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Navigating the Strong Black Woman Schema in Treatment Settings

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Black women face an onslaught of daily oppression due to their gender and racial identities. Navigating pervasive stereotypes, microaggressions, and discrimination is intensive emotional labor that engenders adaptive coping strategies to protect the psyche and prevent further trauma. Unfortunately, the techniques used to insulate Black women from the injury and impairment of oppression may also create barriers to mental health treatment, shielding them from seeking help and from developing authentic relationships with therapists.

There are many factors impacting treatment efficacy with Black women, who face considerable barriers to therapy. These include historical trauma related to health care, mental health stigma, culturally dismissive or irrelevant intervention strategies, and ongoing lived experiences of gendered, racialized oppression (Abrams, Hill & Maxwell, 2019; Liao, Win & Yin, 2020; West, 1995). Systemic racism, microaggressions, stigmatized

identities, and damaging stereotypes induce psychological injury and shame, prompting the need for protective coping skills.

An adaptive coping strategy is the *Strong Black Woman* socialization process that positions Black women as strong and resilient in order to offset the brutality of oppression and counter disparaging representations (Nelson, Cardemil & Adeoye, 2016). However, while strength and resilience support empowerment, control, and agency, they can also promote perfectionism, imposter syndrome, caring for others at the expense of self, suppression of emotion, and reluctance to seek assistance or support (Liao, Wei & Yin, 2020). Black women are arduously tasked with developing healthy identities while combating adverse racial and gender associations.

The Strong Black Woman Schema

The Strong Black Woman (SBW) schema is a cultural ideal and a race-gender coping strategy that prescribes expectations of unyielding strength, independence, self-control, caregiving (exhibited by prioritizing others' needs), emotional repression, self-silencing, psychological invulnerability, and endurance despite adversity (Liao, Wei & Yin, 2020). Research suggests that the SBW schema creates pressure and exhaustion for Black women and is a risk factor for negative mental health outcomes including distress, depression, and anxiety (Abrams, Hill & Maxwell, 2019). When internalized, the SBW schema promotes self-criticism, perfectionism, emotional inhibition, poor self-care, feelings of inadequacy, and loneliness (Liao, et al, 2020). Black women are unlikely to utilize mental health treatment, as the idealized expectations of the SBW prohibit help seeking, emotional expression, and vulnerability (Abrams, et al, 2019). If they do seek treatment, psychological distress may go undetected due to the fortitude of the internalized SBW schema, which creates a barrier to connection and the building of rapport.

Consequences of the SBW

An unfortunate consequence of the SBW schema is perfectionism. The ongoing pressure for Black women to maintain strength and stoicism can create an overwhelming and distressing state that results in immobilization, over-analysis, anxiety, and avoidance. At best, perfectionism promotes hard work, perseverance, and a sense of control. At worst, perfectionism imposes a binary perspective that eradicates space to be wrong or learn from mistakes and generates impossible standards which manifest as the ongoing need to prove worth, intelligence, and belonging (Raymundo, 2021).

Imposter Syndrome (IS) is another consequence of the SBW schema and is defined as the maladaptive belief of incompetence,

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despite objective markers of success and achievement. Those experiencing IS are intensely fearful of failure, have difficulty internalizing success, and work hard to manage fears that their fraudulence will at some point be exposed and confirmed by others (Bernard, Jones & Volpe, 2020). Black women are particularly vulnerable to IS because of the SBW schema and its unattainable standard of perfection. IS has been linked to psychological distress, depressive symptoms, and decreased self-esteem in Black women, highlighting the nuanced relationship between intersectionally adaptive coping strategies and psychological damage (Bernard, Jones & Volpe, 2020; Cokely, et al, 2017).

Managing the SBW Schema in Treatment Settings

To develop a healthy identity, maintain agency, and counter gendered and racialized oppression, Black women have employed the SBW schema and perfectionism as internal resources. However, these paradigms have unintended consequences that include extreme pressure, IS, psychological distress, and shame. Clinicians treating Black women must be aware of these dynamics and be prepared to inquire about clients' lived experiences. The following clinical recommendations can support practitioners in creating safer psychological spaces, naming and deconstructing racialized experiences, and developing transparent, authentic relationships.

1. Be curious about intersectional identities.

The intersections of Black women's unique lived experiences related to their multiple intersectional identities impact their perspectives and narratives. Historical trauma, racial stressors, stigma, colorism, and discomfort in help-seeking are critical factors that clinicians must be willing to examine. Curiosity about Black women's nuanced identities, and the power, privilege or oppression that accompanies them, communicates cultural humility and the capacity to develop a genuine relationship.

2. Acknowledge differences between you and your clients.

Many clinicians avoid discourse regarding intersectional differences because of fears of appearing grandiose, upsetting clients, or negatively impacting rapport. Black women are acutely aware of intersectional differences in treatment settings; this dialogue will not derail them. Challenge yourself to verbally acknowledge therapist/client differences. Express your willingness to explore clients' cultural reality. Clinician avoidance of intersectional differences seeds distrust and impairs rapport.

3. Be curious with Black women about what emotions are acceptable and unacceptable, and inquire about how emotional coping strategies maintain those standards.

Black women are frequently stereotyped as angry, hostile, assaultive, and loud. Stereotypes of aggression, compounded by daily microaggressions and a history of social injustice, give Black women ample reasons to be angry; however, the SBW schema and efforts to avoid "Angry Black Woman" stereotypes discourage emotional expressions (Ashley, 2014).

As a result, Black women's suppressed anger may result in psychological symptoms and compensatory behaviors, which can include taking responsibility for the discomfort of others and modification of one's behavior to appear non-threatening. To create a psychologically safe environment for Black women to be vulnerable, clinicians must be able to tolerate and explore clients' anger. Encourage clients to assess if their current coping strategies are effective. If so, therapists can express curiosity regarding cognitive and emotional responses to clients' anger. Clinicians can collaborate with clients to identify adaptive, culturally relevant coping strategies.


4. Maintain an awareness of how Black women are portrayed in television, movies, and social media.

Provide space for inquiry into and deconstruction of societal images of Black women. These clients need space to claim parts of identities that reflect their sense of self, while examining and evaluating parts that denigrate or overwhelm them. Clients can acknowledge their anger while rejecting the stereotypes that confine them. They can care for others while also prioritizing self-care and healing. The SBW can be a protective factor while also rigidly restricting help seeking, self-expression and connection. Black women do not have to completely detach from the SBW schema to appreciate the elements that have been beneficial versus unhelpful.

5. Create a space that liberates Black women from perfectionism and IS.

Assess and acknowledge racism, sexism, and other lived oppressive experiences. Maintain a position of curiosity in inquiring about the coping strategies Black women have developed to cope with oppression, which may include SBW schema or perfectionism. Allow space for making mistakes, validate self-criticism, and encourage consideration that mistakes may result in empowerment, agency, and growth opportunities. Use clinician positionality and clinical spaces to name, explore and dismantle perfectionism and IS. ▲

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