

Capstone Project

African American Women and Mental Health

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### **Abstract**

African American women and mental health is an issue that is a struggle today. From being a minority and a woman, African American women face many struggles that other races and genders do not face. From racial discrimination, sexism, and different pay rates, African American women often suffer more from unfair practices and inequality. This frequently leads to mental health challenges. African American women are also looked at as always having to “be strong” and “deal” with whatever life throws at them. In addition to getting maltreated, African American women might try and get help but are often overlooked or overdiagnosed. African American women are usually not willing to seek mental health treatment because of how they are viewed and treated. Why are African American women viewed and treated differently than other races? Is there a correlation between how African American women deal with being oppressed and their mental health?

Keywords: African American, Mental Health, Superwoman, Women, Black women, and overdiagnosed.

## African American Women and Mental Health

In this paper we will look at the African American woman “super woman” schema, the African American woman and work, and the African American woman and her mental health. We are considering the effects of racial and gender discrimination, unfair employment practices, and inferior health and mental health care on the mental health of the African American woman.

### **African American Woman “Super Woman” Schema**

The “Superwoman schema” or the “Strong Black woman” role is a role that African American women understand too well. The “superwoman” role involves perceived obligations to (1) project strength, (2) suppress emotions, (3) resist feelings of vulnerability and dependence, (4) succeed despite limited resources, and (5) prioritize caregiving over self-care (Woods-Giscombe et al., 2016). In return, this “superwoman” role is affecting African American women’s mental health, and they are not getting the necessary treatment for their mental health (Woods-Giscombe et al., 2016). Unfortunately, African American women are taught growing up that they must be strong all the time so that they can make it past racism, sexism, and classism. The “strong Black woman” or “superwoman schema” has advantages and disadvantages. The benefit of the superwoman schema is that it helps us become more resilient to daily life and the struggles Black women face regularly. However, while African American women become resilient to daily life struggles, African American women often stop paying attention to their feelings, emotions, and feelings of distress. This affects how African American women behave, think, and express their thoughts. African American women in return put life, family, and work before their feelings, affecting their mental health.

African American women are frequently raised and told that they must be strong and that they can manage any situation or crisis that comes at them (Woods-Giscombe et al., 2016). They are often portrayed as individuals who can carry the world's weight on their shoulders. In many Black communities, African American women must play the role of being strong and resilient all the time. African American women are not told often enough that it is okay for them to be vulnerable, to be okay with not being able to manage it all, and that it is okay not to be ok! African American women are often the “breadwinners” and head of the household in their families. This leads to them taking care of their partners, children, and elderly parents and putting themselves last. However, African American women need to be reminded they must take care of themselves first. They need to take care of their physical, mental, and spiritual well-being first to be the “strong” African American women that they need to be.

While African American women must carry around the “Superwoman Schema” to get by in life, they are constantly compared to or degraded by white women, even though they face two different struggles of gender and racial discrimination (Woods-Giscombe et al., 2016). African American women are often seen as “Angry Black women” or “Aggressive” when they choose to stand up for themselves (Woods-Giscombe et al., 2016). African American women are also judged more harshly than White women when they display anger or frustration (Center for Disease Control-CDC, 2012.) When this happens, it can affect African American women's mental health because why is it right that a White woman gets the right to be angry and express her feelings and frustration without judgment, but an African American woman cannot?

### **African American Women and Work**

Black women are successful in many ways, but our achievements are in spite of glaring inequality in society—including the workplace. In all of Lean In's (McCoy, 2024) research on the state of Black women in corporate America, we see the same general pattern:

In so many different ways, Black women have a harder and worse experience than almost everyone else. We're overrepresented in minimum-wage jobs. We're hired and promoted more slowly. We are often the only Black woman in the room and experience a greater variety of microaggressions than women of other races and ethnicities. And we're paid less than men and most other groups of women. (McCoy, 2024, Systemic Racism at Work Section)

A few facts about African American women and the workplace are:

- Black women make up 7% of the total workforce but account for 12% of minimum-wage earners.
- Only 21% of C-suite leaders are women, only 4% are women of color, and only 1% are Black women.
- Not a single Fortune 500 or S&P 500 company has a Black woman CEO (as of June 19, 2020).
- For every 100 men hired into manager roles, only 64 Black women are hired into management roles.
- Black women are less likely than White women to say that their managers give them chances to manage people and projects (36% vs. 43%), provide

opportunities to showcase their work (36% vs. 41%), or help them navigate organizational politics (24% vs. 30%).

- In meetings and other common workplace scenarios, 54% of Black women are often the only or one of the only people of their race/ethnicity in the room.
- 40% of Black women say they need to provide more evidence of their competence, compared to 28% of white women and 14% of men.
- Black women are more likely than other women to hear people express surprise when they demonstrate strong language skills or other abilities (26% vs. 11% of white women and 8% of men).
- On average, Black women are paid 38% less than white men and 21% less than white women.
- Pay discrepancies lead to vast discrepancies in total wealth—the average Black woman’s net worth is less than 1% of the average white man (McCoy, 2024, *Systemic Racism at Work*).

Most times African American women are criticized and often “scolded” for expressing anger at their place of employment, instead of understanding that because of external and internal factors that African American women face, their frustration increases. Microaggressions can be another drain on African American women’s mental health (McCoy, 2024). African American women are questioned and undermined by colleagues when they are in a management role. African American women often must prove themselves in a much higher capacity than their co-workers so that they are not looked at as less than. As one Black woman described it:

I feel like I have to represent the entire race. I need to come across as more than proficient, more than competent, more than capable. I have to be ‘on’ all the time.

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Because in the back of someone's mind, they could be judging the entire race based on me. (McCoy, 2024, We are often the only Black person in the room section).

Being compared to a White woman and seeing how another race can get better treatment and become more successful, or get better pay or promotions at jobs, just because of their skin color, is astonishing. African American women face many disparities, and that is not even talking about being compared to Black males or White males who, without a second thought, get paid more than African American women for the same jobs or are picked for hire over African American women (McCoy, 2024). All of this, in turn, leads to African American women suffering from mental health issues and not getting the treatment they need from professionals despite knowing they may need help.

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African American women are often scared to receive help because of how they are treated in the medical field by being mistreated, overlooked, or overdiagnosed (Holden, et al., 2013). African American women are more likely than White American women to report feelings of sadness, hopelessness, worthlessness, or that everything is an effort all the time. Lower income levels, educational attainment, and exposure to such life event stressors as trauma, violence, and racial discrimination place African American women at exceptionally substantial risk for depression and psychological distress (CDC, 2012). However, despite these stressors, many African American women do not seek treatment. For women who recognize they need mental health care, in one study, "41 percent of African American women reported seeking care for

depression in the previous 12 months compared with 60 percent of non-Hispanic white women” (Alegria, et al., 2008, Introduction section).

Approximately 7.5 percent of African Americans sought treatment for depression compared to approximately 13.6 percent of the general population. In addition, African Americans are less likely to return for follow-up care with mental health providers after the initial visit. Among those who do engage in therapy, the course of treatment is shorter. African Americans are less likely to be prescribed antidepressants to treat symptoms of depression and more likely to terminate psychotherapy prematurely (Brown & Palenchar, 2004, Introduction section ).

There are many barriers to mental health treatment services among low-income African American women that go beyond lack of financial resources to include mistrust of healthcare providers, cultural differences, stigma, and, sometimes, lack of awareness of available services (Moore & Madison-Colmore, 2005). Many African American women encounter psychological distress due to their culture and upbringing. The experience of gendered racism, stereotyping, and oppression, as well as the economic strain that African American women face, increase their risk for impaired mental health. (Woods-Giscombe, et al., 2015) African women also face tremendous social, economic, cultural, and institutional barriers from the healthcare services required to give them the best service that they vow to give to everyone. Barriers may include lack of health insurance, poverty, racism and discrimination as well as systemic barriers. (Stevens-Watkins, et al., 2014)

Mistrust of providers has been identified among factors influencing African American women’s underuse of mental health services, according to Holden and colleagues (2013). African



Americans may be overdiagnosed for mental health problems and underserved for labor during pregnancy, pain regulation, and regular checkups that often get overlooked. At the same time, African American women are over diagnosed and overtreated for psychotic disorders (Holden, et al., 2013). African American women are also less likely than Whites to receive newer and more comprehensive treatments. The lack of trust that African American women have in the medical field is shown through leading deaths during labor, being denied medical assistance/ medication for pain, and often being ignored when asking for medical attention. For low-income African American women, the likelihood of getting overlooked, ignored, and over diagnosed with mental health problems comes at an even higher rate compared to their White female counterparts. (Leis, et al., 2011).

Feeling judged by your medical provider is also a concern that African American women face (Copeland & Snyder, 2010). Often, African American women would prefer to have a provider that is an African American woman. However, because there are fewer African American women providers, African American women must “settle” for what provider is available, even if that means they will not get the proper service they deserve. Concerns about providers’ judgmental attitudes and dissatisfaction with care, specifically discontinuity and wait for services, were identified as barriers (Copeland & Snyder, 2010).

The most common reason for not wanting to talk to a mental healthcare provider is that often the provider wants to prescribe medication immediately instead of listening and teaching coping skills so that African American women can work through their problems (Leis et al, 2011). African American women have also stated that when talking to a provider that does not look like them it can be hard to relate to them. Therefore, African American women would instead prefer to communicate with a family member or friend who could relate more easily to

them. According to data from APA's (American Psychological Association) Center for Workforce Studies, only 4% of psychologists in the U.S. workforce were Black as of 2015 (Lin et al., 2018). This means that Black patients do not just face the typical struggle of finding a licensed professional with openings; they also face an additional struggle of finding a professional who looks like them and has similar lived experiences. Women of color make up 4% of psychologists and 2% of practicing psychiatrists (Richards, 2021).

African American women are less likely to receive mental health treatment than Caucasian women. They are more likely to experience depression and anxiety compared to Caucasian women, White men, and Black men. A national study conducted by the California Black Women's Health Project (2003) revealed that 60 percent of African American women experience symptoms of depression. Still, another report revealed that only 12 percent seek help and/ or treatment (National Alliance on Mental Illness, 2008). These are some of the reasons why African American women often feel hopeless. Often, the African American woman has learned to be ok with their feelings and not seek help, causing such sadness and helplessness over factors they have no control over.

### **Conclusion**

Overall, throughout systematic oppression, we can see that African American women have always had to deal with being strong and getting treated in unjustified ways. However, there is no real justification as to why other races treat Black women differently. There is not a definite answer that would satisfy African American women being treated differently. However, there is a correlation of unjust work environments, unfair treatment at the doctors/mental health offices, lack of Black therapists, and the schema of Black women always

having to remain “strong,” with African American women’s mental health, which results in the African American woman not receiving the help that they need.

The main takeaway from researching African American women and their mental health is that African American women do suffer from depression at a higher rate than White women or than men because of the unfair treatment that they face daily. African American women grow up believing they must manage stress, depression, anxiety, and life without complaining or seeking mental health care for their issues. However, this is not the case, and now that mental health is becoming more “popular” and counselors/therapist of color are now making their way into the mental health field, the numbers are growing of African American women seeking mental health care.

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