Association Between Superwoman Schema, Depression, and Resilience: The Mediating Role of Social Isolation and Gendered Racial Centrality

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Objectives: We examined dimensions of Superwoman Schema as predictors of both depression and resilience. We also investigated if social isolation and gendered racial centrality mediated these relationships. ***Method:*** We used path analysis to investigate the direct and indirect effects of an obligation to display an image of strength, emotional suppression, and resistance to vulnerability on depressive symptoms through social isolation. We also explored the direct and indirect effects of an intense motivation to succeed and an obligation to help others on resilience through gendered racial centrality. ***Results:*** Emotional suppression and an obligation to help others were directly associated with depression. Emotional suppression, resistance to vulnerability, and an obligation to help others were indirectly associated with depression through social isolation. In contrast, an obligation to display an image of strength and an intense motivation to succeed was associated with resilience and gendered racial centrality. ***Conclusion:*** Findings highlight the unique complexity of Superwoman Schema as suggested within qualitative research. Black women's endorsement of Superwoman Schema may be both adaptive in navigating interlocking systems of oppression and psychologically distressing.

Public Significance Statement

We explored social isolation and gendered racial centrality as two factors that may explain the complexity of Superwoman Schema and mental health outcomes: social isolation explained depression symptoms while gendered racial centrality explained resilience. The findings highlight the importance of understanding the complexities of Black women's sense of self and add to the growing body of literature that has implications for culturally competent interventions for Black women.

Keywords: Black women, Superwoman Schema, Strong Black Woman, depression, resilience

The Superwoman/Strong Black Woman (SW/SBW) role has received considerable interest from clinicians and scholars invested in the health of Black women (Beauboeuf-Lafontant, 2003; Black & Woods-Giscombé, 2012; Donovan & West, 2015; Harrington et al., 2010; Woods-Giscombé & Black, 2010). Typically described as how Black women are expected to cognitively and behaviorally enact womanhood, some expectations of this role include strength, helping others, emotional restriction, and succeeding despite limited resources (Abrams et al., 2014; Beauboeuf-Lafontant, 2007, 2009; Romero, 2000; Woods-Giscombé, 2010). Emerging evidence has indicated that the SW/SBW role is associated with psychological distress (Abrams et al., 2019; Shahid et al., 2018; Watson & Hunter, 2015; Watson-Singleton, 2017). Yet, qualitative research findings have demonstrated that the SW/SBW role is nuanced and substantially more complex than a straightforward risk factor for psychological distress (Abrams et al., 2014; Nelson et al., 2016; Watson & Hunter, 2016; Woods-Giscombé, 2010). For example, the enactment of SW/SBW role expectations may defy negative stereotypes of Black women and facilitate self-efficacy (Donovan & West, 2015; Watson & Hunter, 2016; West et al., 2016).

The SW/SBW role may be associated with both negative and positive mental health outcomes. Yet, to our knowledge, this possibility

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has not been explored in quantitative research. Apart from Allen et al. (2019) who examined the interaction between SWS dimensions and racial discrimination on allostatic load, research is scarce on what specific dimensions might be associated with divergent mental health outcomes. Building on the existing literature, we used a newly validated and reliable measure of Superwoman Schema (G-SWS)—a comprehensive conceptual framework for understanding the SW/SBW role—to determine if specific dimensions of SWS were associated with negative (i.e., depressive symptoms) and positive (i.e., resilience) outcomes among Black women (Woods-Giscombé et al., 2019). We also examined potential mediators (i.e., social isolation and gendered racial centrality) that could explain these relationships. In doing so, we addressed gaps in the existing literature and facilitate deeper insight into the complexity of SWS in the lives of Black women.

Black Feminist Thought and the Emergence of the SW/SBW Role

Negative stereotypes of Black women (e.g., Mammy, Sapphire, and Jezebel) are pervasive in U.S. culture (Stephens & Phillips, 2003; Thomas et al., 2004; West, 2004) and function to normalize interlocking systems of oppression and social injustice (Collins, 2000). Moreover, Black feminist theorists have proposed that the SW/SBW role emerged as a positive image to counter stereotypes of Black women (Beauboeuf-Lafontant, 2009; Collins, 2000; Harris-Perry, 2011). The SW/SBW role may represent a positive alternative to negative images of Black women; however, some scholars have posited that it is another controlling image (Beauboeuf-Lafontant, 2009; Collins, 2000; Harris-Perry, 2011). Yet, there is evidence that some Black women conceptualize the SW/SBW role as both empowering and problematic (Jones et al., 2020; Parks, 2013; West et al., 2016). For instance, in a sample of 90 Black college women, West et al. (2016) found that nearly 80% of participants viewed the SW/SBW role positively (i.e., hardworking, educated, and ambitious). Yet, participants also connected the SW/SBW to negative mental health consequences, highlighting the "SBW paradox" (p. 405).

The SW/SBW Role and Negative Outcomes

Qualitative research findings have suggested that the SW/SBW role is associated with decreased help-seeking for depression and other mental health conditions (Amankwaa, 2003; Beauboeuf-Lafontant, 2007, 2009; Nelson et al., 2020; Schreiber et al., 2000; Woods-Giscombé, Robinson, et al., 2016), delays in breast cancer screening (Black & Woods-Giscombé, 2012), greater emotional distress (Singh et al., 2012; Sisley et al., 2011), and stress-related health behaviors (Woods-Giscombé, 2010). Using quantitative methods, researchers have found that adherence to the SW/SBW role was associated with binge eating (Harrington et al., 2010), use of food to cope with stress (Woods-Giscombé et al., 2019), elevated levels of anxiety and depressive symptoms (Watson & Hunter, 2015; Woods-Giscombé et al., 2019), physical inactivity and impaired sleep quality (Woods-Giscombé et al., 2019), and psychological distress (Shahid et al., 2018; Watson-Singleton, 2017). Notably, some researchers have also explored adherence to the SW/SBW role as a moderator of the relationship between stress and psychological distress. For example, Donovan and West (2015), in a sample of 95 Black college women, found that the SW/SBW role interacted with stress in predicting depressive symptoms. Specifically, women with greater stress and adherence to the SW/SBW role reported the highest levels of depressive symptoms; this was not the case for women who endorsed low adherence.

The relationship between the SW/SBW role and depression is of particular interest because depression is chronic, severe, and undertreated among Black women (González et al., 2010; Williams et al., 2007). While there is some evidence to suggest that the SW/SBW role is associated with depression (e.g., Abrams et al., 2019; Watson & Hunter, 2015), in these studies, the SW/SBW role was measured as a single construct. Further, only one study found an association among the five dimensions of SWS and depressive symptoms (Woods-Giscombé et al., 2019). As such, additional research in this area is needed.

The SW/SBW Role and Perceived Positive Consequences

Some Black women view aspects of the SW/SBW role positively (West et al., 2016; Woods-Giscombé, 2010). For instance, findings from Edge and Rogers (2005) qualitative study of 12 Black Caribbean mothers in the United Kingdom suggested that participants' identification with the SW/SBW role was linked to resilience, self-reliance, and personal values of autonomy and mastery over negative life events. Further, Abrams et al. (2014), in a qualitative study of 44 Black women, found that adherence to the SW/SBW role was grounded in resilience or prevailing over life's challenges and obstacles. Similarly, Watson and Hunter (2016) found that the SW/SBW role was associated with challenging negative societal expectations of African American women and perceived self-efficacy to manage distress and limited resources. Likewise, Nelson et al. (2016) found that the SW/SBW role was associated with overcoming adversity and challenges. As such, Black women may conceptualize and internalize the expectations of the SW/SBW role to embrace Blackness and womanhood; that is, for some Black women, expectations of the SW/SBW role may provide a positive image grounded in resilience to navigate oppression. Although qualitative research findings have suggested that the SW/SBW role is complicated and associated with positive outcomes, to our knowledge, there are no quantitative studies that have explored this possibility.

Moving Forward: The Superwoman Schema Conceptual Framework

The Superwoman Schema (SWS) is a conceptual framework that offers a comprehensive, layered description of the cognitive, behavioral, and affective foundations of the SW/SBW role (Woods-Giscombé, 2018; Woods-Giscombé et al., 2019). Operationalized as an obligation to display strength, resistance to being vulnerable, obligation to suppress emotions, an intense motivation to succeed despite limited resources, and an obligation to help others, SWS originated from a qualitative study with 48 African American women (Woods-Giscombé, 2010). In that study, African American women described these characteristics and identified perceived benefits (e.g., self-preservation, preservation of the African American family and community) and liabilities (e.g., relationship strain, stress) of SWS. These findings resulted in the development of a new measure, The Giscombé Superwoman Schema Questionnaire

(G-SWS-Q; Woods-Giscombé et al., 2019) which may more accurately reflect how Black women understand the phenomena.

Possible Mediators of the Relationship Between SWS and Consequences

To our knowledge, only two studies have explored mediators of the relationship between the SW/SBW role and psychological distress (Abrams et al., 2019; Watson-Singleton, 2017). In both studies, the SW/SBW role was operationalized as SBW schema and measured as a single construct. For example, among 158 African American women, Watson-Singleton (2017), found that perceived emotional social support partially mediated the relationship between the SW/SBW role and psychological distress. Similarly, in a sample of 194 Black women, Abrams et al. (2019) found that self-silencing mediated the relationship between the SW/SBW role and depressive symptoms. As such, it is important to identify additional mediators. The extant literature points to social isolation and gendered racial centrality. We briefly discuss each in turn.

Social Isolation.   Evidence suggests that social support is protective against anxiety and depression among African and Caribbean Americans (Levine et al., 2015; Plant & Sachs-Ericsson, 2004). However, the concept of social isolation (i.e., social and emotional loneliness as well as insufficient social support) is less clear. Despite considerable variability in how social isolation has been conceptualized and measured, researchers have found that social isolation is a risk factor for numerous physical and mental health conditions. Specifically, social isolation is associated with stress (Grant et al., 2009), substance abuse (Hawthorne, 2008), and depression (Targosz et al., 2003).

Social isolation may explain the link between SWS and depression (Romero, 2000). Adhering to strength may obstruct efforts to forge and sustain authentic and genuine emotional attachments, as doing so might contradict some Black women's notion of self-reliance. Thus, to maintain the *obligation to display strength*, some Black women may be less willing to acknowledge vulnerability, seek help, or express emotions. For example, it is plausible that Black women who *suppress their emotions,* may in turn, find it hard to connect with others, which may leave them socially isolated and at increased risk for depression. This may, in turn, prevent Black women from securing deep and lasting relationships that are more intimate, reciprocal, and healthy (Beauboeuf-Lafontant, 2009). Taken as a whole, then, there is a good foundation of literature to expect that social isolation may mediate the association between specific SWS dimensions and depressive symptoms.

Gendered Racial Centrality.   Gendered racial centrality, the salience of race and gender in the experiences of Black women, (e.g., Leach et al., 2008; Thomas et al., 2011) may explain the possible relationship between dimensions of SWS and resilience. Although research on gendered racial centrality is emerging, scholars have investigated the development of gendered racial centrality via socialization practices among Black women. For example, in an investigation of gendered racial socialization among 36 African American mother–daughter dyads, Thomas and King (2007) found that African American mothers emphasized self-determination, self-pride, and assertiveness that underscored an awareness that their daughters would have unique experiences at the intersection of racism and sexism. Moreover, mothers prepared their daughters to be resilient and provided unique messages that reflected the importance of gendered racial centrality (Thomas & King, 2007). Similarly, in the development of a gendered racial–ethnic socialization scale among a sample of 174 African American women, Brown et al. (2017) identified nine factors that reflect the unique messages that Black women receive. Three factors relevant to dimensions of SWS include the following: *independence, career, and educational success* and *family expectations and responsibilities*.

Moreover, it is plausible that an *intense motivation to succeed* and an *obligation to help others* are associated with gendered racial centrality. In a mixed-methods study of 240 Black women, Jones and Day (2018) investigated how Black women make meaning of their gendered racial identity. The authors identified the theme, *identity engagement*, which reflected how Black women act in ways that are nurturing or helping of others (e.g., family, community, partners; Jones & Day, 2018). Moreover, these unique messages facilitate positive-gendered racial identity and resilience that is necessary to face unique challenges experienced by Black women (Thomas et al., 2011). Taken together, gendered racial centrality may explain the link between SWS dimensions and resilience.

The Present Study

The SW/SBW role has been associated with negative outcomes. However, results from several qualitative inquiries (e.g., Abrams et al., 2014; Jones et al., 2020; Nelson et al., 2016, 2020; Watson & Hunter, 2016; Woods-Giscombé, 2010) with Black women have indicated that the SW/SBW role is more nuanced, complex, contextual, and possibly associated with positive outcomes. Moreover, exploring specific dimensions of SWS will increase our understanding of its complexity and facilitate clinicians' interventions with Black women. Thus, the purpose of this study was to examine the relationship between SWS, depression, and resilience. We also examined social isolation and gendered racial centrality as mediators. We hypothesized that: (a) an obligation to display strength, resistance to being vulnerable, and an obligation to suppress emotions would predict depressive symptoms and social isolation would mediate this relationship; and (b) an intense motivation to succeed and an obligation to help others would predict resilience and gendered racial centrality would mediate this relationship.

Method

Participants

The present study included 271 self-identified Black women (see Table 1). Participants ranged in age from 18 to 70 with a mean age of 33.92 years ($SD = 11.63$). Thirteen percent of participants identified as bisexual or lesbian, and 87% identified as heterosexual. Approximately 70% of participants had a bachelor's degree or higher, 21% had some college or an associate degree, and 9% had a high school diploma or General Education Diploma (GED). Sixty-three percent of participants were employed, 27% were students, and 9% were unemployed. Regarding annual household income, 52% of the sample reported earning over $50,000. In terms of relationship status, 41% of participants indicated that they were single/never married. Finally, 44% of the sample indicated that they have received treatment for a mental health condition.

Table 1

Description of Study Participants and Depression and Resilience Status

Demographic variable	%	Depression M(SD)	p	Resilience M(SD)	p
Annual household income			.047		.173
Less than $10,000	10	23.3 (20.7)		74.8 (11.3)	
$10,000—$49,999	39	17.5 (17.2)		73.6 (14.6)	
$50,000—$99,999	33	18.5 (16.5)		74.9 (10.4)	
$100,000 or more	18	11.9 (12.9)		78.9 (11.4)	
Education			.010		.043
High school diploma or GED or less	9	33.4 (25.8)		66.6 (15.6)	
Some college or associates degree	21	18.0 (15.8)		74.3 (13.5)	
Bachelor's degree	30	16.9 (15.4)		75.3 (12.0)	
Graduate school	40	13.4 (13.8)		77.2 (10.7)	
Employment status			.026		.273
Student	27	22.5 (20.0)		72.6 (14.0)	
Not working	9	11.2 (15.2)		76.0 (11.8)	
Employed	63	15.8 (15.1)		76.0 (11.7)	
Mental health treatment			<.001		.157
Yes	44	21.9 (17.7)		73.8 (12.4)	
No	56	13.4 (15.1)		76.2 (12.3)	
Relationship status			.044		.190
Single/never married	41	19.3 (17.0)		73.4 (13.7)	
Married	26	15.1 (17.6)		76.6 (11.6)	
Romantic relationship	23	18.3 (17.5)		74.6 (11.1)	
Divorced/widowed/separated	10	11.2 (10.4)		79.2 (11.6)	
Sexual orientation			.004		.005
Bisexual, gay, or lesbian	13	27.5 (19.1)		66.8 (16.0)	
Heterosexual	87	15.8 (16.0)		76.4 (11.4)	

Note. GED = general educational development.

Measures

Superwoman Schema

Characteristics of the SWS were measured using the Giscombé Superwoman Schema Questionnaire (G-SWS-Q; Woods-Giscombé et al., 2019). The SWS was developed from Woods-Giscombé's (2010) qualitative research with Black women to identify characteristics of the SWS, a construct akin to SW/SBW role. The G-SWS-Q consists of 35 items that represent the following five dimensions: an obligation to present an image of strength (e.g., I try to present an image of strength; six items; α = .73), an obligation to suppress emotions (e.g., I keep my feelings to myself; seven items; α = .84), resistance to being vulnerable (e.g., It is hard for me to accept help from others; seven items; α = .83), intense motivation to succeed (e.g., No matter how hard I work, I feel like I should do more; six items; α = .64), and an obligation to help others (e.g., I take on roles and responsibilities when I am already overwhelmed; nine items; α = .85). The psychometric properties (i.e., factor structure, reliability, construct validity) of the measure are good (Woods-Giscombé et al., 2019). Responses ranged from 0 = *this is not true for me*, 1 = *this is true for me rarely*, 2 = *this is true for me sometimes*, and 3 = *this is true for me all the time*. Higher scores indicate increased identification with SWS dimensions (see Table 2).

Table 2

Summary of Correlations, Means, and Standard Deviations for Study Variables

Variable	1	2	3	4	5	6	7	8	9
1. OPS	—								
2. OSE	0.415***	—							
3. RBV	0.218*	0.301***	—						
4. IMS	0.478***	0.409***	0.219**	—					
5. OHO	0.432***	0.448***	0.261**	0.456***	—				
6. Depression	0.218**	0.379***	0.164	0.202**	0.368***	—			
7. Social isolation	0.219***	0.478***	0.225**	0.241***	0.382***	0.486***	—		
8. Centrality	0.182*	0.078	0.055	0.143*	0.026	0.019	0.033	—	
9. Resilience	0.132*	−0.274***	−0.168**	0.075	−0.135*	−0.289***	−0.390***	0.019	—
M	13.5	11.2	12.5	12.4	13.8	17.3	44.6	17.9	75.1
SD	3.80	5.12	4.93	3.57	6.39	17.0	11.3	3.81	12.2

Note. OPS = obligation to present an image of strength; OSE = obligation to suppress emotions; RBV = resistance to being vulnerable; IMS = intense motivation to succeed, despite limited resources; OHO = obligation to help others.
* p < .05. ** p < .01. *** p < .001.

Depression

Depressive symptoms were measured with the Center for Epidemiologic Studies Depression Scale Revised (CESD-R; Eaton et al., 2004). The CESD-R consists of 20 items that assess symptoms (e.g., I could not shake off the blues) of depression. Responses ranged from $0 = $ *not at all or less than 1 day* to $4 = $ *nearly every day for 2 weeks.* CESD-R total scores range from 0 to 80, with higher scores indicating greater endorsement of depressive symptoms. The CESD-R is a reliable and valid measure of depressive symptoms among African American people (e.g., Elion et al., 2012). The scale demonstrated excellent internal consistency for this sample ($\alpha = .95$).

Resilience

The Connor–Davidson Resilience Scale (CD-RISC-25; Connor & Davidson, 2003) is a 25-item self-report measure of resilience (i.e., assets associated with resilient outcomes). Using a 5-point Likert scale ($0 = $ *not true at all*, $4 = $ *true nearly all the time*), participants rated items such as, "I tend to bounce back after illness, injury, or other hardships"; and "I believe I can achieve my goals, even if there are obstacles." Higher scores represent greater endorsement of assets associated with resilient outcomes. The CD-RISC-25 has good psychometric properties and has been used with African American women in previous research (e.g., Brown & Tylka, 2011). The scale demonstrated very good internal consistency for this sample ($\alpha = .90$).

Social Isolation

The UCLA Loneliness Scale (Version 3; Russel, 1996) is a 20-item scale that measures one's subjective feelings of loneliness as well as feelings of social isolation. Using a 4-point Likert scale ($1 = $ *never*, $4 = $ *often*), participants rated items such as, "How often do you feel that there is no one you can turn to" and "How often do you feel isolated from others?" This measure is a revised version of both the original UCLA Loneliness Scale and the Revised UCLA Loneliness Scale. Moreover, perceived social isolation forms the dominant factor underlying the UCLA Loneliness Scale, a measurement instrument that, despite its name, does not include the term "loneliness." The UCLA Loneliness Scale has construct validity and high reliability and has been used with African Americans in previous research (e.g., Chang, 2018). The internal reliability for this sample was very good ($\alpha = .93$).

Gendered Racial Centrality

Gendered racial centrality was assessed using the centrality subscale from the Multicomponent In-Group Identification Scale (Leach et al., 2008). We modified questions to ask participants to respond based on their identity as Black women. Participants responded to three questions (e.g., "The fact that I am a Black woman is an important part of my identity"). Responses ranged from $1 = $ *strongly disagree* to $7 = $ *strongly agree*. The original scale has good psychometric properties and has been used with African American women (e.g., Szymanski & Lewis, 2016) in previous research. The internal reliability for this sample was good ($\alpha = .85$).

Demographic Variables

Participants also completed a demographic questionnaire that included information on the following variables: age, annual household income, educational level, employment status, receipt of mental health treatment (i.e., counseling, therapy), relationship status, and sexual orientation.

Procedure

The Clark University institutional review board approved all described research. Participants were recruited via email communication to Black professional, community, and civic organizations,' which granted access to listserv members. The recruitment email included a brief study description (i.e., invitation to participate in a study focused on the mental health of Black women) inclusion criteria (i.e., self-identification as a Black woman and at least 18 years of age), the principal investigator's contact information, and a link to the online Qualtrics survey. Upon entering the Qualtrics survey, participants were instructed to read and provide informed consent. After verifying eligibility, participants completed study questionnaires, and a sociodemographic survey which included two open-ended questions that were compared with similar multiple-choice questions to address the possible concern of bots. We also examined the IP location to confirm that all participants were in the United States. Upon completion, all participants were entered into a raffle to receive 1 of 10 $50.00 gift cards and 10 participants were emailed an electronic $50.00 gift card.

Analytic Approach

The characteristics of study participants were described using descriptive statistics (i.e., mean, and standard deviation). All subscales were examined for reliability using Cronbach's alpha. Bivariate Pearson's correlation was examined to investigate the relationships among the variables of interest. Analysis of variance (ANOVA) was used to determine statistically significant differences in depression and resilience by sociodemographic characteristics. Patterns of missing data were analyzed using the Missing Value Analysis (MVA) module in SPSS 24.0 to determine if variables were Missing Completely at Random (MCAR). Little's (1988) MCAR chi-square test is the most frequently used test for examining missing data. A nonsignificant p value indicates that data are MCAR and missing values and are ignorable. Multiple imputation, which has several advantages over list-wise deletion (van Ginkel & Kroonenberg, 2014), was used to handle missing data. Data were imputed using the Bayes estimator and 1,000 iterations. Pearson's correlations and path analyses were conducted with imputed data—pooling data from 10 different data sets.

Hypothesis-driven analyses included the examination of two distinct models. One model included an obligation to present an image of strength, obligation to suppress emotions, resistance to being vulnerable as predictors, social isolation as the mediator, depression as the outcome, and with education, income, sexual orientation, and mental health treatment as covariates. We included these covariates as they are generally associated with the outcomes of interest, in particular depression, in the present study. The second model included intense motivation to succeed and obligation to help others as predictor variables, centrality as the mediator, resilience as

the outcome variable with education, income, sexual orientation, and mental health treatment as covariates. In addition, we examined three plausible alternative models which is consistent with some approaches in path analysis (see MacCallum et al., 1993). Multiple imputation, Pearson's correlations, and path analyses were conducted in Mplus version 8 (Muthén & Muthén, 2017). All other analyses were conducted in SAS 9.4 (SAS Institute Inc., Cary, NC).

Results

Two hundred and seventy-one participants provided usable data, but only 211 participants (78%) had complete data on all study measures. Little's (1988) MCAR chi-square test indicated that data were missing completely at random, $\chi^2(431) = 365.19$, $p = .990$. Multiple imputation was used to handle missing data. Table 1 shows the description of study participants. There were statistically significant differences in depression by income, education, employment status, mental health treatment, relationship status, and sexual orientation. Respondents with a higher mean of depression tended to earn less than $10,000, attain a high school education (GED) or less, be a student, receive mental health treatment, be single/never married, and be a sexual minority. There were also statistically significant differences in resilience (i.e., assets associated with resilient outcomes) by education and sexual orientation. Respondents with less assets tended to have attained a high school education or GED or less and identify as a sexual minority.

Pearson's correlations are presented in Table 2. There were correlations among all five SWS dimensions (i.e., obligation to display strength, resistance to being vulnerable, obligation to suppress emotions, intense motivation to succeed, and an obligation to help others). Further, these dimensions were all positively correlated with depressive symptoms except for resistance to being vulnerable ($r = .164$, $p = .059$). However, only an obligation to display strength ($r = .182$, $p = .012$) and intense motivation to succeed ($r = .143$, $p = .035$) were positively associated with centrality. All five SWS dimensions were positively associated with social isolation. Resilience was only positively correlated with an obligation to display strength ($r = .132$, $p = .028$). However, resilience was negatively correlated with obligation to suppress emotions ($r = -.274$, $p < .001$), resistance to being vulnerable ($r = -.168$, $p = .005$), and obligation to help others ($r = -.135$, $p = .024$).

Hypothesis-Driven Analyses

We included all SWS dimensions (i.e., obligation to display strength, resistance to being vulnerable, obligation to suppress emotions, intense motivation to succeed, and an obligation to help others) as predictors with social isolation as the mediator and depression as the outcome in one model (Model 1). In the second model, all SWS dimensions were predictors with centrality as the mediator and resilience as the outcome (Model 2).

Table 3 shows all predictors included in Model 1. Social isolation ($\beta = .338$, $p < .001$), obligation to help others ($\beta = .212$, $p = .009$), education ($\beta = -.167$, $p = .007$), and mental health treatment ($\beta = .157$, $p = .009$) were statistically significantly associated with depression. There was also a statistically significant indirect effect of obligation to suppress emotions ($\beta = .095$, $p = .001$), resistance to being vulnerable ($\beta = -.090$, $p = .003$), and obligation to help others ($\beta = .057$, $p = .018$) on depression through social isolation. The

Table 3

Standardized Estimates for Relationship With Depression Using All Super Women Schema Dimensions

Variable	Direct effect		Indirect effect through social isolation	
	β	p value	β	p value
Social isolation	**0.338**	**<.001**	—	—
OPS	0.052	.457	−0.020	.378
OSE	0.120	.080	**0.095**	**.001**
RBV	−0.067	.425	**0.090**	**.003**
IMS	−0.025	.709	−0.024	.288
OHO	**0.212**	**.009**	**0.057**	**.018**
Education	**−0.167**	**.007**	—	—
Income	−0.043	.495	—	—
Sexual orientation	0.072	.243	—	—
MH treatment	**0.157**	**.009**	—	—

Note. OPS = obligation to present an image of strength; OSE = obligation to suppress emotions; RBV = resistance to being vulnerable; IMS = intense motivation to succeed, despite limited resources; OHO = obligation to help others; MH = mental health. Bolded β estimates and p values are statistically significant at $p < .05$.

model fit indices in Table 2 (Figure 1) were as follows: CFI: 1.000; TLI: 1.000; RMSEA = 0.000; SRMR = 0.000; χ^2 p value of model fit for baseline model < .001.
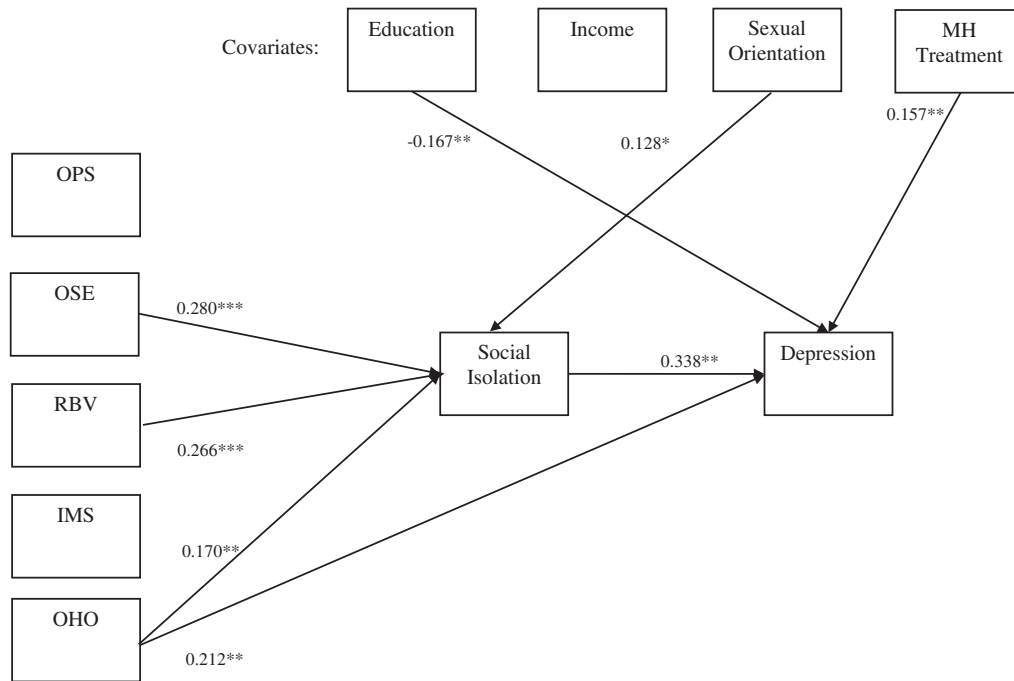
Table 4 shows all predictors included in Model 2. Obligation to present an image of strength ($\beta = .306$, $p < .001$), obligation to suppress emotions ($\beta = .261$, $p < .001$), resistance to being vulnerable ($\beta = -.248$, $p = .001$), intense motivation to succeed ($\beta = .223$, $p = .001$), and sexual orientation ($\beta = -.161$, $p = .009$) were statistically significantly associated with resilience. There were no statistically significant indirect effects through centrality on resilience. Model fit indices in Table 4 (Figure 2) were as follows: CFI: 1.000; TLI: 1.000; RMSEA = 0.000; SRMR = 0.000; χ^2 p value of model fit for baseline model < .001.

Plausible Alternative Models

As consistent with path analysis, there may be other plausible models that fit the data similarly to the original model (MacCallum et al., 1993). For example, social isolation has been identified as a noted consequence of major depressive disorder in previous research (Wittenborn et al., 2016). Hence, it is conceivable that depression may mediate the relationship between SWS dimensions and social isolation. It is also possible that resilience (i.e., assets associated with resilient outcomes) may be associated with increased gendered racial centrality, which has been noted as a buffer of psychological distress in previous research with Black women (Lewis et al., 2017). Finally, given the salience of Black woman's identity in SWS dimensions, it is possible that gendered racial centrality may be associated with resilience through SWS dimensions (Woods-Giscombé, 2010). Thus, we examined three plausible alternative models and included sociodemographic variables as covariates in these models.

The first model included all predictors in the model, depression as the mediator and social isolation as the outcome (Model 1 A), the paths that were statistically significant were depression to social isolation ($\beta = .316$; $p < .001$); obligation to suppress emotions to

Figure 1

Dimensions of Superwoman Schema (All Predictors), Social Isolation, and Depression Mediation Model Among Black Women

Note. Model fit indices: CFI: 1.000; TLI: 1.000; RMSEA = 0.000; SRMR = 0.000; χ^2 p value of model fit for baseline model < .001. OPS = obligation to present an image of strength; OSE = obligation to suppress emotions; RBV = resistance to being vulnerable; IMS = intense motivation to succeed, despite limited resources; OHO = obligation to help others. Only significant paths are shown, $^*p < .05.$ $^{**}p < .01.$ $^{***}p < .001.$

social isolation (β = .212; p = .001); resistance to being vulnerable to social isolation (β = .259; p < .001); obligation to suppress emotions to depression (β = .215; p = .002); obligation to helping others to depression (β = .269; p = .001). The indirect effects that

Table 4

Standardized Estimates for Relationship With Resilience With All Super Woman Schema Dimensions

Variable	Direct effect		Indirect effect through centrality	
	β	p value	β	p value
Centrality	−0.042	.467	—	—
OPS	**0.306**	**<.001**	−0.007	.507
OSE	**−0.261**	**<.001**	−0.001	.766
RBV	**−0.248**	**.001**	0.000	.999
IMS	**0.223**	**.001**	−0.003	.570
OHO	−0.110	.111	0.003	.609
Education	0.067	.281	—	—
Income	0.052	.396	—	—
Sexual orientation	**−0.161**	**.009**	—	—
MH treatment	−0.054	.3348	—	—

Note. OPS = obligation to present an image of strength; OSE = obligation to suppress emotions; RBV = resistance to being vulnerable; IMS = intense motivation to succeed, despite limited resources; OHO = obligation to help others. Bolded β estimates and p values are statistically significant at p < .05.

were statistically significant were obligation to suppress emotions to depression to isolation (β = .068; p = .008); and obligation to helping others to depression to isolation (β = .085; p = .006). The model fit was good for this model.

The second alternative model, included all predictors in the model, resilience as the mediator and centrality as the outcome (Model 2A), the paths that were statistically significant were obligation to present an image of strength to centrality (β = .191; p = .029); obligation to present an image of strength to resilience (β = .299; p < .001); obligation to suppress emotions to resilience (β = −.262; p < 001); resistance to being vulnerable to resilience (β = −.248; p = .001); intense motivation to succeed to resilience (β = .219; p = .001). There were no statistically significant indirect effects. Model fit indices were CFI: 1.000; TLI: 1.000; RMSEA = 0.000; SRMR = 0.000; χ^2 p value of model fit for baseline model < .001. The model fit was good for this model.

Finally, the third alternative model included gendered racial centrality as the predictor, the five dimensions of SWS as mediators and resilience as the outcome (Model 3A), the paths that were statistically significant were obligation to present an image of strength to resilience (β = .294; p < .001); obligation to suppress emotions to resilience (β = −.251; p < .001); resistance to being vulnerable to resilience (β = −.238; p = .001); intense motivation to succeed to resilience (β = .214; p = .001); centrality to obligation to present an image of strength (β = .200; p = .003); centrality to intense motivation to succeed (β = .145; p = .019). The only indirect

Figure 2

Dimensions of Superwoman Schema (All Predictors), Centrality, and Resilience Mediational Model Among Black Women
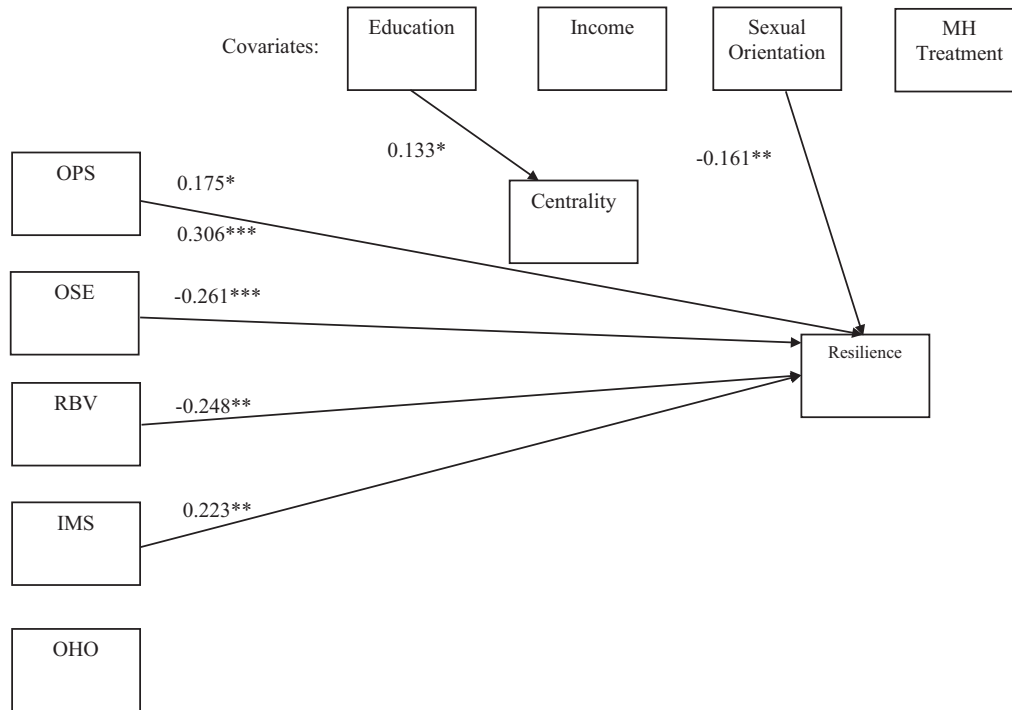
Note. Model fit indices: CFI: 1.000; TLI: 1.000; RMSEA = 0.000; SRMR = 0.000; χ^2 p value of model fit for baseline model < .001. OPS = obligation to present an image of strength; OSE = obligation to suppress emotions; RBV = resistance to being vulnerable; IMS = intense motivation to succeed, despite limited resources; OHO = obligation to help others. Only significant paths are shown, * p < .05. ** p < .01. *** p < .001.

effect that was statistically significant was centrality to obligation to present an image of strength to resilience (β = .058; p = .012). Model fit indices were CFI: 0.067; TLI: −3.196; RMSEA = 0.381; SRMR = 0.168; χ^2 p value of model fit for baseline model < .001. The model fit was poor for this model.

Discussion

In this study, we investigated the relationships among specific dimensions of SWS, depression, and resilience (i.e., assets associated with resilient outcomes). To our knowledge, this is the first study to test and find support for hypotheses about how specific dimensions of SWS are associated with both positive and negative psychological outcomes. The results demonstrated five main findings: (a) as hypothesized, we found a direct effect of emotion suppression on depression; (b) we also found indirect effects for emotion suppression and resistance to vulnerability, respectively, on depression through social isolation; (c) highlighting the complexity of SWS, as hypothesized, we found direct effects for an intense motivation to succeed and obligation to help others on resilience—although not entirely in the direction that we anticipated—as an obligation to help others was negatively associated with resilience; (d) in our *alternative* models, we found direct effects between an obligation to present an image of strength, gendered racial centrality,

and resilience; and (e) there was a direct effect between an obligation to help others and depression that was mediated through social isolation.

Dimensions of Superwoman Schema and Depression

The negative effects of emotional suppression, in general, are well documented (Aldao et al., 2010; Campbell-Sills et al., 2006). However, this regulation strategy is less understood among Black women. Further, we know very little about resistance to vulnerability among Black women (Beauboeuf-Lafontant, 2009; Woods-Giscombé, 2010). For some Black women, emotional suppression and resistance to vulnerability are used strategically to navigate interlocking systems of oppression (Nelson et al., 2016; Watson & Hunter, 2015). This may be adaptive or maladaptive depending on the context. In the present study, emotional suppression was directly associated with depression. Further, emotional suppression and resistance to vulnerability were both significant predictors of social isolation, which was itself a significant predictor of depression. Our findings suggest that Black women, who identify with and uphold these dimensions of SWS, may experience greater depression. This may be because these dimensions of the SWS are associated with greater social isolation. Support networks buffer the impact of depression, and it may be that in the absence of support networks

or the perception that one cannot reach out to support networks, symptoms of depression increase (Cruwys et al., 2013). This finding, in part, extends results from a previous study where lower perceived emotional social support partially mediated the relationship between SBW schema and psychological distress (Watson-Singleton, 2017).

Contrary to our hypotheses, we found a direct effect between an obligation to help others and depression, which extends previous work, whereby the SW/SBW role was associated with increased depression (Watson & Hunter, 2015; Woods-Giscombé et al., 2019). Thus, we have specified what might be problematic in the expectations of SW/SBW role. That is, an obligation to help others, while embraced as a form of community preservation, may present challenges to Black women's psychological well-being. Notably, Black women, in qualitative interviews, have suggested that helping others is normative, is indicative of a sense of collective responsibility that provides meaning and purpose to their lives (Woods-Giscombé, 2010), but is also associated with increased role responsibilities (Beauboeuf-Lafontant, 2007; Wallace et al., 2003).

Although some research has found that Black mothers who reported multiple role responsibilities (e.g., community engagement and mothering) reported fewer anxious and depressive symptoms (Black et al., 2009), it is possible that obligatory helping may deprioritize self-care (Beauboeuf-Lafontant, 2009; Woods-Giscombé, 2010). Importantly, some Black women cope with increased responsibilities by over-emphasizing self-reliance, which makes it challenging to manage responsibilities (Amankwaa, 2003; Edge & Rogers, 2005). This may be particularly salient in this sample of Black women. That is, some Black women may internalize the message to give more as a collective responsibility to help their families and community (Beauboeuf-Lafontant, 2009). Indeed, network stress (i.e., the vicarious experience of psychological stress experienced by family, loved ones, or friends), is a predictor of psychological distress in Black women and may explain the harm in prioritization of caregiving over self-care (Woods-Giscombé, Lobel, et al., 2016).

Dimensions of Superwoman Schema and Resilience

Beauboeuf-Lafontant (2007) proposed, "researchers should interrogate the rhetoric of being strong and empirically investigate whether or under what circumstances it becomes a productive way of managing life *and* emotional distress for Black women" (p. 46). Findings from qualitative studies have indicated that there is a functional, adaptive, and contextual nature of the SW/SBW role (Abrams et al., 2014; Jones et al., 2020; Nelson et al., 2016; Watson & Hunter, 2015; West et al., 2016; Woods-Giscombé, 2010). Accordingly, in exploring specific SWS dimensions, both an intense motivation to succeed and an obligation to present an image of strength were positively associated with both gendered racial centrality and resilience. These findings lend support to previous research and specify which specific SWS dimensions may be associated with positive psychological outcomes.

An intense motivation to succeed, described as adaptive and in response to balancing the demands of succeeding with limited resources (Woods-Giscombé, 2010), was positively associated with resilience and gendered racial centrality. In previous research, Black women have defined the SW/SBW role as hardworking, driven, and motivated (Abrams et al., 2014; Jones et al., 2020; Nelson et al., 2016; Woods-Giscombé, 2010) and have suggested

that the SW/SBW role may be associated with resilience (Abrams et al., 2014; Nelson et al., 2016; Watson & Hunter, 2016; Woods-Giscombé, 2010). Moreover, it is plausible that the motivation to succeed is salient among this sample of Black women and an asset that fosters resilience despite the individual and societal challenges that Black women experience (Woods-Giscombé, 2010).

We hypothesized that an obligation to display an image of strength would be associated with depression. Instead, we found direct effects between an obligation to display an image of strength and both gendered racial centrality and resilience. Perhaps, the obligation to display strength is the direct effort by Black women to manage the very real nature of structural inequities, discrimination, and gendered racism through fostering resilience, which is also associated with gendered racial centrality. In a recent study, gendered racial centrality moderated the relationship between gendered racial microaggressions and negative mental health outcomes (Lewis et al., 2017). Thus, it is plausible that the obligation to display an image of strength may be associated with resilience and confidence in self—both Blackness and womanhood—which is necessary to foster positive self-image and self-efficacy. This finding lends support to researchers who have suggested that the SW/SBW role may be functional and adaptive (Abrams et al., 2014; Nelson et al., 2016; Watson & Hunter, 2016; Woods-Giscombé, 2010), and it highlights the importance of investigating the SW/SBW role as a multidimensional construct.

Limitations

There are several limitations to this study worth noting. First, participants were recruited online through contact with Black professional, community, and cultural organizations. This recruitment strategy resulted in a high proportion of Black women with high education and income levels. Indeed, 70% of our sample had a bachelor's or graduate degree and 71% reported annual household incomes of US$50,000 or more. Thus, findings may not generalize to Black women of different socioeconomic status.

Second, we collected our data online. While online surveys are cost-effective, facilitate timely data collection, and ensure data quality, they are also subject to response bias. It is possible that social desirability bias could have led to the underreporting of depressive symptoms and the overreporting of resilience and gendered racial centrality. In addition, the online nature of this study excludes Black women without access to the internet to complete the study.

Finally, the cross-sectional study design is an important limitation of this study. As in all cross-sectional studies, we cannot infer causality. We make no claims regarding how SWS dimensions affect depression and resilience longitudinally or the directionality of the associations. Hence, longitudinal, or experimental designs may provide information about directionality and causality between specific SWS dimensions and mental health outcomes.

Practice Implications

We examined the association between SWS and positive and negative outcomes. For this purpose, we found support for the complex nature of SWS. Namely, that some expectations of SWS—as articulated by Black women—are neither "simply good or bad" (Watson & Hunter, 2015, p. 25). Although findings mainly

highlighted specific SWS dimensions that were indirectly associated with depression symptoms, two dimensions of SWS (i.e., obligation to display strength and an intense motivation to succeed, despite limited resources), were associated with resilience: coping with adversity and traumatic stress from oppression (Dow, 2015; Nelson et al., 2016). Moreover, the direct effects between an obligation to display an image of strength and intense motivation to succeed, respectively, on resilience as well as gendered racial centrality, respectively, support this notion. This finding provides modest empirical support that for some Black women, the SWS, in part, is functional and adaptive. It is also consistent with previous research where Black women have noted that displaying strength is in direct response to the challenges experienced in a racist and sexist society (Jones et al., 2020; Settles et al., 2008). Thus, it is plausible that Black women who internalize such expectations do receive benefits.

It is important for both clinicians and researchers to increase their understanding of how SWS manifests in Black women's lives. Clinicians should consider *how* Black women make meaning of SWS dimensions. Accordingly, clinicians can share with Black women how some SWS dimensions can be strategically useful and problematic (Nelson et al., 2016; Watson & Hunter, 2015). Further, we suggest that clinicians should inquire about Black women's social support networks, which may be protective against depressive symptoms. Also, researchers should examine the context and conditions that support the use of SWS. Researchers might want to investigate at what point is SWS problematic and under what additional circumstances is it useful and adaptive. Through acknowledging the historical, societal, and individual contexts surrounding SWS, scholars can elucidate its benefits and costs among Black women.

In conclusion, these results highlight indirect associations between SWS and depressive symptoms. Findings also support the notion of functional and adaptive nature of the dimensions as posited by researchers who have found assets, liabilities, and tensions (Abrams et al., 2014; Nelson et al., 2016; Romero, 2000; Watson & Hunter, 2016; West et al., 2016; Woods-Giscombé, 2010). The findings also support further investigations focused on mediators that will enable scholars to disentangle the complex nature of SWS and multiple outcomes.

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