counseling literature on wellness.

Research Questions

The primary research question addressed in this study was:

How do African American women who manifest the archetype of the Strong Black Woman make sense of experiences with wellness?

Exploration of participant responses using reflection and probing added richness and depth to the interview as participants explored their intersecting identities against cultural, social and historical factors and its impact on their well-being.

Secondary research questions were also explored to investigate the presence of cultural values and historical trauma impacting participant experiences. Those research questions were:

1. *Are the cultural values identified in Constantine and Sue (2006) evident in the Strong Black woman's experience of wellness?*
2. *Are descriptions of stress experienced by the Strong Black Woman similar to those described in Post Traumatic Slave Syndrome (Leary, 2002)?*

Because I did not seek to prove or disprove these theories, I avoided specific questions related to these research questions and used an emic approach to data collection (Glesne, 2016). Without prompting, participants provided rich data consisting of thick descriptions as evidence for both secondary research questions. As previously stated, my purpose of investigating these secondary research questions was not to test theory, but rather to investigate its presence in the experience of participants sensemaking. As participants revealed evidence of theory in their sensemaking process, I used probing questions to help interpret theories relevant to participant sensemaking of the phenomenon. Discussion of findings for the secondary research questions were conducted in Chapter Five.

Data Collection

I collected data for this study using a series of interviews that honored participants accounts of wellness within context of their social and cultural experiences. A total of 24 individual interviews were conducted. I coded the transcripts using thematic and open coding (Saldana, 2014) to develop emerging themes which were then clustered into super-ordinate themes (Pietkiewicz & Smith, 2014; Smith, Flowers, & Larkin, 2012). Participants were emailed their transcribed and annotated interviews and asked to provide feedback on emerging and super-ordinate themes pulled from the transcripts to avoid researcher bias (Anney, 2014). A series of focus groups, three in total, were then conducted via Zoom (Seidman, 2013) to ensure that emergent and super-ordinate themes captured the essence of participants' lived experiences (Kornbluh, 2015). Each focus group consisted of three participants, although all 12 were invited to participate. One participant was erroneously not included in the email link for the group she chose to attend and, along with the two remaining participants was not available on the day of the final focus group. During the focus groups participants were provided visual images that depicted how emergent themes were captured and clustered into super-ordinate themes. An example of these images was included as Figure E. Participants were asked for feedback and their own analysis and interpretations of the presented data. This process of member checking established dependability, credibility and triangulation of the data to the process and centered the participants as the experts of their own experiences.

Data Analysis

Analysis of data from this study was conducted using the format described in Chapter Three. Treating each participant as a case, first and second transcribed interviews

and audio recordings were collected and contained within one file. Repeated immersion through multiple readings of the thick descriptions and listening to the audio recordings while making edits to the transcribed documents provided me with a working knowledge of each case. In step two annotations documenting my thoughts, questions and interesting insights that emerged as I became more and more familiar with the texts were recorded as memos. In step three emergent themes were developed by using my annotations to analyze sections of data for words and phrases that embodied the crux of participant experience.

The fourth step of analysis involved the development of super-ordinate themes by combining similar emergent themes. These super-ordinate themes combined to represent the essence of how participants made sense of their experiences with wellness. In this step, I used both abstraction and conceptualization to develop super-ordinate themes. Abstraction refers to the process of grouping like concepts together and developing a title that represents the newly formed collection of emergent themes (Smith, Flowers, & Larkin, 2012). Conceptualization is the analysis of emergent themes related to significant moments in participants lives (Smith, Flowers, & Larkin, 2012). Additionally, I explored the function of emergent themes to determine the role of each theme in making sense of the phenomenon. Each of these methods allowed for a deeper exploration of the data in the interpretive process of analysis.

Analytic memos were completed during each immersion experience and, along with the annotated transcripts, were uploaded into a file on Drop-Box so that they were accessible to other research team members and the research auditor (Rodham, Fox, & Doran, 2013). Each team member followed the same procedure for analysis to ensure

consistency (Anney, 2014). Further immersion occurred during weekly research team meetings and de-briefings as the research team and I discussed our annotations and excerpts from the text. These meetings lasted from 1 to 3 hours per week and were in addition to individual time spent engaged with the data. During these meetings initial notes from early readings of the transcript were discussed and shared (Rodham, Fox, & Doran, 2013). Interpretations were then transformed into concise phrases (Smith & Osborn, 2007) and emerging themes (Smith, Flowers, & Larkin, 2012) that captured the essence of the participants experience. This process occurred on a weekly basis during the data collection process with themes changing as new knowledge was created. As themes were identified they were shared with participants through email and discussed in focus groups to ensure credibility and trustworthiness. To answer both the primary and secondary research questions, I employed a second level of interpretation using a more etic approach that considered use of theory to explain how participants were making sense of the phenomenon. This level of inquiry focused on the work previously mentioned by Constantine and Sue (2006) and Leery (2002) to investigate the presence of theory in participant accounts of their lived experiences.

Participants

A total of 30 inquiries were received in response to the call for participants. Twenty-four responses were received via email and six responses were received via text message. Respondents were contacted by email or text in the order of which their email or text message was received. The first 17 women were contacted to arrange a time for a pre-screen via telephone call. Two women did not respond to follow-up emails asking for a phone number to arrange the pre-screen interview. Of the 15 contacted, only 12 were

determined to meet the criteria for participation. These participants responded 'yes' to all seven of the pre-screen questions. 100% of the participants identified as African American and as women. Participants ranged in age from 24 to 38. All participants were college graduates. 15.4 % held Bachelors' degrees, 61.5% with Masters' degrees and 23.1% with Doctoral degrees. 84.6% were employed and 7.69% were unemployed and 7.69% were full or part time students. Additional information pertaining to the participants can be found in the Participant Demographics chart below.

Table 4.1: Participant Demographics

Pseudonym	Ethnicity	Gender	Age	Education	Employment	Marital Status	Children
Bertha	AA	Female	30	Doctoral	Employed	M	Yes
Shan	AA	Female	27	Masters	Employed	S	No
Tiffany	AA	Female	30	Doctoral	Employed	S	No
Kim	AA	Female	27	Masters	Employed	S	No
Legacy	AA	Female	36	Masters	Employed	M	Yes
Nicole	AA	Female	24	Bachelors	Employed	S	No
Golden Butterfly	AA	Female	36	Masters	Employed	S	No
Carmen	AA	Female	38	Doctoral	Employed	S	No
Keisha	AA	Female	28	Masters	Employed	S	No
Ava	AA	Female	29	Masters	Employed	S	No
April	AA	Female	35	Masters	Unemployed	M	Yes
Coach	AA	Female	38	Masters	Employed	S	No

Findings

Super-ordinate Themes

In the following section I describe the super-ordinate themes that answered the first research question which focused on *how African American women who manifest the archetype of the Strong Black Woman made sense of experiences with wellness.* Three super-ordinate themes emerged from the data and described how participants made sense of experiences with wellness: (1) Reflecting on childhood experiences that influenced their perceptions; (2) Identifying and challenging cultural and sociohistorical factors that impede wellness; (3) Re-defining what it means to be a Strong Black woman.

Within the first super-ordinate theme there were seven emergent themes. Within the second super-ordinate theme there were six emergent themes. Within the third super-ordinate theme there were five emergent themes. Figure 4:1 below depicts how the super-ordinate and emergent themes were grouped to describe the essence of participants' sensemaking of experiences with wellness.

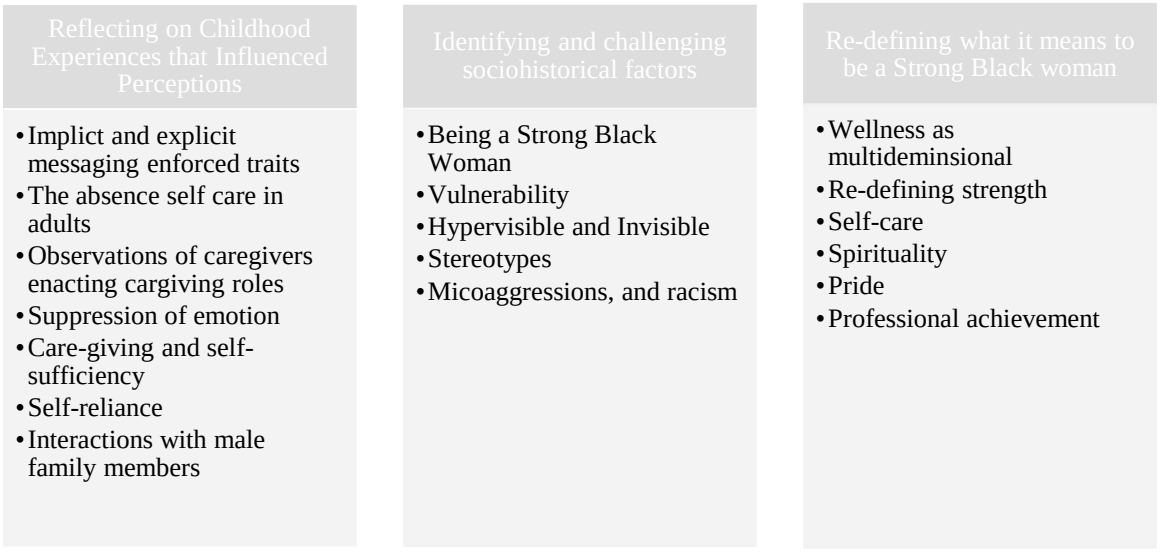

Figure 4:1 Super-Ordinate and Emergent Themes

Super-Ordinate Theme One: Reflecting on Childhood Experiences That Influenced Their Perceptions

Analysis of collected data revealed emergent themes that were clustered to form the super-ordinate theme of Reflecting on Childhood Experiences that Influenced Perceptions. The first super-ordinate theme described participant childhood experiences that influenced how they made sense of experiences with wellness. Each participant was asked how they became Strong Black Women to provide context for their unique lived experience with the phenomenon. Seven emergent themes support the super-ordinate theme of Childhood Experiences. These themes, along with supporting participant statements, helped uncover the essence of participant sensemaking of experiences with wellness. : 1) Implicit and Explicit Messages, *"*Black girls are taught to survive*"*; 2) Absence of Observable Self-care in Caregivers, "I never saw my grandmother engaging in anything that would be qualified as self-care"; 3) Observations of Caregivers Enacting Care-giving Roles, "she just added more and more to her plate"; 4) Suppression of Emotion, "we can cry about this later"; 5) Caregiving and Self-sufficiency, "at six I still had to iron my clothes and do laundry"; 6) Self-reliance, "she's gonna need that willpower; she's gonna need that strength" and 7) Interactions with Fathers and Male Family Members, "you can't rely on a man for anything".

Emergent Theme 1A: Implicit and Explicit Messages, "Black girls are taught to survive"

All 12 participants shared how childhood experiences influenced their manifestation of the Strong Black woman archetype. Participant lived experiences highlight the crucial role of the sociohistorical context under which they gained the

identity in making sense of experiences with wellness. Participant Shan shared how messaging from caregivers influenced her prioritization of wellness:

> *I think because of the way I was raised, and the way other black girls were raised that [wellness] comes second place. That takes a backseat to being financially successful and being successful in our careers and being great in the classroom. Like emotional health and mental health and all that is not a priority for us. And even now I can tell you it's not a priority for me as long as I get my things done. I don't really... and that that's harmful too because I've had conversations with other black people, black women in the workplace, where I've said to them," I don't care about your feelings." And I think looking back like that reinforced the conditioning from my mom, from my grandma, like you have to get things done. You got to pick up where you are and keep going.* (12/7/2018)

Participant April explains how she became a Strong Black Woman through implicit messaging;

> *I became so because of the Strong Black Women in my life. In a way that I owe a lot of that to my mother, my grandmother, my aunties, my older sister, some of my older cousins who I was around growing up. So, they all contributed to that upbringing through modeling of behavior, I was able to see that from them. (12/5/2018).*

Emergent Theme 2A: Absence of Observable Self-care, "I never saw my grandmother engaging in anything that would be qualified as self-care"

Eleven of the 12 participants reported an absence of observable self-care and wellness behaviors in adult caregivers. This had implications for how participants made

sense of experiences with wellness. Golden Butterfly responded this way; “She didn't take care of herself ” (12/2/2018). Participant Shan reported, “I never saw my grandmother engaging in anything that would be qualified as self-care today….My mom, as far as you know wellness and self-care, she did a very poor job of that” (11/30/2018). Nicole was raised by a single Caucasian mother. She shared how the absence of observable selfcare behaviors influenced her prioritization and perception of wellness:

> *Like my mom wasn't able to work but she did her most that she could at home. She never took a breath. And I saw that….So I don't think that there was any really good example until college…. I don't think I knew what wellness and self-care was until college*. (12/1/2018)

Bertha, April and Ava echoed this same sentiment of not having awareness of self-care until later years;

> Bertha: *There was never a moment where I was like, I should take care of me. That didn't occur to me probably until I would say maybe about my Ph.D. program. I started thinking, like this can't go on forever. Like at some point I have to start breathing and like taking a step back. And I realized that I was just powering through. And my fear was that I was eventually going to crash. I never thought about selfcare. That wasn't even a word I was familiar with until I was probably in my mid-20’s.* (12/7/2018)
>
> April: *I was taught there was no place for it, honestly. That emotion and coping and self-care, all of those were nonexistent terms, and I honestly don't think that I even started to really explore them myself until probably my mid-20s, early 30s.* (12/5/2018*)*

Ava: *I never heard of wellness. I might have written the word in an essay, but I had no idea that there was this whole thing. I didn't know about meditative practices outside of religion or eastern philosophies. It was just like a whole different world.* (12/8/2018)

Emergent Theme 3A: Observations of Caregivers Enacting Caretaking Behaviors, "she just added more and more to her plate"

Convergent across eleven participants, were shared experiences of seeing caregivers enact caregiving roles and other characteristic traits of the Strong Black Woman archetype in lieu of self-care or wellness enhancing behaviors:

Ava: *My mom ended up being a caretaker for both my grandmother and my mom's stepfather*. *And still working, still being a parent, still providing for her family. And she didn't go through any depression that she knew of. She didn't stop working. She didn't change anything, she was just able to add more and more things on her plate.* (12/5/2018)

Carmen recalled observations of her caregiver putting others needs before her own; "I saw her loaning money to her grown children or making sure that they were okay even though she may not be feeling well" (12/2/2018). Self-sacrifice among caregivers was observed by other participants such as Legacy, who stated about her mother, "She's always made the sacrifices for the family" (12/1/2018). Participants Golden Butterfly and Shan offered their own interpretations to explain the self-sacrifice they witnessed in their caregivers:

Golden Butterfly: *I don't feel like she had taken care of herself as well as she should have. I feel like somewhere she internalized this racist ideology that black*

women don't deserve to be nurtured and cared for and rested and taken care of because they're too busy trying to take care of everyone else. That's where they're most valued, and of course that's not true. That's a lie. (12/5/2018)

Shan: *I never saw my grandmother engaging in anything that would be qualified as self-care today. I do remember growing up in her household and she would host really elaborate parties and she'd cook so much food, and people would come over and all kinds of people. I just remember being very festive and she would have her green eyes shadow and pin curls and like food and liquor. And that was a happy time. And I think in that time that was how she re-charged, and she refueled.* (11/30/2018)

April shared how caretaking in adult caregivers stopped short of suggestions of caring for self:

> *So, I think that when people have some sort of an issue like that, you see the caretaking come in. So, if it's a physical malady, that's the thing, you'll see where people will come together and say, "Okay. Let me help you." Mental, not so much, though, you know what I mean? In terms of somebody's mental health, I don't think that that's seen at the same level of importance in terms of caretaking. So, I think that you see that sisterhood ... so I would see my aunts jump in and do things for each other. Obviously, me and my sisters, we would do things for each other and stuff like that. But I would say that caretaking in terms of, "Let's go on a vacation. Let's have a mental health day. Let's have a girls' night," they didn't have wine and paint then, but, "Let's go do wine and paint," stuff*

like that. I never saw those conversations because that kind of self-care never existed. That was never mentioned. (12/5/2018)

Emergent Theme 4A: Suppression of Emotion, "we can cry about this later"

Further analysis of participant lived experiences revealed the emergence of suppression of emotion in childhood as an influencer of how participants made sense of wellness. Ten of the 12 participants described implicit and explicit messaging encouraging the suppression of emotion. Participants April, Kim and Golden Butterfly recalled the explicit messaging that demanded suppression of emotion regardless of the circumstances:

April: *I think that all the messages, literally, that was a very confusing part of childhood, it was always like, "It doesn't matter what happened. You have to keep on keeping on" … and I think that even later in life, myself, there's been times where I've had deaths, where, true story, I had to have a conversation with myself and say that, based off of what's going on right now, I cannot sit and grieve in this right now. I felt like it would've been too much.* (12/5/2018)

Kim: *My mom always said that like whenever we got issues, she would always say that we can cry about this later but right now that's not the problem. And so, the messages certainly were there.* (11/30/2018)

Golden Butterfly: *After you receive so much negative reinforcement for showing your emotions or showing vulnerability, and that was just in my family. And so, expressing a full range of emotions is something that doesn't align with the stereotypes, and often can be detrimental.* (12/2/2018)

Five participants spoke of how the lack of outward emotion expression among family members influenced their sensemaking of wellness by discouraging opportunities for them to learn healthy means of expressing uncomfortable emotion:

> Carmen: *I am, I've always been a very emotionally connected person, but growing up in my family, that wasn't, I don't think people were comfortable around having someone so emotionally connected, so I learned to kind of keep things bottled up. Because I, so even as a child, I'd cry, and I'm very touchy feely, a hugger, and things of that nature. And so even as a young person, if I feel like I don't fit in or am how I am to you is making you uncomfortable, I naturally will step back and I will naturally keep myself guarded and feel like I can't be vulnerable around you, I can't cry, I can't express emotions because you, you're telling me to suck it up or asking me, why are you doing this?* (12/2/2018)
>
> Ava: *I don't remember anyone in my family growing up ever talking about being sad. Or being disappointed. That was just something uniquely that I expressed. So, I think that's why it's difficult for me now expressing when I'm disappointed. Because I don't know what that looks like in an adult, if that makes sense.* (12/5/2018)
>
> Legacy: *I think I'm less emotional than most people, so I think when I was going through certain things, like if a friend would pass away, or something like that, we didn't really show too much emotion about that stuff*. (12/1/2018)
>
> Tiffany: *I'm like very good at compartmentalizing which is probably not good. I would just like push it as far back to the recesses of my mind as possible because it's like alright, we have... I don't want to think about these thoughts that are*

upsetting me or that are making me sad. So, let me do really well in school or let me play my video game until I get to the next level or something, like I'm sure that I felt those ways. But I did everything in my power to just push it and lock it away. (11/30/18)

Three divergent cases; Ava and bi-racial participants Coach and Nicole, had different experiences when it came to managing emotion. Coach reported the ability to access a range of emotions with positive implications for her mental health:

Yeah, I think so I try and take stock of my emotions, like if I'm feelings something and like why. Like why am I feeling anxious? What is it? If I'm upset or angry; trying to figure that out, you know? Like chat with friends. Why am I so angry at this right now and that type of thing? So that I would say I'm pretty fine with my like emotional and mental wellness. (12/7/2018)

Participant Ava shared that emotion expression was not discouraged within her family however there were consequences for *too* much outward expression:

I was a crybaby. That was my nickname. And I was nicknamed a very dramatic child. So, I don't want to say that showing emotions were discouraged, but if you showed extreme emotions, you were just seen as being dramatic. So, I could show them, but they might have been made fun of. (12/8/2018)

For Nicole, learning to suppress emotion was a self-taught means of coping with the racism she experienced as the only African American in her small rural community. In the excerpt that follows, Nicole shares a salient experience that highlights how suppression of emotion helped her cope:

My race always was the topic of conversation and never in like a positive way. So, it was just like I don't want to talk to you [her mother]. *There's nothing that I want to talk to you about. So, I just didn't. I had friends but not a lot. And even they would say things. I remember in middle school track, one of my really good friends at the time, like I was like wiping my hands like this and they said, "Why are your palms white but you're not?" And I had never even thought about it. Like that's not something that I would think about because like they're just my hands. And I just looked at them, I was like, "What do you mean?" And they're like, "Well, why are your palms white but you're black?" And I was like, "Biology, I don't know." And I was so confused. I'm like, "Why are you looking at me in pieces?" It was just really weird, and I didn't understand, and I was like, this is just odd to me. Well, it's weird because, I was always like… I was the whitest black person people knew… because I acted white and I talked white… because there were no black people around…what do you want me to do? I was raised by a single white mother, like that's my experience. But I was also never white enough to be part of people's friend groups, whatever. I don't know if I purposefully acted white. I was just acting myself because that's what I knew. But I also knew like if there was something that someone said that was racial, I needed to just not say anything*. (12/1/2018)

Emergent Theme 5A: Caregiving and Self-sufficiency, "at six I still had to iron my clothes and do laundry"

Convergent across eleven of the twelve cases were participant accounts of parental responsibilities at early ages, experiences they believed encouraged sacrificial

caregiving and self-sufficiency and had implications for wellness:

April: *When my sister turned 18, she bolted out of the house. She was like, "I can't do it, I'm gone." I feel like I had to step into that role and be the caretaker for my younger sister. But even still, I had to be pretty self-sufficient because, at six, I still had to iron my own clothes and do laundry. And I had to get myself up and make sure I got to the bus stop on time, and stuff like that. So, there was definitely a lot of self-sufficiency.* (12/5/2018)

Ava: *When we would come home from school, my sister, my older sister and I, we were responsible for changing my grandmother, washing my grandma and making sure that she ate. Typically, my dad would cook, but if he didn't, then we would cook for my grandma*. (12/5/2018)

Nicole: *Nothing I do is for myself. I have never been able to do anything for myself either. That's just not something I was raised on, because I've always been like a caretaker. I've always been doing something for others.* (12/1/2018)

For Bertha, parental responsibilities in childhood elevated her position within the family hierarchy; *So, by 6th grade, maybe seventh, I had pretty much solidified my role as parent number three.* (11/30/2018)

Carmen and Shan, illustrate the importance of reframing in making sense of these early experiences:

Carmen: *And so, for me, I felt like I had to do everything on my own. I had to learn how to do things, I had to be self-sufficient at a very early age just because, and I didn't realize this until later, but I think it was because my mom realized that I could be self-sufficient, and she didn't have to coddle me as much.* (12/2/2018)

Shan: *she wanted us to be self-sufficient and know right from wrong and to have common sense. Not to say that the lessons weren't abrasive, but she just wanted us to make it. She wanted to make sure that we could hold [our] own.* (11/30/2018)

Emergent Theme 6A: Self-reliance, "she's gonna need that willpower; she's gonna need that strength"

Analysis of data revealed that messaging encouraging self-reliance had implications for how participants made sense of experiences with wellness. This theme emerged across all 12 participants:

Carmen: I was very independent, since there was so many of us, and I also grew up with a lot of my cousins also. But since there was so many of us I kind of felt like I was overshadowed. And so, for me I felt like I had to do everything on my own. (12/2/2018)

Keisha: *I always just did my own thing, and I knew how to do my own thing. I went about things my own way. I went through the high school selection process on my own. I went through the college selection process on my own.* (12/2/2018)

Shan: *Being able to make decisions for yourself, being hard working and making sure no one talks about you for not putting. That was the last thing she wanted. She, she would rather not have a daughter than for me to be irresponsible or for me to not work hard.* (11/30/2018)

Emergent Theme 7A: Influence of Fathers and Male Family Members, "you can't rely on a man for anything"

Emerging from the data was the influence of fathers and male figures on reinforcing self-reliance which had implications for how participants made sense of

wellness. All 12 participants shared accounts with male figures with nine giving evidence of a male influence on their self-reliance:

> Bertha: *So, when I had my daughter he said to me, the world will expect everything of you and nothing of him (talking about my daughter's father) in order for your daughter to be successful. You know the responsibility will fall solely on you to make sure she is clothed and fed and well taken care of.* (11/30/2018)
>
> Carmen: *So, my oldest brother at some point, he joined the army and just kind of went away. I did know who my father was, my father and my mother were not married, but again, I was kind of always the one who was expected to do and be. And so even though no one outright said, this is where your place is, that's kind of how I was treated. I had another older brother who even as a young child, I've always been really good at saving money, just because we've never had it. And so, I was always really good, he would borrow money from me, and I never really thought anything of it, it was kind of your brother and you say you need this, okay. And so even I have, the 2 youngest siblings, I have a younger sister and a younger brother and for me, my thought was okay, to alleviate some of this pressure off my mom, I'll help take care of the two of them. And so again, even though there weren't conversations with the males in my life about, this is your place, that's just kind of how things came across and how the function looked.* (12/2/2018)

Participants Shan and Nicole were two of the three participants who shared negative interactions or the absence of fathers in their childhood:

> Shan: *I think one of the narratives my mom and my grandmother always perpetuated was that, you can't rely on a man for anything. You have to make sure*

that you have your own money and success because at any point in time he can leave you…Because the message that was kind of sent by their absence was that it's inevitable that men are kind of main sources of pain and they are to be avoided. And that wasn't voiced but in the stories that I was told and not having a male there, there to kind of challenge those stories. That's, that's the message I received. (11/30/2018)

Nicole: *Yeah, throughout my life he's broken a lot of promises and lied a lot. And like he's taken me on like drug runs and so I'd be in drug houses and things. So, I feel like I was just, like in relation to the strong Black woman ... Oh, I don't want to cry. Just resilience and having to kind of suppress like how I felt too.* (12/1/2018)

Participant April denied the role of a male figure in her development of traits of the Strong Black Woman:

April: *But yeah, I would say I didn't have a lot of male influence. I would say probably 90% of those conversations and that upbringing and everything, it came from females. Whether it was my mom, aunties, grandma or older sister. But yeah, I didn't have a lot of male interaction.* (12/5/2018)

Super-Ordinate Theme Two: Identifying and Challenging Sociohistorical Factors

The second super-ordinate theme emerged from the data as participants responded to questions related to their current experiences as Strong Black women with wellness. This theme elicited thick descriptions and strong responses from participants as they shared how racism and microaggressions created oppressive experiences and interfered with the achievement of wellness. Through the process of reflecting on lived experiences,

participants acknowledged the exhausting demands of enacting the Strong Black Woman archetype and the toll on their emotional wellbeing. In discussing their responses to the *Strong Black Woman Cultural Construct Scale* (Hamin, 2008), many of the participants demonstrated an increased insight into the detrimental effects on their well-being as they began to make sense of their experiences. All twelve participants shared barriers to wellness that were specific to the intersectionality of their manifestation of the archetype, their identity as Black women and sociohistorical factors. Within this super-ordinate theme are five emergent themes. Attached to each emergent theme is a participant statement that captures the essence of the theme: 1) Being a Strong Black Woman, "It's exhausting"; 2) Vulnerability, "We don't have the choice to be vulnerable"; 3) Hyper-visible and invisible, "Black women are just not seen as anything"; 4) Stereotyped roles, "I'm human"; 5) Racism, microaggression and cultural insensitivity, "…and he corrected the way I spoke, multiple times."

Emergent Theme 1B: Being a Strong Black Woman, "It's exhausting"

Emerging from participant interviews were thick descriptions of how the archetype intersected and challenged the achievement of wellness. Characteristic traits of suppression of emotion, sacrificial caretaking, self-reliance and resilience have been demonstrated to discourage self- care behaviors (Abrams, Maxwell, Pope, & Belgrave, 2014; Beauboeuf-Lafontant, 2007; Dana, 2002;Day-Vines & Holcomb-McCoy, 2007; Donovan & West, 2015; Romero, 2000). Eleven of the 12 participants used the word exhausting to describe their experience as Strong Black women and its impact on their wellbeing:

Bertha: *I think I'm learning the number one thing is it* [being a Strong Black

Woman] *is exhausting*. (12/7/2018)

Carmen: *It's exhausting. I always feel, I feel like I always have to be on, like I have to be on top of everything. I don't have time to mess up, so to speak. It's tiring to be a strong Black woman.* (12/5/2018)

Nicole: *I feel like a lot of times it's just kind of exhausting, because I feel like I put other people's feelings in front of mine for the sake of not making things awkward or making sure that I am seen as more put together than I am.* (12/5/2018)

Shan: *It is exhausting. It is demanding. It's a lot of internal pressure to be better, to go above and beyond to take care of everyone.* (12/7/2018)

All 12 participants described internalized expectations of the archetype and the specific characteristics that contributed to feelings of exhaustion:

April: *That you have to always have basically your game face on. You're not allowed to show any type of fatigue, or worry, or helplessness, or vulnerability. In addition to that, everyone sees you that way, so everyone piles everything on you. People try to say, "Oh, she can handle it. She's strong. Let me just give her this," but a lot of times, they don't realize you're already stretched to your limit. Your bandwidth is at capacity, and they'll still just sit things on you like, "I can't deal with this, but I think you can." They'll just keep giving it to you, keep piling on, keep piling on. (12/13/2018)*

Shan: *No one says I require more of you as a black woman. It's just something that is innate and interpreted as the expectation. So, it it's absolutely tiring. But if it's not carried out in a way that I've saw my grandmother and my aunts carry it out then it also can be very convicting. Convicting in the sense that I'm not doing*

my part for handling my business or caring my weight. So yeah it's convicting, and it is heavy. (12/7/2018)

Tiffany: *Being strong, and being like you don't experience pain, and you don't experience sadness, and you can't ask for help because you got it together. Like you hold it down like you're not even human, so you don't have feelings. You can't cry, you can't be upset. You know you're just… Yeah, I mean I think that's a lot of that.* (12/8/2018)

April shared how the outward appearance of strength exuded by the Strong Black Woman masks internal turmoil while Tiffany spoke of the impact of the archetype on wellness:

April: *It* [strength] *means that you're supposed to be brave and fearless and you're supposed to be resilient and you're supposed to be resolute. And I think that strong actually might be more of an appearance, as opposed to a lived experience, if that makes sense. Black women look strong, but they are struggling inside.* (12/13/2018)

Tiffany: *But at the end of the day I still am trying to be this unshakeable force, emotionless, put together thing that doesn't have it, isn't that moved by much, and can withstand all these things and all these things from all different directions. As much as I know that is really traumatic and really psychologically not good, I still try to be that every day.* (12/8/2018)

Emergent Theme 2B: Vulnerability, 'We don't have the choice to be vulnerable"

For all the participants, showing signs of vulnerability was perceived as a liability to wellness. Participants perceived vulnerability as a liability to the achievement of

wellness. Three participants shared beliefs that mental illnesses amongst female family members were attributable to vulnerability and a lack of strength. Shan makes a comparison between her mother, who has a history of psychiatric hospitalizations, and her grandmother, the Strong Black Woman she idolizes:

> Shan: *My mom was not as strong as my grandmother. I think a lot of the detrimental things that happened in her upbringing made her more vulnerable and softer, and that meant she's very sensitive and that manifested in very negative ways; in outbursts and in her mental illnesses.* (11/30/2018)

Golden Butterfly echoed this sentiment as she shared how her beliefs about vulnerability helped her make sense of her mother, someone she did not perceive as a Strong Black Woman:

> *I wouldn't consider my mom a Strong Black Woman at all. She's one of the weakest women I know. She is either if she can't be the hero, she's the victim. She is spoiled and she is coddled by my grandparents [*who*] all the time gave her anything and everything that she wanted. She was taken advantage of unfortunately by a lot of people because they saw that she does, she has a very weak personality, and so I feel like she looked at me as her child, as something that she could control to kind of combat that. So, she really resented me because I wasn't vulnerable and smaller.* (12/2/2018)

Bertha too supported the concept of mental illness as the result of vulnerability and a lack of strength. Here she discussed how she made sense of her grandmother's mental illness and hospitalizations:

My grandmother suffered from several mental health crises when I was growing up. She to my knowledge was hospitalized at least three times maybe more. And. I'm still wrestling with how I view that. But when I was younger I definitely didn't view that as strength. I looked at that is she has a major defect or an issue or mental health issues that she can't just get over. (11/30/2018)

For participants Shan and April, vulnerability served as a reinforcer of negative stereotypes of Black women:

Shan: *I think it's*[vulnerability] *OK as a human. But I don't think it's OK as a black woman and I think it strengthens and reinforces stereotypes about us. So, because I want to avoid reinforcing that stereotype I don't do it.* (12/7/2018)

April: *For me it's difficult in the sense of, on the rare occasions that I do show some vulnerability, on the rare occasions where I do say this particular situation is hurtful or this is not productive for me, et cetera, et cetera, I feel like it gets taken the wrong way. Me just saying that something is not appropriate or makes me uncomfortable, that can be taken as having an attitude. I've seen that happen, when you just say that you don't feel comfortable with the way something is being done, that's taken as you're being a problem.* (12/13/2018)

Showing vulnerabilities that demonstrated need was perceived negatively by participants who feared burdening others as in the case of Tiffany and Nicole, or were ignored as in the case of Keisha:

Tiffany: *I show everything that I am in a certain moment or have that moment of vulnerability where I expressed to them I want something from them, I'm terrified of doing that because number one; Will they even be inclined to do that for me?*

Will they even want to be what I want them to be, or provide what I want them to provide? And it just makes more sense to me to just keep that to myself rather than to risk them feeling uncomfortable and feeling like whoa, like that's maybe a little too much that you're asking for, so can we not yet not do this, or can we not share that with me?..... I'm terrified of burdening others. I'm terrified of seeming like I'm too much for others. (12/8/2018)

Nicole: *I think now there's an expectation for me to be this way as well, just based on lived experiences and having been so strong and resilient for so long that like for me showing any vulnerability or showing any aspect of my mental illnesses to people, for me I were perceived as weak because sometimes I feel weak when I talk about them.* (12/5/2018)

Keisha: *Or like there was a time when like I was really overwhelmed with work and I was really open about that with my supervisor, and then we sat in a one on one and she gave me a list of other things that needed to be done soon. So, I think in those spaces it's hard for me to say, I get it needs to be done but like right now I'm overwhelmed. I think those are like times to go here's what I'm up to, as people have to get done, whereas people feeling like okay well, well how can I support you in the instance? Okay well here's a list of things because I know you'll get past that list so here's another list.* (12/9/2018)

Participant Golden Butterfly described how the avoidance of vulnerability in Black women is tied to slavery and generational trauma:

But I don't like to be vulnerable because I receive such negative reinforcement for that, right? Whether it's in my own family, or school. Black women, we're almost

not given permission to be seen as vulnerable. Like I said, it stems from slavery. From my grandmother, my great-grandmother, my mother, fearing for my survival. They grew up in the Jim Crow south. And if blacks aren't perfect 100% of the time, they're punished. They're punished even if they are. And so, it stems from a fear of … And trying to make sure that I survive. (12/5/2018)

Relevant to concerns of burdening others, are internalized messages that discourage self-care and influence how participants make sense of experiences of wellness. Six of the 12 participants shared internalized messages and reflected on how they impacted their achievement of wellness;

Tiffany: *But again, that's another example, taking moments to take care of myself like that's really hard to do because I've internalized I'm not worthy of being taken care of. So why would I sustain myself or do things that are going to make me be healthy and well when I believe that I am not even worthy of care you know? So, it's hard. really think like in that hierarchy we're the lowest of the low. And again, we're able to like say that. We're able to articulate that. We know that but to just to feel that and to like internalized that over the course of your life is really hard like thinking that you don't deserve things that you don't deserve love or that you don't deserve people's time or consideration and or affirmation or anything that does something to you. That sits with you. That does something.* (12/8/2018)

Shan: *I think it's* [relationships with other Black women] *important because there are messages that black women, strong Black women, are inundated with every day that says that we're not enough.* (12/7/2018)

Emergent Theme 3B: Hyper-visible and Invisible, "Black women are just not seen as anything".

An intriguing phenomenon emerging from participants lived experiences, particularly among those in the field of higher education, was the ever-present sense of their racial identity which placed them at the center of attention when convenient for others but them silenced and ignored their presence when it came to their input or recognition of their achievements (Dickens, Womack, & Dimes, 2017; Jay, 2009; Mowatt, French, & Malebranche, 2013; Noble, 2013). Convergent across cases were thick descriptions of lived experiences of oppression that supported the emergent theme of hyper-visible and invisible:

Kim: *They identified the white woman and they were just saying things that made me feel as though they didn't necessarily see my title.* (12/16/2018)

Shan: *I guess what I'm trying to say is like there's... We need to support because nobody else sees us. Nobody else supports us. And then when we do cry out sometimes, well most of the time, I think it's perceived as us complaining or us being angry. I think that if there's no space for people to hear us. If they never intended on seeing black women anyway. Any noise we... any word we articulate is going to come off as noise.* (12/7/2018)

Legacy: *I had an event that I planned in like two weeks, and I had over 100 people attend with only two weeks to market the event. The CEO came in and walked right past me as though I wasn't the person who planned the whole event.*

Donya: *Did they not know, or did they just assume it wasn't you?*

Legacy: *No, he knew, because I report directly to him. He approved my budget. He knew it was my event, and he walked right past me to go speak to the guest speaker, who was another white guy. After the event I didn't say anything, but what I noticed which was annoying him is that I had like 10 other employees go up to him and say, "Hey, Kim did a really good job." I could see it annoyed him, and only once did he ever say, "Yeah, she did," but he never said it directly to me.*

Donya: *So, what message did you take from that?*

Legacy: *I think he treats a lot of us like objects and not like people. I've noticed that when it comes to the minority employees, he just kind of treats us like hamsters on a wheel. I've spoken to him and told him there are some serious diversity issues at the company.* (12/4/2018)

April offers a poignant example of hyper-visibility:

So, I went to a workshop, and it had something to do with professional conflict in the workplace. The presenter for the workshop, she was brought in by a third-party agency. I just so happened to be wearing my afro that day. I don't normally do, but that particular day, I just so happened to be wearing my afro. For whatever reason, this woman kept bringing up Angela Davis in the course of her speech. It wasn't in any of her PowerPoints. It wasn't in any of her handouts, so I know that it wasn't a regular part of the presentation. She kept calling her a radical. Radical, I feel like is a dog-whistle from the '60s. Radical is a way to say deviant, criminal. You know what I mean?

Donya: *Yes, dangerous, yes.*

April: *Exactly. I think the third time that she brought up Angela Davis, I said something to the effect of, "If we're going to reference Angela Davis, keep in mind that this is a professor emeritus from UC Berkeley." Like the most shocked face. I said, "That woman has a Ph.D. That is Dr. Angela Davis." You know what I mean? She looked at me like I called her something out of her name or something like that. This goes further to show that me having that afro, just me walking in the room with that afro made that presenter uncomfortable.* (12/13/2018)

Emergent Theme 4B: Stereotyped Roles, "I'm human".

Thomas, Witherspoon, & Speight (2004) identified four stereotypes of African American women derived from slavery; Mammy, Jezebel, Sapphire and Superwoman. Each of these stereotypes is supported by extant literature documenting societal images and expectations of Black women as loud, a-sexual, sexually promiscuous, care-giving, sacrificial, dominant, strong, rude and angry (Thomas, Witherspoon, & Speight, 2004). Ten participants shared experiences in which societal images and stereotypes of Black women had negative consequences for their experiences with wellness:

Bertha: *Overly sexual or overly strong or there's always some kind of magical damn component. I am not the Green Mile. I'm not magic. I'm human. You know that Black Magic hashtag has gotten people losing their mind! Like, I am still a human with limits and abilities just like everybody else. And I feel really strongly about that. Like don't other-ize me even when you think it's a compliment. Don't otherize me because it's not really a compliment. It's just you drawing a distinction between your kind of human and my kind of human: "I mean you're human but not human-human."*(12/7/2018)

April: *I feel like I really just had no reprieve, and then not only that, my other coworkers and students and different people who were stressed out and everything, there was also an element of compassion fatigue because they were coming to me like "I'm hurting, I'm this, I'm that", and they just expected that I wasn't so they were like "Well, help me through it"…. I heard them mention that other people were stressed out. I would hear them say "Oh, well such and such is probably stressed out, let's take a break on them." I never heard anyone say that for me.* (12/13/2018)

Kim: *I think it's just parts of like White supremacy in that they don't see that they're enacting. And I would certainly say, in the way that emotions play a role has been a huge part of my experience, as well. I will find that Black women within our department who are loud or share their opinion very vocally are perceived as emotional or upset or angry. And I, too, have had those responses, and helping them understand how that is, again, White supremacy at work.* (12/16/2018)

Four participants used the word mule to describe what they perceived as the stereotyped role African American women were expected to fill in social and professional work spaces:

Shan: *Mules. I hate to say it. Work-mules. Things, entities in which to work upon work, like work on top of instead of work with….We do the work, but we don't get the reward.* (12/7/2018)

Coach: *Oh, we're definitely the pack-mule of society in all respects*. (12/12/2018)

April: *It's kind of like no matter what direction the Black woman goes in, no matter where she's trying to go, she's going to run into someone who has that expectation for her to basically be the mule and take care of everything.* (12/13/2018).

Golden Butterfly: *They feel like black women should not have that voice. We should not have that level of critical thinking or questioning the status quo. We should kind of be like the mammies, the caretakers, the mules. And so, I kind of broke free of that.* (12/5/2018)

Emergent Theme 5B: Racism and Microaggression, "..and he corrected the way I spoke, multiple times"

Sue (2000) identifies several examples of racial microaggression themes: Ascription of Intelligence, implying that people of color are not as intelligent as Whites; Assumption of Criminal Status, implying one is dangerous based on race; Pathologizing Cultural Values and Communication Styles, correcting the way in which participants spoke or pronounced words and Second class citizens, refusing to acknowledge participants titles or making assumptions about their role or position based upon their race. All twelve participants described incidents of racism and microaggression in the work space. These incidents had implication for how participants made sense of experiences with wellness:

Legacy: *I had a thing with our CEO because I report directly to him, and he corrected the way I spoke, multiple times. One day I just called him out on it, and I emailed him. I said, "Hey, here are some articles. This is actually extremely offensive. You should stop correcting the way that I speak." He got really upset. It*

became a professionalism thing and I just said, "You know what? I think it's unprofessional for you to tell a young black woman that she's not pronouncing things correctly, especially at my level of education." (12/4/2018)

Bertha: *There is this expectation that you're exceedingly humble. Why? I'm the most qualified person at the table why I got to be humble? You need to be humble. You know it's just this expectation that Black women be palatable don't be intimidating. Don't hurt people's feelings, don't raise your, don't raise your voice but I have people talk to me in egregious and outrageous ways. Dog whistles about race. I had an associate dean tell me, "your face gives off negative vibes". What does that even mean? What does that even mean?* (12/7/2018)

Kim: *And so, I have found that I had gotten a lot of that push back, or more unconscious, unspoken, and small microaggressions around leadership. Challenges where they wouldn't necessarily challenge one of my White colleagues, particularly my White male colleagues on certain things. I would certainly say, because I do diversity and inclusion work within my department, I often have to share my stories and engagement, but don't necessarily get to have the concept of, or recognition of what I do. And so, it is personal for me in the sense that I have to share parts of myself in order to do my work well because of the type of work I do. And sometimes I feel like that vulnerability or even the recognition of just realizing how much I bring of me to the office is not really always seen, it's always questioned.* (12/16/2018).

Several participants voiced enacting culturally specific coping strategies in the workplace to combat racism and micro-aggressions as they made sense of

experiences with wellness:

Bertha: *I am oftentimes the only Black anything anywhere in meetings. I have to temper my personality a lot. So, people in the workplace who have gotten close to me almost find it hilarious when they hear me at a meeting because I have a whole outfit, armor that I put on to be acceptable to whiteness in these spaces. You change your voice. You take it up an octave, so people aren't intimidated. You smile when nothing's funny and that's not me. It is exhausting. Also, everybody wants an expert until she is Black. Right? You wanted an expert but.. "eww I didn't know you had locks"* (12/7/2018).

April: *As a Black woman, she was telling me sister to sister. She was like, "You have to be so extra sugary and smiling with every single thing that you do because everybody is watching you, and everybody is looking basically for you to mess up." I felt like she was trying to appeal to me. She was trying to help me, which I get that, and I appreciate that. But I think that telling me to act or appear in a way that is not my authentic self is almost her own way of being complicit with this system, this underground system within the field of higher education that really tries to push Black people out in a sense that everything needs to be in accord to whiteness.* (12/13/2018)

Legacy: *I have to have a lot of conversations like that, or I had one person come up to me and say, "I know I'm not supposed to, but I really want to touch your hair." I'm like, I'm not an object. You can't just come up to me or grab me…. I think it's an assumption, like if we don't look like them then we're not professional, because they're still the majority. I think that's what it is, and I think so many of us*

have conformed at some point to look like them that it's just an expectation that all of us should be doing that. (12/4/2018)

Shan: *Now instead of you know being strong for survival and for the persistence of our race now it's distinguishing one to the point of exclusion and competition and try to be the token black woman in the room um trying to earn your keep, your acceptance in white spaces instead of you know being real, true, genuine Sista's. It's hard.* (12/7/2018)

Super-Ordinate Theme Three: Re-defining What it Means to be a Strong Black Woman

Participants made sense of experiences with wellness by conceptualizing the phenomenon as a multi-dimensional experience consisting of behaviors, emotions and ideologies. This required participants to fashion a schema of their intersecting identities that re-defined strength and what it meant to be a Strong Black Woman. Incorporating self-care behaviors such as maintaining positive physical and mental health, spiritual practice, racial pride and professional achievement were intentional acts by participants to improve well-being. Within the super-ordinate theme are six emergent themes: Wellness as multidimensional, *"*the word that comes to mind when you ask me to define it is holistic"; Re-defining strength, "it's perfectly OK to take a break"; Self-care, "moments to take care of me"; Spirituality: "she wanted me to pray more"; Pride, "I want to learn more about my blackness" and Professional achievement, "Earning a seat at the table".

Emergent Theme 1C: Wellness as Multidimensional, "the word that comes to mind when you ask me to define it is holistic"

Participant descriptions of wellness experiences spoke to the multidimensional nature of the phenomenon. While some participants focused on its definition, others considered its emotive and behavioral dimensions. Two participants focused on wellness as a holistic endeavor. This approach to wellness focused on participant understanding of the connection between mind/body and spirit:

> April: *Wellness is elusive, in my opinion in terms of looking at Black women and looking at some of the different health issues and different things that we have going on that are common in our population. I think that all the stress and all the carrying all the different problems and burdens, that affects us in ways that we don't respect and recognize yet. I think that when we look at these high incidences of high blood pressure and these different strokes and heart attacks, the stuff like that, a lot of people are like, "Oh, it's the food you're eating." I don't think it's the food as much as it's the stress. I think that stress affects people so greatly and people do not give that kind of deference to it to say, "I need to address the stress in my life* (12/19/2018).
>
> Kim: *I would probably say like holistically cause I often think when we think wellness, we think like physical and mental, but I also know that stress manifests itself in so many ways throughout our bodies and our minds. And so, the word that comes to my mind when you asked me to define it is holistic.* (12/16/2018)

Participants Nicole and Tiffany focused on wellness as a state of being:

Nicole: *Well, there's like physical healthy and that I never were cause I have chronic pain, but then like happiness. I know you don't go to therapy to feel happy, because that's not how life works. You go to therapy to get better, whatever that means to someone. I've had moments of maybe joy or moments of happiness, but I've never had a prolonged experience of like positive.* (12/5/2018)

Tiffany: *I would imagine just being so comfortable in who you are as a person that like you just show up as you are… But I want to get to a point where I really feel that and then act that and not be afraid to be what I am. And all of whatever it is that I am in all settings I hope and pray that I get to a point where I have that level of congruence between my beliefs, my ideas, my values and my actions. I am not there yet. We are working, we are growing. It is a process. Yeah I am taking small steps and I think that's better than nothing.* (12/8/2018)

Emergent Theme 2C: Re-defining Strength, "it's perfectly OK to take a break"

For participants, re-defining strength allowed their identity as Strong Black Women to take on a new meaning that "might not look like what we traditionally think of as strength" and had implications for how they made meaning of experiences with wellness:

April: *I would say that, if I had to sum it all up, I still consider myself a Strong Black Woman, but just probably not the kind of Strong Black Woman that's represented in generations past. I think that women can be women all unto themselves. They don't have to be in a relationship, and they don't have to have kids to justify themselves or their purpose or their existence. I think it's perfectly*

okay to take a break or step back from something. I think it's perfectly okay to say that someone is hurting from something, or they need a minute to process something. I think it's great for people to have healthy dialogues and really discuss how they're feeling about some things. I feel like I'm a strong woman and taking those things into consideration. (12/13/2018)

Golden Butterfly: *S*o, *strength to me now means living a full range of humanity. Living and enjoying every single day of my life, in defiance of a society that is constantly trying to tear you down and dehumanize you. Right?.... I reposition my strength and focus on my health, my wellbeing. And since I know that my labor is often exploited and devalued, I focus that attention more so on me vs. helping others.* (12/5/2018)

Bertha: *And although I'm proud to take care of all my family and all of my responsibilities I'm learning to take care of me as well. And sometimes that may not look like what we traditionally think of as strength. So, taking care of me might be going to my therapist on a routine basis. Taking care of me might be taking a day of annual leave and going to get my hair done and going to get a pedicure. No, I'm not accomplishing anything when I do that, but I am giving myself some room to recharge because I can't be strong for everybody else if I'm tired or mentally exhausted or suffering from anxiety. I'm getting to a point now where being strong, being a strong black woman also means being strong for me as much as it does mean being strong for other people.* (12/7/2018)

This newer, less rigid and healthier definition of strength allows for periods of vulnerability and is supported in relationships where participants achieve a sense of wellness:

> Carmen: *I think it* [redefined strength] *gives me room to be vulnerable. It allows me an opportunity to vent and to say things and to kind of be disorganized and flustered without there being a constant expectation that, you're not supposed to be like this, we're not used to seeing you like this. You're strong and you're not supposed to be letting this get to you. It's okay for me to have those days. Like they know that I'm strong and I'm capable and everything, but I don't have to always be that. If I need to be vulnerable, if I need to have a moment they're completely okay with it and not trying to tell me, "No you can't be this way. This makes us uncomfortable, so we don't want to see you like that."* (12/5/2018)

Emergent Theme 3C: Self-care, "moments to take care of me"

All twelve participants referenced self-care as they made sense of experiences with wellness. Participants engaged in self-care by attending therapy appointments, maintaining medical appointments, exercise, and meditation and spiritual practice. Participant April shared her means of achieving wellness through self-care: "Wellness... I like taking a bath. It's going to the doctor when you need to. It's doing healthy things in your life. It's surrounding yourself with healthy things." She goes on to add:

> *I try to give myself a couple of hours a week, so I've been trying to dedicate that time towards therapy. I've been dedicating that towards some time for meditation and reflective thought. In addition to that, I think that part of mental health and creating a healthier environment is also involved in planning and researching and*

looking at things that you think can improve your situation. I try to give a couple of hours to that each week. It could definitely be more but I'm at least proud of those couple of hours. I feel like those couple of hours are at least productive for now. (12/13/2018)

Participant Kim shared her experience of wellness that placed care of self as the priority:

I would also say that I've just started kickboxing and it has been a phenomenal, phenomenal decision….And so, physically, it has helped me to make better decisions about my body and just like my health. And I think that's a part of wellness, too, is like prioritizing yourself in that way. (12/16/2018)

For Carmen, insight into wellness came after losing her mother and sinking into a state of depression and physical health problems. Making sense of wellness meant accepting that her role as the Strong Black Woman had to be redefined to allow for self-care:

I have finally, this year since that appointment refocused on myself and exercising at least 30 minutes a day and trying to get back into the habit of cooking more for myself and everything, spending more time ... I allow myself to know that it's okay if I need, for the mean time if I don't feel like doing anything I can say that that's okay for me to not show up for something or to do something that someone wants me to do if I need that time to unwind. (12/5/2018)

For Coach, wellness was about self-reflection, "I think it's like maybe my self-care is just be more reflective and trying to be a better person and figuring out what that looks like." (12/12/2018)

Ten of the 12 participants shared having received professional counseling at some point in their lives. Six of those identified therapy as a current part of their wellness journey: Kim: *And so, I got in counseling and it's the best decision I've ever made.* (12/16/2018)

> Tiffany: *So, counseling has been definitely really helpful like in helping me reflect on my experiences and make sense of those and come up with a plan of action of how I can go in the future and do things a little bit differently like if I'm gonna have any kind of legacy I want things... I want trauma that has been passed on to me to stop with me to the best that I can stop it with me.* (12/8/2018)
>
> Keisha: *I think that having my very positive experience with therapy in Virginia which was with the black woman which was very exciting for me, like I enjoyed being able to have that authentic conversation. I think its kind of cool to be able to talk to someone you don't know about all your problems and have them give you honest feedback, even at that point when I left my job she was very supportive about that. She was like, "Go. That's all you have here is that job, maybe you should get out of here, I'll write whatever note I've got to write for you to break your lease, just go." So, I think I enjoyed being able to have very authentic and honest conversations with someone.* (12/9/2018)

Emergent Theme 4C: Spirituality, "she wanted me to pray more"

Six participants shared the practice of spirituality as an integral part of how they made sense of experiences with wellness. Participants Carmen, Ava and Kim use spirituality to achieve wellness:

Ava: *I would also say a prayer and reading. (12/8/2018)*

Carmen: *I go to a small church…. I'm one of those people, I like to say that I am very careful who I get my Jesus from…. So, when Mom passed I continued to go to the church, and I ended up joining the church. So even though a lot of people, they don't necessarily know me all that well and so what little they do know about me ... In their minds I am this very professional person but if I'm at church and I need to cry, or I need to be comforted or something they're okay with that.* (12/5/2018)

Kim: *one is a pastor, and so, certainly, their guidance is also like very spiritually-led, which helped me reconnect with my own spirituality and beliefs and continue to ground me.* (12/16/2018)

Other participants shared how spirituality was endorsed by others as they made sense of experiences with wellness:

April: *Even though there's a lot of depression and anxiety that runs in my family, honestly, when I first acknowledged it myself, when I was about 19 or so, I felt like all the women in my family were just like, "Oh, you don't need medication. You need to pray on it. You need to pray. That's why you're experiencing this.* (12/5/2018)

Legacy: *Then she was really religious, so she would regularly go to church. She had a good relationship with her pastor, and that was how she managed emotions*. (12/4/2018)

Emergent Theme 5C: Pride, "I want to learn more about my blackness"

For all 12 participants, pride in their identity as Black women emerged as they spoke of how they made sense of experiences with wellness. Participants Ava and Kim spoke of pride in their identity as Strong Black Women in relation to wellness:

Ava: *It's almost like I have these supernatural abilities. I recognize my human self, but I recognize this is a very frustrating situation and I could be very frustrated in this situation, but when I do think about, "Okay. I'm a strong Black woman. I can handle this," it's almost as if I'm taking on an alter ego that helps me process and deal with things.* (12/8/2018)

Kim: *Yeah, I would say that and just like pride of being a Black woman. I think there is a beauty in it that often gets overshadowed by what White supremacy teaches us about race and blackness, anti-blackness. And so, being able to have the power to rename and correct what that experience really looks like, in a lot of ways brings a lot of pride to me.* (12/16/2018)

Shan: *Yeah my future I think it's solidified because of my personality and being I'm a strong Black woman. There's no question that I'm going to be successful but I'm going to be success... the only parts that are solidified as success are my professional career and my financial career. Those were successful because I'm a strong Black woman.* (12/7/2018)

Emergent Theme 6C: Production, "Earning a seat at the table".

Despite participant accounts of microaggressions and racism in the work space, each shared how their high achievements through academic and professional endeavors helped them make sense of experiences with wellness in the workspace. Here participant Shan explains how production helped her make sense of experiences with wellness:

Shan: *Wellness looks like getting things done so I'm proud of myself. Wellness looks like* (pause) *all my answers are like achievement based.*

Donya: *And what does that say?.*

Shan: *I think it says that I reflect my well-being and my self-worth on how much I can get and how good of a job I can do.* (12/7/2018)

Ava: *For me, being a strong Black woman in this role is not allowing people's ignorant comments and microaggressions impact my attitude or what I'm able to get done.* (12/8/2018)

Secondary Research Questions Findings

As participants voiced their lived experiences, the secondary research (SR) questions were addressed. Those questions were:

SR1: *Are the cultural values identified in Constantine and Sue (2006) evident in the Strong Black woman's experience of wellness?* and SR2: *Are descriptions of stress experienced by the Strong Black Woman similar to those described in PTSS (Leary, 2002)?*

The purpose of the secondary research questions was not to prove or disprove theory but rather to investigate its presence during the interpretive stage of IPA. Smith, Flowers and Larking (2012) have suggested that secondary research questions can only be answered in the interpretive stage of analysis as there is no guarantee of their emergence during qualitative data collection. As such the relevancy and interpretation of findings regarding the secondary research questions for this study were discussed in the Interpretation section of Chapter Five. However, in keeping with the structure of this document excerpt from the data that address evidence of SR1 and SR2 was included.

SR 1: Are cultural values identified in Constantine and Sue (2006) evident in the Strong Black Woman's experience of wellness?

Constantine and Sue (2006) outlined a framework for enhancing wellness with minority clients that incorporated cultural assumptions about how wellness and optimal functioning should be defined and prioritized. Including cultural assumptions about wellness challenges counselors to honor the significance of cultural meanings assigned to client experiences (Utsey & Constantine, 2008). The framework suggests conceptualization of wellness through the values of the African American culture (family, collectivism, racial and ethnic pride, religion and spirituality, mind/body/spirit and community) and the impact of discrimination on the development of strengths that are unique to the lived experiences within the African American culture. The following excerpts provide evidence of each of the cultural values identified by Constantine and Sue (2006) in participants' experiences with wellness. These excerpts add evidence of the embeddedness of cultural values in participant experiences.

Racial and Ethnic Pride. Ethnic identity development has been linked to well-being amongst African Americans. Hughes, Kiecolt, Keith and Demo (2015) found that African Americans hold favorable racial identities:

> Kim: *Yeah, I would say that and just like pride of being a Black woman. I think there is a beauty in it that often gets overshadowed by what White supremacy teaches us about race and blackness, anti-blackness. And so, being able to have the power to rename and correct what that experience really looks like, in a lot of ways brings a lot of pride to me.* (12/16/2018)

Collectivism. Reed and Neville (2014) found that African American women evaluate the significance of their experiences through relationships which may be more critical to emotional well-being and overall satisfaction than adherence to religious practices. Social support and connectedness are often exercised as buffers in the relationship between stress and depression and researchers have found that increased positive social support leads to a decrease in mental health symptoms with social support acting as a buffer against stress (Marshall-Fabien & Miller, 2016):

> Golden Butterfly: *I think it* [strength] *came from Black women working alongside in the cotton fields with Black men. I feel like our ... I mean, well, first, when we were brought here, we weren't even seen as fully human. We were seen as property, and the three-fifths in the Constitution, and so even after Civil Rights Act and Jim Crow supposedly ended, even to this day, black people, especially black women, are fighting to be seen as full human beings, to have the full spectrum of humanity, to be weak, to be vulnerable, to cry. We're constantly painted as the stereotype of being the angry black woman, the independent black woman. There's been such an assault on our people as a whole, the war on drugs and then Jim Crow with Dr. Michelle Alexander, just part of it.* (12//5/2018)

Religion and Spirituality. African American women make up the most religious and spiritual group in the United States according to the U.S. Religious Landscape Survey, which determined that an overwhelming majority of the population (84%) report religion being very important, with nearly 60% attending worship services each week (Pew Forum on Religion & Public Life, 2009). The positive association of religiosity with life satisfaction and the negative association of religiosity with mental health

impairment and distress suggests its value and offers empirical support for the integration of religious or spiritual values into cultural definitions of wellness (Reed & Neville, 2014):

Carmen: *I still worry about things and it's a little because I can't control everything and I don't know how things are going to work out, but I have been trying to more consciously pray more, and turn things really over, and even though I still kind of worry about things and question things, whenever I feel the anxiety or the angst or anything it's not just a constant bogging down of my mind trying to, in that moment, figure out how I'm going to fix it, how I'm going to get this done. So, I'm trying to now more so tie mentally how I feel with being more structured and grounded in Christ.* (12/5/2018)

Mind/Body/Spirit. The strong connection of spirituality to African American culture is further evidenced in the beliefs around connection of mind/body to a higher spiritual being. L. Myers (1993), in her theory of Optimal Psychology, illustrated wellness as a holistic component of physical health and connection to a higher being. From this perspective one cannot achieve optimal wellness in one area of existence without mindful attention to others:

> Golden Butterfly: *Now that I know that it's devalued and exploited, no more. So, I'm focusing a lot more on my health and well-being. I drink more water, moisturize. I give myself facials and go to the spa. Work out more. Pray more, meditate more, focusing on my breathing.* (12/5/2018)

Family/ Community. Family relationships are central components of social support for African Americans who adhere to a more expanded definition of family that includes friends, neighbors, blood and marriage or function (Hill, 1998). These characteristics also lend to family systems that value interdependence or collectivism (Karenga, 2007; McLoyd et al., 2000), which theoretically protect family members and reduce stress:

> Bertha: *We're good. We have a great partnership because there's trust there. And he realizes that what I need to be strong when I need to carry the family I can, and he appreciates because when he left graduate school he didn't find a job right away. We have not missed any mortgage payments. We have not missed any car payments. We have not missed any ballet tuition. He likes having a partner that he can depend on. And he knows that if he has to step back or there's some issues, I am there for him. I know that if I need to step back and I have some issues he's there for me and so I think I'm getting to a place where I'm transitioning from trying to be a strong Black woman to creating a strong Black family. Like we can be a unit together as opposed to me leading everything.* (12/7/2018)
>
> April: *I've actually had my own poor interactions with the police department where we live, and so it's one of those things where, I get their function or supposed function in society, but I also want him to be aware of what's going on and what that means. Because I feel like Tamir Rice and his situation bothered me so deeply, bothered me so deeply, and one of the things in terms of, granted, you should never look at the comments online. I know that's a rule to live by, you should never look at the comments. The one thing that bothered me so much about*

his death is that a lot of White people online would say "Well, he looks so much older, he looks so much older." I think that Black children, specifically males, are always made to seem older, scarier, more criminal, more prone to violence. There's always this skipping of their childhood. It's always this kind of they go straight into adulthood. (12/13/2019)

SR 2: Are descriptions of stress experienced by the Strong Black Woman similar to those described in Post Traumatic Slave Syndrome?

SR2 investigated the compatibility of stress experienced by participants of this study to those described in PTSS (Leary, 2005). The syndrome describes a pattern of transgenerational behaviors that were developed in response to the multigenerational trauma resulting from the enslavement of one's ancestors and continued experiences of oppression with beliefs that one is disenfranchised (Leary, 2005). Participants offered accounts that demonstrated transgenerational patterns of behaviors developed as survival tools during slavery, such as the archetype itself, however an in-depth analysis of this theory's presence was not conducted in this work and was recommended for future studies. Leary (2005) identified three categories of behavior: vacant esteem, ever-present anger and racist socialization that describe the syndrome.

Vacant esteem is the state of believing one has little or no value that is exasperated by societal, familial and community endorsements as evidenced by attempts to undermine the success of others or risky behaviors that invite suicide. Only one participant, Tiffany, endorsed this behavior:

But again, that's another example, taking moments to take care of myself like that's really hard to do because I've internalized I'm not worthy of being taken

care of. So why would I sustain myself or do things that are going to make me be healthy and well when I believe that I am not even worthy of care you know? So, it's hard. really think like in that hierarchy we're the lowest of the low. And again, we're able to like say that. We're able to articulate that. We know that but to just to feel that and to like internalized that over the course of your life is really hard like thinking that you don't deserve things that you don't deserve love or that you don't deserve people's time or consideration and or affirmation or anything that does something to you. That sits with you. That does something. (12/8/2018)

Ever-present anger is defined by Leary (2005) as a normal emotional response when sought after goals are blocked or when one fears failure. She theorized that over an extended period of time blocked goals and fear of failure causes one to lash out. Racist socialization was defined as the belief that everything associated with the White culture is right, and anything associated with the Black culture is wrong. (Leary, 2005).

Chapter Summary

In this chapter data collected from 24 in-depth interviews and three focus groups was analyzed using interpretive phenomenological analysis. Emerging from participant accounts of wellness were three super-ordinate themes that highlighted participant lived experiences. Evidence supporting the embeddedness of cultural values in participant lived experiences with wellness was found. Additionally, evidence of compatibility between participant stress and that described in PTSS was present. In Chapter Five I summarized and interpreted the results of this study and highlight its relevance to extant literature. Implications for counselor and researchers and recommendations for future studies concluded the chapter.

Chapter Five: Discussion

The purpose of this qualitative study was to investigate perceptions of wellness among African American women who manifest the archetype of the Strong Black Woman. Gaining insight into cultural differences in the experience of wellness is crucial in broadening cultural competency and has implications for improving disparities in minority mental health. Despite the growing literature addressing issues of Black women, and specifically Strong Black Women, there remains a paucity of research investigating how the archetype influences black women's sensemaking, perceptions and experiences with wellness. I endeavored to fill this gap in the literature by seeking to achieve three aims: (1) to enhance clinical knowledge by expanding the literature on cultural variations in the experience of wellness, (2) to increase clinician cultural competency on the experiences of African American women who manifest the archetype of the Strong Black Woman, and (3) lay a foundation for future development of culturally specific interventions and treatments that specifically target the needs and preferences of African American women who manifest the archetype. Because the research question sought to uncover the essence of how Strong Black Women made sense of wellness from their own unique experiences, Interpretive Phenomenology was the only option for answering the research questions. Thick descriptions for this study was therefore collected using semi-structured interviews and focus groups.

The primary research question addressed in this study was *How do African American women who manifest the archetype of the Strong Black Woman make sense of experiences with wellness?* Smith, Flowers and Larkin (2012) suggested the use of secondary research questions to provide a platform for comparison during the interpretive process of analysis (Smith, Flowers & Larkin, 2012). Given Constantine & Sue (2006) and Leary's (2002) theoretical frameworks surrounding the impact of culture and historical trauma on experiences of wellness among minorities, I sought to explore the compatibility of participant data to constructs found in the literature (Smith, Flowers, & Larkin, 2012) by investigating these secondary research questions:

1. *Are the cultural values identified in Constantine and Sue (2006) evident in the Strong Black woman's experience of wellness?*

2. *Are descriptions of stress experienced by the Strong Black Woman similar to those described in Post Traumatic Slave Syndrome (Leary, 2002)?*

I analyzed data from 24 interviews using thematic and open coding (Saldana, 2014). Common themes across participants were compared and grouped together based on similarities and then collapsed into one emergent theme. Similar emergent themes were then collapsed again creating 3 super-ordinate themes that narrated the essence of participant experiences.

Chapter Five is divided into six sections. The first section offers a summary of the findings of this study. This is followed by an interpretation of the findings as they relate to the literature review conducted in Chapter Two. The third section will discuss credibility of the study. Section four will consist of implications and future research

suggestions and section five will contain limitations of the study. The final section will conclude the current study.

Summary of Findings

My purpose in conducting this phenomenological study was to investigate sensemaking of experiences with wellness among Strong Black Women. My primary research question focused on *how African American women who manifest the archetype of the Strong Black Woman make sense of experiences with wellness.* Participants made sense of experiences with wellness by:

1) Reflecting on childhood experiences that influenced their perceptions
2) Identifying and challenging sociohistorical factors that enforced and prioritized traits of the Strong Black Woman archetype
3) Re-defining what it means to be a Strong Black Woman so that being strong allows for self-care and other wellness enhancing behaviors.

Analysis of early childhood experiences provided clues that were integral in revealing the essence of participants sensemaking of the phenomenon. These early experiences provided participants with culturally specific gender normed roles that dictated what it meant to be a Strong Black woman and had implications for how they prioritized and perceived the importance of self-care, a crucial component of wellness. At the essence of participant sensemaking was the need to challenge messages that positioned their identity as Strong Black Women against self-care behaviors.

Additionally, as participants made sense of their lived experiences they answered the secondary research questions:

1. Are the cultural values identified in Constantine and Sue (2006) evident in the Strong Black woman's experience of wellness?
2. Are descriptions of stress experienced by the Strong Black Woman similar to those described in Post Traumatic Slave Syndrome (Leary, 2002)?

Participants shared evidence of the embeddedness of cultural values in their experiences with wellness. These values had implications for self-care and were evident in participant descriptions of wellness. Secondary research question two inquired about the presence of PTSS. The syndrome consists of a pattern of behaviors which stem from multigenerational trauma due to the enslavement of one's ancestors and continued experiences of oppression with beliefs that one is disenfranchised (Leary, 2005). Stress associated with Post Traumatic Slave Syndrome (Leary, 2005) was not directly supported however participants did give suggestions of stress that were tangential to PTSS. For instance, participants' reports of the lived experiences of their grandmothers and great grandparents with Jim Crow and their knowledge of the enduring impacts of slavery on society suggest elements of Leary's PTSS may be present. Although participants did not give evidence of behaviors or stressors associated with PTSS they did provide evidence of the generational transmission of the archetype as a survival strategy and used its traits to combat oppression related to feeling disenfranchised, particularly in the workspace. These traits are theorized to have been gained through the adversities of slavery to enable the survival of the Black race (Constantine & Sue, 2006; Davis, 1995; White, 1999). Moreover, participants provided evidence of enacting traits of the Strong Black Woman archetype in defense to racism and microaggressions occurring in the workplace. These oppressive experiences reinforced participant awareness of their identities in majority

White spaces and the stereotyped roles of Black women in the workplace. Such accounts provided evidence of sociohistorical implications on the lived experience of wellness among African Americans. Participants of this study were able to reflect on their lived experiences and conceptualize a multidimensional experience of wellness that considered how the archetype functioned as a coping mechanism with implications for mental health. In order to achieve wellness, participants acknowledged the need to re-define their understanding of what it meant to be a Strong Black Women so that it allowed for self-care and a more modern definition of strength.

Interpretation of Findings

Constantine and Sue (2006) suggests that wellness interventions for minorities should encompass cultural values, beliefs and practices and use of their strengths gained through adversity. This framework implies that optimal human functioning should be assessed within the framework of a cultural lens that guides perceptions of what wellness means and how values should be prioritized. Furthermore, it suggests conceptualization of wellness through the values of the African American culture (family, collectivism, racial and ethnic pride, religion and spirituality, mind/body/spirit and community) and the impact of social factors such as racism and discrimination on the development of strengths that are unique to the lived experiences of those within the African American culture. In this phenomenological study, the lived experiences of African American women who manifest the archetype of the Strong Black Woman were analyzed to conceptualize the experience of wellness through a cultural lens. 12 African American women who manifest the archetype were interviewed to determine the essence of their experiences with wellness.

Super-Ordinate Theme One: Reflecting on Childhood Experiences

Participants provided cultural context for their sense-making of experiences with wellness as they reflected on how they witnessed wellness among caregivers embodying the archetype. Ten of the 12 participants gave thick descriptions of witnessing strength, caregiving and sacrifice in the mothers and grandmothers that raised them as evidence of not only how characteristic traits were passed down generationally but how caring for others was practiced in lieu of caring for self. Romero (2000) and Harris-Lacewell (2001) discussed the generational transmission of traits of the archetype through implicit and explicit messaging. These messages provided participants in the current study with what some of them labeled as survival skills. One participant described the experience in comparison to the messages she believes Caucasian girls received in childhood, "White girls are taught to be wives, Black girls are taught to survive" (Shan, 11/30/2018). For this individual, and most of the participants, the messages of suppression of emotion, caregiving and self-reliance were engrained through consistent reinforcement and planted survival skills that dictated the culturally sanctioned and expected roles of Black women, one of which was to *be* a Strong Black woman.

Findings from the current study add weight to existing literature endorsing generational transmission of the archetype as participant accounts highlight the embeddedness of the identity as a culturally sanctioned and expected role for African American women. Participant accounts of feeling as though they were not given a choice but to adopt the identity has implications for the burden expressed when considering the emotional toll of the characteristic traits. This study joins a growing list of literature that

endorsed the transmission of Strong Black Women traits through generational transmission.

Further, it endorsed the contextualized factors identified in Woods-Giscombe' (2010) as contributing to the development and maintenance of the Strong Black Woman schema. These factors include the legacy of oppression and racial stereotyping, the influence of caregivers on the development of traits, a personal history of disappointment or abuse and that of spiritual values (Woods-Giscombe', 2010) and demonstrate compatibility to Leary's (2005)Post Traumatic Slave Syndrome. Moreover, the present study converges with findings from other studies (Abrams, Maxwell, Pope, & Belgrave, 2014; Beauboeuf-Lafontant, 2007; Harrington, Crowther, & Shipherd, 2010; Harris-Lacewell, 2001), that parallel White (1999) and Romero's (2000) account of the necessity of traits of the archetype for survival. Survival for today's Black women is of different context than 400 years ago, however the necessity of these traits remains unchanged (Romero 2000). Black girls continue to face a world that devalues their sense of worth, and positions them as victims of racism, sexism, disparities in employment, housing and education. For these reasons, the archetype of the Strong Black woman continues to be passed down (Romero 2000) to provide young Black girls with the skills they will need to navigate a racist, sexist and hegemonic society.

The findings from this study extended the work of Abrams, Maxwell, Pope, & Belgrave (2014), who analyzed 44 interviews to investigate the toll of self -sacrificial caretaking among Strong Black Women with recommendations that called for future studies to investigate the role of the archetype on self-care. Findings from the current study suggest that participant understanding of the role of Black women as caretakers is

engrained in childhood, and reinforced through implicit and explicit messaging. This experience is internalized and creates a cultural schema of thoughts and behaviors that demonstrate manifest of the archetype. As indicated by the findings in this study, participants lack of observation of self care in their caregivers were crucial in the development of this cultural schema that excludes wellness as an import aspect of survival.

The absense of self care behaviors in caregivers left a void in participant understanding of the important role of taking care of ones mental and physical health. The present study offers possible insight into how professional help-seeking behaviors maybe delayed or avoided as an implication of generational transmission of help-seeking avoidance behaviors. Participant sensemaking of wellness revealed that the archetype's focus on caring for others, and suppression of need challenges participant prioritization of self-care, creating a competing framework for wellness. As such, participants engaged in "push through" behaviors that demonstrated determination and resiliency and afforded them academic and professional success, yet neglected the vital self sustaining task of taking care of self. Findings from this study concur with both Woods-Giscombe' (2010) who conceptualizing the archetype as multidimensional with sociocultural implications for survival and health and Romero (2000) who theorized that denial of personal needs through self-sacrificing, silencing of emotion, caring for others and other characteristics of the archetype discourages self-care behaviors. These traits had implications for how participants of the present study prioritized and made sense of wellness as they looked to the examples set by caregivers who sacrificed for others and denied their own needs. Findings from this study add weight to Romero's (2000) theory by providing evidence

that traits of the archetype create a competing framework for self-care that prioritizes care of others over selfcare and had implications for participants wellbeing.

Of interesting note was the embedded influence of fathers and male family members in participant manifest of the cultural schema associated with at least one trait, that of self-reliance. Participant exposure to implicit and explicit messages from males, and the presence or absence of fathers in the home appeared to have implications for participant self-reliance and other Strong Black woman traits that discourage dependency on others. Several participants demonstrated marked emotionality when discussing the absence of fathers during their childhood. Some indicated a distrust in the reliability of males, and in one case associated men with both physical and emotional pain. Believing men to be unreliable, for some participants, reinforced self-reliance and can be traced to the methodical removal of male slaves from the family unit, the inability of enslaved men and women to marry, the mass incarceration of Black men and the denial of public assistance to needy poor families if a male partner resides in the home.

Super-Ordinate Theme Two: Identifying and Challenging Sociohistorical Factors

The second super-ordinate theme emerged from the data as participants discussed their current experiences with wellness and what it was like to be a Strong Black Woman. Using participant responses to the *Strong Black Woman Cultural Construct Scale* (Hamin, 2008), I engaged participants using semi-structured questioning to elicit thick descriptions of their present experience as they made sense of the archetypes influence on their emotional and mental functioning. Eleven of the 12 participants described their day to day experience and gave endorsement of the exhausting and demanding role of the archetype on their wellbeing. Donovan & West (2014) examined the experience of

wellness among African American women who embrace the Strong Black Woman archetype. Their study sought to examine the relationship between the archetype and stress, using multiple regression to examine 92 African American female college students. Results of this study indicated moderate to high manifest of the archetype increased participant experience of stress and depression (Donovan and West, 2014). The current qualitative study did not investigate participant experience of stress or depression using quantitative measures, however ten of the 12 participants reported previous or current use of professional mental health services, with six citing current status as active patients. Participant sensemaking of experiences with wellness positioned the traits of the archetype as having negative implications for self-care as they attempted to appear competent, put together and strong no matter the circumstances. Sensemaking of experiences with wellness required participants to consider both the cost and benefits associated with manifesting the archetype that orginates from and directly benefits racism (Etowa, Beagan, Eghan, & Bernard, 2017).

Like findings in Etowa et al. (2017), participants in the current study acknowledged the Strong Black Woman archetype as having both positive and negative implications. For these participants, the archetype served as "armor" against acts of racism and microaggressions in what they referred to as "White spaces" or places of employment where people of color exist as the minority. Findings in the current study converge with findings in Etowa et al. (2017) that Strong Black women use traits of the archetype to combat racialized stress. Racial microaggressions created an oppressive work environment for participants who strategically relied on traits of the archetype for protection against racialized stress. Racialized stress has been demonstrated to have

significant impact on psychological functioning of people of color (Carter, Lau, Johnson, & Kirkinis, 2017). As such, several participants in the current study likened the archetype to a "a superpower" that was used to deflect the oppressive experiences of racism and racial microaggressions.

Sue (2000) identifies several examples of racial microaggression themes that applied to participant experiences; Ascription of Intelligence: implying that people of color are not as intelligent as Whites, Assumption of Criminal Status: implying one is dangerous based on race, Pathologizing Cultural Values and Communication Styles: correcting the way in which participants spoke or pronounced words and Second class citizens: refusing to acknowledge participants titles or making assumptions about their role or position based upon their race. Each of these themes emerged and can be found in thick descriptions of the participants. Participant exposure to microaggression and racism offers explanation as to why the archetype remains so sanctioned within the culture and demonstrates the duality of the archetype as a protector and albatross.

The influence of the archetype on stereotyped beliefs about Black women in the work place has yet to be explored however this study offers interesting insight into the potential influence of the archetype on societal and stereotyped beliefs related to Black women. Participant Shan spoke of not wanting to appear vulnerable by asking for help in the workspace and used the archetype to maintain a push through mentality that allowed her to work independantly. Other particpants spoke of wanting to always appear "more put together" than they actually were, suggesting the desire to avoid the appearance of vulnerability or incompetence. Protective use of the archetype has the potential to re-enforce sterotyped views of African American women that discourage others from

offering support or assistance. Participant accounts of not having their needs or feelings aknowledged, not being offered help when falling behind on their responsibilities, having co-workers hide behind them when feeling threatened, and accusations of being "angry" can all be traced to characteristic traits of the archetype that encourage suppression of need and emotion, avoidance of dependency or vulnerability and demonstrates of strength. In this sense, use of the archetype in workspaces creates an illusion of participants that has the potential to reinforce images that depict Black women as caretakers and other stereotyped roles.

Super-Ordinate Theme Three: Re-defining What it Means to be a Strong Black Woman

Findings in the current study echoed those of Nelson, Cardemil and Adeoye (2016) who found that participants re-defined the role of strength as a means of coping with adversity and racialized stress. The present study adds to these findings by suggesting that challenging the sociohistorical discourse of strength and its position within the archetype is key to not just coping but to achieving wellness for African American women who manifest the archetype of the Strong Black Woman. This important first step is what distinquishes wellness for participants in this study from wellness for the majority culture. Participants in the current study made sense of experiences with wellness by challenging their socialized identities and shifting their perceptions so that being a Strong Black Woman encompassed acknowledgment of personal worth, needs and vulnerabilites. Essentially, wellness for Strong Black Women requires a conscious awareness of their value, their humaness, their fragility and their right to do more than just survive. Strong Black Woman have to acknowledge their right

to thrive. This shift was crucial in achieving wellness for these participants as it permitted them to prioritize themselves and embrace their vulnerabilities, essentially removing the mask of strength. This act fostered a sense of freedom and encouraged wellness as described by Golden Butterfly:

> *So strength to me now means living a full range of humanity. Living and enjoying every single day of my life, in defiance of a society that is constantly trying to tear you down and dehumanize you. Right? I reposition my strength and focus on my health, my well being. And since I know that my labor is often exploited and devalued, I focus that attention more so on me vs. helping others.Whereas I think a lot of times, young Black women are socialized as my grandmother, like we talked about last session, to perform labor for others. Now that I know that it's devalued and exploited, no more. So, I'm focusing a lot more on my health and well being. I drink more water, moisturize. I give myself facials and go to the spa. Work out more. Pray more, meditate more, focusing on my breathing. I focus on strengthening my argument, right? So I'm a lot more aware. I have greater self-awareness. And I expend a lot less energy outward and focus more so, more energy inward. And I value myself a lot more. And that's, to me, is being a Strong Black Woman*.

Implications

Results of this study stressed the importance of developing a broader understanding of wellness that considers the influence of culture and sociohistorical factors on sensemaking of the phenomenon. Specific understanding of African American women who manifest the archetype of the Strong Black Woman and how they make

sense of experiences with wellness has been understudied in counseling literature. This paucity of research stands as an example of how faulty assumptions about the generalizability of wellness, its prioritization, needs and experiences has failed to meet the specific wellness and counseling needs of those who do not fall within the minority culture. To demonstrate true cultural awareness and sensitivity requires counseling researchers, educators and practitioners to acknowledge the important implications sociohistorical factors and cultural differences hold in the experience of commonly used counseling terms such as wellness. This study takes one step toward filling the gap by demonstrating specificity in the experience of wellness for a group of African American women. The findings from this phenomenological study offered new insights into wellness and the Strong Black Woman archetype and had implications for assessment and treatment outcomes.

Assessment Implications

Counselors working with African American women who manifest the archetype should consider the impact of internalized strength and emotion restrictions on the presentation of symptoms. Because those manifesting the archetype may have been conditioned against outward displays of emotion, they may present with a-typical presentation of symptomology and engage in what Jones and Shorter-Gooden (2003) refer to as functional depression or the ability to care-out daily tasks without interference from psychological symptoms. Assessment, therefore, should include measures of both standard symptomology and more culturally nuanced presentations of malaise such as changes in social functioning and spiritual practice. Moreover, counselors should rely on both structured and unstructured methods of assessment. Structured questionnaires

completed by clients should be followed up with a semi-structured or unstructured interview that allows clients to provide details of their responses. Also helpful to assess are cognitions associated with the archetype as well as behaviors that demonstrate and support internalization of the archetype and discourage help-seeking and display of vulnerabilities. An example of how to conduct such an interview could involve use of a scale such as the Strong Black Woman Cultural Construct Scale (Hamin, 2008) completed by the client and then using the scale to obtain a deeper understanding of the client's experience.

Most preferred coping strategies are demonstrated to have a positive effect on mental health among this population under certain conditions: being strong positively impacts mental health when there is balance between strength and showing weakness, when relationships with family and friends are determined to be helpful and healthy and when clients feel their spiritual relationships are positive. Assessment of the quality of these coping strategies should include inquiry into their level of support, satisfaction and frequency of use.

A holistic approach to wellness incorporates assessment of client perspectives of the mind/body, spirit and its implications for their mental health. As such, clinicians should inquire about client physical health status, compliance with medical follow-up and offer referrals if needed. Attending to client access to needed resources and services such as medical care demonstrates advocacy and care coordination, emerging, yet impactful responsibilities of counselors. Also important is the significance of spiritual faith in clients. Counselors should avoid assumptions regarding the importance or preference for spiritual practice among clients. Therefore, it remains important to avoid assumptions by

assessing beliefs and the value placed on spiritual practice. This can be accomplished using a non-judgment stance and asking client about their spiritual preferences and practices. Clients' demonstrating a holistic perspective to wellbeing might discuss the need to incorporate prayer into their wellness routine or reflect a need to pray more when faced with physical or mental health concerns.

A final implication for assessment in clinical practice is that of client exposure to racialized stress and micro-aggressive behaviors. Findings from this study highlight the insidious nature of racism and microaggressions in the workplace and its implications for wellness. Assessment of client's exposure to racism and its impact on their wellbeing and coping should be addressed to demonstrate clinician awareness and sensitivity. Having clients complete a racialized stress screening tool or using the DSM-V Cultural Formulation Interview is an appropriate means of assessing client exposure and impacts related to racialized stress or micro-aggressive experiences. Accounts of exposure to microaggressions and racism should be met with unconditional positive regard and acceptance. Broaching the subject of race and racialized stress requires counselors to reflect on their own experiences and comfort with the topic which increases cultural sensitivity.

Treatment Implications

The archetype of the Strong Black Woman has implications for client engagement and has been demonstrated to preclude treatment seeking as a culturally sanctioned method of coping. To increase client engagement, it is helpful for clinicals to consider the motivating factors and implications of manifest of the archetype on the client's decision to enter treatment. Strong Black Women suppress emotion and therefore do not always

recognize or attend to worsening emotional or functional behaviors. A-typical presentation of symptomology is common as suppression of need and emotion could impact client ability to verbalize how the truly feel or demonstrate signs of vulnerability. Therefore, it is important for clinicians to educate Strong Black Women about the archetype and its link to depression and stress, which has been found to be increased for those who moderately to strongly embrace the identity. Providing clients with literature pertaining to the topic and then following up with processing of the material will assist clients in reflecting on their own experiences enacting the archetype and its implications for their wellbeing.

Clinicians can assist clients in modifying their embrace of the archetype by using psycho-education to educate clients on the paradoxical role of the archetype as both managing stress and increasing depression. Validation of client's experiences of exhaustion with fulfilling the unrealistic obligations of the identity can be useful in establishing a working relationship that permits exploration of cognitions that discourage self-care and other wellness enhancing behaviors. Encourage clients to consider both the benefits and costs of maintaining rigid adherence to the archetype by engaging in in-depth dialogues using supportive reflection. Treatment modalities consisting of narrative therapies that challenge socialized beliefs and more cognitive approaches that teach reframing and coping skills are also beneficial in addition to more behavioral approaches that encourage setting and enforcing boundaries in relationships and healthy self-care behaviors such as maintain medical appointments. Applicable skills such as mindfulness and meditation are useful tools that support cultural beliefs aligning a holistic approach to wellness that incorporates mind/body and spirit beliefs.

Counselor Education Implications

Findings from this study support CACREP standards mandating the exposure of counselors in training to diversity in social and cultural teachings. This diversity includes exposure to differences in client experiences, symptomology and discourse surrounding mental health. Counselor educators have the responsibility to develop curricula that prepares counselors in training for the diverse populations they will serve. This can only be accomplished through inclusive pedagogies that teach not only the well-worn theories of yester-year but more contemporary works that have been demonstrated to meet the cultural needs of a diverse population. Furthermore, counselor educators should encourage counselors in training to have conversations with their clients about race and racial differences and the perceived impact of those and other differences on the counseling process. Engaging in role-playing exercises that encourage clients to broach the topic of race or having clients conduct a mock session using screening tools designed to explore the experiences of people of color are a couple of ways educators can incorporate more culturally relevant experiential activities into the classroom. Such activities and conversations increase counselor sensitivity which is demonstrated to increase clinician cultural competency.

Future Studies

Findings from the study assert the importance of Strong Black Women's childhood experiences in the manifest of the archetype. The women participating in this story provided rich description of childhood experiences that shaped and enforced their identities. This transgenerational pattern of exposure through implicit and explicit learning is well documented in the literature, however what remains unknown is the role

of fathers and male family members in this learning process. Participant accounts of experiences with male family members calls into question the role and significance of these relationship in the formation of the identity should be investigated to determine how this source of transgenerational messaging impacts Strong Black Women's perceptions of the identity and whether there are implications for adult relationship satisfaction.

Additional studies should investigate sense making of experiences with wellness on a more diverse population of African American women and across different cultures. Participants of this study were all college educated women and the majority had some experience with professional counseling. Differences in sensemaking of wellness may exist for Black women with less education or for those who have not or do not support the use of professional mental health services. Moreover, populations of other minority cultures may also experience and make sense of wellness in ways that differ from the majority culture.

Future studies should also investigate the validity of the Strong Black Woman Cultural Construct Scale (Hamin, 2008) as there is a paucity of researcher documenting its validity and reliability. This measure is promising as a scale to measure wellness among Strong Black Women and has the potential to be a useful tool in clinical work with clients. A quantitative study using a larger sample of participants to demonstrate validity of the measure is recommended. Favorable validity outcomes of a larger study could have implications for treatment of African American women manifesting the archetype as it has the potential to assess the effectiveness of treatment based upon client reports of a lessening of embrace and improved wellness.

Finally, I recommend that future studies consider investigation of a Strong Black Woman Identity Development Model given the extant research that has demonstrated a link between high embrace of the model and increased depression and what appears to be a lessening of embrace for women who have healthier perceptions of strength and more supportive relationships. Specifically, this future study could investigate the correlation between embrace, Strong Black Woman ideology, wellness and supportive relationships to determine if wellness evolves as Strong Black Women lessen their manifest of both the ideologies and behaviors associated with the archetype.

Considerations and Limitations

Qualitative research is a descriptive and interpretive process, which makes it inherently different from quantitative work. As such critiques of qualitative research using a quantitative lens that questions its generalizability or critiques its value to the filed based upon its subjective nature are inappropriate. The characteristics of qualitative research that place emphasis on human experience through rich descriptions are what gives this methodology its uniqueness and makes its appropriate to the counsel field. Rather than discussing limitations of this study I instead will outline considerations that justify my decision making in participant selection procedures, participant reactivity and the recruitment process. In this section I discussed each of these considerations and my attempts to safe guard against their influence on the outcomes of the study.

As a researcher, clinician and woman of color, I view the world through a lens that is reflective of my culture and experiences. I acknowledge that my life experiences offered creative resources (Smith & Osborn, 2007) that influenced my interpretive process. To demonstrate transparency and trustworthiness I engaged in activities that

demonstrated credibility, confirmability, transferability and dependability through the writing of positionality statements, immersion in the data, weekly de-briefings, member checking and use of a research auditor. Further, I took a curious stance when engaging the data that questioned my interpretations, knowledge and experience (Rodham, Fox, & Doran, 2013).

Participants were recruited for this study using a snowballing technique that required gatekeepers to send the email to people they believed might be interested in the study. The snowball developed as potential participants then forwarded the email on to others to develop a pool of participants. What occurred as a result of this recruitment method was a participant pool consisting of college educated women who all had experience in the field of higher education. While this may have been due to happenstance, this recruitment process may have limited access to participation for some who may not have been known to the gatekeepers. Despite this, the creation of a homogenous sample of participants was necessary and provide a balanced platform of participant experience that proved insightful in the analysis phase of the study.

Recruitment materials invited women to participate in a study about their mental health and the Strong Black Woman archetype and wellness. Most participants reported having been involved in professional counseling at some point in their lives and held positive opinions about counseling. Participants were familiar with the archetype and were aware they would be expected to discuss their mental well-being. Therefore, it is possible that participants were more keenly aware of the role and therefore were more inclined to discuss its implications for their mental health. could have implications for how they assigned meaning to the phenomenon.

Conclusion

This study explored the experience of wellness through the lens of African American women who manifest the archetype of the Strong Black Woman. Important insights were gained that helped broadened clinical understanding of cultural differences in wellness, how Strong Black Women make sense of their experiences and how they use the archetype to mitigate experiences of racism and microaggressions that led to racialized stress. It is my hope that this body of work will help treating clinicians and researchers to consider the multidimensions of wellness when working with minority populations

As a researcher and clinician who encounters Strong Black Women in both clinical and research settings I am pleased with the increased insight I have acquired through my exposure to this study. My understanding of the generational transference of the archetype and its use in managing stress has opened my eyes to the ongoing need of the archetype within the Black community. Moving forward I intend to continue research in this area with the hopes of helping Strong Black women gain the tools they need to figure out more effective ways of handling its dual-role traits.

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Appendix A: Introduction and Consent Notice

Dear Participant,

My name is Donya Wallace. I am a doctoral candidate in the Counselor Education and Supervision Department at the University of South Carolina. I am conducting a research study as part of the requirements of my PhD in Counselor Education and Supervision, and I would like to invite you to participate. This study is funded by the National Board for Counselor Certification Minorities Fellowship Program.

I am studying experiences of wellness among Strong Black Women. If you decide to participate, you were asked to complete a demographic survey about your race, age, level of education, employment, marital and parental status, complete a written survey about your experiences as a Strong Black Woman *and* meet with me for two separate interviews lasting about 90 minutes each and participate in a focus group discussion about your experiences with wellness.

In particular you were asked questions about your identity as a Strong Black Woman and your mental health. You may feel uncomfortable answering some of the questions. You do not have to answer any questions that you do not wish to answer. Each meeting will take place at a place of your choosing at mutually agreed upon time and place and should last about 90 minutes. The session interview was audio recorded so that I can accurately transcribe what is discussed. The tapes will only be reviewed by members of the research team and destroyed upon completion of the study.

Participation is confidential. Study information were kept in a secure location at the University of South Carolina. The results of the study may be published or presented at professional meetings, but your identity will not be revealed. You were asked to select a pseudonym to identify yourself. Participation is anonymous, which means that no one (not even the research team) will know what your answers are. So, please do not write your real name or other identifying information on any of the study materials.

You were asked to participate in a focus group. Others in the group will hear what you say, and it is possible that they could tell someone else. Because we were talking in a group, we cannot promise that what you say will remain completely private, but we will ask that you and all other group members respect the privacy of everyone in the group.

You will receive **$25.00** for participating in **each interview for a total of $75.00 for** the study.

If you are a student, participation, non-participation or withdrawal will not affect your grades in any way. If you begin the study and later decide to withdraw, you will still receive research credit *(or)* there are other research credit opportunities available to satisfy your research requirement.

We were happy to answer any questions you have about the study. You may contact me at (803) 730-7705/ donya@email.com or my faculty advisor, Dr. Dodie Limberg, (803) 777-0000, limbergo@mailbox.sc.edu.

Thank you for your consideration. If you would like to participate, please contact me at the number listed below to discuss participating.

With kind regards,

Donya Wallace
Wardlaw College
University of South Carolina
(803) 730-7705
donya@email.sc.edu

Appendix B: Semi-Structured Interview Protocol

Interview 1

1) You've identified yourself as a Strong Black Woman. How did you become a Strong Black Woman?
2) What can you tell me about the women who raised you? Were they Strong Black Women?

    Possible prompts: how did they develop their strength? what do you think made them strong?

3) How did you see the women in your life practice wellness?

    Possible Prompts: how did the women in your life take care of themselves emotionally/ mentally?

4) What lessons did you learn about womanhood, and strength as a child?

Interview 2

1) I've reviewed your responses to *the Strong Black Woman Cultural Construct Scale.* Tell me what it is like to be a Strong Black Woman.

    Possible prompts: How does it feel to be a strong black woman?

2) Is there anything you don't like about being a Strong Black Woman?

    Possible prompt: Can you tell me more about that?

3) What does the word 'strength' or 'being strong' mean to you?
4) How do you define and practice wellness?

Possible prompt: How do you practice or take care of your mental/ emotional health?

5) Is wellness different for Strong Black women compared to other women?

   Possible prompt: How so?

6) Does your identity as a Strong Black Woman impact your sense of wellness?

   Possible prompts: In what ways does being a Strong Black Woman affect your physical/ emotional and mental health?

7) How do you achieve wellness as a Strong Black Woman?

Appendix C: Demographic Survey

1) What is your racial/ ethnic identity? Please select all that apply
    - Asian
    - Black/ African American
    - Caucasian
    - Hispanic/ Latino/a
    - Native American

2) What is your gender
    - Female
    - Male
    - Transgendered

3) What is your age? _____

4) Please select you highest level of education
    - GED
    - High School Diploma
    - Some College
    - Bachelor's degree

- Master's degree
- Doctoral degree

5) What is your employment status?
    - Employed
    - Unemployed
    - Disabled
    - Retired
    - Fulltime/ Part-time student

6) What is your marital status?
    - Single
    - Married
    - Divorced
    - Widowed
    - Separated

7) Do you have children?
    - Yes
    - No

Appendix D: Strong Black Woman Cultural Construct Scale (Hamin, 2008)

Instructions – Please rate how often you think that each of the following statements apply to you.

B1. I believe that it is best not to rely on others.
Never Rarely Sometimes Frequently Almost Always

B2. I feel uncomfortable asking others for help.
Never Rarely Sometimes Frequently Almost Always

B3. I have difficulty showing my emotions.
Never Rarely Sometimes Frequently Almost Always

B4. I do not like to let others know when I am feeling vulnerable.
Never Rarely Sometimes Frequently Almost Always

B5. I believe that everything should be done to a high standard.
Never Rarely Sometimes Frequently Almost Always

B6. I am independent.
Never Rarely Sometimes Frequently Almost Always

B7. I take on more responsibilities than I can comfortably handle.
Never Rarely Sometimes Frequently Almost Always

B8. I believe I should always live up to other's expectations.
Never Rarely Sometimes Frequently Almost Always

B9. I should be able to handle all that life gives me.
Never Rarely Sometimes Frequently Almost Always

B10. I am strong.
Never Rarely Sometimes Frequently Almost Always

B11. I need people to see me as always confident.
Never Rarely Sometimes Frequently Almost Always

B12. I like being in control in relationships.
Never Rarely Sometimes Frequently Almost Always

B13. I cannot rely on others to meet my needs.
Never Rarely Sometimes Frequently Almost Always

B14. I take on others' problems.
Never Rarely Sometimes Frequently Almost Always

B15. I feel that I owe a lot to my family.
Never Rarely Sometimes Frequently Almost Always

B16. People think that I don't have feelings.
Never Rarely Sometimes Frequently Almost Always

B17. I try to always maintain my composure.
Never Rarely Sometimes Frequently Almost Always

B18. It is hard to say, "No," when people make requests of me.
Never Rarely Sometimes Frequently Almost Always

B19. I do not like others to think of me as helpless.
Never Rarely Sometimes Frequently Almost Always

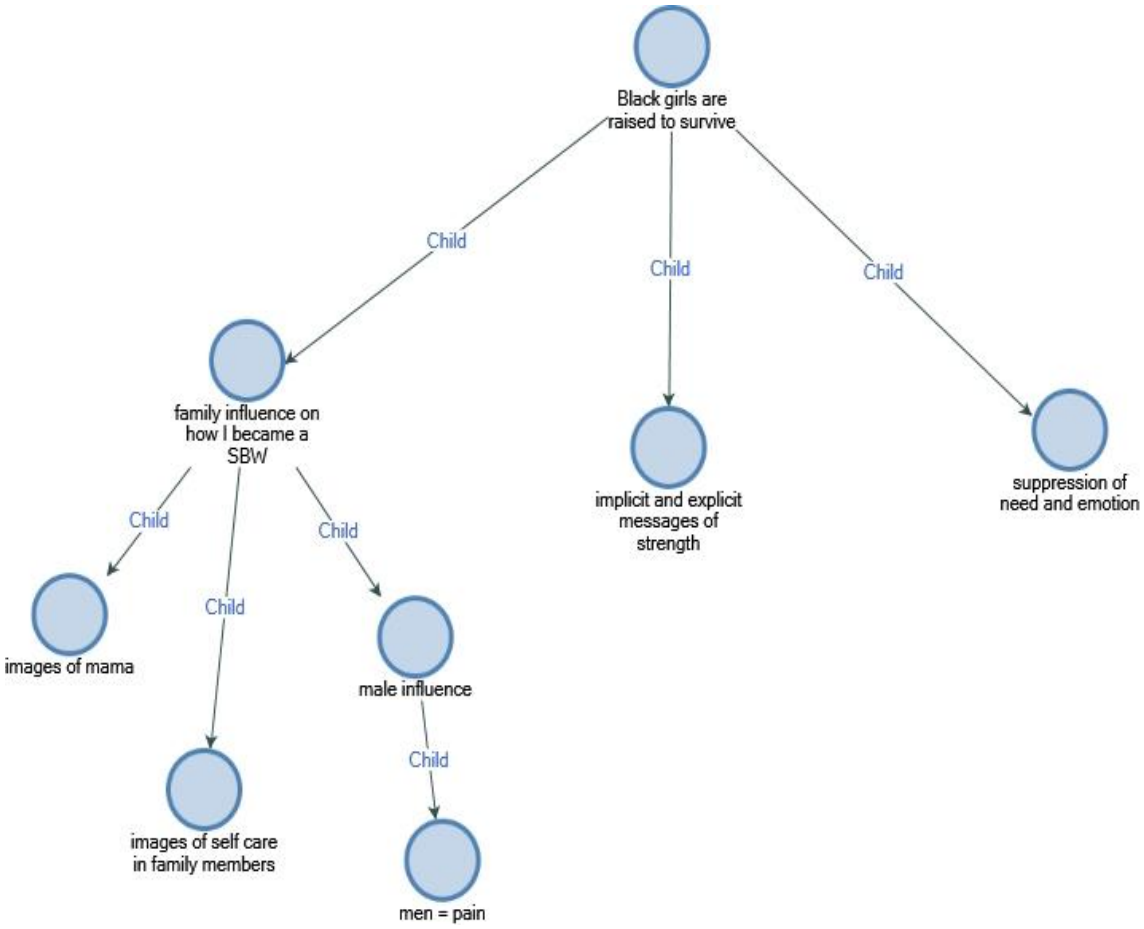
B20. I do not let most people know the "real" me.
Never Rarely Sometimes Frequently Almost Always

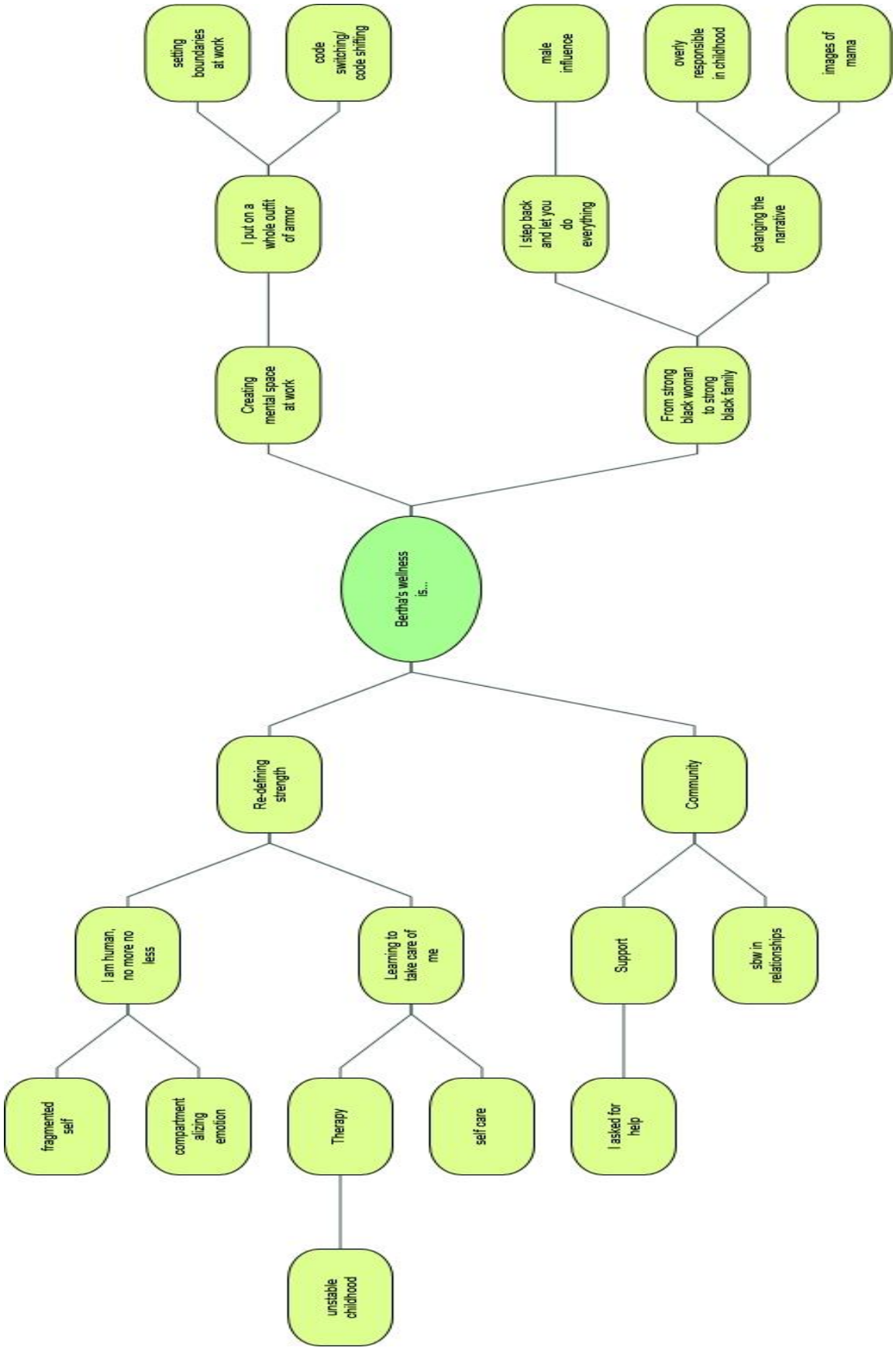
B21. In my family I give more than I receive.
Never Rarely Sometimes Frequently Almost Always

B22. At times I feel overwhelmed with problems.

Never Rarely Sometimes Frequently Almost Always

Appendix E: Example of Mind Maps




Bertha's wellness is...
Re-defining strength
Community
I am human, no more no less
Learning to take care of me
Support
stow in relationships
fragmented self
compartmentalizing emotion
Therapy
self care
I asked for help
unstable childhood
Creating mental space at work
From strong black woman to strong black family
I put on a whole outfit of armor
I step back and let you do everything
changing the narrative
setting boundaries at work
code switching/ code shifting
male influence
overly responsible in childhood
images of mama

Appendix F: Example of Memo

Reflections on April 2nd interview

Achieving wellness for black women means overcoming not just historical traumas but daily oppression that plaques our communities such as when black men and women are gunned down by a law enforcement and criminal justice entities that vow to protect (but who are they protecting), and encounters with racism and microaggressions in the work place. Encounters with racism and microaggressions were a common occurrence expressed by these women and how those chose to address them had implications for wellness. For those who felt strong enough to address it, the battle left them weary but at the same time they deemed it a necessary experience of what it meant to be black in professional spaces and their responsibility to advocate for themselves and others. Tackling this insidious disease left participants feeling burdened, explaining blackness left them exhausted and had implications for wellness.

Code shifting or shifting is the experience of changing one's manner of speech, expressions and mannerisms in other to mimic those of the majority class. This process helps blacks appear more "palatable to whites" and makes it easier for them to exist in white spaces. Shifting is another exhausting experience of black women that has implications for their mental wellbeing, but many see it as a necessity to acceptance. Constantine and Sue (2006) speak of this as one of the strengths black and other oppressed people of color gained as a result of adversity, the ability to shift between their culture and the majority culture and engage in a bi-cultural flexibility. Changes to one's

physical appearance by choosing to straighten one's hair is another example of how black women attempt to shift their identity in white spaces to achieve acceptance. April's poignant example of the Angela Davis references and Legacy's experiences with co-workers commenting on her natural hair demonstrate examples of blatant racism and microaggressions about black women's appearance add fuel to long planted seeds that challenge the attractiveness and self-esteem of black women and enforce the fallacy that being accepted means looking more like white, acting white and sounding white. These experiences add fuel to long planted seeds that black women in their purest, natural form are not enough.

Appendix G: Recruitment Flyer

ARE YOU A STRONG BLACK WOMAN?

Research participant opportunity

African American women are needed to participate in this research study which seeks to address disparities in minority mental health by enhancing awareness of cultural differences and specificity in experiences of wellness.

If eligible to participate, you will be required to participate in 2 individual interviews and a focus group where you will talk about your experiences as a Strong Black Woman and your mental health.

As a "Thank you" for your time, you will be compensated $25.00 after each interview.

To learn more contact DONYA at (803) 730-7705 or email

WHO

African American women aged 18 and older

WHAT

Participate in 2 interviews and a focus group

WHY

To inform clinical knowledge of cultural differences in the experience of wellness by examining how Strong Black Women make sense of wellness

Earn up to $75.00* for your time

DONYA WALLACE
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University of South Carolina
Wardlaw College

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