

Pleasing the Masses: Messages for Daily Life Management in African American Women's Popular Media Sources

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African American women experience more chronic illness than White women—greater incidence, more associated secondary health problems, and higher resulting mortality.^{1–4a} Similar disparities are found for psychological health; although African American women are less often diagnosed with mental illness, they experience an increased rate of morbidity and a decreased rate of mental health access.^{4b}

It remains unclear why African American women are at greater risk for poor health, despite research on the influence of personal and social stressors on health,^{5–9} inadequate education about basic health behaviors,^{10–12} and the disconnection between evidence-based practices and applicability to communities of color.^{13,14} Although genetic determinants or lifestyle choices have often been suggested as causes of disparities,^{15–18} fresh insight might be provided by a gender-critical approach in which African American women present their own insights into their health experiences.

Beauboeuf-Lafontant's^{19–22} research on strength and African American women offers guidance for understanding how accommodations to feminine ideals by these women manifest through strategies for what we call "daily life management" (e.g., role management, coping, and self-care). Hence, responses to mundane and critical responsibilities and stressors,^{23a} and the extent to which health and wellness are maintained and restored in the process, are the focus for daily life management in the present study. Relevant within the gender discourse for African American femininity is a historical expectation that African American women are the backbone of their communities and the cohesive force in their families as protection against racial, economic, and gender oppression.^{19,23b} In an attempt to embody this revered social position, African American women may adhere to attributes of the strong Black woman (SBW) script, "an imperative [for African American women] to constantly suppress one's desires and interests"^{22(p404)} while maintaining and responding

Objectives. Using African American women's insights on their own health experiences, we explored how their daily life management was linked to the "strong Black woman" (SBW) script, and the health implications of that script.

Methods. Using the search term "strong Black woman," we identified 20 articles from African American women's magazines and 10 blog sites linked to the SBW script and analyzed their content. We created thematic categories (role management, coping, and self-care) and extracted issues relevant to African American women's health.

Results. Adherence to the SBW script was linked to women's daily life management and health experiences. Themes such as self-sacrificial role management ("please the masses"), emotional suppression ("game face"), and postponement of self-care ("last on the list") incited internal distress and evinced negative health consequences.

Conclusions. Scientists, activists, and health care professionals would be aided in forming initiatives aimed at reducing health disparities among African American women by heeding the insights on their health experiences that they express in popular media sources. (*Am J Public Health*. 2011;101:144–150. doi: 10.2105/AJPH.2009.167817)

to those of everyone else, in an attempt to juggle multiple responsibilities and respond to stressors.

Attributes of the SBW script—self-reliance, self-sacrifice, and self-silence—can be observed best through African American women's daily life-management experiences of role management, coping, and self-care. Beauboeuf-Lafontant²² suggests that women's "strength performances" cause them distress, from both the overfunctioning necessary to maintain the script and the "active suppression of discourse-discrepant realities"^{22(p391)}—that is, the desire to embody an alternative to the SBW script.

Whereas Beauboeuf-Lafontant's approaches represent a behavioral path to compromised health among African American women, McEwen's^{24,25} physiological explanation for disease onset provides insight on the pathways from distress emerging from strength performances in daily life management to African American women's health outcomes. Allostatic load, in which chronic cycles of increased psychological distress induce physiological arousal and overwhelm the stress-response system,

triggers vulnerability to stress- and obesity-related disease. Hence, strength performances for daily life management generate stress that places African American women's internal stress mediators (e.g., cortisol, catecholamines) into overdrive, producing immunosuppression, obesity, hypertension, and atherosclerosis.^{24,25}

The following is a gender-critical review of the literature highlighting the pathways through which adherence to self-reliance, self-sacrifice, and self-silence for daily life management (e.g., managing role responsibilities, managing stressors, managing basic self-care) is linked to African American women's health outcomes. We include literature from women's studies, family science, and health sciences to capture diverse and intersecting contexts of African American women's lives.

MANAGING ROLE RESPONSIBILITIES

Social connections inherent in women's role fulfillment may increase feelings of purpose, belonging, self-worth, security, and stability²⁶; these feelings can improve mental health and

the ability to maintain a healthy lifestyle.^{27,28} However, this explanation of women's role fulfillment fails to consider gender roles as a function of differential power and socioeconomic resources. Moreover, it assumes a tendency for women to be linked to social networks requiring nurturant, "other-referent" caregiving (i.e., caregiving that neglects the caregiver's own personal care).²⁹ Although multiple role fulfillment can increase feelings of purpose and self-worth and increase women's resources,^{23a} gender socialization cultivates a process through which they are socialized to maintain roles that overburden them.

Within the African American community, a sense of peoplehood and communal responsibility promotes flexible kinship roles, providing women with heightened role responsibilities.^{30,31} To manage increased responsibilities, African American women may live by a code of self-reliance through which hypermanagement of competing responsibilities and lack of role negotiation or delegation are likely.^{32,33} Scott refers to this mode of task management as "warrior mode": "black women's belief that they, as mothers of black culture, should be responsible for the world . . . individual and group responsibilities are distorted . . . personal and community priorities are unbalanced."^{34(p11)} The extent to which African American women feel overwhelmed by this process increases psychological distress and impairs physiological functioning, increasing their vulnerability to disease.^{24,25,35}

MANAGING STRESSORS

Women's coping strategies often are compared with those of men, resulting in conclusions based on gender differentiation.²⁹ For example, compared with men, women tend to show a heightened sensitivity to distress; stressful events presumably command more of their attention.³⁶ Women's responses to stressors are more emotion-focused; they often seek support from others.³⁷ Women thus are viewed as overly emotional and less rational. Little consideration is given to variance in coping strategies as a function of social roles and opportunities for access and engagement.

African American women who adhere to the code of self-reliance for coping may be less likely to turn to others for support in stressful situations. This theme emerged in a study by

Edge and Rogers on depression among Caribbean women, in which "dealing with it" was defined as "personal and autonomous proactivity, problem-solving, and mastery over life events and ongoing difficulties."^{33(p19)} The insight garnered in Amankwaa's study on African American women's postpartum depressive experiences revealed that responding to mounting stressors with self-reliance and self-silence punctuate strong Black womanhood; "[I]n African American culture, the idea of being able to handle your own problems and black women being strong and able to, you know, you do what you need to do and no time to talk about being depressed."^{32(p309)} Beauboeuf-Lafontant^{19,22} suggested that the strain emerging from strength performances—specifically, emotional suppression—and the desire for a life in which emotional vulnerability is revered emerge as "discourse-discrepant realities" for African American women that are linked to overeating, obesity, and depression. McEwen²⁴ could translate this reality into psychophysiological pathways to illness through which chronic external personal and social stressors overload the body's ability to maintain homeostasis, evincing vulnerability to chronic illness.

MANAGING BASIC SELF-CARE

Self-care practices, whether adherence to medical regimens or acts of basic health maintenance, have demonstrated benefits to women's lives through improved diabetes management,³⁸ prevention of cardiovascular disease,³⁹ and adjustment to the various stages of menopause.^{40,41} However, the path to self-care may prove challenging when considered against the context of unidirectional caregiving that women are socialized to maintain. Adhering to self-sacrifice could undermine African American women's decisions to regulate their own health maintenance and to seek medical assistance when ill.^{42–44} As noted in Amankwaa's study on postpartum depression in African American women, the belief of strong Black womanhood mitigated women's help-seeking behaviors, motivated them to silence the "pain or discomfort during their postpartum period,"^{32(p310)} and "prevented mothers from accepting the diagnosis of depression as legitimate."^{32(p310)}

In this study, we determined (1) to what extent African American women's daily life management behaviors link to the SBW script and (2) the health implications of such links.

METHODS

We explored perspectives on strong Black womanhood in African American women's popular media sources—specifically, magazines and blogs. These sources typically represent first-person accounts of the cultural realities of African American women, and they provide a context for cultural norms of strong Black womanhood. Within these sources, we explored African American women's experiences of daily life management.

We searched EBSCOhost, Academic Search Premier, and PsycINFO for articles containing the phrase "strong black woman" in the title or text; this search produced 104 articles. On the basis of emergent research on the complexities of strength and its intersection with African American women's daily functioning,^{16,19–22,23b,32,33,45–56} we then limited the articles to those published in the 10-year period preceding our search (1996–2006) in magazines catering to African American women. These search criteria produced 20 magazine articles (Box 1).

We used the advanced search function of google.com to locate relevant material on blogs within the site blogspot.com. The same search term was used, with additional limiters restricting the dates (November 2007–November 2008) and excluding "Kathy Griffin" (she produced a comedy routine titled "Strong Black Woman"). The search yielded nearly 600 postings. (Because the search was conducted near the 2008 presidential election, many posts were about Michele Obama; we deleted these.) We applied the following additional criteria concerning blog visibility: there had to be a minimum of 15 posts in the last year, 20 blogs linked to the site, and 4 responses to posts. Blogs were examined in sequence until 10 were found that met the criteria (Box 2).

We imported content from the 20 articles and 10 blogs into ATLAS.ti Version 5.5.9 (ATLAS.ti Scientific Software Development

Source Articles on Strong Black Womanhood From the Magazines *Ebony*, *Essence*, and *Heart & Soul*, 1996–2006

Ebony

- “Ending and Surviving an Abusive Relationship”⁷⁴
- “Legendary Artist Is Still Creating and Living Life on her Own Terms”⁷⁵
- “Dream Bachelors and Other Great Catches”⁷⁶
- “The ABCs of Black Love: What Your Woman or Your Man Really Wants but Is Afraid to Tell You”⁷⁷
- “Pretty Boy Floyd”⁵⁷
- “How to Love a Black Woman”⁵⁸
- “How to Look Better, Feel Better & Live Longer”⁷⁸
- “A Modern Supermom”⁷⁹
- “A View of Star Jones”⁸⁰
- “The Joys of Being a Stay-at-Home Mom”⁸¹
- “Strong Black Woman Blues”⁵⁹
- “Strong Black Woman Syndrome: Self-Care Is Smart-Care”⁶¹
- “Who Says Sisters Can’t Be Nice? Softness for Tough Girls”⁷¹

Essence

- “Death of a Superwoman”⁶³
- “Depression and the Superwoman”⁶⁷

Heart & Soul

- “Flippin’ Out”⁶⁶
- “Beyond the Myth of the Strong Black Woman”⁶⁰
- “On Edge: Is It Your Nerves or What?”⁶⁴
- “Relax, Release, Revive”⁶²
- “The Superwoman Syndrome”⁶⁵

Note. Articles were found through use of the search term “Strong Black Woman.”

GmbH, Berlin, Germany). We created the thematic categories (role management, coping, and self-care) as a priori codes reflecting themes that are often overlooked in the health sciences literature—those that are both gender-critical and strength-critical of African American women’s health needs, practices, and experiences. We added additional codes for subcategories of the 3 themes and other concepts found in the data. We extracted text segments on a common theme and reviewed and interpreted them, giving special attention to relationships between the SBW script and the 3 themes.

RESULTS

Some of our sources provided little critical reflection on African American women’s strength (e.g., “[S]he made me strong. She’s

a strong Black woman”),^{57(p136)} whereas others reflected on how that strength arose (e.g., “We’ve had to fight for so much for so long and against so many . . . it’s just our nature . . . so don’t take it personally if she’s a little feisty.”)^{58(p136)} This “feistiness,” as Hughes described it in “How to Love a Black Woman,”⁵⁸ was reflected by other women as a characteristic upheld with pride and admiration by network members, as demonstrated in “Strong Black Woman Blues”: “When I’m running around like a crazy woman taking care of the job, the house, and the kids . . . everybody tells me what a strong Sister I am and how much they admire my strength.”^{59(p24)}

Although several writers endorsed the relevance of the SBW script, approximately 40% of the magazine articles^{59–67} and 70% of the blogs were critical of strong Black womanhood. The blogs notably represented a venue

through which African American women’s personal narratives voiced their resistance to embodying strong Black womanhood. As one blog writer put it, “I am not a ‘strong black woman’ . . . I am a woman. And it’s OK, to just be that. Don’t burn up your soul and salt the earth, so that your feelings never grown back . . . it is OK to stop and access. It is OK to break down. You’re only human.”⁶⁸ Moreover, the voices of bloggers refer to cultural expectations unique to strong Black womanhood; as one stated:

A WW [White woman] can have a nice nervous breakdown and nothing is said, or even worse, the world makes up excuses as to why she is the way she is. . . . When a sister shows vulnerability, maybe even loses her mind just a little bit, she’s called everything from crazy as hell to a weak ass punk.⁶⁹

Within the theme of discontent emerged voices of fatigue and exhaustion and voices of recovery from strong Black womanhood, as exemplified in the *TheBeautifulStruggler* blog: “I have Strong Black Woman Syndrome and if I don’t seek treatment now, it may plague me for the rest of my life. . . . It’s not good for my health and certainly not for my spirit.”⁷⁰

Although the SBW script was discussed in relation to intimate relationships, parenting, and work or career issues, the most prevalent subjects discussed in relation to the SBW script were mental health and wellness. Several magazine articles, with titles such as “Strong Black Woman Syndrome,”⁶¹ “Strong Black Woman Blues,”⁵⁹ and “Death of a Superwoman,”⁶³ revealed the extent to which pressures to function as an SBW resulted in bouts of depression^{59,61,63} or suicide.⁶³ In telling the story of a Black woman in corporate America who committed suicide, Weathers described behaviors such as overeating, blocked help-seeking, and limited self-care as costs of strong Black womanhood.⁶³

Role Management

Adherence to the SBW script for role management emerged in 2 subthemes: “do it all” and “please the masses.” Inherent to the do-it-all strategy is self-reliance, in which women maintain multiple role responsibilities without regard for assistance or role negotiation. As Randolph wrote,

Source Articles on Strong Black Womanhood From Online Blogs, November 2007–November 2008

- “A Purge Followed by a Bitchfirmation”⁸²
 “When A Black Woman Needs Help”⁸³
 “The Life (And Death) of the Strong Black Woman”⁶⁹
 “I Wrote This a Long Time Ago”⁷⁰
 “Die, Strong Black Woman, Die!”⁶⁸
 “The Mask: Redefining the Strong Black Woman”⁷²
 “The ‘Strong Black Woman’”⁸⁴
 “I’m Not Your Superwoman”⁸⁵
 “Chauncey DeVega Says: Reductio ad Absurdum—A Response to Victimology Blues”⁸⁶
 “Being Strong Can Kill You”⁷³

Note. Articles were found through use of the search term “Strong Black Woman.”

[G]ive me a dollar for every Sister who ever outlined the 8 a.m. meeting while doing the 2 a.m. feeding or held a critical conference call while holding a colicky [sic] baby. Give me a nickel for every Black woman who works a demanding job and still assumes primary responsibility for her family’s needs—the cooking, the cleaning, the shopping, the carpool, the play dates, the doctor’s appointments, the birthday parties, the holiday celebrations . . . the list is endless.^{61(p24)}

The please-the-masses subtheme emphasizes self-sacrifice for the benefit of others. Weathers described the “no way out” feeling experienced by an SBW like Dianna Greene as linked to chronic unidirectional care of others’ needs:

We’re helping the extended family, helping the children, helping the spouse, helping the community, helping everyone but ourselves. As long as you feel you have to do for everyone but yourself, there is no way out.^{63(p88)}

Doing it all and pleasing the masses have severe consequences for African American women’s health. Randolph labeled these consequences “Strong Black Woman Blues”:

[T]rying to be all things to all people, striving to do everything for everybody, is not only physically, mentally and spiritually draining, the pressure is so killer it fractures your emotional equilibrium to the point where you go through

much of your life feeling down and out or up in arms.^{59(p24)}

Coping

Self-reliant and self-silencing behaviors were reflective of adherence to the SBW script. The subtheme “game face”⁶⁷ is a “fabled hard-as-nails exterior,”^{71(p98)} in which a woman appears poised under pressure to mask distress and hide vulnerability. Hughes wrote that this exterior “flashes to the surface whenever a Sister feels crossed, distressed or challenged.”^{71(p98)} In “The Mask: Redefining the Strong Black Woman,” Hodges discussed an impervious front as a cultural expectation for masking psychological problems:

Black women [aren’t] supposed to get “depression.” We don’t have mental illnesses. That’s a dirty word. You’re just supposed to try harder, bury yourself head first into the shit and keep tunneling even if what you were digging was your own grave.⁷²

This type of coping performance allows little room for vulnerability, as discussed by Terri Williams in an autobiographical article, “Depression and the Strong Black Woman”: “[T]he last thing we want is to show a chink in the armor. The myth of the Invincible Sister leaves us little room to show weakness. As a result, I hid my battle with depression for years.”^{67(p152)} Williams also credited God as the motivating factor behind her ability to be strong: “God has always given me the strength to keep myself together in public, so by the time I walked onstage, I appeared fine. There I stood, smiling and wearing my mask—and inside I was dying.”^{67(p155)}

The subtheme “SOS” (“save our selves”) is an extension of the “game face,” in that it employs both a stoic demeanor and an unwillingness to admit or seek out help as a method of managing personal stressors and life demands. A blogger critiqued this brand of coping:

So what if you considered suicide when the rainbow wasn’t enough. *Shut up.* Lock that shit in a cage and hide it in the recesses of your mind. You’re a strong black woman. You need no man. You need no help. . . . Black people let their pain simmer and turn into rage or chemical dependence or death. It’s simply too shameful to say, “Help me. I’m drowning.” If you can’t save yourself you weren’t meant to be saved.⁷²

These coping strategies also manifested as maladaptive health behaviors. Terri Williams

provided testimony of how her attempts at suppressing depressive symptoms manifested:

I did most of my overeating at night when I was alone with my thoughts. I did everything I could to silence those thoughts. I didn’t want to face how much pain I was in.^{67(p154)}

Self-Care

Acts of self-care were often a low priority among competing responsibilities; postponement of self-care was common. As Randolph said, “I think more Sisters than not are feeling the fatigue of always trying to please, of putting the needs of all the people in our life—husbands, lovers, children, employers, friends—ahead of our own.”⁶¹ We termed this subtheme “last on the list.” In *Heart & Soul’s* “Beyond the Myth of the Strong Black Woman,” Nelson described self-care as a distant privilege for African American women: “We see ourselves not just as superwomen but as having no choice. The idea of self-neglect is a historical one, because there was never the luxury to stop, sit down, and take care of ourselves.”^{60(p69)} Moreover, African American women voiced the idea that sacrificing self-care was expected: “[S]o much of our time and energy is spent taking care of everyone else’s needs . . . almost every message we’re sent tells us that is exactly what we should be doing.”^{59(p24)} A blogger summarized the sentiment expressed by many women in popular media sources about the health consequences of sacrificing self-care: “Being strong can kill you.”⁷³

Suggested Alternatives to Strong Black Womanhood

Despite the salience of the SBW script to African American women’s daily life management as shown in blogs and magazines, we also found suggested alternatives to strong Black womanhood: the themes “juggling assistance,” “express yourself,” and “first on the list,” for example, for guidance in role management, coping, and self-care, respectively. The theme “juggling assistance” was described by one blogger as asking for help with competing responsibilities: “Trying to keep all of these balls in the air is killing you. Let someone else come into your life and assist you in the juggling. Stop being too afraid (or too proud) to ask for help when it’s needed!”⁷²

The theme “express yourself” promotes a fuller articulation of emotion when distressed: “It’s this ability to fully experience and express our emotions—something that many of us find very difficult and painful to do—that gives us the strength to get up off our knees, stand up and start over.”^{63(p86)} “First on the list” involves prioritizing self-care over care for others: “If Black women are to survive, let alone thrive, we must learn to make ourselves a priority, to spend as much time taking care of ourselves as we do taking care of others without guilt or apology.”^{59(p24)}

DISCUSSION

We aimed to determine how daily life-management experiences are linked to the SBW script, and the health implications of these links. The wisdom and life experiences expressed in magazines and blogs revealed that some women recognized the SBW script, linking it to such experiences as depression, suicide, overeating, and exhaustion. These findings parallel the insight on strength and African American women found in clinical and scholarly literature.^{19–22,32,33,45,46,51–54,56} Other voices offered alternatives to daily life management. Nonetheless, the voices of exhaustion and recovery shared a common thread: managing stress in silence and providing self-sacrificial assistance to family and friends garnered respect and admiration from network members, yet increased women’s vulnerability to illness—in particular, psychological distress. Supporting the myth that African American women are inherently strong and resilient survivors proved costly to their health and wellness.

Several limitations of this study should be considered. First, the analyzed content may not represent a sexually diverse pool of African American women. The majority of the analyzed sources either alluded to heterosexual intimate relationships or failed to specify the sexual nature of the relationship; only one author included in her discussion the relevance of strong Black womanhood to lesbian or bisexual African American women.⁷² Hence, the applicability of this study’s findings to the lives of same-gender-loving African American women is limited.⁵⁵

Second, the selected magazine content may reflect the biases of individual journalists or editors. For example, as editor-in-chief of *Essence* from 1981 to 2000, Susan Taylor maintained a column, *In the Spirit*, that critically analyzed African American women’s lives and the roles they fulfill in their daily lives. The insight shared in the magazine sources may represent the overlap between her service to the magazine and the 10-year parameter of the selected sources.

Finally, despite the plethora of studies describing the centrality of spirituality and religiosity in African American communities, analyses of spirituality related to the SBW script produced few examples. Hence, the practice of spirituality in the lives of African American women as part of their daily life management was not described in great detail.

Despite these limitations, this study extends the literature describing African American women’s experiences through a strength-critical and gender-critical paradigm by bridging feminist inquiry with psychophysiological insight to explain links between adherence to the SBW script for daily life management and prevalence of illness among African American women.^{53,56}

Suggested next steps include developing psycho-educational interventions and lay-health-educator models to introduce alternatives to the SBW script. The women who were writing—and who were written about—had implicit knowledge about ways to transform their lives, yet examples of incorporating these strategies were limited. As scientists, activists, and health care professionals interested in reducing health disparities, we are charged with listening to these voices to create gender-specific and culturally responsive health and wellness initiatives tailored to the needs of African American women generally, and supportive of reenvisioned notions of strong Black womanhood specifically. ■

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Contributors

A. R. Black originated the study and conducted the data analyses and writing. N. Peacock provided methodological support and substantive editorial feedback.

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