THE IMPACT OF BLACK FEMALE STEREOTYPES AMONG BLACK WOMEN WHO

ALSO EXPERIENCE DEPRESSION AND ANXIETY

by

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(Under the Direction of Rosemary Phelps)

ABSTRACT

The purpose of this mixed methods study was to examine the relationship between the stereotypic roles of Mammy, Jezebel, Sapphire, and the SBW, and depression and anxiety. The quantitative part investigated the relationship between the stereotypic roles of Black women, mental health, and fear of intimacy. It examined if perceived social support moderates the relationship between stereotypes and mental health. The researcher used snowball sampling to recruit 250 participants. Data were collected through electronic survey submission from a Qualtrics secure online study website. Simultaneous linear regression was utilized to analyze the data and test whether there was a relationship between the endorsement of gendered racial stereotypes and symptoms of depression and anxiety for Black women. Jezebel ($r = .567$, $p = .00$) and Sapphire ($r = .299$, $p = .00$) were significantly correlated with overall intimacy-related behavior. The Superwoman Schema ($r = -.162$, $p = .00$) was negatively correlated with overall intimacy-related behavior. This aspect indicates that when these stereotypes are endorsed, lower levels of intimacy-related behaviors are indicated. Each stereotype was positively correlated with mental health symptoms. Superwoman schema ($r = .454$, $p = .00$), Jezebel ($r = .113$, $p = .04$),

Sapphire ($r = .349$, $p = .00$), and Mammy ($r = .423$, $p = .00$) indicating that the endorsement of the stereotypes had higher levels of mental health distress. To investigate whether social support moderates the relationship between stereotypic roles of Black women and mental health, a moderational analysis was used via structural equation modeling. The study found that perceived social support moderated the relationship between Superwoman, Jezebel, and Sapphire and mental health symptoms. The qualitative section employed phenomenological thematic analysis paradigm to interpret participants' account of their lived experiences of these four Black Woman stereotypes. Twelve participants were selected through purposive sampling for the semi-structured interviews. According to the findings, endorsement of Jezebel was related to higher levels of familial social support and depressive symptoms. The Sapphire, Superwoman, and Mammy stereotypes evidenced inverse relations with some or all of the social support dimensions, but showed all dimensions of the DASS, mainly depressive symptoms, anxiety, and stress.

INDEX WORDS: Black Women, Stereotypes, Mental Health, Anxiety, Depression, Mixed Methods, Qualitative Inquiry

THE IMPACT OF BLACK FEMALE STEREOTYPES ON DEPRESSION AND ANXIETY

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DEDICATION

This dissertation is dedicated to everyone who grew up in a single parent household. To every single Black mother who wants more for herself and her family. To every Black woman who has dreams and vision beyond the limits society has set. You are needed. You are loved. I see you. I hear you. I honor you.

thankful for your love, humor, and most of all your patience. Too my loving husband, I was born a Savage and you made it official. I do not know where I would be without your love and kindness. Thank you for being my best friend, my support, my balance, and my companion.

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CHAPTER 1

INTRODUCTION

Background

The prevalence of racism, sexism, and classism have influenced the development of stereotypic roles of Black women (e.g., Mammy, Jezebel, Sapphire, Strong Black Woman [SBW]; Collins, 2000). Although these stereotypes originated from slavery, they have continued to manifest and evolve due to the continuous impact slavery left on the Black community. These gendered racial stereotypes often depict Black women as aggressive, sexually promiscuous, rude, dominant, and loud (Bell, 1992; Eck, 2018; Fordham, 1993; Greene, 1994, 1997; Jackson & Sears, 1992; McNair, 1992; Mitchell & Herring, 1998; West, 1995, 2008). Black Feminist Thought (BFT) posits that there is a need to consider the lens through which these perceptions were made. The stereotypes stem from people who feel threatened by the presence and brilliance of Black women and all they have to offer. In addition to the dearth of literature in general on Black women, the psychological impact of these perceptions on Black women has yet to be extensively explored in the literature. Carrington (2006) asserts that Black women have not been represented adequately in research studies to yield generalizable results. Black Feminist Thought lends itself to helping resolve this dilemma.

BFT and Intersectionality provide a lens for people to understand the complexities of being a Black woman. Intersectionality posits that multiple systems of oppression, based on gender, race, sexuality, and ethnicity are interconnected and must be viewed together (Crenshaw,

1991). Furthermore, BFT asserts that for Black women to truly be heard, their voices must be elevated. The origin of stereotypes of Black women originated from slavery as a gendered-racial form of discrimination and oppression. These stereotypes have remained pervasive and dangerous to Black women. Investigating how these stereotypes are related to depression, anxiety and social support can provide insight to Black women and mental health providers (Railey, 2020).

At the intersection of race and gender, Black women face higher rates of allostatic load (Diez Roux & Mair, 2010; Geronimus et al., 2006). Compounding the fact that Black women were more likely than White women to report common depressive symptoms, such as feelings of sadness, hopelessness, and worthlessness (Liao et al., 2020). The allostatic load speaks to how stress impacts the body. These symptoms can also be exacerbated by the allostatic load, and the physiological burden imposed by prolonged stressors. When Black women face these issues, the instinct is often to turn inward, which relates to the Strong Black Woman Schema. Black women suppress their feelings, persevere, and "push through," which often means that they do not rely on social support or feel like support is available.

No known study has quantitatively and qualitatively examined the association between the four stereotypic roles of Black women, psychological distress, and intimacy-related behavior. Therefore, this study aimed to (1) examine if there was a relationship between the stereotypic roles of Mammy, Jezebel, Sapphire, and the SBW, depression, and anxiety, (2) examine the relationship between the stereotypic roles and intimacy-related behavior, and (3) capture the lived experiences of Black women.

Statement of the Problem

Black people have been identified as a health disparity population by the National Institutes of Health (Williams et al., 2006), and Black women, specifically, have demonstrated negative outcomes across most indicators of adverse health compared to women from other racial and ethnic groups (Belgrave & Abrams, 2016; Woods-Giscombé & Lobel, 2005). These adverse outcomes are also exhibited when considering mental health concerns (Barbee, 1994; Edge & Rogers, 2005). For instance, African American women have been found to report more common depressive symptoms, such as feelings of sadness, hopelessness, and worthlessness, than White women (Liao et al., 2020). Black women are more vulnerable to depression due to racism, sexism, poverty, and cultural socialization (Martin et al., 2013). In addition, Brown and Keith (2003) also found that Black women report higher rates of generalized anxiety disorder, somatization, and panic disorder.

Although factors like socioeconomic status, limited educational attainment, and reduced access to healthcare resources influence these disparities (Kessler, 2003; Watson & Hunter, 2015), intersecting experiences of racism and sexism also uniquely shape Black women's risk for mental health issues (Clark et al., 1999; Lewis & Van Dyke, 2018; Williams & Williams-Morris, 2000; Woods-Giscombé & Lobel, 2008). Although psychological research has prioritized documenting the deleterious influence of racism on people of African descent and sexism on women across race and ethnicity, there has been growing emphasis on understanding the distinct experiences and stressors that exist at the intersection of race and gender (and racism and sexism) for Black women. In fact, according to the Weathering Framework (Geronimus et al.

2006), Black women "weather" unique race and gender experiences that create undue burdens that worsen mental and physical health over time.

When considering Black women's distinct intersecting experiences of racism and sexism, one experience that emerges is the navigation of gendered racial stereotypes. Gendered racial stereotypes are stereotypes that objectify Black women and reduce them to their race and gender (Collins, 1990; Essed, 1991). In the literature, four common gendered racial stereotypes exist for Black women: Mammy, Sapphire, Jezebel, and Superwoman (Abdullah, 1998; Mitchell & Herring, 1998; West, 1995). These stereotypes derived from the institution of slavery as ways to control the narrative of Black women. Mammy is a hardworking, self-sacrificing caretaker, who is often portrayed in the media as an obese, asexual, domestic worker with an unwavering dedication to the White family she works for. Sapphire has been characterized as a harsh speaking Black woman who is rude, loud, and emasculating. She is also often referred to as the Angry Black Woman. The Jezebel stereotype has an insatiable sexual appetite, with a tendency to seduce men (Lomax, 2018). The amalgamation of the strengths of all the aforementioned stereotypes have been combined to create the Superwoman Schema or Strong Black Woman, a stereotype that depicts Black women as enduring, self-sacrificing, and emotionally unbreakable.

Moreover, not only do these stereotypes influence how others perceive and act toward Black women (Brown-Givens & Monahan, 2005; Jones, Harris, et al., 2021; Jones & Norwood, 2016), but also, if internalized, these stereotypes can shape how Black women perceive themselves and behave across contexts and settings (Lineberger & Calhoun, 1983; Nelson et al., 2016; Shorter-Gooden, 2004). Previous research has documented there is a relationship between the internalization of stereotypes and psychological distress (Stephens & Phillips, 2003; Thomas

et al., 2004; Townsend et al., 2010). For example, Thomas et al. (2004) conducted a study which

found that the internalization of Mammy and Sapphire is negatively related to self-esteem. In

addition, one specific life domain that may be greatly impacted by the internalization of these

stereotypes is relationships. Specifically, internalization of these stereotypes may hurt Black

women's intimacy-related behavior and their ability to be vulnerable (e.g., close, intimate) with

others. For instance, the Superwoman stereotype presumes that Black women should handle

situations alone and not depend on others for help (Black & Peacock, 2011; Mitchell & Herring,

1998; Romero, 2000; Sheffield-Abdullah & Woods-Giscombé, 2021; Watson & Hunter, 2015;

Woods-Giscombé, 2010, 2018); the Mammy stereotype presumes that Black women should self-

sacrifice, self-silence, and prioritize others' needs over their own; the Jezebel stereotype portrays

Black women as immoral, sexually promiscuous, and sexually available for the needs of others;

the Sapphire stereotype presumes that Black women are aggressive, dominating, angry and

emasculating and do not need men. Collectively, these messages, if internalized, can harm Black

women's use and perception of social support, which could worsen psychological well-being

(Fung & Webster, 2018). Watson and Hunter (2015) state that low psychological openness may

intensify symptoms of anxiety and depression. Yet, these possibilities have not been explored in

the psychological literature.

Studies have shown that social support mitigates negative psychological outcomes

(Ozbay et al., 2007). However, there have been no known studies on the impact of perceived

social support and gendered racial stereotypes. It is not known how these stereotypes impact

relationships and intimacy-related behavior or how all of these factors work together to impact

mental health. There is a continued need to understand the complexities of Black women. No

known study has quantitatively examined the association between the four stereotypic roles of Black women, psychological distress, and fear of intimacy. Therefore, the purpose of the present study was to examine if there was a relationship between the stereotypic roles of Mammy, Jezebel, Sapphire, and the SBW, depression, anxiety and intimacy-related behavior.

Significance of the Study

This study sought to fill gaps in the literature on Black women and mental health, a population that has often been overlooked in psychological research (Carrington, 2006). More specifically, this study aimed to provide empirical support for the critical role that gendered racial stereotypes have on Black women's relationships and mental health functioning. To date, research has supported the link between some of the stereotypes and the mental health of Black women (Harrington et al., 2010; Romero, 2000; Woods-Giscombé, 2010). For instance, the superwoman and mammy stereotypes have been linked to higher levels of depression, anxiety, and psychological distress in this population (Abrams et al., 2019; Carter & Rossi, 2019; Donovan & West, 2015; Harrington et al., 2010). Additionally, the superwoman and mammy stereotypes have been associated with women's self-reports of lower social support (Watson-Singleton, 2017) and increased self-silencing (Abrams et al., 2019), constructs that both have significance for Black women's relational quality and intimacy. Yet, to our knowledge, virtually no studies have been conducted to examine the relations between all four stereotypes, social support, and mental health symptomatology in Black women. Further, no studies have investigated whether endorsement of these gendered racial stereotypes and perceived social support work in tandem to predict Black women's depressive and anxiety symptoms. Therefore, this study sought to fill this critical gap in the literature by quantitatively exploring how each of

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the individual stereotypes (mammy, jezebel, sapphire, superwoman) relate to depression and anxiety symptoms. The study may also determine how social support impacts the relationship between gendered racial stereotypes and mental health (i.e. depression and anxiety). These findings can help inform clinical practice by providing a better understanding of how Black women understand and seek help for their personal mental health. Utilizing this information to inform interventions that support the strengths of Black women, while still encouraging vulnerability and self-care (Nelson et al., 2016).

Research Questions and Hypotheses

Research Question 1

Is there a relationship between the endorsement of gendered racial stereotypes and intimacy-related behavior for Black women?

Hypothesis 1

There is a positive correlation between gendered racial stereotypes and intimacy-related behavior, such that higher levels of endorsement of gendered racial stereotypes is related to higher levels of intimacy-related behavior.

Research Question 2

Is there a relationship between the endorsement of gendered racial stereotypes and symptoms of depression and anxiety for Black women?

Hypothesis 2

There is a positive association between endorsement of gendered racial stereotypes and mental health symptoms (i.e., depression and anxiety) for Black women, such that as women

report greater endorsement of gendered racial stereotypes, their self-reports of depressive and anxiety symptoms increase.

Research Question 3

Does perceived social support moderate the association between gendered racial stereotypes and mental health symptoms (i.e., symptoms of depression and anxiety) in Black women?

Hypothesis 3

Perceived social support moderates the link between gendered racial stereotypes and mental health symptoms, such that elevated endorsement of gendered racial stereotypes and low levels of perceived social support interact to predict higher levels of depression and anxiety symptoms in a sample of Black women.

Definition of Terms

The definitions of the following terms are intended to ensure understanding and uniformity of the terms used throughout the study.

Black Women. Self-identified women of African descent.

Intersectionality. The complex, cumulative way in which intersecting identities (gender, race, class, sexuality, ethnicity, nation, ability, and age) and related systems of oppression cannot be understood separately.

Controlling Images. Images designed to make racism, sexism, and poverty appear to be natural, normal, and an evitable part of everyday life (Collins, 2000).

Gendered-Racial Stereotypes. Stereotypes that exist at the intersection of race and gender for Black women that include the four common stereotypic roles of Black women: Mammy, Sapphire, Jezebel, and Superwoman (Collins, 1990; Essed, 1991).

Allostatic Load. A form of stress that studies show is associated with biological disruption via dysregulation of the body's primary stress response system (Collins, 2019; Lunyera et al., 2019).

CHAPTER 2

LITERATURE REVIEW

Black women experience racism and sexism that is influenced by societal stereotypes and controlling images (Collins, 1990; Essed, 1991). Gendered racial stereotypes are the result of the intersections of sexism and racism. The Mammy, Jezebel, Sapphire, and Superwoman are gendered racial stereotypes that serve as a form of oppression. Due to the intersections of race and gender, Black women have unique stressors (Shorter-Gooden, 2004; Woods-Giscombé & Lobel, 2008).

Mammy

The Mammy stereotype sprung as an offensive racial image created in the course of slavery and propagated mainly through minstrel shows. Her hearty laughter, wide grin, as well as loyal servitude were presented as evidence of the made-up humanity of slavery as an institution (Collins, 2000). Thought to be a trustworthy figure in the imagination of the white people, Mammies were a representation of contentment and assisted as nostalgia for whites that sought racial equality (Wallace-Sanders, 2008). The Mammy stereotype highlights Black women's ability to complete domestic tasks (Wallace-Sanders, 2008). They worked in the houses of white families and took care of their children. The trope portrayed the image of a domestic worker possessing unwavering loyalty to the slaveholders, as counsel and caregivers (Wallace-Sanders,

2008). This portrayal ultimately aimed at legitimizing slavery as an institution. The Mammy stereotype rose in its popularity following the Civil War and into the 1900s (Collins, 2000). During this time, her strong grinning likeness was linked to mass-produced consumer goods.

The Mammy stereotype was further thrust into the mainstream by the flourishing advertising industry. The image was used in the sale of household items, particularly detergents, breakfast foods, beverages, sewing accessories, as well as planters (Collins, 2000). Its most successful commercial expression remains to be Aunt Jemima. Mammy, as a controlling image, pursues the manipulation of attitudes towards Black matriarchs and Black familial structures (Jenkins, 2021). Many Black women in America who maintain families on their own frequently feel as though they have erred. Black women have been deemed as insufficient, inadequate, and ultimately subservient to the rest of the binary groups such as Black men, white men, and white women (Collins, 2000).

This image of Mammy was often depicted in the media as a dark-skinned woman, obese, and serving as a maid (Thomas et al., 2004). Images emerged on the screen with Stokes' (2007) *Gone With The Wind in* 1939 and Hattie McDaniel's role as Mammy. Current depictions include actress Viola Davis in the movie *The Help* and *Tyler Perry's Madea*. These representations show that the influence and impact of the stereotype is still very relevant (Fontaine, 2011). Previous research has examined how the internalization of the Mammy stereotype may lead to the need to take care of others at the expense of one's own health (West, 1995). There is a lack of research on how the internalization of this stereotype impacts mental health and intimacy-related behavior.

Superwoman

The Superwoman also known as the Strong Black Woman is an intersection of strength, stress, self-sacrifice, and emotional suppression. With the origins beginning in slavery, this stereotype typified Black women as possessing greater physical and psychological strength compared to white women. Moreover, this stereotype depicts Black women as strong, resilient, and self-sacrificing (Collins, 2000). Previous research has defined the Superwoman schema as a "perceived obligation to remain silent about feelings of distress or vulnerability, to present an image of strength for families and communities, and to take the needs of others while neglecting one's own needs", (Beauboeuf-LaFontant, 2007; Hooks, 1993; Lovejoy, 2001). Superwoman has transformed from a justification for White people to place greater strain on Black women, to a coping strategy for Black women (Beauboeuf-LaFontant, 2007).

The paradoxical nature of this stereotype places Black women in a complicated position. This woman is characterized as lacking the same insecurities, weaknesses, and fears compared to other women but further believes that she is emotionally stronger than the majority of the men (Woods-Giscombé, 2010). The Strong Black Woman has persevered through generations. It can be observed through unfair expectations from Black family members as well as the larger society that Black women are expected to be the pillars of the Black family by offering emotional, physical, as well as economic support even where it is seldom repaid (Collins, 2000). Black women have become by-products of culture, teaching them to diminish the gravity of their problems. Black women have had to internalize the myth of a Strong Black Woman by being self-reliant and autonomous and by diminishing their stress and emotional challenges, fearing that other individuals will think they are weak (Reynolds-Dobbs et al., 2008).

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Over the years, it has been reinforced by the "myth" that Black women do not get depressed (Beauboeuf-LaFontant, 2007). These portrayals of Black women are positioned within previous stereotypes, such as mammy, as the Strong Black woman taking care of everybody. It further suggests that Black women have more tolerance to pain as well as harsh conditions (Nelson et al., 2016). There are adverse mental and physical health outcomes that are linked to accepting this stereotype.

Research studies indicated the Strong Black Woman stereotype is still very relevant (Nelson et al., 2016). In addition, Superwoman is portrayed in the media through many mediums. For example, Angela Bassett as Tina Turner in the movie *What's Love Got to Do With It* (1993)*.* This commendation may seem to be a positive thing as it appears to provide Black women with safeguards against the many stressors that they need to grapple with daily (Brown-Givens & Monahan, 2005). Black women are expected to exemplify strength, even when they are unable to do so. They may feel as though they have to isolate themselves from friends, families as well as the wider community (Warren-Gordon & Mencias McMillan, 2022). This can result in difficulties in maintaining work duties and balancing the emotional responsibilities of motherhood as well as in fostering intimate relationships (Reynolds-Dobbs et al., 2008). It has further been identified that the image of the Strong Black Woman as matriarch serves a vital role for white fantasy – to justify the conviction of endurance excusing, even while refuting any significant damage done against black women via white sexism and racism. The image has been noted to help white women hold the belief that Black women evade oppression based on their strength (Collins, 2000).

Though people understand this narrative that shines a light on Black women and their strength and resiliency, it still stems directly from the physical and psychological hardships long imposed on them. With this seemingly newfound viewpoint of Black women, there sprouts a collective realization that they have been the backbone of America with little to no resources available to help rehabilitate after years of trauma. The need to always display strength puts the mental health of Black women at risk and can be linked to stress, anxiety, and depression (Abrams et al., 2019). Black women fail to seek treatment for symptoms or misdiagnoses because they have chosen to withdraw from treatment due to a lack of resources and support. The lack of support for Black women leads to the minimization of symptoms and allows for Black women to write off their feelings of stress or anxiety, characterizing it as weakness instead of an illness deserving professional attention (Abrams et al., 2019; Anyiwo et al., 2022; Watson-Singleton, 2017).

Previous studies have shown that the expectations of the SBW, gendered-racial schema, negatively impacts Black women's overall mental health (Beauboeuf-LaFontant, 2007; Harrington et al., 2010; Michele, 1999; Mitchell & Herring, 1998; Wallace, 1993; Woods-Giscombé, 2010; Woods-Giscombé & Lobel, 2005). For example, previous studies have linked the SBW schema to negative mental health outcomes like depression, anxiety, and binge eating among Black women (Donovan & West, 2015; Harrington et al., 2010; West et al., 2016). Black women continue to experience financial hardship, primary caregiving responsibilities, racism, and sexism, which continue to reinforce the SBW schema (Beauboeuf-LaFontant, 2007; Harris-Lacewell, 2001; Thomas et al., 2004).

Lastly, the Strong Black Woman (SBW) schema is characterized by endurance, resilience, and strength (Anyiwo et al., 2022; Watson-Singleton, 2017). This stereotype emerged from Black women adapting to survive and is often the reason why Black women's depression and anxiety symptoms go unexpressed (Watson & Hunter, 2015). There have been countless pieces of media that display Black women enduring and still surviving.

Sapphire

Sapphire is often referred to as the Angry Black Woman (ABW), portrayed in the media as sharp-tongued and emasculating (Ward et al., 2015). The *Amos 'n Andy* show popularized the characterization of Black women as Sapphire. This show specifically portrayed Black women as loud, emasculating, aggressive, angry, stubborn, and unfeminine. She was created to punish Black women who violated societal norms, encouraging Black women to be passive, non-threatening, subservient, and unseen. During the 1800s to the mid-1900s, this stereotype was referred to as "Sassy Mammy" (Boylorn, 2017).

Throughout the years, the entertaining characteristics of Sapphire became comical and represented in shows like *The Jeffersons* (Florence Johnston)*, Sanford and Son* (Aunt Esther), *and Martin* (Pam)*. These images impact Black women both internally and externally. Internally, Black women may battle with expressing themselves in different environments (i.e. work, relationships) for fear of being stereotyped as the Angry Black Woman. This stereotype is particularly externally, the well-known image causes prejudice against Black women.

If one pays attention to how Black women are treated historically, it is easy to understand the deep-rooted anger that would be present in any group of people subjected to the kinds of neglect faced by Black women. This anger is a tool that has again been weaponized and used

against Black women in the long list of stereotypes associated with them (Ashley, 2014). Sapphire originated from the 1940s *Amos 'n' Andy* television show. Sapphire was the opposite of Mammy, loud, boastful, and frequently engaged in verbal assaults. People also refer to Sapphire as the "Angry Black Woman" due to her attitude and nature. "The Angry Black Woman" originated from the interactions with Black men. This caricature uses the trauma and anger of Black women and exploits it, using it as another indicator of how all Black women react (Alameen-Shavers et al., 2016). Black women's sense of vulnerability is repressed with the idea that aggression is one of their only traits. Nevertheless, the fear of being labeled the "Angry Black Woman" drives black women into suppressing their emotions, which is a threat to their resilience (Ashley, 2014; Judd, 2019).

There is a dearth of research connecting the Angry Black woman to vulnerability. Many Black women try to avoid being stereotyped as the Angry Black Woman (Jones & Norwood, 2016) and, in turn, do not exercise their voices, especially in work settings. However, the descriptions (e.g. loud, tough, strong) of the Angry Black Woman imply that there is a lack of vulnerability (Donovan, 2011). In addition, scholars discuss how the Black women's experiences go unrecognized, and when their voices are exercised, they are rendered hyper-visible and threatening (Jones, Hill-Jarrett, et al., 2021; Jones & Norwood, 2016).

It is important to recognize that many Black women would agree that Black women are strong and resilient like Sapphire, but the trope exaggerates the dynamic between Black men (Simmons, 2020). The dynamic between Black women and Black men is often portrayed as tumultuous, with Black women being man-hating and bull-busting like the character on the *Amo 'N' Andy Show* (1951). Sapphire also known as the Angry Black Woman is often portrayed as

nagging, argumentative, loud, and emasculating, more recently in the media, Gabrielle Union's

role in *Deliver Us from Eva* was Sapphire personified. This stereotypic portrayal of Black

women contributes to Black women not being seen as vulnerable or worthy of love.

Jezebel

The Jezebel has historically been described as a hypersexual Black woman with an

insatiable sex drive. This archetype is founded on the institution of slavery, and it was created to

rationalize the abuse, mistreatment, as well as sexual violence of Black women by slave owners

(Reynolds-Dobbs et al., 2008). The representation of Black women as lascivious by nature is a

stereotype that has lasted for a long time. Conventionally, white women, as a category, were

depicted as models of self-control, self-respect, sexual purity as well as modesty. On the other

hand, Black women were characterized as predatory and inherently promiscuous (Brown-Givens

& Monahan, 2005). This portrayal of Black women is signified by the name Jezebel.

In the course of the first half of the 20th century, images of this myth of insatiable

sexuality assisted the colonial society to excuse the routine sexual exploitation of enslaved Black

women (Anderson et al., 2018). This belief has continued to endure, it has made Black women

more susceptible to sexual assault, and they have a lower likelihood of being believed when they

are violated. The fear of Jezebel further frequently results in Black women denying their natural

sexual urges to dispel this misconception about them (Anderson et al., 2018; Wyatt et al., 1995).

The depiction of Black women as Jezebel can be noted across various facets of popular culture.

In the course of the first half of the 20th century, images of entirely nude or topless Black women

were frequently displayed on souvenir items, ashtrays, drinking glasses, figurines, and planters

(Anderson et al., 2018). There is currently controversy over hip-hop artist Meg the Stallion's image and most recent song "W.A.P.", which explicitly talks about the power of sex.

Stereotypes and Mental Health

Fisk & Taylor (1991) describe stereotypes as cognitive shortcuts that are also evolved adaptations that facilitate efficient information processing and broader functions that help individuals survive. Research posits that although stereotypes are natural, they are often harmful since they overgeneralize characteristics of others and are highly resistant to evidence that disconfirms the stereotype (Devine & Elliot, 1995; Sidanius & Pratto, 1999). There has been a plethora of scholarships that demonstrates that discrimination as well as other forms of unfair treatment as a result of stereotypes have negative impact for individuals in various aspects of their lives including but not limited to physical and mental health, academic achievement, and upward social mobility (David & Collins, 1991; Fordham & Ogbu, 1986; Abdou & Fingerhut, 2014).

Specifically for Black people, empirical research illustrated that discrimination and racism leads them vulnerable to poorer health outcomes, differences in treatment, and mental health disparities across socioeconomic status (Hudson et al., 2016). Explicitly, research has shown that perceived discrimination among Black women has been linked to increased symptoms of depression and anxiety (Jerald, Cole, Ward & Avery, 2017; Keith, Lincoln, Taylor & Jackson, 2010) and lower rates of self-care (Mouton et al., 2010). Black women face unique forms of discrimination due to their positioning at the intersection of race and gender (Collins, 2000). The existence of stereotypes regarding Black women is prevalent, persistent, and deeply rooted in America (Collins, 2000) which may contribute to Black women reporting higher rates of generalized anxiety disorder, somatization, and panic disorder (Brown & Keith, 2003).

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A study conducted by Jerald et al., (2017), found that 609 young Black women revealed that their awareness that others hold negative stereotypes of them as Black women predicted negative mental health outcomes (e.g., depression, anxiety, and hostility) which then predicted diminished self-care behaviors and greater drug and alcohol use for coping. Additionally, findings from a study conducted by Abdou & Fingerhut (2014) suggests that Black women experiencing stereotype threat reported significantly greater anxiety in health care settings than any other racial group suggesting that negative stereotypes is an overlooked social barrier contributing to health disparities.

Social Support

Past research has shown that perceived social support has an impact on mental health. Lin (2009) defines social support as the microsystem that is perceived or actual, instrumental, or expressive, resources supplied by someone in a person's social circle. Further research states that individuals who report higher levels of social support show more resiliency following adversity (Southwick et al., 2016). The focus of this study was to examine the impact of gendered-racial stereotypes on Black women's mental health. Specifically, focusing on anxiety and depression due to the prevalence among Black women.

This study focused on depression and anxiety because these symptoms have been occurring at the expense of black women's strength; for long, they have been associated with negative attitudes rather than psychological challenges (Watson & Hunter, 2015). Existing research identifies social support as a protective factor (Bronder et al., 2014; Flanders et al., 2019). However, social factors (social support and healthy relationships) are protective (Chang, 2018). Black women with strong social support networks are more likely to report better mental

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health outcomes (Chatters et al., 2018). Social support can play a significant role in promoting

positive mental health outcomes for Black women in America (Steers et al., 2019). It could be

that these stereotypes prevent intimacy-related behavior, however, that has not been examined

(Pickover et al., 2021).

CHAPTER 3

METHOD

This chapter describes the research design for this study. First, I provide a brief explanation of the study phases and then discuss the rationale for conducting an explanatory, participant selection mixed methods design. In this chapter, I also discuss the sample selection process and criteria for each phase of the study.

Phase One: Quantitative Research Methods

Quantitative research methods were utilized to investigate whether there was a relationship between the stereotypic roles of Black women, mental health, and intimacy related behavior. I also examined whether perceived social support moderates the relationship between stereotypic roles and mental health among Black women.

Sample Size

An *a priori* power analysis was conducted utilizing G*Power to determine the minimum requisite sample size (See Appendix C). The power analysis indicated that 218 participants were necessary to detect a good fit with a power of .85 ($d = 1$, $\langle = .05$). To account for attrition, the researcher sought a sample of 250 participants.

Description of the Sample

All participants in this study self-identified as Black women. In order to be included in the study, they had to be at least 18 years old. There was no upper limit on age for inclusion for this study. The sample was solely comprised of Black women who were native-born or of immigrant status. Participants were recruited via social networks (Black sororities and Facebook), listservs, and emails. A flyer was created and posted on the primary researchers Facebook page and made shareable. The flyer contained the criteria needed to participate in the study along with a link to the survey. The flyer is located in Appendix I. The flyer was also posted on sorority social media pages and listservs.

Research Questions and Hypotheses

Research Question 1

What is the relationship between the endorsement of gendered racial stereotypes and intimacy-related behavior among Black women?

Hypothesis 1

There is a positive correlation between gendered racial stereotypes and intimacy-related behavior, such that higher levels of endorsement of gendered racial stereotypes will be related to higher levels of intimacy-related behavior.

Research Question 2

What is the relationship between the endorsement of gendered racial stereotypes and symptoms of depression and anxiety among Black women?

Hypothesis 2

There is a positive association between endorsement of gendered racial stereotypes and mental health symptoms (i.e., depression and anxiety) for Black women, such that as women report greater endorsement of gendered racial stereotypes, their self-reports of depressive and anxiety symptoms will increase.

Research Question 3

Does perceived social support moderate the association between gendered racial stereotypes and mental health symptoms (i.e., symptoms of depression and anxiety) among Black women?

Hypothesis 3

Perceived social support moderates the link between gendered racial stereotypes and mental health symptoms, such that elevated endorsement of gendered racial stereotypes and low levels of perceived social support interact to predict higher levels of depression and anxiety symptoms among a sample Black women.

Procedures

Recruitment of Participants

The study was advertised as a survey examining the relationship between the stereotypic roles of Black women and mental health. Study information was sent to college listservs, community organizations (e.g. churches, sororities), HBCUs, and social media sites. People who receive the solicitation for the study were encouraged to share this study amongst community members (e.g., snowball sampling). To encourage participation, participants were invited to

participate and in return they would receive a $10 Amazon gift card. Interested individuals had to meet inclusion criteria in order to participate in the study.

Data Collection

Data were collected through electronic survey submission via a Qualtrics secure online study website. The researcher screened the participants to ensure they met the inclusion criteria to participate in this study. Eligible participants proceeded to the consent page, where they had to click on the "I Agree" button before completing the study. Once data were collected, the researcher uploaded them into an SPSS file for analysis.

Instruments

This section will describe the instruments utilized in this study. There was a total of four instruments used in conjunction with a demographic questionnaire.

The Stereotypic Roles for Black Women Scale (SRBWS). The SRBWS (Appendix E) is a 34-item validated scale that has been used to examine the perceptions and stereotypes of African American women. The scale has four subscales that correspond to the four common stereotypes in Black women: Mammy, Jezebel, Superwoman, and Sapphire. Items are rated according to a 5-point Likert-type scale ranging from 1 = strongly disagree to 5 = strongly agree. Higher scores indicate more agreement or endorsement of these images. Mammy items include "I feel guilty when I put my own needs before others," "People often expect me to take care of them," and "I am always helping someone else." Jezebel items include "Black women will use sex to get what they want" and "Black women are usually angry with others" and "People respond to me more if I am loud and angry." Superwoman items include "Black women have to be strong to survive" and "If I fall apart, I will be a failure." Moderate internal consistency

reliability has been found for each of the subscales: Mammy (.52), Sapphire (.70), Jezebel (.72), and Superwoman (.67) Thomas et al., 2004; Townsend et al., 2010). Additionally, construct validity has been supported through an expected significant correlation with self-esteem.

The Depression Anxiety Stress Scale (DASS-21). The DASS-21 (Appendix F) is a 21-item, 4-point Likert-type self-report inventory composed of three subscales: anxiety, depression, and stress (Lovibond & Lovibond, 1995). Each subscale is comprised of seven items. Item responses range from 0 = Did not apply to me at all to 3 = Applied to me very much, or most of the time. Items include "I felt scared without any good reason" (anxiety subscale); "I felt that life was meaningless" (depression subscale); and "I found it hard to wind down" (stress subscale). Norton (2007) found that the scales had internal consistency with African Americans (depression = .840, anxiety = .810, stress = .876).

Functional Analytic Psychotherapy Intimacy Scale (FAPIS). This 14-item self-report questionnaire is rated on a scale from 1 (not at all) to 6 (completely) and has three subscales termed *Hidden Thoughts and Feelings, Expression of Positive Feelings, and Honesty and Genuineness* (Leonard et al., 2014). Participants were asked to select a relationship in their lives to select their answers. An example of an item is "I was comfortable discussing significant problems with this person". The factors as well as the total score was found to have excellent internal consistency (*Hidden Thoughts and Feelings* α =.86, *Expression of Positive Feelings* α =.93, and Honesty and Genuineness α =.92, and FAPIS total α=.91*).

Multidimensional Scale of Perceived Social Support. The MSPSS (Appendix D) is a 12-item self-report that measures perceived support from family, friends, and a significant other

(Zimet et al., 1988). Each of the three subscales (i.e., family, friends, significant other) are assessed with four items. Participants answer items on a 7-point Likert-type scale (1 = very strongly disagree to 7 = very strongly agree). An example of an item is "My family really tries to help me". The MSPSS was found to have good construct validity and internal consistency with a range of 0.85 to 0.91.

Demographic Questionnaire. The demographic questionnaire was created by the primary investigator. This questionnaire asked about the following information: age, educational attainment, parental status, race, and ethnicity.

Analysis Strategy

Phase One: Quantitative

Research Question 1. What is the relationship between the endorsement of gendered racial stereotypes and intimacy-related behavior for Black women?

Hypothesis. To investigate whether stereotypic roles of Black women predict intimacy-related behavior, a simultaneous linear regression analysis was utilized. The predictor variable for the analysis was the stereotypic roles of Black women (as measured by the SRBWS). The outcome variable for the proposed analysis was intimacy-related behavior (as measured by the FAPIS).

Analysis. Simultaneous linear regression was utilized to analyze the data.

Research Question 2. What is the relationship between the endorsement of gendered racial stereotypes and symptoms of depression and anxiety for Black women?

Hypothesis. To investigate the relationship between the stereotypic roles of Black women and mental health, a regression analysis was utilized. The predictor variable for the

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analysis was the stereotypic roles among Black women (as measured by the SRBWS). The outcome variable for the analysis is mental health (as measured by the DASS-21, see Appendix F).

Analysis. Simultaneous linear regression was used to test whether there was a relationship between the endorsement of gendered racial stereotypes and symptoms of depression and anxiety for Black women.

Research Question 3. Does perceived social support moderate the association between gendered racial stereotypes and mental health symptoms (i.e., symptoms of depression and anxiety) in Black women?

To investigate whether social support moderates the relationship between stereotypic roles of Black women and mental health, a moderational analysis was used via structural equation modeling. The analysis was conducted to investigate mental health (as measured by DASS-21, see Appendix F) as an outcome variable of the stereotypic roles of Black women (as measured by the SRBWS). Perceived social support (as measured by the MSPSS) was examined as a moderator of the relationship between stereotypic roles of Black women and mental health.

Phase Two: Qualitative

Qualitative Question. How do Black women's lived experiences of these gendered-racial stereotypes manifest in their daily lives?

The Design. The explanatory design-participant selection model allows the researcher to purposefully select participants from the same data set in order to follow up and better explain the quantitative data.

Paradigm. The ontological, epistemological, and axiological stance that the transformative paradigm maintains, aligns with my values as a researcher. The epistemological stance maintains that knowledge is true if it can be turned into practice that empowers people and changes their lives. Therefore, the researcher engages in collective meaning-making with community members who are participating in the study. Furthermore, knowledge is constructed from the participants' lived experiences. Specifically, this perspective speaks to how social, political, and cultural factors (Newman, 1998) influence complex lived experiences among Black women (Lewis et al., 2016). The study is based on phenomenological thematic analysis paradigm. This concept follows a series of factors aimed at interpreting people's account of their lived experiences and explicates the underlying structure of their accounts (Sundler et al., 2019). Specifically, this paradigm identifies meanings from data, organizes data into patterns, and depicts themes related to the context and aim of the study (Spiers & Riley, 2019). This paradigm specifically seeks to destroy myths and empower people in society.

Participants. After completing quantitative surveys, participants were asked to indicate if they would be willing to participate in the Qualitative phase of the study. A subsample was selected based on participants' indication that they were willing to be contacted for follow-up. There were a total of 12 participants selected for the semi-structured interviews. These participants were interviewed by the primary researcher. There is no specific or ideal sample size for qualitative work, although some theorists have provided suggestions based on the goals of a study (Merriam & Tisdell, 2015). Beitin (2012) suggests a range from a lowest of 6 (assuming themes begin to arise with 6 interviews) to 12 participants (pg. 244) and Creswell (1998) suggests between 5 and 25 participants.

Data Collection. The researcher scheduled individual interviews with research participants based on availability and time preference. The primary investigator conducted all interviews using a semi-structured interview protocol that provided information on the lived experiences of the participants. Each interview ranged from 25 to 47 minutes, and they were conducted and recorded via Zoom. The interview protocol is located in the Appendix G.

Research Team. The research team consisted of two members and the primary researcher. The team members were students, one undergraduate and one graduate student, both of who identified as African American/Black. The first member was a cisgender female who was in her senior year of undergraduate school. The second member identified as a Black trans male. They were selected to assist with the transcriptions and analysis of data. Two of the interviews were transcribed by the researcher and 10 were transcribed by the research team. The primary researcher conducted a training on coding utilizing the first interview with the research team members.

The researcher and the two members simultaneously coded and then discussed the codes. Research assistants were provided with the audio and the zoom transcription of each interview. Research assistants were instructed to listen to the interview and make corrections to the initial transcription. After the initial transcription of each interview, the primary researcher reviewed each transcription to ensure accuracy. Participants' names were de-identified from the moment they were interviewed. Once the interviews were completely transcribed, they were stored on the program NVivo for data analysis and coding. The lead researcher purchased NVivo for each research assistant in order to analyze the data and record their memos.

Primary Researcher's Positionality

I am a 31-year-old, Black cisgender female doctoral candidate in Counseling Psychology at the University of Georgia. I have always tried to understand the essence of who we are as Black women, and as dynamic as we are, I feel there is not enough research/information dedicated to understanding our complexities. Growing up in a single-parent household with two younger sisters was nothing less than interesting. As I matured and continued to study psychology, I started to look at my mother through a different lens. I started to not only understand her, but my grandmother as well. My grandmother was strong, loving, independent, and courageous. She embodied the definition of a Strong Black Woman, which is a combination of all the best parts of Mammy, Jezebel, and Sapphire. My grandmother did not tolerate negativity from anyone and at the same time, she was there when people needed her.

My mother raised us with the help of my grandmother and, sometimes, my father. Being surrounded by women, I grew up not having a choice but to be strong. I saw the women in my life simultaneously work and take care of family, especially my mother who was a single parent. I did not realize until I got older why my mother was so stressed and angry a lot of the time. I did not fully understand what it meant to be a Black woman until I had my own child and continued to achieve in higher education.

I struggled to balance school, work, and my son throughout my undergrad, graduate, and doctoral education. I faced microaggressions that I did not have the vocabulary to name. The expectation that I would be okay no matter the situation became my personality. It became my only option. Thus, embodying the Superwoman Schema, I recognized that resilience takes its toll, but I did not know how to take off the cape.

I have been stereotyped several times in my life, but my awareness of the origin of these stereotypes did not occur until I started to research Black women's history in relation to mental health. Being introduced to Black Feminist Thought gave me a lens that made sense, especially being a minority in higher education. There were plenty of times that I "went against the grain" and my peers could not understand why I could not just sit back and "take it". It felt different for me, it was an unnecessary addition to the allostatic load that I was already carrying.

As I continued to think about my research, I continued to think about my journey and how there is limited research on the experiences of Black women. I wanted to know how other Black women were socialized into our Black Girl Magic society. It became apparent that the things we were highlighting about Black women were also the things holding us hostage. The strength that is praised and admired is also the reason that we often suffer in silence. When we do speak up, we are too angry, too loud, and unprofessional. We take care of our younger siblings, cousins, and neighbors when we still need a caregiver ourselves. When we are lost and looking for love, we are seen as promiscuous and often victimized. We…I was all of these women. I conducted this study because I wanted to take a deeper look at the essence of who we are and how it is impacting us.

CHAPTER 4

RESULTS

This quantitative data was collected through surveys utilizing Qualtrics. The lead researcher then transferred the data to SPSS, reviewed the data, and deleted any responses that were incomplete, meaning the participant did not answer all of the questions in the survey. If the participant did not answer the question in about age in the demographic survey their responses were still included.

Demographic Data

Participants

There was a total of 480 responses. After the data were cleaned for people who did not answer all of the survey questions, there was a total of 331 female participants; 68.9% self-identified as African American, 17.2% self-identified as African, 12.1% self-identified as Caribbean, 1.2% self-identified as Biracial, .3% identified as Multiracial and .3% as other. As indicated in Table 1 (Appendix A), 38.1% of the population held an advanced degree, 20.8% Bachelor's degree, 11.5% Community College/Associate Degree, 27.8% Vocational/Technical School and 1.8% High school education. Their ages ranged from 18-70 and 127 participants did not identify their age (See Table 1 in Appendix A).

Quantitative Data Analysis

This study utilized the Functional Analytic Psychotherapy Intimacy Scale (FAPIS) to measure intimacy-related behavior (Leonard et al., 2014). Participants were asked to select a relationship in their lives based on three subscales Hidden Thoughts and Feelings, Expression of Positive Feelings, and Honesty and Genuineness. For this study, Hidden Thoughts and Feelings $\alpha = .86$, Expression of Positive Feelings $\alpha = .93$, and Honesty and Genuineness $\alpha = .92$, and FAPIS total $\alpha = .91$. The total score and the subscales were used to examine correlations with the subscales from the Stereotypic Roles for Black Women Scale (SRBWS). The SRBWS was used to measure the endorsement of Black female stereotypes. The scale has four subscales that correspond to the four common stereotypes: Mammy, Jezebel, Superwoman, and Sapphire. Higher scores indicate more agreement or endorsement of these images. For this study, Mammy $\alpha = .564$, Sapphire $\alpha = .719$, SWS $\alpha = .624$, Jezebel $\alpha = .840$.

This study also examined the relationship between the SRBWS subscales and mental health symptoms. Mental health symptoms were measured by the Depression Anxiety Stress Scale (DASS-21) which is composed of three subscales: anxiety, depression, and stress (Lovibond & Lovibond, 1995). For this study, anxiety $\alpha = .788$, depression $\alpha = .818$, stress $\alpha = .778$.

The Multidimensional Scale of Perceived Social Support (MSPSS, see Appendix D) was used to measure perceived support from family, friends, and a significant other, which are also the subscales. While the study specifically examined how perceived social support moderated the relationship between SRBWS subscales and mental health symptoms, I also examined the direct

relationship between SRBWS subscales and the subscales of MSPSS. Utilizing the Process
Macro, the researcher determined whether perceived social support would moderate the
relationship between gendered racial stereotypes and mental health symptoms.

Intimacy Related Behavior

The FAPIS factors as well as the total score was found to have excellent internal
consistency. The Pearson correlation analysis examined Black female stereotypes in relation to
intimacy-related behavior. Only Jezebel ($r = -.149$, $p = .01$) and Sapphire ($r = -.216$, $p = .00$)
were significantly correlated with intimacy-related behaviors. This means that when Jezebel and
Sapphire stereotypes were endorsed, they were associated with lower levels of intimacy-related
behaviors. While I focused on the total score from the FAPIS, several significant correlations
between subscales aligned with the perceptions of the stereotypes. Specifically, the endorsement
of the Superwoman was significantly correlated with hidden thoughts and feelings ($r = -.141$)
and honesty and genuineness ($r = .326$). This could mean that participants who endorsed the
Superwoman Schema Mammy was significantly correlated with honesty and genuineness ($r = .353$).

Mental Health

Norton (2007) found that the scales for the DASS-21 had internal consistency with
African Americans (depression = .840, anxiety = .810, stress = .876). Superwoman ($r = .442$),
Jezebel ($r = .153$), Sapphire ($r = .392$), and Mammy ($r = .425$) were found to be significantly
correlated with overall mental health. More specifically, the subscale of depression was
significantly correlated with each of the Black female stereotypes; Superwoman ($r = .263$),

Jezebel ($r = .295$), Sapphire ($r = .432$), and Mammy ($r = .284$). With regards to the anxiety subscale, Jezebel was the only Black female stereotype with no significant correlation.

Social Support

The MSPSS was found to have good construct validity and internal consistency with a range of 0.85 to 0.91. Mammy ($r = -.224$, $p = .00$) and the Superwoman ($r = -.237$, $p = .00$) were the only two Black female stereotypes that were significantly correlated with the total score for perceived social support. Regarding the Significant Other subscale, Mammy ($r = -.138$, $p = .01$), Superwoman ($r = -.148$, $p = .00$) and Sapphire ($r = -.138$, $p > .01$) had significant negative correlations. Only Mammy and Superwoman had significant correlations with both friends ($r = -.174$, $p = .00$; $r = -.186$, $p = .00$) and family ($r = -.246$, $p = .00$; $r = -.257$, $p = .00$) subscales respectively.

Quantitative Hypothesis Results

The hypothesis results are illustrated in Table 2 (See Appendix B). Hypothesis 1 suggested that there would be a positive correlation between gendered racial stereotypes and intimacy-related behavior such that higher levels of endorsement of gendered racial stereotypes will be related to higher levels of intimacy-related behavior. Jezebel ($r = .567$, $p = .00$) and Sapphire ($r = .299$, $p = .00$) stereotypes were significantly correlated with overall intimacy-related behavior. The Superwoman Schema ($r = -.162$, $p = .00$) was negatively correlated with overall intimacy-related behavior. This indicates that when these stereotypes are endorsed, lower levels of intimacy-related behaviors are indicated (e.g., positive expression, hidden thoughts and feelings, honesty and genuineness). When broken down into subscales, the expression of positive

feelings was significantly associated with the Sapphire (r = -.282, p = .00) and Jezebel

stereotypes (r = -.198, p = .00).

Hypothesis 2 suggested that there would be a positive correlation between higher levels

of endorsement of gendered racial stereotypes and higher levels of mental health symptoms (i.e.,

depression and anxiety) for Black women, such that as women report greater endorsement of

gendered racial stereotypes, their self-reports of depressive and anxiety symptoms increased.

Consistent with expectations, each stereotype was positively correlated with mental health

symptoms. Interactions with the Superwoman (r = .454, p = .00), Jezebel (r = .113, p = .04),

Sapphire (r = .349, p = .00), and Mammy stereotypes (r = .423, p = .00) suggest that their

endorsement suggests higher levels of mental health distress. More specifically, Sapphire,

Superwoman, Schema, and Mammy stereotypes were positively correlated with depression,

anxiety, and stress as shown in Table 2 correlation table (Appendix B).

Hypothesis 3 suggested that perceived social support would moderate the link between

gendered racial stereotypes and mental health symptoms, such that elevated endorsement of

gendered racial stereotypes and high levels of perceived social support will interact to predict

lower levels of depression and anxiety symptoms in a sample of Black women. The overall

model for each gendered racial stereotype was significant at $p < .001$. Examining each variable

independently, when the Mammy stereotype is regressed on, total mental health was significant

at $p < .05$ (p = .02, SE = 3.08, β = 7.33). However, the interaction effect with total perceived

social support is not significant at $p > .05$ (p = .24, SE = .54, β = -.63). In reference to the

Sapphire stereotype, its relationship with total mental health was significant $p < .001$ (SE = 2.29,

β = 9.45, p <.001). The interaction effect was also significant p < .05 (p = .01, SE = .41, β = -1.14). In reference to the Jezebel stereotype, its relationship with total mental health was significant p < .01 (p = .0, SE = 2.26, β = 5.58). The interaction effect was also significant p < .05 (p = .04, SE = .41, β = -.85). With regard to the Superwoman schema, its relationship with total mental health was significant p < .001 (p = .0, SE = 3.31, β = 15.22). The interaction effect was also significant p < .05 (p = .0, SE = .58, β = -1.8).

Moderation Model

This analysis was utilized to examine whether perceived social support moderated the relationship between Black female stereotypes and mental health symptoms. Hypothesis 3 proposed that perceived social support moderates the link between gendered racial stereotypes and mental health symptoms, such that elevated endorsement of gendered racial stereotypes and low levels of perceived social support interact to predict higher levels of depression and anxiety symptoms in a sample of Black women. Perceived social support moderated the relationship between Superwoman, Jezebel, and Sapphire stereotypes and mental health symptoms. Participants who endorsed these stereotypes and had low perceived social support had higher mental health symptoms. The model was not significant when Mammy stereotypes were endorsed.

Qualitative Data Collection and Analysis

All participants were asked at the end of the survey if they were interested in a follow-up interview. The researcher selected participants utilizing purposive sampling (Creswell et al., 2011). Interviews were conducted with a semi-structured interview guide via Zoom, and lasted

between 20 and 45 minutes. The researcher sought participants' permission to record the interviews. I interviewed 12 participants, up to the point where data were saturated with no new themes (Corbin & Strauss, 2008). Each interviewee received another $15 gift card at the end of the interview for their participation.

The first phase of analysis included the lead researcher and research assistants listening to and transcribing all of the interviews. The lead researcher transcribed two interviews and the research assistants transcribed 10 of the interviews. Eight of the interviews were pre-transcribed by Zoom. Zoom transcribed most of the words, but possibly missed verbal pauses or missed a word. Afterward, the researcher reviewed the transcriptions to ensure that they were accurately transcribed. Any mistakes that Zoom made while transcribing, the researcher corrected. Coding consisted of reading through the transcripts and identifying key concepts related to the topic. The research team coded the first interview together. Specifically, the primary researcher explained the process of coding and the team coded synchronously and individually, then discussed the codes that they developed to ensure an understanding of the process and to establish validity. Researchers then coded the remaining 11 transcripts individually. When coding was complete, the research team met and discussed the codes to identify emerging themes. The team went through each interview and identified the codes that were created from the transcripts. The team then discussed the codes and grouped codes together based on relation/summarization. This was completed for each transcript. The themes were created from comparing and categorizing the groups of codes. The final list of themes were reviewed and agreed on by the research team (Corbin & Strauss, 2008). The table below describes the demographics of the interviewees.

Pseudonym	Age	Educational Attainment	Occupation	Number of Children
Sarah	26	Bachelors	Administrative Assistant	0
Kierra	Not given	Advanced Degree	Not currently employed	0
Claudia	Not given	Advanced degree	Professor	0
Cheyenne	37	Advanced Degree	Police officer	1
Anna	26	Bachelors	Accountant	0
Hannah	29	Advanced Degree	Therapist	0
Erica	28	Advanced Degree	Therapist	0
Regina	41	Advanced Degree	Therapist	2
Shawn	45	Advanced Degree	Human resources	3
Nancy	42	Vocational School	Cosmetologist	1
Jackie	31	Advanced Degree	Therapist	1
Winter	44	Advanced Degree	Entrepreneur	0

Table 1

The qualitative research question read, "How do Black women's lived experiences of gendered racial stereotypes manifest in their daily lives?" The analysis resulted in the identification of six themes (a) Mammy, maternal love, and parentification (b) Angry Black Women, (c) Emotion suppression is key to survival/Superwoman, (d) Resilience and self-care (e) Messages surrounding men and relationships, and one subtheme of Feeling like there are no spaces to be authentic. It is important to recognize that many of the themes had overlapping data due to the interplay of intersecting identities and experiences among the Black women included in this study.

Themes

Mammy, Maternal Love, and Parentification

The first theme, "self-sacrifice", was the most pronounced. The research team determined

that themes "support", "maternal love", "parentification" and "self-sacrifice" were closely

related in the research, so they were grouped together as one theme. Black women's accounts of

the maternal figure in their lives were similar. In addition, women also provided examples of

how they experienced love from these maternal figures. For example, Jackie discusses how she

understood love, and how she developed her maternal instincts which resulted in parentification.

> The first person I learned to love or care about was my little sister….so I always wanted
> to help my mom like help change her, help feed or help, you know, whatever. And then
> when my mom started going to school I had to care about her in other ways and to make
> sure she you know got up in the morning. I had to make sure she went to sleep at night. I
> had to make sure we ate some dinner that I threw together because I was young, but I can
> still cook.

Sarah also described how she learned to be a caregiver in the following narrative:

> I do feel like I align with like the strong Black woman stereotype. Um, because I am
> pretty strong—strong willed, kind of ready to face whatever may come my way even
> though it's difficult, um, being like a caregiver for Black women like, being in a
> caregiver role whether you have kids or not, that's a pretty—kind of like a common thing
> that you see among Black women.

Furthermore, Shawn described how she is self-sacrificing and still trying to understand *how* to

practice self-care while navigating Black women stereotypes rooted in strength and motherhood.

> Whew, I'm still learning that—that self-care. Um, I know it's important. Um, but I think I
> put more energy into taking care of everybody else. Sometimes I do get the short end of
> the stick, to be honest. Um, and I really do think that is one of those stereotypes of Black
> women—that we take care of everybody else and then, you know, we don't know how to
> take care of ourselves. We don't know how to um, talk to ourselves or treat ourselves
> with kindness because we are so—we pour into other people.

Here Shawn describes how she agrees with one of the stereotypes of Black women, "getting the short end of the stick" by putting energy into taking care of other people. This directly speaks to the Mammy and SBW stereotype of self-sacrificing and not being concerned for one's own wellbeing. During the following dialogue, Shawn and Erica also explain the socialization behind family being a priority and taking care of everyone else first.

> Um, if you are you know, I was taught if that person is considered family or in your close circle, you do whatever you have to do for your family. Like there's no boundaries on taking care of family or close people that become family. So, you know, I've, again, put much effort into making sure everyone else is taken care of and have everything that they need.

Erica noted:

> I mean, that's all I was taught to do from my mom. Um, is care for others. Like, put everything before yourself… I get that message of take care of everybody else and forget about yourself because all of these people came, and my mom was in school and all of these things, and she got her Associate's, she got her Bachelor's, and she never finished her master's. And all of these people came and they excelled. And they excelled past her. And one thing she always says is, now, today, take care of yourself. Because you'll do all of this good but then you're left with nothing.

These examples are real-life experiences that Black women have that align with the Mammy stereotype.

Angry Black Woman

The theme of the Angry Black Woman emerged as the second theme. It appeared to be the most common stereotype named, whether it was trying to avoid being classified as the stereotype or the first stereotype Black women thought of when they thought of Black women stereotypes. For example, Hannah commented:

> … I know that people can take me more aggressively so I do prefer to talk on the phone versus, like sending a ping or an email because I don't necessarily want to put a smiley face and exclamation point just so you can know that I'm not upset with you.

Hannah continued to describe the impact that this stereotype had on her behavior.

> Um, I'll--I lacked boundaries for a long time, I wouldn't speak up for a long time so I think I definitely internalized like the angry black woman. Um, and then distance myself....I say and do what I want, I don't care.

Danielle also described how she is approached as a Black woman. Specifically, Danielle reflected on how the stereotype of the Angry Black Woman is called out and reinforced through social interactions.

> I think just different things, you know, family members say. Um, kinda reinforces the stereotypes like, you know, "Why you so loud?" or "Why you so mean all the time?" or you know, "Smile" or something. Or, "What you got on? What you wearing?" Stuff like that.

Cheyenne also described what it is like to be assumed angry, as described in the following narrative.

> And because I'm a firm Black female and I'm not like, "Hi, how are you? Woohoo!" smiling in everybody face, I come across as just being aggressive and angry. Which I'm not…

Women also described navigating professional settings while trying to avoid being stereotyped, causing emotional suppression. For example, Shawn described the following experience:

> I try really hard not to um, live up to the angry Black women stereotype that we sometimes—that we have when dealing with conflict, I very-- I avoid conflict. And so sometimes avoiding conflict takes my voice away.

This quote is a great example of how these stereotypes can be intertwined.

Emotional Suppression is Key to Survival/Superwoman

One of the fundamental characteristics of the Superwoman Schema is emotional suppression. It is also important to note that the Superwoman Schema is the amalgamation of all the Black female stereotypes and many of the experiences Black women shared overlapped

under more than one theme. During the interviews, many of the participants described how they were socialized not to communicate their emotions. Specifically, Claudia stated, "I learned that as I got older, I was very expressive as a kid, which was deemed as being a child that talked back."

Danielle stated a very similar notion, "I think— I think as you get older, you kind of like, um... censor yourself to the messages you receive." Erica also shared how she handles her emotions and the consequences of not being able to express them authentically in social interactions.

> But like either way, regardless of what emotion I'm experiencing, I shut down. Like I'm quiet, I'm not gonna say anything—keep it inside, whatever. But I'm also one of those people where—I'll have that emotional experience and when I'm over it, I'm over it. Like I won't talk about it, like let's just move on. And that's not healthy. So I'm not sure how to deal with my emotional self yet. I'm still trying to figure it out.

Participants also felt the need to portray strength due to the expectations placed on them. For example, Sarah expressed, "So if I need a break, take a break. Don't let nobody see you take a break... but still take a break." There is disapproval attached to rest because it is perceived as being lazy. Claudia also described the following experience related to navigating emotional suppression:

> Being her oldest child, she's always looked at me as the stronger one. So, definitely having to be strong. And even with social media you know you always have this or you always see that black women are always portrayed as having to be strong, having to be these strong black women.

Furthermore, Kierra described the following experience:

> But I was told that you know we can be angry, you know basically like you can carry yourself like that your lady, and you should never show if somebody has effect if somebody has hurt your feelings or ruffle your feathers that it's only a weakness if you allow someone to see it. So just kind of like basically keeping those emotions to yourself.

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Messages Surrounding Men and Relationships

Claudia said:

> I guess the message that I always thought is that you would--you should just be able to take anything you needed to be strong and like if you loved him and you wanted to be with him you would deal with that.

Danielle noted:

> I think probably that like, women should be like, submissive to men. So, um, always like running behind a man or something like that. And that you're probably nothing without a man. Being with somebody makes you happy. I think that's it.

Erica noted:

> And then I think what else informs my identity is that in educational settings, one thing that I'll never forget that my dad said to me is that as a Black woman, you wanna get your PhD, you'll never find a man. I thought that was like the most hilarious thing because I'm like, "Oh, okay". And a girlfriend and I talked about this a lot, that it's like the more educated you are, the harder it is to find a spouse or things like that.

Sarah noted:

> Um, I received the message to do what I can, but can't keep a man. Um, especially if they don't wanna be kept. But then also just making sure that I have my own, just you know, not being in a space where I'm like dependent on someone else—in friendships or relationships. Just making sure that I'm always having my own, that I'm always, you know, in having an independent role. Because if I don't, I don't wanna be in a situation where I'm depending on others, whether it be my family or friends. I don't wanna have to depend on other people to like, sustain my lifestyle or even to just get the bare minimum.

Regina noted, "So in a relationship, I'm guessing romantic relationship, um I would say that the

message I received was that--*laughs*-- you don't let nobody do nothing for you." Jackie noted:

> I guess the biggest message that I received when it came to a partner. Being somebody's partner in a relationship or really in any other relationship is that women are the helpmate like I've heard that word before I even knew what the word meant like Helpmate. Helpmate, helpmate. Hello. It says help in it so I've been a helper, since I was a child. Everywhere I go in anything I do I feel like I need to do the most to help the person, or

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the business, the company the whatever that I'm connected to. Women are supposed to be the helpmate to their to their partner to their husband, but also is still missing the Bible says the husband should be in that wasn't necessarily pushed, publicize, shared, socially, I just feel it was not digestible socially and so people didn't bring it up. And now that I know what I know. I don't feel like those cues were wrong.

Resilience and Self-care

Resilience and self-care are two of the main characteristics that Mammy and the SBW

exemplify. Self-care consists of intentionally pouring into yourself to take care of your needs.

Many women expressed not receiving messages about taking care of themselves.

Erica said:

> I didn't receive any. I didn't receive any messages about that. Um, I don't know—I wouldn't say it's like a culture thing, I don't know—but I didn't receive any type of messages about how to like, and when I say care for myself, I am speaking towards like, um, emotionally care for myself.

Jackie said:

> But, in regards to taking care of yourself. I don't know if there was much about that. I mean, we were taught to take care of things and to look a certain way, you know, make sure like we were good to our bodies. I guess and what we ate. And what we did because you were overweight, you know, that was kind of looked at as not taking care of yourself and back was definitely a conversation so I mean I guess I was kind of taught some things with that on my dad's side of the family. You know when it was weekend. That was the chill time everybody came together and drank and ate and laughed and connected, you know, and did it again the next Friday to Sunday. So I feel like I got the message that there needs to be downtime people work hard during the week on the weekend comes, you know, express yourself like let loose so I did learn that there's a time and place for everything with my dad's side of the family.

There was emphasis placed on physical appearance and being cognizant of how others may

perceive you. Regina said:

> So for my dad, it was, um, make sure you dress accordingly. So your outward appearance should—that shows everybody how you care for yourself….my mom…she never took care of herself physically. So it was work, sleep, work, take care of kids, grandkids started coming along before the kids left the house and she started taking care of the grandkids. She would work overnight and then have the grandkids in the morning and

everything and so I never learned how important it was to take care of yourself. And my grandmother did the same thing with all 7 kids that she had. So no one really ever showed me that importance of taking care of yourself and so, it wasn't until I became an adult that I--- I guess watching them I was like, "Yeah I don't wanna be like that."

Resilience is not always a choice. Many Black women shared the notion of wanting to express their emotions and be vulnerable, but not having the space to do so. Winter said:

No matter what your struggle was, we are known to always be strong or be a "bounce back" person. But you need to have perseverance. You have to be ambitious. And, for Black women, we have to also be able to take an L. We have to be able to be okay with taking an L.

Feeling Like There are no Spaces to be Authentic/Avoiding Stereotypes

Black women feeling like there are no spaces to be authentic was an overarching theme that encompassed all of the previously mentioned themes, especially as many of the participants described trying to avoid being stereotyped. Specifically, Black women in this study did not want to be affiliated with the Angry Black woman or be described as ghetto. For example, one participant described the pressure of not being able to relax in social situations. Claudia said, "We have to put on this costume for society. We're never allowed to just be. We can't have the messy bun. We can't not wear makeup, we can't not have ourselves together." In addition to avoiding being stereotyped, Black women also understand the essence behind the anger Black women feel, it is often justified. Specifically, Regina said, "So the distancing myself from the Angry Black woman. I watched the women in my family—all of the women in my family are um, angry Black women, rightfully so."

Many of the other participants described ways in which they felt out of place due to the psychological code switching that is constantly taking place. There was a level of understanding the interviewer had because she also identified as a Black woman. Due to this understanding,

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some messages were conveyed in tone or facial expressions which signaled a cultural

understanding between the interviewer and the participant. Although this was beneficial in

gaining access to the population, it may have hindered explicit details about certain phenomenon.

The researcher will discuss this limitation along with other implications in Chapter 5.

CHAPTER 5

DISCUSSION, LIMITATIONS, AND IMPLICATIONS

This research study contributes to knowledge about Black women. This study specifically addresses the lived experiences of Black women, the relationships between gendered racial stereotypes and mental health, gendered racial stereotypes and intimacy-related behavior. This section discusses the integrated interpretation of the quantitative and qualitative findings.

It is not known how Black female stereotypes impact relationships and the level of intimacy or how all of these things work together that impact mental health. There is a continued need to understand the complexities of Black women. No known study has quantitatively examined the association between the four stereotypic roles of Black women, psychological distress, and fear of intimacy. The purpose of the present study was to examine the relationship between the stereotypic roles of Mammy, Jezebel, Sapphire, and the SBW, and depression anxiety. This study fills the critical gap in the literature by quantitatively exploring how each of the individual stereotypes (Mammy, Jezebel, Sapphire, and Superwoman) relate to depression and anxiety symptoms. The study further determines how social support impacts the relationship between gendered racial stereotypes and mental health (i.e. depression and anxiety). Findings from this study would help inform clinical practice by providing a better understanding of how Black women understand and seek help for their personal mental health. This information would

inform interventions that support the strengths of Black women, while still encouraging vulnerability and self-care.

This study employed a mixed-methods design to simultaneously assess the interrelations among Black women's endorsement of gendered racial stereotypes, intimacy-related behaviors, social support, and mental health symptoms as well as their narratives about how gendered racial stereotypes manifest in their daily lives. Drawing from Black Feminist Thought and Intersectionality – two frameworks that center on the lived experiences of Black women and the interlocking systems of oppression that shape their experiences and life domains – the current study elucidated several novel findings. Below, I contextualize the study results within the extant literature about Black women's gendered racial stereotypes, intimacy-related behaviors, social support, and mental health symptomatology. This section provides a discussion of the findings, limitations of the study, and the implications for clinical-counseling research and practice are also discussed.

Discussion

Hypothesis Review

Hypothesis 1 suggested that there would be a positive correlation between gendered racial stereotypes and intimacy-related behavior, such that higher levels of endorsement of gendered racial stereotypes will be related to higher levels of intimacy-related behavior. Hypothesis 2 proposed that there would be a positive correlation between higher levels of endorsement of gendered racial stereotypes and higher levels of mental health symptoms (i.e., depression and anxiety) for Black women, such that as women report greater endorsement of gendered racial stereotypes, their self-reports of depressive and anxiety symptoms increased.

Hypothesis 3 suggested that perceived social support would moderate the link between gendered racial stereotypes and mental health symptoms, such that elevated endorsement of gendered racial stereotypes and high levels of perceived social support would interact to predict lower levels of depression and anxiety symptoms in a sample of Black women.

For the most part, the gendered racial stereotypes were related to key study variables in expected ways. According to the Pearson correlation analysis of the Black female stereotypes in relation to intimacy-related behavior, Jezebel was significantly correlated with intimacy-related behaviors. The findings indicate that Jezebel was positively correlated with intimacy-related behavior at (r = .567, p= .0). This aspect implies that when people endorse Jezebel, it is likely that they experience higher levels intimacy-related behaviors. However, the Jezebel stereotype was positively related to two of the intimacy-related behavior subscales, namely hidden thoughts and honesty and genuineness as well as positively correlated with the intimacy-related behavior total score. These attributes are relevant to Jezebel's openness to approach and seduce men (Lomax, 2018). Nevertheless, the Jezebel stereotype was negatively associated with the expression of positive feelings. With regards to social support, the Jezebel stereotype was only related to higher levels of familial social support. Pertaining to mental health symptoms, the Jezebel stereotype was only associated with increased depressive symptoms and the total DASS scale score, but it was not related to anxiety or stress.

I also found similar patterns with the Sapphire stereotype. Sapphire at (r = .299, p= .0) was significantly correlated with overall intimacy-related behavior. Accordingly, being associated with the Sapphire stereotype means that it is likely that such Black women had higher levels of intimacy-related behaviors. Remarkably, this stereotype was positively related to

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hidden thoughts, honesty and genuineness, and the intimacy-related behavior total score, but it was negatively associated with the expression of positive feelings. The Sapphire stereotype did not evidence any associations with social support, except for an inverse relation with the significant other social support subscales. Unlike the Jezebel stereotype, the Sapphire stereotype was positively associated with all dimensions of the DASS, including the total scale.

Although I expected all stereotypes to be positively associated with intimacy-related behavior, this was not the case for the Superwoman Schema stereotype. It was negatively correlated with overall intimacy-related behavior ($r = -.162$, $p= .0$). The Superwoman stereotype was negatively correlated with the hidden thoughts subscale and the intimacy-related behavior total score. These findings indicate that the more a Black Woman is considered a Superwoman, the less she exemplified intimacy-related behaviors. Similar patterns were observed with social support. The results indicated that Superwoman was significantly but negatively correlated with perceived social support $p < .05$ ($p = .0$, SE $= .58$, $\beta = -1.8$). Markedly, the Superwoman schema stereotype was inversely related to all social support dimensions, including the total score. I also found that this stereotype was positively associated with all dimensions of the DASS, including the DASS total scale score.

Additionally, with regard to the Mammy stereotype, it was negatively correlated with the hidden thoughts subscale and the intimacy-related behavior total score as well as negatively related to all dimensions of social support, including the total score. The Mammy stereotype was also positively associated with all dimensions of the DASS, including the DASS total scale score. Finally, the four stereotypes Superwoman schema, Jezebel, Sapphire, and Mammy have a

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positively significant correlation with mental health symptoms at ($r = .454$, $p = .0$), ($r = .113$, $p = .04$), ($r = .349$, $p = .0$), ($r = .423$, $p = .0$) respectively. These findings show that endorsing these stereotypes comes with higher levels of mental health distress. That is the probability of experiencing anxiety, stress, and depression increases with their endorsement. This aspect could be linked to the low psychological openness embedded in these stereotypes (Watson & Hunter, 2015).

This study also examined factors that influenced the relationship between gendered racial stereotypes and mental health symptoms, specifically looking at perceived social support as moderator. Perceived social support moderates the relationship that Superwoman, Jezebel and Sapphire have with mental health symptoms.

Black Women's Gendered Racial Stereotypes and Intimacy Related Behaviors

The current study's first research aim was to investigate the association between gendered racial stereotypes and intimacy-related behavior for Black women. I hypothesized that there would be a positive correlation between gendered racial stereotypes and intimacy-related behavior, such that greater endorsement of gendered racial stereotypes would be related to higher levels of intimacy-related behavior. This hypothesis was partially supported. In particular, I found positive relations only for two of the gendered racial stereotypes: Jezebel and Sapphire. In particular, the Jezebel stereotype was positively related to two of the intimacy-related behavior subscales, namely hidden thoughts and honesty and genuineness, such that as women more strongly endorsed the Jezebel stereotype, their endorsement of these dimensions went up. Additionally, there was a positive correlation between the Jezebel stereotype and overall intimacy-related behavior, such that as women reported more endorsement of the Jezebel

stereotype, they reported more endorsement of overall intimacy-related behavior. This makes sense because the Jezebel stereotype includes a level of vulnerability connected to sex and sexuality (Anderson et al., 2018; Brown-Givens & Monahan, 2005; Reynolds-Dobbs et al., 2008). Relatedly, endorsement of the Sapphire stereotype was also positively correlated to hidden thoughts and honesty and genuineness (Ashley, 2014; Boylorn, 2017; Judd, 2019).

Hidden thoughts and feelings and honesty and genuineness were positively correlated indicating that women who endorse the Sapphire stereotype are more likely to be honest and genuine in certain spaces but keep hidden thoughts and feelings. Unsurprisingly, both Jezebel and Sapphire are negatively correlated with the expression of positive feelings. Both stereotypes express emotion in ways that society deems deviant. For example, Sapphire expresses herself through anger which is not considered a positive feeling (Ashley, 2014). Jezebel expresses herself through sexual promiscuity, which is also not acceptable to society (Brown-Givens & Monahan, 2005).

Unexpectedly, I found that women's endorsement of the Superwoman Schema was negatively correlated with hidden thoughts and feelings which makes sense because women who endorse the Superwoman Schema have the characteristics of strength, which is often shown by emotion suppression.

Black Women's Gendered Racial Stereotypes and Social Support

To date, some empirical work has examined the deleterious consequences of low social support in the lives of Black women. Low levels of perceived social support have been linked to smoking (Budescu et al., 2011), poor physical activity (Eyler et al., 2003), and depressive symptoms in this population (Bronder et al., 2014). This study advances this scholarship area by

investigating the links between distinct intersectional constructs, such as gendered racial stereotypes and social support domains in the lives of Black women.

Kinship support networks and social support are valued in Black communities (Budescu et al., 2011); however, this study's findings illustrated that social support varied in light of particular gendered racial stereotypes. Whereas endorsement of the Jezebel stereotype was related to higher levels of familial social support, the Sapphire, Superwoman, and Mammy stereotypes evidenced inverse relations with some or all of the social support dimensions. Based on these findings being a Sapphire, Superwoman, or Manny illustrates an insignificant or low thirst for social support (Watson & Hunter, 2015; Watson-Singleton, 2017). Although no studies have substantiated a link between the Jezebel stereotype and increased familial social support, perhaps this finding relates to research conducted in a related area. For instance, in a recent study that included Black men and women, Black men who endorsed the Jezebel stereotype demonstrated greater justification of violence toward women, and Black women who endorsed the Jezebel stereotype reported more frequent experiences of sexual objectification (Cheeseborough et al., 2020). Thus, this stereotype may be a risk factor for experiences of sexual objectification and victimization for Black women. As a result, Black women who endorse this stereotype may find themselves in situations, such as sexualized violent encounters, that necessitate greater use of familial support.

Further, no studies have examined the relations between the Sapphire stereotype and social support, and it is unclear why this inverse relationship emerged. It could be that because the Sapphire stereotype reflects behaviors, like being emasculating, loud, and angry, women who endorsed this stereotype find themselves in regular conflict with significant others (Ashley,

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2014; Judd, 2019). Such conflict could reduce the likelihood of receiving support or feeling supported in romantic contexts. Continued research is needed on the Sapphire stereotype and how it influences relationship quality for Black women.

Moreover, one study has examined an association between Strong Black Woman Schema (a construct that combines the Superwoman and Mammy subscales) and social support in Black women. Watson-Singleton (2017), in a sample of 158 Black women, found that the Strong Black Woman Schema was negatively related to perceived emotional support, such that women with a higher endorsement of the Strong Black woman schema reported lower levels of emotional social support. In addition, perceived emotional support partially mediated the link between the Strong Black Woman schema and psychological distress. Given that the Strong Black Woman schema – like the Superwoman stereotype that was assessed in the current study – discourages emotional expression, women who strongly endorsed this schema may have forgone receiving emotional support from others to maintain their image as strong Black women (Nelson et al., 2016; Watson & Hunter, 2015; Watson-Singleton, 2017). Or, it could be that women who perceived limited support from others endorsed the Strong Black woman schema. Related to the current study, it could be that women who endorsed the Superwoman stereotype often feel pressure to be self-reliant and to decline social support from friends, family, and significant others in order to maintain the façade as *superhuman*. Thus, asking for support may be a taboo for these women.

In a related vein, women who endorse the Mammy stereotype may often find themselves as the *givers* of support rather than its *recipients* in light of the Mammy's expectations to be nurturing and self-sacrificing (Wallace-Sanders, 2008). Although the current study did not

measure actual support given or received from others, it is imperative to further examine how and under what conditions these stereotypes influence women's experiences of support and their support networks.

Black Women's Gendered Racial Stereotypes and Mental Health Symptoms

Black Americans comprise 13% of the population in the United States (U.S. Census Bureau, 2002). Yet, 25% of Black Americans have been diagnosed with a mental health disorder, and Black women are disproportionately overrepresented in these statistics (Davis et al., 2005). To understand these disparities, scholars have paid increasing attention to social determinants – the circumstances in which people live and work – and how these social determinates shape people's mental health (Alegría et al., 2018). This study found that all stereotypes were associated with negative mental health in this population; therefore, the current study provides additional evidence for how social determinates – specifically exposure to and endorsement of gendered racial stereotypes – impact the relational and mental health outcomes of Black women.

The first notable finding was that the Jezebel stereotype was associated with higher levels of depressive symptoms. Although no studies could be located that examined the association between the Jezebel stereotype and depressive symptoms, endorsement of this stereotype has been linked to engagement in risky sexual behaviors (Peterson et al., 2007; Townsend et al., 2010), binge drinking, and marijuana use (Peterson et al., 2007). It has also been found to have an inverse relationship with self-esteem in Black women (Thomas et al., 2004). Robust cross-sectional and longitudinal research indicate that low self-esteem and depression are strongly related (Sowislo & Orth, 2013); thus, similar mechanisms that produce low self-esteem in the context of the Jezebel stereotype could also produce depressive symptoms when internalizing

this stereotype. Overall, this study adds to the literature by highlighting a new mental health consequence for Black women who endorse the Jezebel stereotype.

The remaining three stereotypes were related to all dimensions of the DASS, mainly depressive symptoms, anxiety, and stress. Although I could not locate studies that examined the Sapphire stereotype alongside key mental health symptoms, the Sapphire stereotype has been associated with greater anger suppression (Walley-Jean, 2009) and lower levels of self-esteem (Thomas et al., 2004), both of which increase the risk for depressive symptoms, anxiety, and stress. Relatedly, limited studies have investigated the mental health consequences of the Mammy stereotype, although one study did find it to be related to lower levels of self-esteem in Black women (Thomas et al., 2004). Therefore, this study fills a key gap pertaining to the mental health costs of endorsing the Sapphire and Mammy stereotypes for Black women.

This study's findings pertaining to the Superwoman stereotype were consistent with past research. In particular, previous studies have found this stereotype, and its related construct the Strong Black Woman schema, to be related to more stress (Woods-Giscombé, 2010), increased depressive symptoms (Speight et al., 2013; Watson & Hunter, 2015), higher levels of anxiety (Watson & Hunter, 2015), more emotional avoidance (Harrington et al., 2010), irregular sleep patterns (Woods-Giscombé, 2010), binge eating (Harrington et al., 2010), and smoking (Woods-Giscombé, 2010).

Limitations

The current study's findings contribute to the existing research regarding Black women's unique intersectional experiences with stereotypes, especially with regards to relational and mental health consequences. However, several limitations exist. First, the online data collection

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method privileged women who had computer access, which limited the educational and socioeconomic diversity of the sample. Although online data collection allowed for geographical diversity, additional recruitment strategies are needed to include women from lower socioeconomic backgrounds who do not have computer access. Second, women were self-selected for the study, and recruitment strategies included convenience and snowball sampling. It could be that women who participated in the study had more experience with gendered racial stereotypes than the general public of Black women, which could have limited the generalizability of the findings. Third, the researcher did not collect information about women's ages or socioeconomic background, which precludes the researcher from fully characterizing who was included and excluded from the sample. Therefore, future studies need to gather a robust account of vital demographic data.

Fourth, the current study did not assess religiosity. Religiosity and spirituality are salient cultural values in Black communities (Ajibade et al., 2016), and many of the qualitative participants expressed being told about social and relational norms in their religious contexts. As a result, the level of religiosity and/or type of religious affiliation could have impacted women's endorsement of stereotypes, intimacy-related behaviors, social support, and mental health symptoms. Future studies should measure religiosity alongside these constructs and assess potential differences in these constructs across religious lines. Fifth, although the current study responds to the call to increase the presence of mixed methods research on communities who experience multiple marginalizations (Watson-Singleton et al., 2021), it did not follow mixed-methods best practice guidelines regarding how to thoroughly integrate the qualitative and quantitative data. To address this, future research could aim to utilize a *convergent mixed*

methods design approach, which entails implementing independent quantitative and qualitative study elements and then integrating the results by merging the quantitative and qualitative analyses and interpretations at the end of the study. Such an approach is recommended to reach a more holistic and comprehensive conclusion about the research questions (Plano Clark, 2019). Thus, future mixed methods research on the experiences of Black women can be used to not only identify outcomes but to also contextualize outcomes.

Implications for Counseling Psychology Research and Practice

The results of the present study offer several main implications for the field of clinical-counseling psychology, especially across two domains of professional psychological research and practice: assessment and treatment. This study supports that there needs to be additional training on how gendered racial stereotypes impact different races. Although we have Brofenbrenner's ecological model to address the different aspects of a person's context, there is little training specifically geared towards how psychologists can understand and help mitigate the risks associated with experiencing stereotypes.

With regards to assessment, clinicians working with Black women are encouraged to create a comprehensive assessment battery that includes validated questionnaires about Black women's intersectional experiences as well as about their intimacy-related behaviors, social support domains, and mental health symptoms. Such batteries would help clinicians more fully understand the lived experiences that shape Black women's awareness and internalization of stereotypes as well as provide valuable knowledge on the background and socialization of Black women. Also, using validated questionnaires to assess women's endorsement of specific stereotypes could also protect against inapt clinical judgments. For instance, Black women who

endorse the Superwoman stereotype may present as composed and unaffected by various stressors (Romero, 2000) during a clinical interview. As a result, they may underreport their symptoms and/or downplay the degree of their distress. This could lead to clinicians underrating the degree of distress experienced by a Black woman client who may be internally experiencing elevated levels of symptomatology. By incorporating validated questionnaires on Black women's stereotypes, a clinician may be better able to contextualize clinical interview data alongside the endorsement of these stereotypes.

In a related study that examined the effectiveness of an adapted cognitive-behavioral group therapy intervention for low-income Black women with depression, it was found that women's predominant affective expression appeared to be irritability rather than sadness or dysthymic mood (Kohn et al., 2002). Although there is cross-cultural evidence that the syndrome of depression is identifiable across cultural groups, depressive symptoms may manifest differently across groups (Brown et al., 1996). This may be especially true for Black women who simultaneously endorse depressive symptoms and the Sapphire stereotype. For these women, there may be an increased likelihood that symptoms of depression manifest as irritability and aggression; yet, it is key that clinicians understand and validate this manifestation rather than pathologize it.

Further, because the endorsement of several gendered racial stereotypes was related to lower levels of social support, it is essential that clinicians assess Black women's actual and perceived social support networks. Although clinicians may assume that Black clients have greater access to social support given the emphasis on collectivism and extended kin networks in Black communities (Budescu et al., 2011), this assumption may not hold for Black women who

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strongly endorse gendered racial stereotypes. Therefore, including questionnaires that measure social support could provide greater insight into the targets of intervention.

Moreover, there are several considerations for treatment that are worth noting. First, despite Black women's elevated mental health concerns, they underutilize outpatient mental health services at lower rates compared to Black men and White women (Breslau et al., 2005), even when they have adequate insurance (Albert et al., 2021). Because Black women live in a society in which they are stereotyped in light of their race and gender, they may avoid engaging in treatment for fear of being *additionally* stereotyped as "crazy" or "unstable." Relatedly, women who endorse the Superwoman stereotype may fear being perceived as "weak" if they seek professional help. In a qualitative study of intimate partner violence survivors, Black women who were affected by the "Strong Black Woman" stereotype, did not utilize formal institutions for help, and instead, turned to close family and friends for support (Monterrosa, 2021). As a result, scholars need to investigate how and if these stereotypes influence mental health stigma concerns and for clinicians to be aware of how stigma and stereotype concerns may influence how women engage in the treatment process. For instance, in the spirit of multicultural competence (Sue et al., 1992), during initial consultations or intakes, clinicians may want to explicitly ask Black women if any stigma and stereotype concerns may hinder them from initiating therapy. Motivational interviewing techniques could then be used to evoke the client toward making decisions rooted in choices beyond their concerns about being stereotyped.

Second, once women are engaged in treatment, clinicians would need to incorporate Black feminist-oriented processes into the therapeutic context (Valencia Jones & Guy-Sheftall, 2015). Race plays a critical role in service delivery. Neuroscientists assert that the human brain is

made of a neural circuitry that differentiates and influences select responses based on racial features (Kivlighan III et al., 2019). Thus, one's neural circuitry shapes a person's initial categorization of others. Besides, from the outset, race is a stimulus that triggers response in the unconscious state of humans; patients enter into treatment with less or greater alacrity. However, aligning therapists and clients according to identity and race might not always result in better therapy (Boswell et al., 2022). Nevertheless, people have their own preferences. My experience has been that Black people, especially right now, are wanting to talk to more Black therapists, and even before the pandemic started there were not enough Black therapists to go around. As a licensed professional counselor, I have experienced an uptick in people reaching out to seek help. It is important for people to have the option to choose a Black therapist among a list of referrals and possibilities, but both acknowledge that there are some limits when it comes to finding a Black therapist who has the space to accept more clients. People need to have the option to choose a Black therapist among a list of referrals and possibilities, but both acknowledge that there are some limits when it comes to finding a Black therapist who has the space to accept more clients. There are some things, specifically more race-based kinds of things, that if White therapists have not done their own work, are not going to be able to set up a helpful environment for Black people to be in therapy with them. So, people who do not really understand what Black Lives Matter is all about, or who have these misguided ideas about looting and all of those kinds of things, I think that would be an unsafe environment for a Black person. In particular, therapists could help Black women explore how the internalization of stereotypes about Black womanhood may precipitate and maintain negative mental health symptoms, such as depression,

anxiety, low self-esteem, and decreased sense of agency in one's life. Such explorations could also include values-based work consistent with Acceptance and Commitment Therapy (ACT) in order to help Black women (re)construct a self-concept that is rooted in their values and purpose rather than in society's negative evaluations of them.

Third, findings from the current study suggest that clinicians should consider supplementing meaningful individual therapy work by recommending their clients to participate in group therapy. Black women-specific support groups, such as Sister Circles, are specific settings that support positive emotional well-being and help with coping (Neal-Barnett et al., 2011). Also, in a qualitative study about group therapy for Black women, most participants found groups to be especially helpful when discussing the realities of discrimination and gendered racial stereotypes (Jones & Pritchett-Johnson, 2018). Not only could these groups be used to foster the necessary critical consciousness to unlearn gendered racial stereotypes, but also they could be used as a vehicle to boost social support and sisterhood for Black women clients. Quantitative, qualitative, and mixed methods research could be conducted to assess the clinical utility and empirical support for such interventions in the lives of Black women.

Overall, this study provides novel insights regarding the role of gendered racial stereotypes in Black women's relational and mental health experiences. These findings provide necessary opportunities for continued research as well as relevant implications for clinical practice with Black women. Such opportunities and implications are vital in order to address the multiple psychosocial cultural factors that contribute to Black women's relationships and psychological well-being.

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APPENDICES

A. DEMOGRAPHIC CHARACTERISTICS OF STUDY PARTICIPANTS

Table 1. Demographic Characteristics of Study Participants

Variable	N (%)
Age of Participant	
18-24	31 (9.3)
25-31	73 (21.9)
32-38	57 (17.1)
39-45	33 (9.9)
46-52	5 (1.5)
52 and over	5 (1.5)
Missing	127 (38.4)
Race of Participants	
African American	228 (68.9)
African	57 (17.2)
Caribbean	40 (12.1)
Biracial	4 (1.2)
Multiracial	1 (0.3)
Other	1 (0.3)
Educational Attainment	
High School Diploma/GED	6 (1.8)

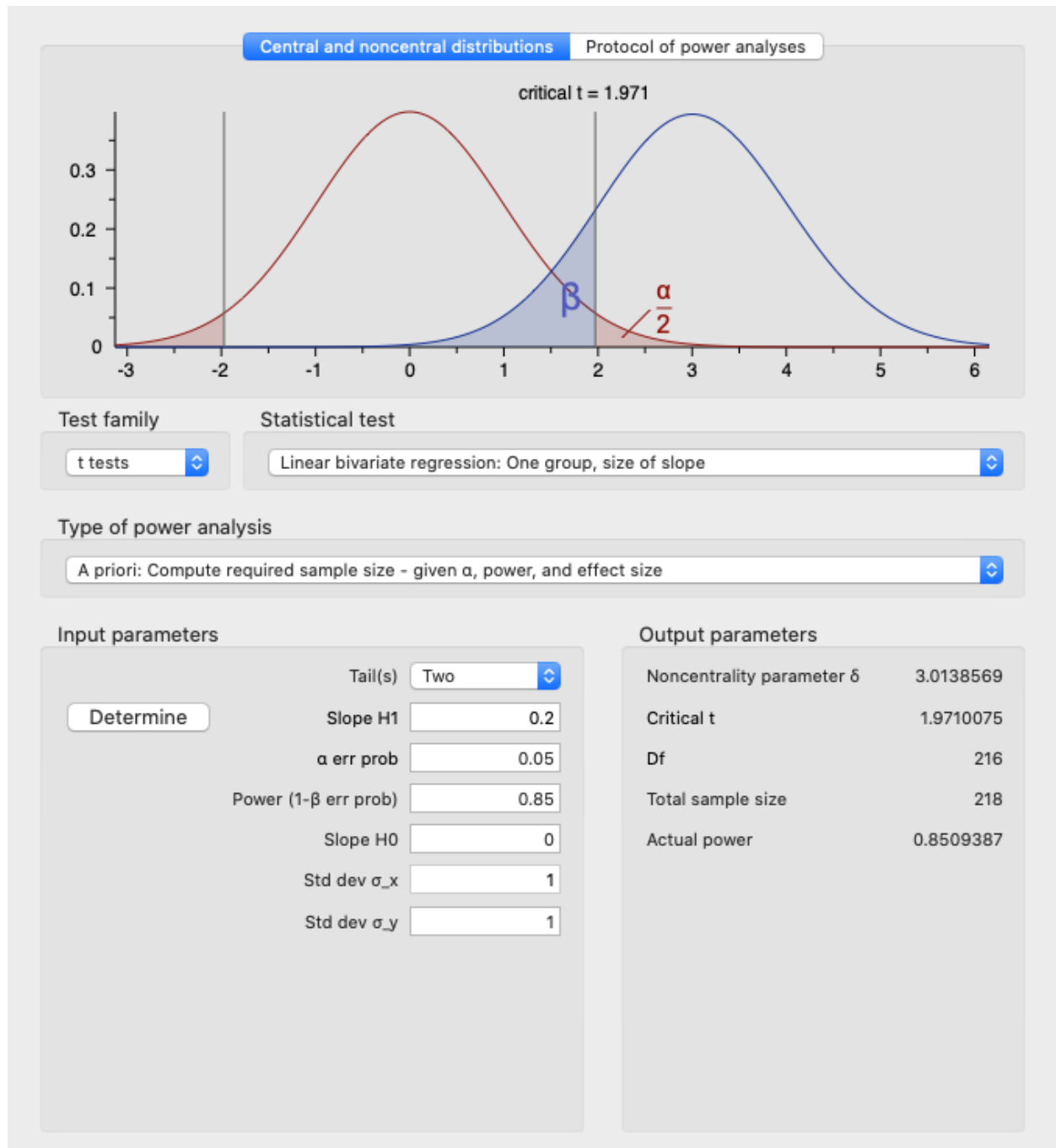|	
Vocational/Technical	92 (27.8)
Community College/Associate Degree	38 (11.5)
College/Bachelor's Degree	60 (20.8)
Advanced Degree (e.g., MA, MD, JD, PhD)	126 (38.1)
Parental Status	
Parents	119 (36)
Non-parents	212 (64)

N= number of participants in each category

B. CORRELATION TABLE

Table 2. Correlation

Correlation Table Variable	M	SD	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.
1.Superwoman Schema	3.44	.50	-															
2.Jezebel	2.55	.87	.044	-														
3.Sapphire	2.66	.62	.334**	.725**	-													
4.Mammy	3.35	.63	.672**	-.010	.223**	-	.											
5.Honesty	15.10	8.07	.035	.623**	.466**	.013	-											
6.Expression	21.70	4.39	-.002	-.198**	-.282**	.031	-.301**	-										
7.Hidden Thoughts	42.00	17.35	-.218**	.465**	.227**	-.209**	.343**	.032	-									
8. Total IRB	78.81	21.56	-.162**	.567**	.299**	-.157**	.589**	.117*	.939**	-								
9. Depression	23.53	6.99	.302**	.277**	.410**	.277**	.218**	-.234**	-.096	-.043	-							
10. Anxiety	20.95	6.88	.412**	-.060	.187**	.395**	-.045	-.040	-.311**	-.275**	.546**	-						
11. Stress	27.47	7.33	.461**	.076	.308**	.424**	.094	-.044	-.222**	-.152**	.614**	.707**	-					
12. DASS	23.99	6.12	.454**	.113*	.349**	.423**	.104	-.122*	-.242**	-.180**	.831**	.866**	.899**	-				
13. Friends	5.52	.94	-.186**	.076	-.060	-.174**	.012	.139*	.279**	.257**	-.164**	-.163*	-.233**	-.217**	-			
14. Family	5.44	1.13	-.257**	.135*	-.005	-.246**	.094	.105	.260**	.266**	-.108*	-.195*	-.194**	-.192**	.627**	-		
15. Sig. Other	5.70	1.02	-.148**	-.042	-.138*	-.138*	-.176**	.279**	.172**	.129*	-.177**	-.152*	-.188**	-.199**	.567**	.488**	-	
16. Total PSS	5.56	.87	-.237**	.070	-.078	-.224**	-.024	.206**	.281**	.259**	-.176**	-.204*	-.243**	-.240**	.857**	.854**	.811**	-

C. POWER ANALYSIS

critical t = 1.971

| Central and noncentral distributions | Protocol of power analyses |

Test family

t tests

Statistical test

Linear bivariate regression: One group, size of slope

Type of power analysis

A priori: Compute required sample size - given α, power, and effect size

Input parameters

Tail(s)	Two
Slope H1	0.2
α err prob	0.05
Power (1-β err prob)	0.85
Slope H0	0
Std dev σ_x	1
Std dev σ_y	1

Determine

Output parameters

Noncentrality parameter δ	3.0138569
Critical t	1.9710075
Df	216
Total sample size	218
Actual power	0.8509387

D. MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT

Multidimensional Scale of Perceived Social Support (Zimet et al., 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully.   Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**
Circle the "2" if you **Strongly Disagree**
Circle the "3" if you **Mildly Disagree**
Circle the "4" if you are **Neutral**
Circle the "5" if you **Mildly Agree**
Circle the "6" if you **Strongly Agree**
Circle the "7" if you **Very Strongly Agree**

1.	There is a special person who is around when I am in need.	1	2	3	4	5	6	7	SO
2.	There is a special person with whom I can share my joys and sorrows.	1	2	3	4	5	6	7	SO
3.	My family really tries to help me.	1	2	3	4	5	6	7	Fam
4.	I get the emotional help and support I need from my family.	1	2	3	4	5	6	7	Fam
5.	I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7	SO
6.	My friends really try to help me.	1	2	3	4	5	6	7	Fri
7.	I can count on my friends when things go wrong.	1	2	3	4	5	6	7	Fri
8.	I can talk about my problems with my family.	1	2	3	4	5	6	7	Fam
9.	I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7	Fri
10.	There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7	SO
11.	My family is willing to help me make decisions.	1	2	3	4	5	6	7	Fam
12.	I can talk about my problems with my friends.	1	2	3	4	5	6	7	Fri

The items tended to divide into factor groups relating to the source of the social support, namely family (Fam), friends (Fri) or significant other (SO).

E. STEREOTYPIC ROLES FOR BLACK WOMEN SCALE

Directions: This is a scale to determine attitudes and beliefs. There are no right or wrong answers. Please use the following scale to complete the questions.

Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

1. Black women are often loud and obnoxious.   1 2 3 4 5
2. Black women are all about sex.   1 2 3 4 5
3. Black women have to be strong to survive.   1 2 3 4 5
4. Black women need to nag others to get a response.   1 2 3 4 5
5. Black women will use sex to get what they want.   1 2 3 4 5
6. Men can be controlled with sex.   1 2 3 4 5
7. If given a chance, Black women will put down Black men.   1 2 3 4 5
8. Black women are often treated as sex objects.   1 2 3 4 5
9. I am often expected to take care of family members.   1 2 3 4 5
10. If I fall apart, I will be a failure.   1 2 3 4 5
11. Black women are usually angry with others.   1 2 3 4 5
12. I often put aside my own needs to help others.   1 2 3 4 5
13. I often feel ignored by others.   1 2 3 4 5
14. I find it difficult to ask others for help.   1 2 3 4 5
15. I feel guilty when I put my own needs before others.   1 2 3 4 5
16. I do not want others to know if I experience a problem.   1 2 3 4 5
17. People often expect me to take care of them.   1 2 3 4 5
18. People respond to me more if I am loud and angry.   1 2 3 4 5

Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
1	2	3	4	5

19. I tell others that I am fine when I am depressed or down.   1 2 3 4 5
20. People treat me as if I am a sex object.   1 2 3 4 5
21. It is difficult for me to share problems with others.   1 2 3 4 5
22. I should not expect nurturing from others.   1 2 3 4 5
23. I am hardly ever satisfied.   1 2 3 4 5
24. Black women are out to get your man.   1 2 3 4 5
25. I often have to put someone in their place, read them or check them.   1 2 3 4 5
26. Young Black women are gold-diggers.   1 2 3 4 5
27. I often threaten to cuss someone out.   1 2 3 4 5

28. Sex is a weapon.   1 2 3 4 5
29. I am overworked, overwhelmed, and/or underappreciated.   1 2 3 4 5
30. Black women are demanding.   1 2 3 4 5
31. I am always helping someone else.   1 2 3 4 5
32. I will let people down if I take time out for myself.   1 2 3 4 5
33. It is easy for me to tell other people my problems.   1 2 3 4 5
34. I feel guilty if I cannot help someone.   1 2 3 4 5

F. DASS-21

DASS-21
Name: Date:
Please read each statement and circle a number 0, 1, 2 or 3 which indicates how
much the statement applied to you *over the past week.* There are no right or
wrong answers. Do not spend too much time on any statement.
The rating scale is as follows:
0   Did not apply to me at all
1   Applied to me to some degree, or some of the time
2   Applied to me to a considerable degree, or a good part of time
3   Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3

13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3

G. FAPIS Scale

The FAP Intimacy Scale (FAPIS)

Please choose the person in your life whom you are closest who is NOT a romantic or sexual partner. This person could be a parent or other family member, a friend, a co-worker or a teacher, or someone else. Please answer the following questions about your relationship with this person.

1. What type of relationship are you describing?
   □ Parent
   □ Sibling
   □ Other family member (please describe:_____)
   □ Friend
   □ Romantic Partner
   □ Other please describe:_____)

2. How long have you been in this relationship (in months)? _____

Please read each statement carefully and then circle the number which best describes how much the statement was true for you DURING THE PAST WEEK, INCLUDING TODAY.

0	1	2	3	4	5	6
Not at all		A little		A lot		Completely

		0	1	2	3	4	5	6
1.	I showed my true feelings and was completely natural with this person.	□	□	□	□	□	□	□
2.	I was comfortable discussing significant problems with this person.	□	□	□	□	□	□	□
3.	I felt comfortable telling this person things that I do not tell other people.	□	□	□	□	□	□	□
4.	I trusted this person with my deepest thoughts and feelings.	□	□	□	□	□	□	□
5.	I revealed to this person what I feel are my shortcomings.	□	□	□	□	□	□	□
6.	I expressed loving, caring feelings toward this person.	□	□	□	□	□	□	□
7.	I was open and loving with this person.	□	□	□	□	□	□	□
8.	I attempted to get closer to this person.	□	□	□	□	□	□	□
9.	I expressed my feelings about this person directly to him/her.	□	□	□	□	□	□	□
10.	At times I kept opinions to myself because I was afraid of how this person might react.	□	□	□	□	□	□	□
11.	I kept very personal information to myself and did not share it with this person.	□	□	□	□	□	□	□
12.	When I talked to this person, I stuck to safe topics.	□	□	□	□	□	□	□
13.	There were times when I held back information from this person.	□	□	□	□	□	□	□

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H. INTERVIEW PROTOCOL

Interview Protocol Potential Questions
Development of Social and Cultural Messages and Identity
1. Tell me your thoughts about Black female stereotypes.
    a. What stereotypes do you feel like you align with?
2. Please share with me salient or important identities to you?
    a. Who are you? How are your identities informed or cultivated by personal experiences? Family? Peers?
    b. Describe the ways these identities impact various areas of your life.

3. Can you describe to me messages you received about your salient identities from your parents/family? Media? Educational and professional spaces? Societal community?
    a. Were they positive/negative/neutral?
    b. How did these messages influence the way you navigated various spaces (education, relationships, workforce)?
    c. How did you internalize or distance yourself away from messages related to identities?
    d. What social messages did you receive about your role within relationship or partnership with other people?
4. Share how you understand what love **feels** like. What are some of the associated actions, emotions, mental/physiological reactions?
5. Tell me more about what you learned about the process of being within an interpersonal relationship.
    a. What did you learn growing up about physical touch?
    b. What were the messages you received about how to treat or care for yourself?
    c. What were the messages you received about how to treat or care for others?
    d. Describe to me how you learned about what love looks like (i.e. display of affection, trust, intimacy).

6. Who was the first person(s) you learned to love or care about? Tell me about this person and your relational experience with them? How did you learn to talk to or communicate with people that you love or care about?

Questions/Comments
Any questions or comments I did not ask or bring up, that you wish to discuss now?

I.   RECRUITMENT FLYER

BLACK FEMALE STEREOTYPES

Hi! I am conducting research on Black female stereotypes, mental health and intimacy. If you are an adult who is interested in taking the survey for the purpose of this study, please follow the link at the end of this flyer.

Eligible Participants are:
- 18 years of age or older
- Black, African Ascendant, African American, or Black Multiracial Identity
- Self-identify as Female

Participation in this research study would include:
- A short questionnaire that includes demographic information and eligibility.
- Consenting to the research study.
- Completing a survey that will take approximately 20 to 25 minutes.
- The option to participate in audio-recorded interviews that will take approximately 60-90 minutes.
- Opportunity to earn up to $25 for Amazon.

If you are interested please follow this link:
https://ugeorgia.ca1.qualtrics.com/jfe/form/SV_507SUUqzPrJSKKp

If you have any questions please feel free to contact me directly.
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