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‘Just be strong and keep going’: the influence of Superwoman Schema on Black women’s perceived expectations of coping with sexual pain

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Abstract

Superwoman Schema, a conceptual framework that reflects Black women’s ability to overcome gendered racism and stress, affects the way Black women choose to cope with health-related issues. The purpose of this study was to investigate how Black women perceive they should cope with sexual pain using the Superwoman Schema as an analytic and interpretative guide. Data were derived from participants who completed an individual interview on sexual pain and pleasure. Deductive thematic analysis was conducted. Results indicated whereas some Black women endorsed all five components of Superwoman Schema as coping strategies for sexual pain, other Black women resisted SWS completely. Additionally, one participant was an outlier and did not endorse or resist SWS. Implications for generational sexual health interventions for Black women are discussed.

Keywords

Sexual pain; Black women; Superwoman Schema; coping; self-silencing

Introduction

Sociocultural factors and the intersecting marginalised identities of gender and race influence how Black women in the USA cope with health issues (Collins 2000; Woods-Giscombe and Lobel 2008). For many such women, coping is informed by messages around showing strength and suppressing emotions (Beauboeuf-Lafontant 2009; Woods-Giscombe 2010). In fact, research has shown that strength is not only a central part of Black women’s identity (Abrams, Maxwell, Pope, and Belgrave 2014; Littlefield 2004), but also a culturally specific coping mechanism for stressors and chronic health problems (Knighton et al. 2022; Nelson, Cardemil, and Adeoye 2016). Woods-Giscombe (2010) coined the concept of Superwoman Schema (SWS) to describe the five ways Black women believed they

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should cope with stress which included: 1) manifesting strength, 2) suppressing emotions, 3) resisting dependence or vulnerability, 4) succeeding despite limited resources, and 4) helping and putting others' needs before their own. However, SWS presents a 'double-edged sword' (Woods-Giscombe 2010, 669) because despite its social and cultural benefits for Black women, its effects can be detrimental to their overall health and well-being (Abrams, Maxwell, Pope, and Belgrave 2014; Knighton et al. 2022; Nelson, Cardemil, and Adeoye 2016). Aside from psychological literature on Black women and coping, little empirical work has specifically focused on how Black women in the USA cope with sexual difficulties (e.g. sexual pain) and how sociocultural factors such as SWS may influence their coping strategies.

Superwoman Schema

During slavery, strength was a tool used to sustain families and overcome obstacles created by racism, sexism and other systems of oppression (Thompson 2009). Present-day gendered racial socialisation practices continue to instill messages of strength to promote resilience (Brown and Tylka 2011). For example, Abrams et al. (2020) noted 'many Black women have mastered the art of portraying strength while concealing trauma—a balancing act often held in high esteem among Black women' (p. 518). Many Black women socialise their daughters to exhibit strength when faced with discrimination in a society that perpetually devalues them (Thomas and King 2007; Thomas, Speight and Witherspoon 2008). The generational strength and resilience of Black women are celebrated, which in turn normalises the burden of being strong among Black women and socialises girls to learn to independently bear their pain (Cousin, Johnson-Mallard, and Booker 2022).

For many Black women, women in their family who exhibit strength in the face of adversity are seen as role models (Kerrigan et al. 2007). However, SWS often has detrimental effects on Black women's overall health causing psychological distress, hostility, disordered eating, loneliness, anxiety, and depression (Beauboeuf-Lafontant 2009; Donovan and West 2015; Knighton et al. 2022; Watson and Hunter 2015). In a study about older Black women with chronic pain living in the Southern USA, older Black women reported exhibiting all five components of SWS to cope with chronic pain (Cousin, Johnson-Mallard, and Booker 2022). Black women who endorsed SWS were opposed to help-seeking behaviour because its tenets encouraged women to not seek support, express emotional needs, and/or exhibit vulnerability (Watson-Singleton 2017; Watson and Hunter 2015; Woods-Giscombe 2010). These findings highlight how help-seeking, coping with pain, and relying on emotional support systems are often influenced by cultural factors such as SWS.

Superwoman Schema and sexual health

Millions of women in the USA suffer from genitopelvic pain/penetration disorders and difficulties (Bornstein et al. 2016). In fact, one in five Black women report experiencing sexual pain in their lifetime (Carter et al. 2019). Sexual pain is recurring unwanted vulvar-vaginal pain that occurs before, during or after intercourse at the opening of the vagina, in the vaginal canal or pelvic area. This pain disrupts the sexual response cycle and limits their access to pleasurable sex. Sexual pain can also be the result of reproductive health disorders

such as endometriosis, uterine fibroids, and pelvic inflammatory disease, (Sorensen et al. 2018), which have higher incidence rates among Black women (Prather et al. 2018).

Women often spend years seeking understanding and a proper diagnosis regarding the aetiology of their sexual pain (Abercrombie and Learman 2012; Thorpe et al. 2022), which impacts their quality of life, strains their relationships, and impairs their daily functioning (Ballard, Lowton and Wright 2006). Due to sexism, women are more likely to face gendered stereotypes and discrimination from society suggesting that their pain is manageable, fabricated or psychosomatic (Braksmajer 2018; Farrell and Cacchioni 2012). Furthermore, Black women are impacted by gendered racism and historical stereotypes that prevent society from acknowledging their pain (Thorpe et al. 2022; Labuski 2017; Sacks 2018). Since SWS encourages self-silencing as a coping mechanism for health issues (Abrams, Hill, and Maxwell 2019; Lewis et al. 2016; Woods-Giscombe 2010), many Black women choose to suffer in silence. This silence hinders their ability to talk about their sexual pain with their healthcare providers (Thorpe et al. 2022) and their partners (Thorpe et al. 2022). For example, Black women have discussed how others' perceived dismissal of their pain and their own feelings of fear, anxiety and shame hindered their willingness to disclose (Thorpe et al. 2022). Additionally, a recent mixed-methods study showed Black women were more likely to engage in proactive coping strategies for sexual pain and failed to rely on their social supports, which can reinforce SWS due to the constant anticipation of sexual pain (Thorpe et al. 2022). Another qualitative study exploring the link between gendered ideologies and HIV transmission among Black men and women found that Black women believed they should be the emotional caretakers of their partners and be supportive and empathetic of their partners' needs, while deprioritising their own needs (Kerrigan et al. 2007). The same ideologies are true for Black women who experience sexual pain (Thorpe et al. 2022).

Purpose

To date, there is only one study that focuses on Black women's strategies for coping with sexual pain (Thorpe et al. 2022). While this study contributes to the literature, it does not provide a description of how Black women's intersecting identities of race and gender inform how they believe they should cope with sexual pain. Furthermore, research has acknowledged how historical conditions and sociorelational context impact women's sexuality and pain (Carter et al. 2019; Scott, Hintz, and Harris 2022), yet it has failed to explore how sociocultural factors and historical stereotypes specific to Black women impact how they navigate their relationship with sexual pain. To answer the call for more research on how early life messaging impacts women's normalisation of sexual pain (Scott, Hintz, and Harris 2022), the present study utilised SWS as an analytic and interpretative guide to understand how Black women across multiple generations have learned to cope with their sexual pain based on their gender and racial identities (Woods-Giscombe 2010).

Using SWS as an analytic tool allows us to examine this qualitative health research through an intersectional lens, especially since the foundation of SWS is rooted in responses to systems of oppression. The research is intersectional as it (a) centres Black women; (b) assumes the realities of Black women are not singular but are multiple and equally valid

in how intersecting oppressions of gendered racism (as manifested *via* the SWS) shape experiences (of sexual pain in this instance); and (c) situates narratives about Black women's experiences of coping with sexual pain within interlocking systems of power and privilege (e.g. histories of slavery, systemic silencing in justice and medical systems, intergenerational trauma, gendered racism). Additionally, the study uses a qualitative methodology to centre the voices of Black women by presenting their rich stories of embodying SWS to cope with sexual pain.

Method

Participants and procedures

Data were collected in Spring 2021 during phase two of the *Pain and Pleasure Study*. The purpose of the larger explanatory sequential mixed methods study was to explore Black women's experiences of sexual pain, pleasure and anxiety. A mixed methods explanatory sequential design was utilised consisting of two phases: quantitative followed by qualitative data collection and analysis (Creswell and Plano-Clark 2018. The qualitative data (interviews) were used to explain the quantitative results by providing a more nuanced person-centred understanding of sexual pain, pleasure and anxiety. Phase 1 consisted of an online Qualtrics survey. To be eligible for inclusion in Phase 1, participants had to live in the Southern USA, be between the ages of 18 to 50, identify as pre-menopausal, and be sexually active.

In this study, Phase 2 involved the collection of qualitative data by means of semi-structured interviews using Zoom from 25 Black women who typified as outlier/extreme cases (Creswell and Plano-Cark 2018) in the Phase 1 dataset. Women were chosen due to their heightened experiences of sexual pain, sexual anxiety, absence of orgasm, and/or reproductive health diagnoses. The interviews were conducted by the primary investigator (ST), three doctoral students, and a postdoctoral research scholar. Participants chose their own pseudonyms. All interviewers were required to prepare a memo after they completed an interview. Memos were discussed during team meetings. Verbal consent was obtained from all participants. The interviews lasted approximately 60 min and were audio-recorded. Participants received a $25 gift card for their participation. All interviews were transcribed by rev.com. All procedures were approved by the University of Kentucky's Institutional Review Board.

In the current study, we coded the responses to the question posed, 'How does being a Black woman influence how you feel you should cope with sexual pain?' Due to interviewer oversight, only $n = 17$ participants were asked this question and were included as the final sample as detailed below. Despite this limitation, there was enough informational power to proceed with data analysis since the study question purpose was narrow and rooted in theory (Malterud, Siersma, and Guassora 2016). Participants were aged between 23 and 44 years. The majority of the participants were heterosexual ($n = 13$) and about half of them were single ($n = 8$) (see Table 1).

Analysis

Deductive thematic analysis was conducted using the five key constructs of the Superwoman schema (Woods-Giscombe 2010). A deductive approach was used to engage with the findings using pre-existing theory (Braun and Clark 2022). In the current study, the five constructs of obligation to manifest strength, obligation to suppress emotions, resistance to being vulnerable or dependent, determination to succeed despite limited resources, and obligation to help others were used as a priori semantic codes to analyse the data corpus and represent core themes. Our coding process sought to ensure the quality or trustworthiness of the analyses using four criteria: prolonged engagement, credibility, transferability, and confirmability (Lincoln and Guba 1985).

At a first step, the first and second authors [ST and NM] familiarised themselves with the data through multiple readings and note taking (prolonged engagement). Second, the first and second authors used the five codes to analyse the data corpus by hand. The coders compared codes to ensure credibility throughout the interview process. While discussing the first-round of coding, the first and second author found data that did not fit into the five themes, also known as ‘negative cases’ (Hanson 2017). Therefore, we conducted a negative case analysis to search for data that contradicted or did not fit into the five components of SWS. A negative case analysis ensures the reliability and rigour of qualitative analysis by eliminating bias towards aligning the participant’s responses with themes that do not fit. Two additional themes were created after the negative case analysis: resisting SWS, and prioritising other personal needs.

Next, the first and second authors [ST and NM] engaged in a second-round coding using the seven themes to enhance reliability. The themes were re-read to ensure the coded data fit together and addressed the same construct. The third author [JDD] assisted with coding by ensuring all themes were sufficiently different. Finally, the coders selected specific quotes that would best represent each theme. To ensure transferability, detailed descriptions of the study population and health topic of interest are included for readers to decide if these findings are transferable to their own work. Finally, confirmability was established by providing a thorough description of the study methods, procedures, analyses and interpretations.

Reflexivity

All the interviewers were Black or biracial (Black and White) women to help build rapport with participants. The current study used an ‘insider’ approach to the ‘insider-outsider’ approach adopted by the research, by only having women of similar racial and gender identities interviewing the participants. The ‘insider’ approach is often recommended because it centres the voice of individuals of marginalised groups (i.e. Black women) and promotes rapport building and vulnerability (Ross 2017). Additionally, the interview question was constructed with an insider perspective because the researchers, as Black women, had previous knowledge of how racial and gender identities may impact Black women’s lived experiences to inform their coping strategies.

Intersectional qualitative research highlights how the intersection of marginalised identities may influence a phenomenon (Abrams et al. 2020). Although Black women are not homogeneous, having an all-Black women research team allowed participants to have more authentic and reflective answers and offered space for vulnerability, as seen in previous studies using an 'insider' approach (Ross 2017). Additionally, 'insider' status allowed us to analyse the data with the knowledge of the sociocultural and sociohistorical context that impact Black women and their coping strategies (see Chavez 2008). Using an intersectional lens as Black women scholars also helped ensure baseline credibility of the study. Team-based conversations about the data corpus, meanings and codes were used to enhance trustworthiness of the analysis. These team-based conversations served as opportunities of researcher reflexivity as it gave the coding team opportunities to reflect on their motivations, intentions, assumptions and biases, and acknowledge their privileges as they engaged with the research process (Abrams et al. 2020).

Results

SWS components were present in the data in varying frequencies and sometimes simultaneously. All participants either reported one or more components of SWS or how they resisted SWS. One participant's response did not align with the SWS theme and was considered its own outlier theme of prioritising other personal needs.

Components of SWS

Obligation to manifest strength—An obligation to manifest strength was one of the most reported beliefs ($n = 8$) among participants. Several participants discussed displaying strength as a façade to dealing with sexual pain. An obligation to manifest strength included the desire to display strength for others and be perceived as the 'strong one' by partners, family members and friends. The obligation to manifest strength was also a part of the racial gendered socialisation. For example, Brittany stated:

> I feel like that's something that we do with a lot of our pain… we just keep going, which it's not a good thing…I feel like that's what we're socialised to do, just be strong and keep going and keep pushing through and don't let it stop you.

Similarly, Alexandra and Black Velvet mentioned how societal expectations of Black women being an image of strength informed the way they think they should cope with sexual pain by stating, 'I guess, just maybe an expectation that Black women are strong and they can just deal with whatever they're kind of holding or going through' (Alexandra) and 'We're [Black women] labelled as being strong and tolerable of pain, and so that can kind of minimises the extent of the pain we feel' (Black Velvet). Additionally, Naomi had learned to present an image of strength from her mother and grandmother:

> Having people say that it is something [sexual pain] that is expected for women like my own grandmother would always tell me to expect to be in pain - you're a woman. you know what I mean? She was like you're going to have painful periods; sex isn't comfortable. So, it's always kind of been drilled that there's going to be some level of discomfort, but no one tells you where said level is. So that's been

> kind of hard to navigate, like is this just the normal level, am I being a little bitch? you know what I mean? It's kind of hard.

Obligation to suppress emotions—Participants (n = 8) discussed the societal expectations placed on Black women to suppress their emotions regarding sexual pain. Suppressing emotions included minimising concerns that no one would understand them, that their pain would be minimised, or struggling to be vulnerable about their sexual difficulties. Three participants provided insight into how they shifted unpleasant feelings from their sexual pain:

> …every time I would be sexually active with somebody, I just went into autopilot (Tori);

> So, when it comes to things that are heavy or stressful or anything painful, you kind of just figure out a way to work through it, not let it be the focus all the time (Naomi);

> [I] just suffer through it (Alexandra).

Three participants discussed the sociocultural and historical context in which sexual self-silencing occurs. For example, Black Velvet mentioned how the historical context of hypersexualisation, and racist and sexist stereotypes impact Black women's responses to their own sexual pain:

> Since the beginning of time, Black women have been hypersexualised. Black women have been abused mentally, emotionally, psychologically, physical, you name it. We've been almost minimised in so many ways to the point that we're labelled as being strong and tolerable of pain, and so that can kind of minimise the extent of pain we feel.

T also connected sexual self-silencing to religious conservatism in her family by sharing,

> I grew up in the Black church as a Black woman too. I was just supposed to deal with it [sexual pain].

Kris on the other hand connected self-silencing to the ongoing systemic oppression that Black women encounter in justice and medical systems:

> And I think even just in our justice system and medical system and things like that, those experiences are silenced so often that even when there is an encounter … Like you're having questions and seeking information about things, it's like there's such a negative light in that. you know, when you're young and you're seeking birth control or something, it's just like, "Oh, this young Black girl, they have kids early," they have all these things and so, it definitely contributes to the silencing. And also just like, I guess, the shame and guilt also associated with needing things or not being pleased or happy with things.

Resistance to being vulnerable or dependent on others—Resistance to being vulnerable or dependent on others was reported by three participants. Resistance to vulnerability was rooted in fears of not receiving proper treatment or being judged as 'weak'

for experiencing challenges. For example, Keisha mentioned that she did not talk to others about her sexual pain because she was the 'strong' friend. As the strong friend, Keisha did not feel that she had the ability to rely on other people:

> When things go wrong or we're experiencing or feeling pain, discomfort, or any feelings or thoughts that are unpleasant, we feel like we got to deal with it on our own or figure it out. I'm like the person that seems like the strong friend, so I deal with a lot of stuff on my own or figure out solutions on my own.

Michelle felt her vulnerability of exhibiting pain was often seen as a weakness by other Black women and society. She also felt she would be perceived as a bad sex partner if she disclosed her sexual pain:

> Then if you do go get help, it's like, am I not strong? Especially if you are a mother or a wife or anything with any type of title… am I showing a sign of weakness, am I not being able to please my partner, is it something wrong with me if I can't do this the way my partner wants or handle it the way this and I need therapy or I need the doctor or whatever.

For Michelle, she voiced her fears that being vulnerable would cause more angst than coping with her own sexual pain in silence.

Determination to succeed despite limited resources—Three Black women reported they felt like they could overcome their sexual pain even if they did not know how to or had limited resources to do so. For example, Brittany talked about how she learned from her single mother to 'just keep going' despite adversity, including her sexual pain. For Keisha, being a Black woman meant solving her problems independently. She explained Black women's resistance to asking for help was due to fears that others might not listen to them:

> We will explore all types of options and avenues from A to Z before we go ask for help…It had been going on for a while before I finally said, "Okay, I probably need to say something. I can't figure this out on my own. I've looked at all these different things on the internet and the solutions provided [thus far] have not been solutions for me."

Obligation to help others—Black women's obligation to meet the needs and nurture others before focusing on themselves was a common occurrence ($n = 6$). For example, Serena shared, 'I definitely didn't centre my sexual pleasure during sex. It was more so about my partner.' Candy stated, 'it's like, it being centred around male pleasure. And so, this experience is all about you [the man], and you're going to make sure that you get yours, but what I wanted, what I need doesn't matter.' Regina went on to share why she believed she and other Black women lied to Black men during sex by responding: 'Because we don't want to hurt their feelings, but it's like I'm not getting anything out of this, can we switch it up? Fragile egos have ruined many sexual experiences for myself and my friends.' The societal pressure to stroke men's egos reinforced Black women's endorsement of SWS regarding their sex lives.

Women often received messages from older Black women that they were supposed to prioritise their husband's pleasure over their own:

> But for my husband, I'm supposed to have sex with my husband when he wants to have sex. Even if you're not in the mood, whatever. Then people would be like, "What happens if it's uncomfortable," and it's like, "Just deal with it. Just deal with it. you're supposed to do it anyway. It will be fine. Don't worry about it. The next time it will be better." That also taught me that my pain and my comfort level in sex didn't really matter as a Black woman. (T)

Resisting SWS—Four women reported resisting SWS. The most common way to resist internalising SWS messaging was by voicing concerns about their sexual pain. Brittany stated, 'I feel like I'm a little bit more vocal about things. If I don't like something, I let it be known.' She went on to say, 'It's like you can't just keep going through life without dealing with that stuff and that's how I was kind of raised to do"Okay, I need to get the help to deal with this.'

Kayla felt she had to overemphasise her sexual pain to be taken seriously by others:

> I feel like as a Black woman I have to be very loud and aggressive when it comes to my sexual pain. It is no surprise… The fact that during childbirth Black women are dying way more than anybody else… I feel like if I don't like something I have to be very loud and very aggressive about it. Like, "This is not right, this is not… Something is happening, and I need you to take me seriously."

Candy prioritised her boundaries during sex over fear of her partner's responses. She said, 'I know how to articulate my boundaries and the things that I want. But if that makes you uncomfortable, or if me even being comfortable talking about the pain that I experience makes you uncomfortable, then what can I do?' She also added how choosing to speak up (i.e. resisting SWS) could result in being labelled as hypersexual or promiscuous by Black men:

> […] as a Black woman being able to articulate, "Okay, here are the things that I need to have sex and be comfortable." It's like, "Oh, she's too comfortable with her sexuality, she's a whore." And it's like, how does that make sense? Because I want to be able to enjoy sex, and I don't want it to be painful to me.

Other participants also felt being vulnerable about their pain would normalise sexual pain discussion among Black women. Regina said, 'it takes people coming out and being like, "hey, this is my experience for folks that feel comfortable enough to talk about it."' She also spoke about resisting SWS through sexual vulnerability and communication," … when you're not enjoying sex, not just pain but just not enjoying it, and how you communicate that. But also, just things that your partner does that you don't like and how you let them know that'

Prioritising other personal needs—One participant's response did not fit the components of SWS or resisting SWS. Rita felt there were other major issues that Black women face daily that took precedence over their sexual pain. She acknowledged sexual

pain exists and did not want to minimise her pain but noted that her other needs took priority over her sexual wellness. She stated:

> … that [sexual pain] may not be the thing that's top of my, in all of the issues that we've dealt with socially, or in the workplace, or trying to pay equity, or this thing happened at work, or there was a microaggression or something. … I personally feel like maybe I put other things before that [sexual pain] in my experience as a Black woman. And so, whatever's the present crisis or issue tends to take precedence.

This theme is different from the obligation to help others because Rita is not prioritising others' needs before her own but rather her concerns with other gendered-racial experiences for Black women take precedence over her sexual concerns.

Discussion

This study investigated how Black women believe they should cope with sexual pain. Findings showed that Black women endorsed all five components of SWS, with the most common themes being suppressing emotions and manifesting strength. The negative cases in the data corpus showed Black women attempted to resist SWS by vulnerably communicating about their sexual pain or attending to other gendered-racial experiences rather than sexual ones. Feminist medicalisation theorists have urged researchers to consider the broader sociocultural, political, and historical contexts that influence painful sex for women (Farrell and Cacchioni 2012). This study highlights how Black women choose to cope with sexual pain through the SWS in similar ways that they cope with stressors such as gendered racism, racist-sexist stereotypes, and anti-Blackness.

Like previous research (Hall 2017) the current study suggests SWS-based messages are passed on intergenerationally. Black women, particularly of older age, are often the first messengers of sexual socialisation for Black girls and adolescents. In response to the atrocious acts during chattel slavery, older Black women have taught younger women to remain quiet to resist sexual stereotypes and serve as a safe, pleasurable space for men through painful sex. Collins (2000). Stephens and Phillips (2003) argue that what makes gendered racial stereotypes about Black women insidious is that Black women often internalise these stereotypes and perpetuate them onto other Black women. This reinforcement has been shown to negatively influence Black women's sexual health (Coleman 2013; Crooks, King and Tluczek 2018; Stephens and Few 2007) by increasing their risk of sexual violence, sexually transmitted infections, sexual risk behaviours, and engagement in unwanted and often painful sex.

In this study, Black women endorsed SWS and described how they learned these ways of interacting through their elders. Many participants shared that their ability to withstand sexual pain signified their strength as a noble act. However, suppressing one's emotions and failing to communicate about sexual pain in fear of reinforcing sexual stereotypes or harming their male partner's ego led to sexual difficulties, delays in sexual pain treatment, and hindered sexual pleasure (Thorpe et al. 2022). Some participants voiced that during early adolescence, they were taught that reproductive processes like menstruation or acts

like sex are meant to be painful, which aligns with findings from prior research (Scott, Hintz, and Harris 2022). Intergenerational messages supporting the anticipation for sexual pain often took precedence over participants' expectations for sexual pleasure (Thorpe et al. 2021). For example, media research on Black girls' home pages (Stokes 2007) found that they were aware of sexual double standards and sexual scripts such as the 'Jezebel' (promiscuous), ' the Virgin' (nice girls who deny sexual feelings and desire) and 'Down-Ass Chicks/Bitches' (girls with dominant attitudes but who prioritised their partner's needs and failed to express sexual subjectivity). Our participants, now older, highlighted that they recognise these sexual stereotypes present-day and make efforts to avoid embodying them by endorsing SWS. Therefore, new messages are needed that remind Black women that they do not have to suppress their emotions or endure sexual pain in order to combat sexual stereotypes and be worthy of sexual pleasure.

In addition to Black matriarchs, some women reported being socialised to embrace SWS regarding sexual pain by other influences like church. However, unlike prior research on SWS and coping with chronic pain (Cousin, Johnson-Mallard, and Booker 2022), Black women in this study did not report passive coping strategies such as turning to God or praying for healing from pain as a means of coping. In this study, Black women believed that the Black church reinforced SWS, specifically in their perceived obligations to present as strong and resilient. Sexual pain may not be an experience that many Black women feel comfortable praying for God to alleviate due to the taboo relationship between religion and sexuality (Clarke 2020; Thompson 2009; Lomax 2018). Additionally, Black women's sexuality has often been reduced to rigid sex and gender roles, heteronormativity, and teachings about sex being solely to do with procreation in heterosexual marriage (Clarke 2020; Lomax 2018). Only two participants in the current study were married; therefore, participants engaging in premarital sex may not feel that it is appropriate to rely on their spirituality to alleviate their sexual pain because the Black church often encourages single Black women to sexually abstain and practice respectability (Lomax 2018).

Acknowledging the negative effects of endorsing SWS, some participants in the study resisted SWS by setting boundaries, disclosing their sexual pain to their partners and health providers, and fostering conversations about sexual pain among other Black women. Collins (2000) argues when Black women create 'safe spaces where' they can talk about taboo topics freely and resist racist and sexist stereotypical representations of themselves. Being vocal about sexual pain resists the notion that Black women should be quiet and 'make do'. Participants who were vocal about their sexual pain to their partner found alternative techniques to achieve pleasure. Being vocal is an example of sexual autonomy that is contrary to sexual passivity and rejects the notion to endure pain to prioritise their partner's pleasure or protect their partner's ego (Thorpe et al. 2022).

Women who resist SWS were more likely to see themselves as a sexual being who is worthy of pain-free and pleasurable sex. Several studies have shown that sexual subjectivity allows women to reject unwanted, uncomfortable sex and expect pleasurable sex instead (Bay-Cheng 2019; Sanchez and Keifer 2007; Sanchez Croker and Boike 2005). Therefore, at the heart of this resistance to SWS may be a higher sense of pleasure worthiness and more pleasure expectancies among Black women. By emphasising sexual communication,

vulnerability, and social support as healthy coping strategies for sexual pain (Thorpe et al. 2022), Black women can resist SWS messages and teach new and sexual proactive messages to each other. For example, Black women can redefine strength by exhibiting openness and sexual vulnerability instead of internalising restrictive gendered racial legacies of remaining silent in the face of pain and hardship (Nelson, Cardemil, and Adeoye 2016). Black women's sexual well-being is important, and they should have access to good pain-free sex. While SWS tenets were once beneficial for safety and survival, Black women can acknowledge their limitations by creating space for a fun and pleasurable sex life.

Limitations and Future directions

Not all participants who completed an interview ($n = 25$) were explicitly asked how they thought being a Black woman influenced the way they thought they should cope, since a semi-structured interview protocol was used. However, we were still able to glean meaningful results from our interviews with participants. We are limited to the knowledge of women who are primarily heterosexual and those who live in the southern part of the USA. Future research should explore how SWS messages may manifest in same-sex and gender diverse relationships as well as how women living in the other regions of the USA may adhere to similar or different coping strategies.

Our study adds to existing literature exploring the relationship between SWS and Black women's sexual pain. Future research could focus on reducing the intergenerational transmission of SWS among Black girls and women. Participatory action research can help generate and spread sex-positive messages to help young Black women learn to voice their concerns and seek support about their sexual experiences. For example, sexual communication protocols targeting Black girls and their older female family members can be developed to help shift sexual pain narratives. Furthermore, these conversations can provide opportunities for research and interventions that explore the sexual health of Black women.

From a strengths-perspective, researchers could conduct interviews to better understand how healthy coping strategies such as sexual communication, vulnerability and boundary setting facilitate sexual pleasure among Black women and their partners. Additionally, creating intersectionality-informed sexual health interventions that aim to increase greater sexual subjectivity may contribute to elevating pleasure worthiness, pleasure expectancies, and sexual agency among Black women across multiple generations.

Since sexual subjectivity is a key component of sexual agency (Tolman 2012; Tolman 2002), promoting sexual subjectivity can ensure that Black women can communicate better about their sexual needs and feel entitled to pain free and pleasurable sexual intercourse. A major goal is for Black girls and women to learn early that their sexual needs ought to be openly acknowledged and protected rather than shamefully silenced (Crooks, King, and Tluczek 2020).

Conclusion

Study findings highlight the need for research that examines the intersectional coping dispositions of Black women regarding their sexual pain. This study has implications for understanding how Black women have been socialised to cope with sexual pain through the Superwoman Schema. While societal and cultural norms praise women who present as strong in resistance to pain, displaying strength hinders women from seeking help, recovering from pain and trauma, and increasing their healthy coping strategies and resources. Many participants in the study discussed the silence around pain that outwardly manifests as strength and resilience. There is a need to create space for Black women to have vulnerably honest conversations about pain, and specifically sexual pain. By creating such spaces, Black women can work together to shift generational narratives that encourage women to suffer in silence.

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Table 1.

Participant demographics.

Pseudonym	Age	Sexual Orientation	Relationship Status
Nicole	35	Queer	Married
Keisha Wise	25	Heterosexual	Cohabitating
T	26	Pansexual	Single
Naomi Silk	25	Heterosexual	In a relationship
Tori Johnson	27	Heterosexual	Single
Regina	41	Pansexual	Single
Candy	26	Heterosexual	Single
Michelle	27	Heterosexual	Single
Alexandra	25	Heterosexual	In a relationship
Kayla	30	Heterosexual	Single
Nikki	23	Gay/lesbian	In a relationship
Kris	23	Heterosexual	Single
Black Velvet	28	Heterosexual	Married
Denise	35	Heterosexual	Dating
Rita	44	Heterosexual	In a relationship
Brittany	32	Heterosexual	Dating
Zeena	24	Heterosexual	Single