

The Psychological Impact of Transgenerational Superwoman Schema and Racialized Impostor
Phenomenon in Black Women

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Abstract

The focus of this applied doctoral project is to examine how African American women experience transgenerational Superwoman Schema and Racialized Impostor Phenomenon, and how these experiences contribute to adverse mental and physical health outcomes. The purpose of this project was to explore these lived experiences to inform the development of a culturally responsive support group curriculum for African American women. A qualitative participatory action research design was employed. African American women between the ages of 25 and 65 participated in a single-session focus group centered on shared storytelling and collective reflection. Reflexive thematic analysis of the discussion identified seven themes: redefining strength; boundaries as survival; generational expectations; culturally rooted language for emotional distress; grief, shame, guilt, and grace; being the first or only; and health as a living witness. Findings underscore the importance of culturally grounded group spaces that validate lived experiences and promote rest, self-compassion, and holistic wellness. Implications include the expansion of culturally responsive group interventions and increased clinical attention to the impact of racialized gendered expectations on health outcomes.

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“I go forth alone and stand as ten thousand.” (Maya Angelou)

Dr. Akilah V. (Roberts) Vazquez

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Section 1: Foundation

In 2019, I had the pleasure of attending a presentation featuring Dr. Joy DeGruy Leary. She gave a brief overview of her theory and book “Post Traumatic Slave Syndrome (PTSS).” DeGruy Leary’s (2017) theory lays the foundation for multigenerational survival behaviors that were developed because of the history of oppression within the African American (AA) community from the enslavement of their African ancestors. It was then that I began thinking about shifting conversations with clients to include discussions about how we carry trauma not of our own experiences. Many behaviors, illnesses, beliefs, and values are intergenerational, and often arise from unhealed trauma, manifesting as dysfunctional and maladaptive coping strategies such as emotional suppression, substance use, or withdrawal. These patterns can become normalized within families and communities and persist across generations (Isobel et al., 2020).

Similarly, I attended a training session for social workers that discussed fatigue risk. It highlighted the deep and often overlooked health implications of chronic fatigue, particularly among AA women. The trainer shared her very personal story and near-death experience because she ignored the signs of fatigue. Fatigue for AA women is not merely physical tiredness, it is a complex, multidimensional condition shaped by emotional labor, psychosocial stress, and systemic inequities rooted in racism, sexism, and societal overburden (W. R. Allen et al., 2025).

Fatigue for AA women is not merely physical tiredness it is layered, multidimensional state shaped by emotional labor, psychosocial stress, and systemic oppression. These intersecting forces stem from the ongoing demands of navigating racism, sexism, and unequal social expectations, and research increasingly shows they contribute to exhaustion, increased blood pressure, and cardiovascular strain in this population (Autoimmune Association, 2022; Camera et al., 2023).

This connection underscores the urgency of investigating how cultural expectations and

racialized psychological phenomena like SWS and Racialized Impostor Phenomenon (RIP) contribute to both the mental and physical health burdens experienced by AA women. AA women are often expected to perform or excel across multiple life domains such as at home, work, school, and within their communities reflecting a pervasive cultural ideal of consistent strength and competence across roles (S. C. Allen et al., 2022; M. K. Jones et al., 2020). This expectation of performative behavior is exhausting and places a tremendous amount of stress on Black women. According to Strachan (2023), due to the intersectionality of racism and sexism, Black women are more likely to experience systemic and institutional oppression and discrimination in the work and academic sectors than any other group of people. The belief that AA women have made more significant strides academically with achieving advanced degrees has falsely led to less support in academic settings, increasing the chances of marginalization (Haskins et al., 2019).

Superwoman Syndrome (SWS) is a response to racism and oppression, internalizing the belief and behaviors of strength, resiliency with limited support, suppressing emotions, lacking vulnerability, independence, and an intense sense of obligation to others (C. L. Woods-Giscombé, 2010). C. L. Erving, Thomas, and Frazier (2024) suggest that the Superwoman Schema may be a critical yet overlooked psychosocial factor contributing to the physical health outcomes of Black women, as it is linked to increased symptoms of depression and anxiety. According to Huddleston-Mattai (1995), AA Women have competing roles and responsibilities inside and outside the home. This competing interest leads to conflict for time and attention, causing stress and decreasing time for relaxation. Additionally, the expectations placed on the shoulders of AA Women within the family structure set them up to be the people within the family system who are responsible for making sure that everyone and everything is taken care of within the family system, leaving little room for them to see themselves as a priority. According to C. L. Woods-Giscombé (2010), who

developed the concept of the Superwoman Schema, AA Women are expected to provide socially and economically as mothers, providers, and nurturers. Coupled with high achievement and perfectionism, AA Women may also experience IP/S Joshi et al. (2024) define the IP/S as a feeling of being fake or fraudulent and not crediting academic or professional achievements to one's interpersonal ability. Due to persistent oppression and racism, AA women are more likely to experience RIP, a form of self-doubt specifically rooted in systemic inequity and exclusion (K. Cokley, Parker, et al., 2024).

As a Scholar in private practice, SWS amongst AA clients appears regularly and seems familiar. For example, one AA client exhausted her paid time off (PTO) to care for a parent. The client was married and did not want to bother her other siblings to help care for the mother while she was working full-time and caring for the home's needs. The client's focus on her parents left her no time off work to attend her medical appointments. This is common for AA women who fit the description of the "Superwoman" for the family.

There continues to be a debate about the validity of the IP as it relates to the AA community. Critics assert that this concept is outdated, was created for white women, and does not consider the experiences of racism, bias, and sexism endured by AA women. Additionally, critics see this concept as harmful to AA women because it blames them rather than accounts for solutions to the feelings that are brought on by the external stressors of racism and discrimination. It's time to reconceptualize what "Impostor syndrome" means for people of color (K. Cokley, 2024). K. Cokley, Parker, et al. (2024) assert that by studying IP, earlier perspectives can be expanded by introducing RIP and creating interventions.

According to Burley et al. (2022), there remains a deficiency in the literature and theory about the effects of the intersectionality of AA women on race and gender. In the study by C. L.

Erving, Mckinnon et al. (2024), they recommend further research to assess the harm to the health of AA women living in other urban centers and rural locales with Superwoman Syndrome.

Statement of the Problem

The problem addressed by this project is the lack of available resources for clinicians who work with AA women or Black women of the African diaspora, who are more likely to experience emotional, psychological, and stress-related illnesses from the development of the transgenerational Superwoman Schema and Impostor Phenomenon/ Syndrome. C. Woods-Giscombe et al. (2016) completed her dissertation on stress and the health disparities by race and gender for AA women. Woods-Giscombé (2010), coined the concept of Superwoman Schema in her research about AA women, found “disproportionately high rates of adverse health conditions, including cardiovascular disease, obesity, lupus, adverse birth, and untreated or mistreated psychological conditions. Stress as a silent killer has been well-documented in the literature for many years” (p. 668). K. M. Sheffield-Abdullah and Woods-Giscombe (2021) emphasize that African American women experience higher levels of stress than their White counterparts. This increased vulnerability is directly linked to their repeated, lifelong exposure to racism and discrimination, which intensifies stress and perpetuates health inequities through social determinants of health.

According to Haskins et al. (2019), the American Heart Association reports that hypertension and cardiovascular disease amongst AA women (≥ 20 years) are 46% and 48%, respectively. AA women will continue to be at risk for psychological and emotional stress that may cause anxiety and depression and physical problems such as hypertension and diabetes, resulting in stroke, heart attacks, renal failure, and aneurysms (Farr et al., 2025). There are insufficient resources in the community for mental health providers to educate, validate, and

support their clients in addressing the SWS and RIP. This challenge is compounded by persistent stigma surrounding mental health in the AA community, which can create barriers seeking help or therapy (Hollingsworth & Thomas, 2021).

The consequences of not solving this problem are continuing to transmit generationally this harmful negative schema and health-related issues, including early death for AA women.

Purpose of the Project

The purpose of this qualitative Participatory Action Research (PAR) project was to explore the lived experiences of AA women or Black women of the African Diaspora who are affected by the SWS and the RIP. Through a focus group format, this doctoral project gathered insights that informed the development of a culturally responsive support group curriculum. The curriculum will offer coping strategies, validation, and community support for women managing the emotional and psychological toll of SWS and RIP, factors that contribute to disproportionate rates of stress-related illnesses within this population.

At this stage of the project, surveys, screening tools, and a focus group were used to gather a wide range of perspectives and experiences related to Superwoman Schema (SWS) and Racialized Impostor Phenomenon (RIP). The literature suggests that the focus group comprises of six to 12 participants (Stewart et al., 2007). This scholar invited a maximum of 10 African American women, purposively selected from various counties throughout Northern California. Feedback, recurring themes, patterns, and trends generated from the focus group informed the development of a support group curriculum. The overall goal of the project was to provide a resource for mental health clinicians to educate and inform practice and to improve the coping skills of African American women experiencing Superwoman Schema and Racialized Impostor Phenomenon, with the aim of reducing stress-related illnesses.

Nature of the Project

I began by gathering demographic information during the recruitment process. The information collected helped provide a general understanding of who the participants were. More importantly, the same group of women participated in a focus group, which yielded rich qualitative insights into their lived experiences with Superwoman Schema (SWS) and Racialized Impostor Phenomenon (RIP). The purpose of collecting these data was not to generalize findings, but to understand participants' real needs and challenges and to generate insights that guided the development of a support group curriculum grounded in their lived experiences.

Need for Project

At the time of this project, there was a disproportionate number of African American women experiencing stress-related health issues (K. H. Sheffield-Abdullah & Woods-Giscombé, 2021). Therefore, there was a critical need to develop a culturally relevant curriculum to address these challenges and improve African American women's health by attending to issues that reflected their unique, intersecting experiences of race and gender. Given the lack of adequate resources available to clinicians working with African American women, this project emphasized the creation of a culturally relevant curriculum that practitioners could use in support group settings. The intent of this project was to address this gap by gathering data and identifying common themes across participants' shared experiences. These insights informed the development of a culturally grounded, responsive support group curriculum that reflected the lived realities and expressed needs of African American women.

Project Questions

PQ1

What insights can be gathered from AA Women who experience transgenerational SWS and RIP

that will inform the development of a culturally relevant support group curriculum?

Conceptual Framework

This project was grounded in a dual-framework approach combining Womanism and Social Psychology to explore how AA Women navigate and internalize the stress of Superwoman Schema and RIP. Together, these frameworks center both individual and collective experiences within the broader sociocultural and historical context of race, gender, and systemic oppression.

Womanism, as defined by Chadwick and DeBlaere (2019), evolved from Black feminist thought to encompass the intersecting realities of racism, sexism, heterosexism, and classism. Womanism not only acknowledges multiple forms of oppression but offers a strength-based, culturally affirming lens to examine how AA Women build self-love, resilience, and supportive networks. The principles of Womanism include self-definition, spiritual wholeness, empowerment, and community interdependence, closely align with the goals of this project, particularly the development of a therapeutic group space that validates identity and fosters well-being (Parker et al., 2024).

Social Psychology offers a complementary framework by examining how individuals make meaning of their experiences within social structures. According to Velez and Power (2024), Field Social Psychology explores psychological phenomena through the lens of unfolding processes in social environments. It is particularly useful for understanding how identity, social roles, and power dynamics affect psychological outcomes. The inclusion of this perspective enables the researcher to assess how AA Women internalize societal expectations and racialized messages, and how those experiences contribute to Superwoman coping patterns and feelings of imposture.

The integration of Womanism and Social Psychology creates a robust framework that both critiques and contextualizes participants' narratives. This interdisciplinary lens recognizes the dual

burden AA Women carry, of performing strength while navigating invisibility and marginalization in both public and private spheres. This framework also highlights the protective aspects of cultural identity. Womanism emphasizes self-valuation, emotional expression, and cultural preservation, all of which act as counterbalances to the isolation and stress perpetuated by Superwoman Schema. Meanwhile, Social Psychology contextualizes the learned behaviors and internalized beliefs that shape the Impostor experience (Feenstra et al., 2020). Together, these frameworks will guide the interpretation of participant insights and inform the development of a responsive, culturally grounded curriculum.

Significance of the Project

This project was essential because it served as a resource for the development of a culturally grounded support group curriculum for African American women titled, *She Is Strong, but She Is Exhausted: A Support Group for African American Women*. Participants were provided with coping strategies and tools to navigate daily stressors and to validate their lived experiences. Beyond validation, the curriculum offered supportive tools aimed at reducing internalized pressure to perform, addressing shame and guilt, and decreasing the accumulation of stress held in the body that may contribute to adverse physical health outcomes. The benefit of conducting this project was the development of an empirically informed resource for treatment providers. The project contributed to clinical dialogue and applied knowledge by examining the relationship between Racialized Impostor Phenomenon and stress-related health concerns. Ultimately, the project benefitted mental health clinicians, other health care providers, community stakeholders, and African American women.

Practitioners and leaders will benefit from the project by having a resource to use in their work with their clients and knowing how many AA Women are silently struggling with this

phenomenon. This project contributes to the literature by addressing a key gap: while existing research links SWS and RIP to negative health outcomes, fewer studies translate these findings into practical, culturally responsive tools for community-based practitioners (K. Cokley, Parker, et al., 2024; M. D. Moody et al., 2023; K. H. Sheffield-Abdullah & Woods-Giscombé, 2021).

The problem needs to be addressed because AA Women's quality of life and their health is at stake. Racism, oppression, and sexism have been a detriment to the mental, physical, and emotional wellbeing of AA Women (K. H. Sheffield-Abdullah & Woods-Giscombé, 2021; Watson-Singleton et al., 2021). They have had negative and traumatic experiences historically (K. H. Sheffield-Abdullah & Woods-Giscombé, 2021; Watson-Singleton et al., 2021). The pressure to perform, be intense during adversity, and not be allowed to show weakness fosters unhealthy mental and physical health.

As an AA female therapist, I understand the experiences of onlyness. Onlyness is a coined term that means the first or only, specifically when talking about the experiences of AA Women (Joshi et al., 2024). The primary focus of this AA therapist is seeing AA Women or other People of Color (POC) clients. As a therapist, I have had discussions with clients, other therapists, colleagues, and others about their experiences with the Impostor Phenomenon and Superwoman Schema. Further, the lack of information and resources that are easily accessible to the AA community makes it imperative to complete this project. The questions that need to be answered will provide clarity and validation, emphasize their importance, and provide a resource for the community and practitioners.

Definitions of Key Terms

African Diaspora or Black Diaspora

"All global communities descended from the historic migrations of peoples from Africa

since the 15th century... including the trans-Atlantic slave trade" (Rotimi et al., 2016, p. 77). African descendants who were brought across the Americas through the transatlantic slave trade may now identify as AA or Black.

Code Switch/ Code Switching

Coding switching is known in the AA community as the intentional or unintentional adjustment of behavior and dialect to sound more like the dominant culture to avoid negative stereotypes when in professional settings (Spencer et al., 2022).

Jim Crow

A system of laws and customs that enforced racial segregation and inequality, primarily in the Southern region of the United States, from the late 19th century through the mid-20th century. These laws institutionalized economic, educational, and social disadvantages for AA. (Alexander, 2020).

Network stress

"Stress related to events that occur to family, friends, or loved ones" (K. M. Sheffield-Abdullah & Woods-Giscombe, 2021, p. 88).

Strong

Specific to the marginalization of Black women, a coping mechanism, a way of negating the world, resilient, family-oriented, and self-sacrificing but also weaponized and used against Black women to uphold racist stereotypes (Anyiwo et al., 2022).

Transgenerational

Usually used in the context of trauma, susceptibility, or predisposition. The transmission of beliefs, behaviors, values, or traumas between generations is interchangeable with intergenerational or multigenerational (Isobel et al., 2019).

Trauma

An external force is either an event or experience that is violent. The experience or event does not have to be specific to the individual but creates a feeling of a threat emotionally, physically, or psychologically (Leary, 2017).

Toxic Black Feminism

This belief is passed along generationally and internalized to accept that Black women must endure all things as a sign of strength (Kelly et al., 2024).

Literature Review

This literature review provides a comprehensive foundation for understanding the transgenerational SWS and RIP as experienced by AA women. It draws from interdisciplinary sources spanning psychology, sociology, and Black feminist thought to contextualize the mental health disparities and coping mechanisms within this population. The review highlights both historical and contemporary frameworks that inform the present project's design and intent.

The literature review is organized into several key themes: (a) SWS and its impact on health and emotional suppression, (b) RIP and its intersection with systemic racism and internalized doubt, (c) historical and intergenerational trauma affecting AA women's health and coping strategies, (d) culturally grounded healing and liberation practices rooted in womanist and communal frameworks, and (e) post-traumatic growth and resilience as a pathway toward wellness. Each of these topics is examined to deepen understanding of the lived experiences of Black women and the development of responsive therapeutic interventions.

Conceptual Framework

Bringing both the Womanist and Social Psychological perspectives into one conceptual framework allows for the collective consciousness of Black women to be explored. It addresses

the experiences of AA Women through a Social Psychology lens. It focuses on the intersections of identity, gender, race, or ethnicity and how social factors like oppression from racism, sexism, classism, and misogyny shape their lives (A. T. Moody, Lewis, & Owens, 2023). This framework emphasizes the unique challenges of being a marginalized group and the strengths of Black women while recognizing the broader social context that influences their behaviors and identities. As an AA female therapist, I have spent time developing my niche in trauma, grief, and loss. Most of my practice is BIPOC women, serving various education and incomes of AA or Black women. Many clients have discussed feelings that can only be described as IP and SWS. The sense of duality of this creates feelings of sadness, grief, and guilt. Many of these women have anxiety, suffer from panic attacks and eating disorders, and are on their way to more severe health issues.

The contextual framework that closely aligns with this scholar's practice is the Womanism or Womanist theoretical perspective coined by Alice Walker in 1983, as cited in Parker et al. (2024). The Womanist theoretical perspective was defined as "a Black Feminist or Feminist of color committed to the survival and wholeness of entire people, male and female" (Parker et al., 2024, p. 7). The construct has evolved to focus on empowerment and love. The goal is to illuminate the commonalities of the experiences of Black women, for the purpose of developing a support group curriculum. According to Feenstra et al. (2020), the social context of IP has not been thoroughly researched. While it seems logical to explain that one's environment and experiences influence one's thinking and behavior, there is not much research, theoretically or empirically, to support it. However, for the project, the scholar asserts the importance of capturing data that covers the influence of society and culture, structural and relational dynamics, and systematic institutions like racism and oppression in interactions and interpersonal relationships

, which are critical in developing coping strategies to address IP and SWS. Research has shown that discrimination and feelings of RIP are correlated (Feenstra et al., 2020). In addition to the Womanist framework, the social-psychological perspective helps to investigate this issue from a psychosocial perspective. This framework asserts that the social hierarchy leads to feelings of IP and that women and minorities are at the lower end of the hierarchy (Feenstra et al., 2020). AA Women have been historically subject to stereotyping and other issues that contribute to feelings of RIP and SWS (Woods-Giscombé et al., 2022).

According to Littlefield (2003), the marriage of Womanism in a Social Psychology framework “denotes a consciousness that seeks to articulate and validate the reality and life experiences of AA Women” (p. 4). Using the Womanist and Social Psychological perspective as one conceptual framework truly allows for the understanding of Black women’s collective (critical) consciousness to be investigated. It addresses the experiences of AA Women through a Social Psychology lens. It focuses on the intersectionality of identity, gender, race, or ethnicity and how social factors like oppression from racism, classism, and misogyny shape their lives (A. T. Moody et al., 2023). This framework emphasizes the unique challenges of being a marginalized group and the strengths of Black women while recognizing the broader social context that influences their behaviors and identities. For example, Marshall (2022) uses the example that during slavery, AA Women were degendered (treated like chattel, forced into the field doing labor alongside AA men, sexually exploited, and had their children taken from them), but they redefined gender and motherhood (through building community, resistance and caring for others).

Slavery

Growing up as a young child, my memory within my family system focused heavily on understanding the history of African Americans or Black people in the African diaspora. My father

showed me books with images of Africans as they were being transported across the Atlantic. We watched movies like *Roots* and *Mandingo* (Blinn et al., 2011; Fleischer et al., 1975). Today, *Roots* continues to be celebrated and watched by many African Americans during February for what was formally known as Black History Month. *The Novel Roots: The Saga of an American Family*, written by Alex Haley (1974), and *Mandingo* by Kyle Onstott (year), covered the treatment of African Americans and periods before, during, and after their enslavement in the United States. AA men and women endured very inhumane, horrific, and diabolical trauma from the systematic mental, emotional, psychological, and physical breaking of the individual, family, and community through the kidnapping from their countries of origin and culture, transportation in chains, and unsanitary conditions (Kelly et al., 2024; Leary, 2017). African Americans in the diaspora of the United States were dehumanized, being reduced to three-fifths of a person (Leary, 2017) and sold off as chattel to various plantations for labor.

AA Women have been historically relegated and subjugated to oppression through racism and sexism. According to the article written by Marshall (2022), the established gender designations of males and females were set by a patriarchal ideology. However, when examining how that ideology affected AA Women, they did not benefit from gender during slavery, and due to racism, they were not provided the same rights and privileges as white women. Marshall (2022) further explained that Black women during slavery in the United States worked as hard as Black men and did the same type of work. Their primary work was in agricultural fields. The primary difference between Black women and Black men was that Black women could be mothers.

In comparison, both were considered chattel, used for breeding and bringing more labor to the plantations. Both endured horrendous traumas, being raped and being forced to partner with or “marry” to procreate with each other as determined by the owner or overseer of the plantation

Berry, 2017; Johnson, 2020). However, pregnancy did not prevent abuse toward AA women as they were being raped and beaten during pregnancy (King, 2014; Marshall, 2022; McCarthy, 2024). This further perpetuated the treatment of control over Black women's bodies; they were not safe due to race or gender. Their children were born into another generation of abuse and were the property of the enslavers, seen as more labor for the plantation (Marshall, 2022). Black women did not have the rights to their children and did not have dominion over their bodies as they were subject to being used as wet nurses for white women (King, 2014; McCarthy, 2024).

Posttraumatic Slave Syndrome

Dr. Joy DeGruy Leary is a pioneer in developing a framework for the trauma from slavery and intergenerational trauma and oppression. Leary discusses the epigenetics of post-traumatic stress disorder (PTSD) and writes that “significant life-threatening experiences alter genetic coding, and this is heritable in subsequent generations” (2017, p. 102). Leary (2017) define Post Traumatic Slave Syndrome (PTSS) as “a condition that exists when a population has experienced multigenerational trauma resulting from centuries of slavery and continues to experience oppression and institutional racism” (p.105). This condition developed out of survival mechanisms and a pattern of maladaptive behaviors.

Leary (2017) offers a foundational analysis of the transatlantic slave trade and its enduring consequences—ranging from slavery and Jim Crow to the civil rights era and contemporary police brutality. Her work paves the way for scholars like Rodgers (2021) and Sule et al. (2017), who expand on these themes by examining the connections between PTSS, systemic racism, and their impact on the behaviors, beliefs, and attitudes of AA women. These scholars explore the deep mental, emotional, and psychological shifts shaped by over four centuries of trauma, oppression, and societal degradation experienced by African Americans, particularly women of the African

Diaspora. Sule et al. (2017) found that it is important to understand that over 400 years of systemic indoctrination do not disappear just because laws were passed, or history is sanitized. The trauma of slavery and racial oppression runs deep. It is not only historical, but it is physiological and psychological, passed down through generations. We cannot keep blaming the victims or dismissing their experiences. Instead, we need to recognize that this trauma is ingrained, and a systemic wound that demands both treatment and collective transformation. Rodgers (2021) also conveys the same message in their writing about PTSS, stating that the consequences of colonization manifest in the attitudes and behaviors of AA Women. Asserting that even though this is a multigenerational issue, the current literature does not focus on the trauma of enslavement. This concludes that while AA Women have made significant progress and are doing well academically and professionally, there is no room to address the historical connection between trauma from slavery and the racial disparities they face today. The psychosocial influences of slavery and racism and the behaviors and attitudes of AA women are connected to slavery, are still present today and have a significant impact (Rodgers, 2021; Sule et al., 2017).

In the video “*Psychological Residuals of Slavery*” stating that “there are no contemporary experiences of AA people that have not been shaded by the nuances of slavery” (Hardy, 2008, 5:05). Further, Hardy (2008) asserts that when you consider “brutal realities” of slavery, AA people have not been out of slavery as long as our ancestors were in it, we can understand better how residual psychological effects. According to Hardy (2008), African Americans suffer from historical oppression and silence that is perpetuated through violence. These experiences have manifested as “high blood pressure, heart disease, mental stress, alcoholism, hopelessness, performance anxiety, anger, psychological homelessness, and abbreviated life expectancy” (Hardy, 2008, 14:05), resulting from an internalized rage.

Post-traumatic Growth

In contrast to the dysfunctional behaviors highlighted in PTSS, emerging literature emphasizes the framework of Post-Traumatic Growth (PTG), which suggests that individuals and communities can adapt and grow in response to trauma. Ortega-Williams et al. (2024) and Rodgers (2021) argue that within the context of systemic oppression and collective trauma, pain is not the only legacy passed between generations; cultural knowledge, ancestral practices, and community assets are also transmitted. PTG provides a strengths-based perspective, proposing that despite enduring stress and suffering, individuals can experience meaningful and positive transformation. According to Ortega-Williams et al. (2024), PTG encompasses five key domains: “(1) renewed appreciation of life, (2) new possibilities, (3) enhanced personal strength, (4) improved relationships with others, and (5) spiritual change” (p. 1172). Mushonga et al. (2021) further support this view through resilience research, noting that behaviors such as reframing stressors, cultivating appreciation, improving resources, and drawing from internal and communal strengths signify resilience. Documented evidence of PTG among Black women (Ortega-Williams et al., 2024; Rodgers, 2021) highlights their capacity not only to survive generational trauma but to grow through it. This perspective is essential for informing healing-centered interventions that acknowledge both the pain and the power inherent in their lived experiences. Due to a lack of resources in the AA community to help facilitate healing, there is a need for support groups that foster healing and PTG.

Strength and Resiliency – Development of the Strong Black Woman

Black women developed coping mechanisms that required strength and resiliency during slavery for survival at a time when Black women had no other choice (Kelly et al., 2024). Kelly et al. (2024) argue that although terms like "strong" and "strength" are often intended as

affirmations, they can limit how their worth and coping responses are understood, contributing to what has been identified as Toxic Black Feminism. Specifically, when AA women face oppression due to racism and sexism, labels, tropes, and stereotypes like “bossy, angry, and dominating” are incredibly harmful when internalized.

Kelly et al. (2024) examined the internalized and societal pressures placed on AA women, highlighting the pervasive belief that they must embody unwavering strength, heightened sexuality, and assume the role of caretaker for everyone else before addressing their own needs. These expectations echo historical roles rooted in slavery. Stereotypes like “Black women’s strength,” the “Strong Black Woman schema,” and the “Sisterella Complex” all reflect the broader framework of the SWS (Abrams et al., 2014, p. 504). Informed by Black Feminist theory, as well as sociological and psychological perspectives, the Strong Black Woman schema emerged as a model centered on resilience, self-reliance, emotional restraint, and caretaking mastery (Abrams et al., 2014).

Superwoman Schema

SWS, introduced by Woods-Giscombé (2010), offers a culturally grounded conceptualization of how AA women navigate intersecting roles and chronic stress. This schema reflects a pattern in which Black women consistently prioritize caregiving, community obligations, and occupational excellence—often at the expense of their own mental, emotional, and physical health. AA women who internalize the SWS are often socialized to suppress emotions, avoid dependence, and display unwavering strength in the face of adversity (C. L. Erving, Thomas & Frazier et al., 2024; Woods-Giscombé, 2010). While these behaviors have been historically adaptive for surviving systemic racism and sexism, they are now linked to heightened vulnerability to anxiety, depression, hypertension, emotional eating, and other stress-related conditions

(Harrington et al., 2020; K. H. Sheffield-Abdullah & Woods-Giscombé, 2021; Watson & Hunter, 2016).

Social and intergenerational reinforcements of the Superwoman role remain prevalent in Black communities, often modeled by mothers, grandmothers, and matriarchal figures celebrated for their resilience and sacrifice (Abrams et al., 2014; Leath et al., 2023). AA women are expected to extend maternal care to extended family and community members, reinforcing a sense of obligation that further compounds their emotional labor (Burley et al., 2022). Although strength is framed as a virtue, the chronic emotional suppression and resistance to vulnerability that accompany the SWS contribute significantly to adverse health outcomes (Watson & Hunter, 2016; Woods-Giscombé et al., 2022).

C. L. Erving, Thomas, & Frazier et al. (2024) and M. D. Moody et al. (2023) stress that the SWS is more than an individual coping style—it is a collective, culturally reinforced response to racialized and gendered oppression. While it can function as a protective mechanism, overreliance on this schema without space for vulnerability may result in psychological exhaustion and diminished well-being. However, adopting Womanist attitudes has been identified as a culturally responsive counter to SWS. Womanism emphasizes self-definition, self-care, and spiritual and communal empowerment, allowing AA women to resist internalized racism and sexism while affirming their lived experiences (J. A. Lewis et al., 2021).

This internal conflict between societal demands for strength and an unrelenting fear of being perceived as inadequate forms the foundation for the RIP. Leary (2017), in her work on Post-Traumatic Slave Syndrome, refers to this conflict as “planning to fail,” describing how generations of racialized messaging have led some Black women to internalize feelings of inadequacy and inevitability of failure (p. 137). These internalized beliefs intersect with the demands of the

Superwoman role, resulting in self-doubt, hypervigilance, and a persistent feeling of fraudulence, despite clear accomplishments. Thus, the legacy of the SWS does not end with over functioning; it also gives rise to deep-seated questions of worth and belonging.

The following section will examine the RIP as an extension of these themes, highlighting its emergence as a psychosocial consequence of both historical trauma and contemporary structural inequities.

Impostor Phenomenon

The Impostor Phenomenon (IP), originally theorized by Clance and Imes (1978) as cited in Stone-Sabali et al. (2023), refers to the internalized fear of being exposed as fraudulent despite evidence of competence. Among AA women, this phenomenon takes on unique racialized dimensions, often influenced by systemic marginalization, microaggressions, and lack of representation in academic and professional spaces (Stone-Sabali et al., 2023).

AA Women often report experiences where they must overperform to be seen as competent and credible, leading to chronic self-doubt and emotional exhaustion (A. M. Allen et al., 2021). Unlike their white counterparts, they may simultaneously contend with threats of being stereotyped, experiences of tokenism, and racialized scrutiny. These layered identity-based stressors deepen the psychological toll of the Impostor Phenomenon and require targeted interventions that validate their lived experience (Hoggard et al., 2022)

A recent study by K. Cokley, Parker, et al. (2024) calls for expanding traditional definitions of the IP to better reflect its intersectional impact, particularly on women of color. The researchers contend that impostor feelings among AA students and professionals are not solely internal psychological experiences but are shaped and reinforced by systemic inequities and structural racism. This project adopts that expanded perspective by positioning Racialized

Impostorism as a central focus of both its inquiry and curriculum development.

Despite the oppression AA Women have experienced, they have made significant progress academically, completing master's programs at a similar rate to other ethnicities (Haskins et al., 2019; Joshi et al., 2024). Despite these advances, AA Women are experiencing Racialized Impostor Syndrome. The term "Impostor phenomenon" was introduced in 1978 by Clinical Psychologists Pauline Clance and Suzanne Imes, who defined the term as "an internal experience of intellectual phoniness" (Haskins et al., 2019, p. 4) and was explicitly studied for high-achieving White women who were upper class.

Haskins et al. (2019) assert that AA Women have significantly advanced in higher education over the last decade. Haskins et al. (2019) and Joshi et al. (2024) focus on African Americans in graduate studies programs, the stress that Black Students have due to racism, stereotypes, discrimination, and oppression, and the presence of Impostor Phenomenon while attending Primarily White Institutions (PWIs). Joshi et al. (2024) highlight that AA women often experience loneliness, noting that their achievements often come with significant personal sacrifices as they continue to face enduring obstacles shaped by both racism and sexism. Joshi et al. (2024) assert that AA Women represent more than 4% of doctoral program students and, at times, the only women and Black women in White male-dominated spaces, causing them to feel the need to "assimilate" and the pressure to "Code Switch" which is alternating the use of two or more dialects whereby Blacks shift linguistically from using AA English (AAE) to Standard American. Spencer et al. (2022) describe how Black women may intentionally or unintentionally adjust their behavior in predominantly White spaces to distance themselves from negative stereotypes often associated with their identity. Black women continue to face racial inequities, marginalization, and a lack of supportive services and resources on college and university

campuses.

Feenstra et al. (2020) approach the Impostor Phenomenon from a social psychological lens, emphasizing that it should not be viewed solely as an individual issue. Instead, they highlight the importance of considering how social environments and external contexts contribute to the development of impostor feelings. The oppressive messages AA Women encounter about their competence and capability reinforces the risk of RIP who are disproportionately exposed to stressors such as social isolation, institutional and systematic racism, discrimination and negative stereotypes, and labeling (Feenstra et al., 2020; Parker et al., 2024).

K. Cokley (2024) offers an alternative to the concept of “Impostor syndrome.” Historically, the Impostor Phenomenon (IP) was not widely studied among marginalized groups and rarely addressed the impact of oppression, racism, and intersectionality (K. Cokley, 2024; K. Cokley, Smith, et al., 2017). Further, K. Cokley (2024) notes that early understandings of the impostor phenomenon were largely based on the experiences of White women. However, later research has taken the unique experiences of women of color with societal stereotypes, systemic oppression, and racial role expectations, as particularly susceptible to experiencing IP more often than others. Their marginalized identities can exacerbate feelings of inadequacy and self-doubt, even when achieving success. Some scholars have criticized the concept of impostor phenomenon for being rooted in a framework that centers white women’s experiences, arguing that it inadequately reflects the realities of people of color. Additionally, they contend that the concept places the burden of self-doubt on individuals—particularly women and people of color—rather than addressing the environmental and systemic factors that contribute to those feelings (K. Cokley, 2024). In both cases, critics ask: Are we causing more harm than good when we use it to explain feelings of self-doubt and inadequacy, especially with people of color?

K. Cokley, Parker, et al. (2024) and J. S. Parker et al. (2024) explore the psychosocial effects of RIP among racially and ethnically marginalized populations, particularly within BIPOC communities. Their findings highlight a strong association between RIP and elevated levels of anxiety, depression, stress linked to racism and discrimination, and in some cases, suicidal ideation. The cumulative burden of RIP contributes to a heightened risk for poor mental health outcomes and further deepens health disparities. Similarly, M. D. Moody et al. (2023) emphasize a growing body of research pointing to the harmful mental and physical health consequences of racial trauma within the AA community that can include negative effects of stress and health.

Stress and Health

More than 400 years after the initiation of colonial slavery, AA Women are still feeling the effects of slavery. The legacy of slavery is prevalent both emotionally and mentally, contributing to stress, anxiety, and depression (Parks & Hayman, 2024). In a study conducted by Kyalwazi et al. (2024), there was a direct relationship between SWS and cardiovascular disease and maternal mortality. Harris et al. (2022) report that cardiovascular disease—including conditions like coronary heart disease, stroke, and peripheral artery disease—remains the primary cause of death across nearly all racial and ethnic groups in the United States. AA women are particularly impacted, with an estimated 50,000 deaths attributed to CVD each year.

Additionally, (C. L. Erving, Zajdel, Blevins et al., 2024) found that AA Women, when compared to other ethnicities, have lower sleep quality. It is important to address sleep disparities for the overall health and mental health of AA Women. The differences in sleep quality observed among Black women are significant because poor sleep is linked to a range of other health issues, such as obesity, heart disease, and even increased risk of death (C. L. Erving, Zajdel, Blevins et al., 2024). AA Women die at higher rates than other ethnicities due to heart disease (Kyalwazi et

al., 2024). AA women face disproportionately high rates of health issues linked to chronic stress, including conditions such as heart disease, diabetes, and negative birth outcomes (K. M. Sheffield-Abdullah & Woods-Giscombe, 2021). AA Women experience some of the highest blood pressure levels globally, contributing significantly to their increased risk for heart disease, stroke, and kidney disease (Abel et al., 2021). Additionally, there is a correlation between elevated blood pressure and psychosocial stressors and evidence that psychosocial stressors have a more substantial impact on women than on men (Abel et al., 2021).

T. T. Lewis et al. (2023) are the first to examine the health risk domains associated with network versus personal stressors. Subsequent findings revealed that AA women were exposed to a more substantial number of network stressors than men (Kyalwazi et al., 2024; K. H. Sheffield-Abdullah & Woods-Giscombé, 2021). Given these findings, Kyalwazi et al. (2024) assert that future studies should include specific areas of network stress and culturally relevant stress management strategies among AA women. K. H. Sheffield-Abdullah and Woods-Giscombé (2021) indicate that African American women experience elevated stress levels due to the intersecting effects of their racial identity, gender, and social status. The psychosocial factors that are associated with CVD include depression, anxiety, stress, discrimination, and low social support (K. M. Sheffield-Abdullah & Woods-Giscombe, 2021). Developing a curriculum that mental health providers can use in support groups may serve as a tool to provide coping strategies and support, help to reduce stress-related illnesses, and provide validation to women who suffer emotionally and psychologically from the development of the SWS and RIP.

Summary

Through the examination of the literature, the frameworks of Womanist (also known as Womanism and Womanist Attitudes) and social psychology show up in multiple studies to

understand and investigate the collective consciousness of Black women. Addressing the experiences of AA Women through a lens of trauma, oppression, and intersectionality of racism and gender. This combined framework emphasizes the unique challenges Black Women face as a marginalized group and how they adapted for survival by leaning on their strength as a coping mechanism and developing a strong identity in a social and familial context shown by attitudes, beliefs, and behaviors. Behavioral patterns have been transmitted generationally for the survival of AA Women, causing an increased risk of mental stress (Sule et al., 2017).

The literature confirms my experience as a BIPOC trauma-informed therapist trained in Eye Movement Desensitization and Reprocessing (EMDR), which is used to treat PTSD. Oppression and intersectionality were addressed in training, ensuring that the clinician took the time to use the client's experiences as a form of assessing racial trauma. Furthermore, even when there was a divergence in the literature, it still helps to connect the project's purpose, further explaining that racialized trauma reaction has been internalized as a SWS and that internalization has led to stress and poor health outcomes. According to Farr et al. (2025), SWS is inherently a part of Black womanhood and continues to be negatively associated with health and wellbeing. Additionally, while AA Women have come a long way educationally and professionally, racial trauma continues to cause RIP. According to Stone-Sabali et al. (2023), empirical research supports the connection between the Impostor Phenomenon and increased anxiety and depression symptoms among African Americans, making the need for this project essential. The studies and future implications of this project will offer clinicians a resource to increase their understanding of how racial trauma has affected clients. Additionally, the literature suggests that the history of AA Women during slavery in the United States can help clients see generational patterns, behaviors, and beliefs and apply appropriate interventions.

Ethical Assurances

The project received approval from National University's Institutional Review Board (IRB) prior to any data collection. This scholar obtained informed consent by informing participants of the project's purpose, procedures, and potential risks and benefits, as well as their right to withdraw from the project at any time (Hall et al., 2023).

The risks to participants in this project were minimal and included the possibility of emotional distress or discomfort related to focus group discussions. To mitigate these risks, participants were provided with breaks and opportunities for debriefing to address any discomfort or distress, along with supportive resources outlined in the informed consent.

An additional potential risk involved limitations to anonymity and confidentiality due to participation in a focus group setting. Participants were assigned pseudonyms; however, some participants were acquainted with one another through the community, which may have affected their ability to remain anonymous. To minimize this risk, participants signed confidentiality agreements, and reminders about the importance of maintaining confidentiality were provided during the focus group. Despite these measures, confidentiality could not be guaranteed (Chadwick & DeBlaere, 2019; Ochieng et al., 2018).

The role of the scholar in this project was to develop a curriculum explicitly addressing generational Superwoman Schema (SWS) and Racialized Impostor Phenomenon (RIP) that mental health clinicians could use in a support group setting. Participants were selected based on identifying as African American women or Black women of the African diaspora who were assigned female at birth.

The scholar developed a demographic survey that was distributed to African American women in neighboring counties throughout Northern California to recruit participants for the focus

group. The recruitment process concluded once the maximum number of 11 participants was reached. The scholar obtained informed consent from all participants prior to participation in the focus group.

The focus group was recorded using a Sony HXR-NX800 4K HDR camcorder, and a backup recording device was utilized to ensure data preservation. The scholar did not produce verbatim transcripts; instead, the video recording was reviewed in full, with focused attention to recurring patterns, language, and themes expressed by participants. The scholar also engaged in reflective journaling to document emerging themes and analytic observations.

All themes were presented in aggregate to protect participant confidentiality. These themes informed the development of the support group curriculum and guided the identification of specific topics and content areas intended to serve as a practical resource for clinicians facilitating the support group.

Based on both my personal and professional experiences, I have lived through generational patterns of the SWS. Despite my understanding of how it impacts my life, I continue to be the go-to person in my family. When I was about six, my grandfather told me I would be the most intelligent person in our family. I didn't realize it then, but I carried that declaration like a badge of honor and responsibility. I attribute my love of education to my father, as I was raised in a two-parent household and he was my first teacher. My mother also encouraged my learning, but her support stemmed from the academic struggles she had faced in her own life.

Although my brother is ten years older than me, I quickly became the "big little sister." It was never explicitly said, but I assumed the role of family manager early on. My father taught me practical life skills, and eventually, I stepped into the role of social worker and therapist for my friends—advocating for their needs and navigating family issues as early as third grade.

Currently, I remain the family manager, navigating life in the sandwich generation. As it relates to RIP, I attended private school from the age of 12, being one of three AA girls in the class. I learned early on that I had to be a positive representative for my community. I am a first-generation graduate who remained the first in my family to graduate from college and receive a bachelor's degree and graduate degree for over 20 years. It has been my experience that in attending training or other mental health related events, I am usually the only AA and AA Female therapist represented in the space. I am not sure of the reason, although, I can only assume it is related to cultural humility missing in the curriculum. Currently, I am noticing an increase in the mental health community of training offered by BIPOC providers and organizations. I continue to feel a huge responsibility to represent African Americans in the best way, which sometimes feels stressful. I do not always have the answer and know the AA community is not a monolith.

Professionally, as a Licensed Marriage and Family Therapist, I see AA Women in my practice who hold the same burden and sees the emotional and mental toll it has on them. I have had clients who have emotional breakdowns because the weight of responsibility has been too much. Additionally, many of these women are high performing, educated women who struggle with the expected performance demands at the executive level. I do my best to suggest books I find or that have been recommended. However, most of the books are written from a cultural perspective not specific to the experience of AA Women. This project will contribute to the resources available for therapists to support and help AA Women overcome systemic barriers to good mental healthcare.

As an AA Therapist, my lived experiences and professional insights uniquely shape the lens through which I approach this project, more specifically the intersectionality of race, gender, and mental health. These experiences deepen my understanding of the cultural nuances, systemic

barriers, and psychological stressors that AA Women navigate daily—especially those related to SWS and RIP (Abrams et al., 2014; Woods-Giscombé et al., 2022). However, I also recognize that my background may introduce unintentional biases.

I was committed to ethical research and took all reasonable steps to uphold ethical standards throughout the project. Strategies used to prevent personal biases and experiences from influencing the analysis or findings included documenting the research process through reflective journaling and engaging in ongoing consultation with the doctoral committee to ensure that participants' voices were centered and that findings remained grounded in their authentic experiences (Hall et al., 2023). These ethical practices helped minimize scholar bias and reinforced a commitment to cultural humility, respect, and trustworthiness throughout the research process.

Data were stored securely and confidentially in accordance with IRB requirements, including the use of encryption and password-protected storage methods. All identifying information about participants was removed. Records and data were retained for three years following completion of the project, after which all data were destroyed. The recorded video data were deleted from the USB storage device.

Summary

Section One established the foundation for this applied doctoral project by presenting the personal, social, and scholarly motivations that informed its development. It began with an overview of the general topic and outlined the relevance and urgency of addressing mental health disparities among African American women and Black women of the African Diaspora. This section identified a clear gap in support resources for this population, particularly in relation to emotional and psychological distress associated with Superwoman Schema (SWS) and Racialized Impostor Phenomenon (RIP).

The section also introduced the purpose of the project, which was to develop a culturally responsive support group curriculum using a qualitative Participatory Action Research (PAR) approach. The focus group method was designed to capture the lived experiences, beliefs, and insights of African American women between the ages of 25 and 65 who met defined demographic and screening criteria.

Additionally, the conceptual framework integrated womanist theory and social psychological perspectives to examine the historical and generational trauma influencing mental health within this community. The literature review further connected these frameworks to the ongoing impact of systemic oppression, reinforcing the need for healing-centered, culturally grounded interventions. The method and research design were explored in greater detail in the following chapter.

Section 2: Methodology and Design

As specified in Section One, the problem addressed by this project was the lack of available resources for clinicians working with African American women and Black women of the African Diaspora, a population disproportionately impacted by emotional, psychological, and stress-related health concerns associated with the development of transgenerational Superwoman Schema (SWS; Woods-Giscombé, 2010) and Racialized Impostor Phenomenon/Syndrome (RIP/S; Joshi et al., 2024).

The purpose of this qualitative Participatory Action Research (PAR) project was to gather insights into participants' perspectives, attitudes, beliefs, and lived experiences through a focus group composed of African American women and Black women of the African Diaspora. The data collected were used to inform the development of a culturally responsive support group curriculum for mental health providers working with women who experience emotional and psychological distress related to SWS and RIP. Using surveys, screening scales, and a focus group, the scholar gathered diverse perspectives and experiences related to these phenomena. Participants included African American women from varied professional, educational, and socioeconomic backgrounds, including those who identified as mental health clinicians or professionals with advanced education, as well as those who had not completed higher education and identified as having lower socioeconomic status.

The literature suggests that focus groups typically consist of six to twelve participants (Stewart et al., 2007). Accordingly, a maximum of ten African American women were purposively selected from various counties throughout Northern California to participate in the focus group. Feedback, recurring themes, patterns, and trends generated from the focus group data informed the development of the support group curriculum. The overall goal of the project was to provide a

community-based resource to educate, inform, and strengthen the coping skills of African American women experiencing SWS and RIP/S, thereby contributing to the reduction of stress-related health outcomes.

This section described the project's design and methodology. A qualitative research design using a Participatory Action Research framework was employed, with a focus group serving as the primary data collection method to generate insights from African American women with lived experiences of SWS and RIP. The scholar reviewed the recorded focus group data to identify recurring themes and patterns that informed the development of the support group curriculum. This section also presented the population and sample, materials and instrumentation, project goals and objectives, project procedures, data collection and analysis processes, and the project's assumptions, limitations, and delimitations.

Design and Method

This applied doctoral project sought to address the lack of culturally responsive resources available to clinicians working with African American women and Black women of the African Diaspora. These women were disproportionately affected by emotional, psychological, and stress-related health concerns stemming from the transgenerational impacts of Superwoman Schema (SWS) and Racialized Impostor Phenomenon (RIP). To examine this issue, the project employed a qualitative Participatory Action Research (PAR) design using a focus group method to generate in-depth, experiential data.

A purposive sampling strategy was used to recruit no more than 10 participants who met specific inclusion criteria, as detailed in the population section of this paper. Participants were selected from counties throughout Northern California. Eligibility criteria required participants to identify as African American or as part of the African Diaspora, to have been assigned female at

birth and identify as women, and to have completed at least two years of college. Participants' insights and lived experiences related to SWS and RIP were used to guide the development of a culturally grounded support group curriculum aimed at mitigating stress-related symptoms and enhancing emotional well-being.

In addition, participants were required to meet minimum criteria for SWS and impostor phenomenon. Eligibility was determined through completion of the Clance Impostor Phenomenon Scale (CIPS; Clance & Imes (1978); see Appendix B) and the Giscombe Superwoman Schema Questionnaire (G-SWS-Q; Woods-Giscombé et al., 2022; see Appendix C), which assessed identified symptoms of SWS and racialized impostor phenomenon. Eligible participants were invited to participate in a single focus group session lasting approximately two and a half hours. The session included 80 minutes for focus group interview questions, 15 minutes for check-in, introductions, and ground rules, a 10-minute break after the first hour, and 15 minutes for debriefing and questions.

Participatory Action Research was selected as the methodological framework because it functions as a “research-to-action approach” (Vaughn & Jacquez, 2020, p. 1). Rooted in the work of Paulo Freire, PAR emphasizes critical consciousness, shared authority, and the active involvement of community members in identifying needs and generating solutions (Sankofa, 2025). PAR assumes that community members are best positioned to interpret their lived experiences and to contribute meaningfully to social change through collective reflection and action. This project centered the cultural and systemic racial experiences of African American women with the intention of contributing to individual and community-level change. The scholar moderated the focus group discussion, facilitating dialogue among participants regarding their experiences with SWS and RIP.

PAR was appropriate for this project because of its grounding in transforming systems of oppression and its recognition that lived experiences constitute valid and meaningful knowledge. As noted by Kondili et al. (2024), PAR assumes that individuals' subjective experiences construct knowledge that is essential for understanding social realities. This framework supported the use of focus groups as a method for exploring shared personal, historical, and cultural meanings of SWS and RIP. Through facilitated dialogue, participants' perspectives informed the development of the curriculum based on real-life needs and experiences (Lynch et al., 2024). PAR in this project functioned not only as a data collection strategy, but as a process for generating applied knowledge grounded in lived experience (Vaughn & Jacquez, 2020).

Focus groups were also selected because of their alignment with empowerment-oriented qualitative research. Hall et al. (2023) noted that focus groups are increasingly used with vulnerable populations because they are culturally responsive, reduce researcher dominance, and allow participants' values and perspectives to shape outcomes. In this project, focus group data were used to generate actionable insights that informed curriculum development.

Feedback, recurring themes, and patterns identified from the focus group data informed the development of the support group curriculum. The overall aim of the project was to provide a community-based resource to educate, inform, and strengthen the coping skills of African American women experiencing SWS and RIP, thereby contributing to a reduction in stress-related health concerns.

Focus group discussion questions were developed to align with an integrated conceptual framework grounded in Womanist theory (Chadwick & DeBlaere, 2019) and social psychological perspectives (Velez & Power, 2024). Using a qualitative participatory design and focus group methodology, the project gathered insights into participants' perspectives, attitudes, beliefs, and

lived experiences, which directly informed the development of a culturally responsive support group curriculum. Mental health providers may use this curriculum to facilitate support groups that provide coping strategies, validation, and collective healing for women experiencing the emotional and psychological effects of SWS and RIP.

Participatory research emphasizes authentic engagement and shared knowledge creation between researchers and participants. In this project, African American women participating in the focus group were viewed as community stakeholders whose lived experiences, cultural knowledge, and insights shaped the curriculum's content and relevance (Vaughn & Jacquez, 2020).

Data were collected using focus group dialogue and preliminary screening tools to explore how SWS and RIP manifested across a range of life experiences. Participants included African American women who identified as mental health professionals or individuals with advanced academic and financial status, as well as women who had not completed higher education and identified as having lower socioeconomic status. This diversity allowed for a broader understanding of how identity-based stressors operated across personal, professional, and socioeconomic contexts.

Demographic data were collected through surveys administered during the recruitment phase and included age, racial and ethnic identity, education level, income, occupation, and health-related information. During the focus group, qualitative data were collected to explore participants' beliefs, motivations, attitudes, and lived experiences related to SWS and RIP. The integration of demographic and qualitative data supported identification of community needs, informed outreach strategies, and guided the strategic development of the support group curriculum.

A qualitative PAR approach was determined to be the most appropriate methodology for addressing the project problem, as it allowed for the collection of rich, contextualized data and

supported a nuanced understanding of complex lived experiences. Qualitative methods acknowledge that reality is socially constructed and interpreted differently by individuals, enabling deeper exploration of phenomena that cannot be adequately captured through numerical data alone (Hammarberg et al., 2016).

Although a mixed-methods design was initially considered, a qualitative approach was ultimately selected as more appropriate and manageable given the project's goals. Surveys and screening tools were used solely to determine eligibility and collect demographic information, not for quantitative analysis. As noted by Ochieng et al. (2018), qualitative methods are preferable when the goal is to explore lived experience and meaning-making rather than produce descriptive statistics.

A focus group format was intentionally chosen because it fostered group interaction and collective meaning-making. Unlike individual interviews, focus groups allowed participants to build upon one another's reflections, generating dialogue and shared insight. This interactive format aligned with the project's purpose of informing the development of a support group curriculum and offered a preview of the relational dynamics likely to emerge in future group-based interventions designed to support African American women.

Population and Sample

In this qualitative project using a Participatory Action Research (PAR) design, a purposive sampling strategy was used to select up to 11 participants who aligned with the goals of the project and participated in a focus group. Purposive sampling is commonly used in qualitative research to identify and select information-rich cases, thereby maximizing the use of limited resources (Palinkas et al., 2015). Focus groups are designed to elicit participants' shared perceptions, values,

and meanings related to common experiences, which enriched the overall project (Ochieng et al., 2018).

Eligible participants were between the ages of 25 and 65, were assigned female at birth, identified as African American, Black, or as part of the African Diaspora. Participants had completed a minimum of two years of college, although individuals with undergraduate and graduate degrees were particularly encouraged to participate. Participants were required to have some work experience in any profession, and individuals currently or formerly working in mental health were welcomed. This included professionals in psychology, sociology, or related disciplines, as well as licensed providers such as marriage and family therapists, clinical social workers, and professional clinical counselors.

Experience related to SWS and RIP was confirmed through the completion of instruments designed to assess symptoms associated with these phenomena. These instruments ensured the relevance of participants' lived experiences to the project's focus. Although participant location was documented as part of the IRB submission process, specific geographic details were not included in this manuscript in order to maintain participant confidentiality.

The selected population was appropriate given the project's problem, purpose, and research question, as the focus of the project centered on African American and Black women of the African Diaspora who had experienced SWS and/or RIP. While women of other racial or ethnic backgrounds may experience impostor-related stress, Superwoman Schema has been identified as a phenomenon uniquely associated with African American women due to historical, cultural, and systemic factors (K. H. Sheffield-Abdullah & Woods-Giscombé, 2021). Therefore, women outside this population were not included in the project.

Recruitment was guided by focus group best-practice recommendations, which typically

support group sizes of approximately 8–12 participants to promote balanced participation and meaningful dialogue. Because the target group size for this project was 8–10 participants, recruitment concluded once 11 eligible participants were confirmed. This sample size supported rich group interaction while remaining manageable for facilitation and ensuring participants had sufficient opportunity to contribute to the discussion.

Following data collection, the researcher assessed data saturation, defined as the point in qualitative research when additional data no longer generate new themes, concepts, or insights relevant to the research question (Rahimi, 2024). Saturation was supported through thematic redundancy within the focus group transcript, as participants' narratives consistently reinforced recurring patterns such as redefining strength, boundary challenges, racialized self-doubt, and somatic stress rather than introducing substantively new thematic directions. This repetition indicated that sufficient depth and breadth of data had been collected to address the project's aims and inform curriculum development (Rahimi, 2024).

To ensure that all participants met eligibility requirements, individuals who expressed interest in participating received a pre-prepared introductory email outlining the project's purpose, procedures, and significance. This communication also informed participants that the focus group discussion would be recorded and described measures taken to ensure confidentiality. Recruitment occurred via email (see Appendix D) and was distributed to professional colleagues, members of professional organizations such as Alpha Kappa Alpha Sorority, Incorporated, and community-based social media groups, including Bay Area Black Professionals and Therapists of Color (TOC) Bay Area. Additional recruitment efforts included social media posts (see Appendix E) and a recruitment flyer (see Appendix F) shared on the scholar's personal and professional Instagram, Facebook, and LinkedIn profiles.

Materials and Instrumentation

The Sony HXR-NX800 4K HDR Camcorder is a complete multi-camera system that was used to record the focus group. This scholar used a professional, compact camcorder capable of capturing everything from close-ups to wide angle. The recording will be saved to a external USB-C SSD.

Participants who provided informed consent and met the initial demographic eligibility criteria through completion of a demographic survey (see Appendix A). Participants who met these criteria were invited to participate in the focus group, which included a maximum of 11 participants. Upon meeting eligibility participants were also administered the Clance Impostor Phenomenon Scale (CIPS; adapted from Clance & Imes, 1978) and the Giscombe Superwoman Schema Questionnaire (G-SWS-Q). Participants received the CIPS and G-SWS-Q via email. These instruments were not used as data sources for analysis; rather, they were used solely to determine whether prospective participants met the project's inclusion criteria. Each completed scale and questionnaire was hand-scored according to the developers' instructions to establish whether participants met the minimum thresholds for impostor phenomenon and Superwoman Schema characteristics.

No field testing or pilot testing of the instruments occurred, and the scholar did not modify the instruments in any way. The CIPS (see Appendix B) was used to assess individuals' distorted beliefs about their success and competence, including the tendency to attribute achievements to external factors (French, 2008). Although initial consideration was given to using the Short Clance Impostor Phenomenon Scale (see Appendix G), the full CIPS was determined to be appropriate for educational screening purposes. The G-SWS-Q was used with explicit permission, which was requested from Dr. Woods-Giscombé on February 25, 2025, and approved on March 12, 2025 (see

Appendix H).

Data for this project were gathered exclusively through the focus group, consistent with the principles of Participatory Action Research (PAR). PAR is a cyclical process involving observation, reflection, action, evaluation, and modification, designed to actively engage participants in shaping the research process. In this doctoral project, the focus group explored participants' lived experiences, stressors, and perspectives related to Superwoman Schema and Racialized Impostor Phenomenon.

Themes that emerged from the focus group discussions were documented through reflective journaling maintained by the scholar. Journal notes and identified themes were presented in aggregate form to protect the participants' confidentiality. These collective insights informed the development of the support group curriculum, and participants' recommendations were incorporated as practical guidance for curriculum content and delivery.

According to French (2008), the CIPS measures distorted beliefs regarding success and competence, particularly the tendency to attribute accomplishments to external factors rather than personal ability. The scale can be administered to individuals aged 18 and older. In this project, the CIPS was used exclusively as a learning tool for participants who consented to the project and met demographic eligibility criteria.

The G-SWS-Q was designed to assess the cognitive, affective, and behavioral dimensions of the Strong Black Woman/Superwoman role (Woods-Giscombé et al., 2022). The 35-item instrument was originally evaluated with a sample of African American women aged 18 to 65. In this project, participants who consented and met demographic criteria were emailed the G-SWS-Q, and all returned questionnaires were hand-scored in accordance with the instrument's instructions.

In qualitative research, particularly when using focus groups, trustworthiness is essential to ensuring rigor and quality. Trustworthiness encompasses credibility, transferability, dependability, and confirmability. Credibility refers to the extent to which findings accurately reflect participants' perspectives, while transferability relates to the extent to which findings may be applicable to other contexts. Dependability emphasizes consistency and transparency in research procedures, and confirmability refers to the degree to which findings are shaped by participants' responses rather than researcher bias (Kondili et al., 2024).

Credibility was enhanced through immediate focus group debriefing with participants following the session. Additional strategies included prolonged engagement during the focus group, persistent observation of group dynamics, and informal member checking to ensure accurate understanding of participants' perspectives. The diversity of the sample in terms of age, education, and socioeconomic background further strengthened credibility by capturing multiple lived experiences.

Transferability was supported through the provision of detailed descriptions of participants, the research context, and the focus group process, allowing others to determine the relevance of findings to their own settings. Confirmability was addressed through reflexive practices, including transparency about the scholar's positionality, assumptions, and potential biases. The scholar documented methodological decisions, data collection procedures, and analytic processes to allow for external evaluation of the project's rigor.

Dependability was strengthened by maintaining thorough documentation of the research process, including recruitment procedures, screening methods, focus group facilitation, and analytic reflections. A standardized protocol guided data collection and analysis to reduce the influence of personal bias. Given that the scholar shared cultural membership with the project

population, intentional cultural reflexivity was practiced throughout the project, recognizing the diversity within the African and Black Diaspora and avoiding assumptions of homogeneity. Ongoing consultation with the doctoral committee further supported methodological integrity and minimized bias by incorporating external perspectives.

The assistant strengthened procedural stability by helping ensure that all video files, equipment, and documents were consistently labeled, transferred, and stored according to IRB standards (Mertler, 2024; Vaughn & Jacquez, 2020). This support minimized the risk of technical error and reinforced the integrity of the data.

Project Goals and Objectives

The overarching goal of this applied project was to create a practical resource that mental health professionals could use in their work with African American women. Drawing from the scholar's clinical experience as a therapist working primarily with Black women in private practice, participants frequently described feeling as though they carried the weight of the world on their shoulders. This sense of burden became increasingly salient in the sociopolitical climate following the 2024 United States presidential election. Many clients expressed exhaustion through both language and behavior. Although this exhaustion was often assumed to be physical, participants' narratives suggested a more complex experience. African American women frequently described mental and emotional distress through physical symptoms—such as fatigue, chronic pain, or gastrointestinal discomfort—reflecting a culturally informed embodiment of psychological stress and exhaustion (Goyal et al., 2019).

The goal of the project was to develop a comprehensive curriculum that could be implemented by culturally competent mental health providers who recognized that African American women were experiencing stress and exhaustion associated with Superwoman Schema

(SWS) and Racialized Impostor Phenomenon (RIP). The intended outcome was the creation of a six- to eight-week support group curriculum titled *She Is Strong, but She Is Exhausted: A Support Group for African American Women*. The curriculum was designed to support African American women in managing stress and the emotional, psychological, and physical effects of SWS and RIP.

The primary objective of the project was to facilitate a focus group that explored participants' experiences with SWS, RIP, stress, and related health effects. To meet this objective, the scholar created a safe and affirming space in which participants could openly share their stories and discuss the impact of prolonged strength expectations on their mental health. Establishing emotional safety and cultural affirmation is a core principle of Participatory Action Research (PAR), particularly when working with Black women who have experienced racialized and gendered trauma. Prior research indicates that PAR approaches that center collective storytelling, cultural validation, and emotional safety promote healing and empower participants to engage meaningfully in the research process (Lechuga-Peña et al., 2021).

Participants were given opportunities to feel heard, supported, and validated as they shared insights regarding coping strategies, skills, and practices that supported personal growth and overall well-being. The purpose of gathering these insights was to directly inform the development of a culturally responsive support group curriculum. The scholar also sought to understand participants' perspectives based on their lived experiences, including those who identified as mental health professionals and those who had engaged with clinicians who successfully created safe and affirming spaces for African American women to process and release trauma held in the body. Additionally, participants shared firsthand experiences with emotional dysregulation and identified techniques they had found effective in fostering emotional regulation, healing, and resilience.

Project Procedures

Following receipt of IRB approval, the first step in the project was recruitment. Recruitment emails and letters (see Appendix D) were distributed to professional colleagues, contacts, and local organizations. Concurrently, recruitment posts (see Appendix E) were shared on the scholar's personal and professional Facebook, Instagram, and LinkedIn platforms. Outreach occurred in three phases and targeted African American women using publicly accessible platforms. Recruitment materials included a link directing prospective participants to review and electronically acknowledge the informed consent prior to proceeding.

After providing consent to receive prescreening materials, prospective participants completed a prescreening demographic survey (see Appendix A) to determine eligibility. This survey assessed eligibility based on race, age, gender identity, and educational background. Individuals who met these criteria were then sent two additional screening instruments: the Clance Impostor Phenomenon Scale (see Appendix B) and the Giscombe Superwoman Schema Questionnaire (see Appendix C). Prospective participants who did not meet the minimum criteria for Superwoman Schema or Racialized Impostor Phenomenon were excluded from the project.

The recruitment process occurred in three phases. Phase 1 involved initial dissemination of recruitment materials and surveys. Phase 2 included reminder communications to individuals who had not yet responded. Phase 3 marked the close of recruitment and data collection. Upon receipt of completed surveys and questionnaires, the scholar reviewed all materials to confirm eligibility, including verification that participants met minimum threshold scores for SWS and RIP. Individuals who did not qualify or who responded after recruitment had closed received a thank-you notification (see Appendix I) indicating ineligibility or closure of recruitment. Eligible participants received a confirmation letter (see Appendix J) outlining focus group logistics,

expectations, and confidentiality procedures. The scholar also conducted follow-up phone calls to review confidentiality protections and address participant questions. Following completion of the focus group, participants were provided with a list of supportive mental health resources to address potential risks and to reinforce the project's commitment to participant well-being.

The in-person focus group was conducted in a public community room or library meeting space in Concord, California. The focus group guide (see Appendix K) outlined each step of the process. The scholar and research assistant, Dominique King, jointly managed the focus group logistics. The research assistant was responsible for participant sign-in through an anonymous QR code system she created, as well as filming the session and monitoring audio quality and recording equipment to ensure accurate data capture. Although the scholar developed a structured list of discussion questions, the focus group was facilitated as a moderated discussion to maintain focus while allowing for organic dialogue. Poster-sized visual prompts containing focus group questions were displayed to support participant engagement and guide discussion. The purpose of the focus group was to gather experiential insights that informed the development of the support group curriculum. Allowing space for organic conversation was essential to identifying shared themes and priorities that shaped curriculum content.

Focus group questions were adapted from Woods-Giscombé et al. (2022) and Lord and Morgan (2021). While these questions guided the discussion, additional prompts emerged naturally as participants shared their experiences. Sample questions included: (1) What does it mean to you to be strong? (2) How do you define the Strong Black Woman or Black Superwoman? (3) How do you relate to this concept? (4) In what ways has it served you? (5) What does the word stress mean to you? (6) What causes stress in your life? (7) How do you cope with stress? (8) How did women in your family cope with stress? (9) Have you ever felt different because of your

identity, race, or culture? (10) When did you begin to notice this difference, and what messages did you receive? (11) Have you ever been misjudged, misunderstood, harmed, or marginalized because of your identity, and how was this addressed? (12) With whom did you feel safe sharing these experiences? (13) What strengths or skills have you developed in resisting oppression? (14) How did you navigate challenges during your most difficult periods? (15) What topics should be included in a curriculum designed to support women navigating these experiences?

During the focus group, the scholar actively listened for recurring ideas and patterns and documented emerging themes in a field notebook. Preliminary themes were summarized and verified with participants at the conclusion of the session. Following the focus group, the video recording was reviewed multiple times to observe group interaction, track theme development, and reflect on how both participant and scholar perspectives may have influenced interpretation and analysis.

Data Collection and Analysis

Participatory Action Research (PAR) functioned as a data-generating process in this project. As noted by Mertler (2024), PAR is more practice-oriented and less focused on exhaustive analytic depth than other research approaches, emphasizing actionable outcomes. In this project, data obtained through demographic surveys, the Clance Impostor Phenomenon Scale, and the Giscombe Superwoman Schema Questionnaire were used solely for eligibility screening and were documented as part of the data collection process. The primary data source for analysis was the focus group, which generated rich qualitative information used to identify themes that informed the development of the support group curriculum.

The scholar employed thematic analysis to identify recurring patterns and themes within the focus group data. Findings and key insights were summarized in a clear and concise manner to

support curriculum development. Video-recorded focus group data were reviewed using a reflexive thematic analysis approach, which involves six stages: (1) familiarization with the data, (2) systematic coding, (3) generation of initial themes, (4) review and development of themes, (5) refinement, definition, and naming of themes, and (6) reporting to extract meaningful insights and identify emerging trends related to the research question (Robinson et al., 2025).

According to Robinson et al. (2025), reflexive thematic analysis supports the capture of participants' unique perspectives while minimizing researcher bias through a flexible and iterative coding process. This approach allowed the scholar to engage reflexively with the data and construct meaning across participant narratives in a manner consistent with the applied and action-oriented goals of the PAR framework.

The planned steps for the analysis included (Mertler, 2019):

1. Organize and Analyze:

Review materials: Review the recording and the focus group guide with the questions and write out initial findings.

Open coding: Analyze the notes taken during the focus group, break down the data into concepts, and use thematic analysis to organize and categorize the data into broader themes and subthemes.

Identify key insights: Analyze the coded data to identify recurring ideas, patterns, and unexpected findings.

Look for group dynamics: Consider how group dynamics influenced responses and identify potential biases or disagreements.

Interpret findings: Relate the identified themes and patterns to the research objectives and goals.

2. Reporting Findings:

Summarize the key findings, including the identified themes, patterns, and insights.

Explain the limitations: address potential biases or challenges encountered during the analysis.

Make Conclusions and Recommendations for Practice--Create a Plan of Action. Based on the findings, provide actionable recommendations toward creating the support group curriculum and suggestions for further research or action. Support the findings with relevant quotes or examples from the data.

Assumptions

Several assumptions guided this project. It was assumed that participants possessed culturally embedded lived experiences and knowledge and that they would share their narratives openly and authentically when provided with a safe, respectful, and affirming space. It was further assumed that participants would engage honestly and reflectively, offering meaningful insights into their lived experiences with Superwoman Schema (SWS) and Racialized Impostor Phenomenon (RIP). The scholar also assumed that participants would be able to articulate how racialized impostor phenomenon and SWS had affected their psychological, emotional, and overall mental well-being.

An additional assumption was that participants' experiences were shaped by ongoing systems of oppression—particularly racism, sexism, and generational trauma—which functioned as chronic stressors influencing identity formation, coping strategies, and psychological health among African American women. It was also assumed that shared cultural identity between the scholar and participants could foster trust, cultural understanding, and more nuanced interpretation of participant narratives. At the same time, the scholar acknowledged that positionality could

influence the research process. To mitigate potential bias and uphold ethical responsibility, strategies such as reflexive journaling and ongoing consultation with the doctoral chair and committee were used in accordance with IRB guidelines.

The project further assumed that knowledge generated through Participatory Action Research (PAR) could contribute not only to academic understanding but also to tangible social and emotional outcomes, including participant empowerment, the development of culturally responsive therapeutic practices, and the challenging of structural inequities that affect African American women's mental health.

These assumptions were grounded in the scholar's clinical experience and supported by the existing literature. The literature review highlighted the presence of systemic inequalities that disproportionately affect African American women and other marginalized groups, particularly those occupying multiple marginalized identities. It was also assumed that qualitative research methods—specifically a PAR design—were well suited for exploring participants' lived experiences and perspectives, which were essential for understanding their social realities. Stress was understood as multidimensional, extending beyond physiological responses to include emotional reactions such as anxiety, anger, and sadness, as well as behavioral responses and coping strategies shaped by both acute life events and ongoing daily stressors.

Limitations

Limitations of this project included the small sample size of participants invited to participate in a focus group exploring perceptions of Superwoman Schema (SWS), Racialized Impostor Phenomenon (RIP), stress, and health. Participation in a focus group may have resulted in the inclusion of women experiencing higher levels of stress than the broader African American

female population. As a result, the stress levels of African American women who did not participate in the project remained unknown.

Another limitation involved the potential risk to confidentiality inherent in a focus group setting. Although confidentiality was discussed during the invitational call and reinforced through established ground rules, there remained a possibility that participants could disclose information shared during the focus group outside of the research setting without the scholar's knowledge.

Additional limitations related to group dynamics, including susceptibility to moderator bias, the potential for groupthink, dominant voices, and challenges in capturing individual perspectives within a collective discussion. Sensitive topics discussed in a group format may also have limited the depth of some individual disclosures. Further limitations included the possibility of nonresponse, participant attrition due to time constraints, early departure from the focus group, and limited time available for data collection. Characteristics of the dataset may also have included incomplete or inaudible segments of the recorded discussion.

Additionally, not all participants completed and returned the Giscombe Superwoman Schema Questionnaire (G-SWS-Q) and the Clance Impostor Phenomenon Scale (CIPS); therefore, these data were not included in the formal analysis of results.

Several strategies were implemented to mitigate these limitations. Although verbatim transcription was not used, two video recording devices were employed to reduce the risk of technical failure or inaudible data. A research assistant with experience in video recording equipment set up and monitored the recordings and signed a confidentiality agreement. Confidentiality limitations were clearly addressed in the informed consent documents (see Appendix L), including acknowledgment that anonymity could not be fully guaranteed in a group setting. The project's intentional focus on African American women was explicitly stated as a

design decision aligned with the project's purpose, given that this population has historically been underrepresented in research. Additional safeguards included purposive sampling, the use of pseudonyms and participant codes, repeated reminders about maintaining confidentiality, and secure data encryption and storage.

As the moderator, the scholar supported the discussion through active listening, maintained a neutral stance, avoided leading questions, and utilized a structured focus group guide to ensure consistency. The scholar facilitated the discussion in a manner that encouraged participant interaction with one another rather than directing responses toward the researcher, consistent with best practices for focus group methodology (Ochieng et al., 2018). The scholar monitored personal demeanor to promote openness, redirected discussion as needed using open-ended prompts and sought clarification during natural pauses to verify interpretations and emerging themes.

Group dynamics were managed by encouraging balanced participation, inviting quieter participants to share, and gently redirecting discussion when dominant voices emerged. Finally, project limitations and potential sources of bias were reviewed and discussed with the project chair and doctoral committee to strengthen reflexivity, transparency, and methodological rigor.

Delimitations

The delimitations in this doctoral project include subject matter, geographic location, timeframe, methodology, and data collection.

Subject Matter

Due to the nature of the project, this project was delimited to the exploration of participants' experiences, perceptions, attitudes, and beliefs related to transgenerational Superwoman Schema (SWS), Racialized Impostor Phenomenon (RIP), stress, and health. The population was intentionally limited to African American women, as SWS has been identified in the literature as

a phenomenon specific to this group. Race and gender were therefore delimited to women who identified as African American or Black women of the African Diaspora. The age range was delimited to participants between 25 and 65 years to increase the likelihood of capturing rich, reflective lived experiences across adulthood. Educational attainment was delimited to individuals who had completed at least two years of college or university coursework, with participation encouraged from those holding undergraduate and graduate degrees.

Geographic Location

The project was geographically delimited to Northern California, with recruitment focused on the region's most populous counties. This delimitation supported recruitment of up to 10 participants who met eligibility criteria and allowed for reasonable travel to the in-person focus group location.

Timeframe

The timeframe for participation was delimited to a three-phase recruitment and data collection process: Phase 1 involved initial survey distribution and recruitment outreach; Phase 2 included reminder communications to non-responders; and Phase 3 marked the final data collection period and closure of recruitment.

Methodology

Methodologically, the project was delimited to a qualitative design utilizing surveys, screening scales, and a single focus group. Surveys and screening instruments were used solely to determine eligibility, while the focus group served as the primary source of qualitative data.

Data Collection

Data collection was delimited to the use of two standardized screening instruments—the Clance Impostor Phenomenon Scale and the Giscombe Superwoman Schema Questionnaire—for

eligibility determination only. Qualitative data were generated exclusively through the focus group discussion.

The literature review presented the current state of knowledge related to the project topic and identified existing gaps that justified the project's focus. The conceptual framework clarified key concepts and relationships and guided methodological decisions. Consistent with prior research, focus groups were deemed appropriate for engaging marginalized populations and addressing sensitive health-related topics in a collective setting (Rana et al., 2023). Overall, the project's design and delimitations were aligned with the literature, conceptual framework, problem statement, purpose, and applied project goals.

Summary

This section described the project's design and methodology, population and sample, materials and instrumentation, project goals and objectives, procedures, data collection and analysis, assumptions, limitations, and delimitations. The project employed a qualitative Participatory Action Research (PAR) methodology. Qualitative research emphasizes in-depth understanding and exploration of phenomena rather than statistical generalization. PAR was particularly appropriate for this applied project because it addressed real-world concerns through participant engagement in inquiry, reflection, and action, supporting the development of practical and sustainable solutions.

Participatory Action Research functioned as a collaborative qualitative approach in which participants shared their lived experiences, perspectives, and insights through facilitated group discussion. Consistent with qualitative methodology, purposive sampling was used to select participants with specific knowledge and lived experiences relevant to the research problem. The population was intentionally limited to African American women, as this group had experienced

Superwoman Schema (SWS) and/or Racialized Impostor Phenomenon (RIP), directly aligning with the project's purpose and research focus.

Through the use of PAR, focus group participants were purposefully selected to explore and understand their experiences with SWS and RIP, allowing for the identification of recurring themes and patterns. These themes informed the development of the support group curriculum. By centering African American women with lived experience of SWS and RIP as community stakeholders, the project elevated participant knowledge and positioned their insights as essential to curriculum development. This approach directly addressed the identified problem of limited culturally responsive resources for this population and responded to a documented need within the African American community. The following section presents the project's findings.

Section 3: Findings, Implications, and Recommendations

The purpose of this qualitative Participatory Action Research (PAR) project was to explore the lived experiences of African American (AA) women or Black women of the African Diaspora who are affected by the Superwoman Schema (SWS) (Woods-Giscombé, 2010) and the Racialized Impostor Phenomenon (RIP) (K. Cokley, Parker et al., 2024). Through a focus group format, insights were gathered from the participants that informed the development of a culturally responsive support group curriculum. The resulting curriculum is designed to provide coping strategies, validation, and community support for women managing the emotional and psychological toll of SWS and RIP and the factors that contribute to disproportionate rates of stress-related illnesses within this population.

Guided by a dual conceptual framework grounded in womanism and social psychology, this project centered on the cultural, historical, relational, and psychological forces that shape how African American women perceive strength, identity, self-worth, and belonging. Womanism as defined in section one provided the lens to honor the collective wisdom, intergenerational survival, and community-rooted experiences of African American women, emphasizing the importance of spiritual, emotional, and communal dimensions of wellness. Social psychology helped illuminate how systemic racism, stereotype pressures, and internalized expectations contribute to SWS and RIP, shaping behavior, self-perception, and the ways African American women navigate professional, familial, and social spaces.

These insights were gathered through a single video-recorded focus group conducted within a PAR framework, which ensured that participant voices drove the meaning-making process as opposed to the scholars' assumptions. The research project drew on participants' narratives to develop a culturally relevant support group curriculum designed to address the psychological,

social, and health consequences of SWS and RIP and to promote wellness, authenticity, rest, and self-compassion among African American women. This section is organized as follows. First, the findings are presented and organized around the central project question. A detailed explanation of the analytic steps is included to demonstrate how themes were generated from the single focus group. Strategies used to ensure trustworthiness and rigor in the data collection and analysis process are then outlined. Following the findings, this section evaluates the outcomes in relation to the dual conceptual framework and existing literature, an action plan for curriculum development, implementation, and refinement, outlines implications and recommendations for practice, offers recommendations for future research, and concludes with a summary.

Findings by Project Question(s)

Ensuring the trustworthiness of the data was essential to maintaining rigor within this PAR project. Because PAR centers the lived experiences, voices, and cultural expressions of participants, it was critical that both the collection and analysis of data were approached with intentionality, transparency, and ethical care (Mertler, 2024; Vaughn & Jacquez, 2020). The credibility, transferability, dependability, and confirmability of the findings were strengthened through multiple strategies aligned with established qualitative research standards (Hammarberg et al., 2016).

To support ethical and secure data handling, I was assisted by a research assistant, Dominique King, who contributed to the logistical and technical aspects of the focus group. This individual signed the IRB-approved Confidentiality and Non-Disclosure Agreement and followed all data-protection procedures throughout the session, including equipment setup, file transfer, and secure storage of materials. The assistant did not participate in data interpretation but helped maintain the integrity and confidentiality of the data, which further supported procedural

reliability.

Credibility

Credibility was established through prolonged engagement with the data, repeated review of the video recording, and close attention to both verbal and nonverbal cues expressed during the focus group. The multimodal nature of the video enabled me to capture gestures, tone changes, expressions, sighs, and pauses that were culturally significant in understanding how African American women communicate their experiences (Liang, 2019). Because traditional member checking was not feasible due to confidentiality requirements and the one-time structure of the group, I incorporated informal, in-session member-checking techniques. This included summarizing what a participant shared and asking for confirmation before moving on, as well as restating key points to ensure accuracy in the moment.

At several points, I reflected emerging ideas or patterns to the group to verify whether the interpretations resonated collectively, while remaining mindful that group agreement does not imply that every individual shared the same perspective. Credibility was further strengthened by returning to the recording multiple times and aligning interpretations with established literature on Superwoman Schema and Racialized Impostor Phenomenon.

Transferability

Transferability was strengthened by providing thick, detailed descriptions of the participants, setting, and context of the focus group. While identifying details were removed to maintain confidentiality, the themes and experiences the women shared reflect broader patterns present in the literature regarding African American women's experiences with strength expectations and racialized self-doubt.

Culturally grounded expressions were used to portray how the women discussed stress,

pressure, and emotional burden. These rich descriptions provide readers with sufficient contextual depth to determine whether the findings may apply to other African American women navigating similar intergenerational, racialized, and health-related pressures (Nowell et al., 2017). The demographic survey also supported contextual interpretation while protecting participant privacy.

Dependability

Dependability was supported through a clear, organized, and documented methodological process. I maintained a detailed audit trail that outlined recruitment procedures, screening steps, consent processes, facilitation procedures, data-handling protocols, and the whole sequence of analytic decisions. Maintaining an audit trail is a key strategy for demonstrating dependability (Hammarberg et al., 2016; Nowell et al., 2017).

The research assistant strengthened procedural stability by helping ensure that all video files, equipment, and documents were consistently labeled, transferred, and stored according to IRB standards (Mertler, 2024; Vaughn & Jacquez, 2020). This support minimized the risk of technical error and reinforced the integrity of the data.

Confirmability

Confirmability was established by ensuring that all interpretations were grounded in the participants' voices rather than in my own assumptions or perspectives as the facilitator and scholar. Throughout the analysis process, I relied on analytic memos, observational notes, and repeated engagement with the video recording to remain aware of how my positionality as an African American woman and practitioner-scholar might influence interpretation. This ongoing reflexive attention helped ensure that emerging findings were anchored in what participants expressed verbally, emotionally, and nonverbally (Liang, 2019; Nowell et al., 2017).

All verbal statements, emotional expressions, gestures, and contextual cues were reviewed

multiple times to maintain alignment with the raw data. The securely stored video recording served as a transparent and stable reference point, allowing me to verify thematic decisions and confirm that interpretations reflected the participants' authentic contributions. Confirmability was further supported by the research assistant, whose signed IRB Confidentiality Agreement ensured that only authorized individuals had restricted ethical access to project materials, reinforcing the integrity and protection of the data.

Participant Demographic Summary

A total of 11 African American women participated in the focus group. All participants identified as Black or African American and as women, reflecting the project's cultural and gender-specific focus. The group represented a wide span of adult developmental stages, with most women falling in the 45–54 age range, one participant aged 55–64, and two younger participants aged 25–34. This blend of midlife and early-adult voices contributed to the rich intergenerational dialogue that emerged during the session.

Educational backgrounds were notably high, with the majority of participants holding master's degrees or higher. Several women held doctorates or professional degrees, while others had bachelor's or associate degrees, representing a range of professional pathways. Occupations included director-level leaders, educators, court and county administrators, nurses, social workers, program coordinators, and consultants. Their fields spanned education, psychiatry, child welfare, health care, and social services mirroring the long-standing pattern of Black women serving in essential caregiving and community-centered roles.

Income levels varied but were predominantly within the \$100,000 to \$149,999 and \$150,000 or more ranges, with a few participants earning between \$75,000 and \$99,999. This financial diversity provided insight into how the Superwoman Schema (SWS) and Racialized

Impostor Phenomenon (RIP) operate across different economic positions, even among women who have achieved upward mobility.

The women also represented a variety of family structures. Most were parents, and several described themselves as part of the "sandwich generation," caring for children while also supporting aging parents or family members who depend on them for daily needs. Marital status ranged from single, separated, and divorced to married, with each relational status shaping how participants negotiate expectations of strength, responsibility, and emotional expression.

Although time constraints prevented a full exploration of romantic relationships, participants with lived experience as married, divorced, or separated women briefly shared how relational expectations and gendered labor contribute to their emotional and mental load. One participant, a veteran, also raised important considerations about how SWS and RIP manifest differently for African American women veterans or women with fewer resources or educational opportunities, areas recommended for future exploration.

Although this project is qualitative in design, participants were invited to complete the Clance Impostor Phenomenon Scale (CIPS) and the Giscombe Superwoman Schema (SWS) Questionnaire to provide additional context regarding their experiences. These measures were not used as inclusion criteria; rather, they were used to better understand whether participants experienced impostor phenomenon and Superwoman Schema characteristics alongside the narratives shared in the focus group.

Of the 11 participants in the focus group, eight completed the SWS questionnaire and seven completed the CIPS. Scores on the CIPS ranged from 44 to 79, reflecting moderate to frequent impostor experiences among respondents. These scores align with interview data in which participants described ongoing self-doubt, questioning their competence, and feeling pressure to

prove themselves despite clear accomplishments.

Responses to the SWS questionnaire also reflected patterns consistent with Superwoman Schema, including pressure to remain strong, reluctance to show vulnerability, and prioritizing the needs of others while managing personal and professional demands. These patterns were echoed throughout participant reflections, particularly in discussions of emotional exhaustion and expectations to remain resilient despite limited support.

While these measures were used only to provide context, the results further support the qualitative findings presented in the themes that follow, illustrating how Racialized Impostor Phenomenon and Superwoman Schema are reflected in participants' lived experiences. Participants were given pseudonyms that will be used throughout this section of the project findings.

Project question 1

What insights can be gathered from AA Women who experience transgenerational SWS and RIP that will inform the development of a culturally relevant support group curriculum?

Using a PAR approach, the women in this research project engaged in honest and reflective dialogue that allowed their experiences to guide the process. After reviewing the video multiple times and observing clear patterns in both the discussion and the language used, seven themes emerged naturally:

- An inherited expectation to be strong
- Emotional silencing that often follows
- Constant pressure to represent and prove oneself
- Health consequences of carrying a double burden, defined as the compounded racialized and gendered stress Black women shoulder (Francis et al., 2023)

- A deep longing for safe and affirming spaces
- Intergenerational shifts beginning to take root

The behaviors, emotional adjustments, and identity navigation they described strongly align with Jones and Shorter-Gooden's (2023) definition of shifting: intentional or unconscious modifications in speech, tone, emotional expression, boundaries, or self-presentation to meet external expectations in racialized and gendered contexts. These experiences emerged frequently in the PAR data as participants discussed code-switching, softening their identities, over-preparing, or regulating their emotions to protect themselves from bias or scrutiny.

Eleven African American women participants represented a powerful and deeply nuanced cross-section of Black womanhood. They came into the room carrying years of caregiving, leadership, community responsibility, and according to the participants the expectation “to hold it all together.” For example, one participant noted that there was a “generational pressure to do it all” and experienced “shaming when she was not holding it all together.” Collectively, their stories stretched across age, education, motherhood, marriage, separation, and singlehood, yet every woman discussed during the focus group that they knew what it meant to be relied on, “ Keeping it all together , no physical care for myself,” “ Paula said “ I don’t have a choice but to be strong- I don’t have time to fall, If I fall they fall.”

From directors, educators, nurses, social workers, clinicians, and elected officials to mothers navigating single parenting, divorce, caring for aging parents, or supporting family members who depend on them, each woman brought experiences shaped by resilience and responsibility. Despite differences in income, profession, and relationship status, their narratives converged around shared pressures using words like being the “backbone” of their families, the “problem solvers” in their communities, and the "strong one" in every room.

Step 1 – Data Preparation. In keeping with the spirit of the dual-conceptual framework and grounded in participatory action research, I designed the data collection process to center around the voices of the participants. I gained insight into the experiences of the women who participated in the project. Consistent with Mertler's (2024) description of PAR as a data-generating approach that prioritizes collaboration and shared meaning-making, the demographic survey was the only instrument used to determine eligibility. After eligibility was confirmed, participants completed the Clance Impostor Phenomenon Scale (Clance & Imes, 1978) and the Giscombé Superwoman Schema Questionnaire (Woods-Giscombé et al., 2022). These tools were not used to screen or score participants for inclusion; instead, they provided contextual insight into each woman's background and the experiences she brought to the focus group. Demographic information was incorporated into the broader dataset to support an understanding of the participants' perspectives.

The primary source of data came from the recorded focus group session. The conversation was recorded using a Sony 4K HD video camera and stored on an encrypted, password-protected device, in compliance with IRB requirements. The video served as multimodal data, capturing not only the verbal responses but also the nonverbal communication that is essential to understanding how African American women express stress, resilience, cultural connection, and emotional nuance. Nonverbal cues such as pauses, posture changes, sighs, tone shifts, shared laughter, nods, and facial expressions were critical components of meaning-making and were treated as valid forms of data.

A research assistant supported the technical aspects of the session, including equipment setup, monitoring the recording, and ensuring secure data transfer and storage. She signed the IRB-

approved confidentiality agreement and followed all required procedures, allowing me to remain entirely focused on facilitation, observation, and meaning-making.

Following Mertler's (2019) guidance for organizing PAR data, I began by reviewing all available materials. I watched the video multiple times to immerse myself in the rhythm, cadence, and emotional tone of the discussion. Rather than preparing a full transcript, I created detailed viewing logs that documented repeated phrases, shifts in energy, shared gestures (such as "mm-hmms," hand movements, synchronized laughter, or collective sighs), and moments where participants affirmed or built upon one another's insights. These early notes reflected the first phase of reflexive thematic analysis—familiarization with the data through repeated, engaged listening (Robinson et al., 2025).

From there, I organized my observations around the prompts and questions that were posted around the room. Because the participants responded directly to these prompts, the session's structure naturally supported the early organization of ideas. I identified meaningful units of expression—short statements, emotional responses, stories, embodied reactions, or shared expressions—that captured the essence of what the women were communicating. These units were not treated as formal codes but as evolving insights that reflected early patterns in the women's narratives and nonverbal expressions.

As analysis progressed, I considered how these ideas clustered around shared themes. In alignment with reflexive thematic analysis, I moved fluidly between the video, my notes, the women's expressions, and the questions they were responding to. This process allowed me to identify seven central themes that consistently appeared across the dialogue. These themes were shaped not only by what participants said, but also by how they said it—the heaviness behind

certain stories, the uplift in moments of connection, the silence that followed hard truths, and the embodied expressions that carried cultural meaning.

The final step involved synthesizing these themes into a coherent, culturally grounded narrative that honored the women's voices and aligned with the dual-framework approach. These themes ultimately served as the foundation for developing the curriculum, ensuring that each component reflected the lived experiences, emotional realities, and collective wisdom shared during the focus group.

Step 2 – Familiarization. Following Mertler's (2024) guidance that PAR begins with deep engagement rather than distant observation, I immersed myself in the focus group recording multiple times. This prolonged familiarization allowed me to move beyond the surface level of participants' words and into the emotional, cultural, and embodied layers present in their communication. I paid particular attention to group dynamics, the rhythm of the dialogue, and the ways the women signaled resonance or tension through shared gestures, such as "mm-hmms," synchronized nods, soft laughter, exchanged glances, and the quiet pauses that often carried as much meaning as spoken words.

As I watched the recording, I wrote analytic memos documenting emerging impressions, emotional shifts, patterns of affirmation, and moments where the group collectively held space for brutal truths. Consistent with Robinson et al.'s (2025) first phase of reflexive thematic analysis, this familiarization process facilitated the development of early insights into how the women articulated strength, boundaries, identity, and stress through culturally rooted language and embodied expression. These early observations laid the foundation for the culturally grounded thick description essential to PAR and were critical for capturing the depth and nuance of African American women's shared experiences.

Step 3 – Interpretive Grouping. Rather than using a formal open-coding process, I drew on a reflexive, meaning-centered approach that aligned with PAR and the dual-framework guiding this project. Using the viewing logs, analytic memos, and my observations from repeated engagement with the video, I began grouping expressions, emotions, and shared narratives that reflected early patterns in the women's experiences. This interpretive grouping allowed me to focus on how meaning was created collectively rather than reducing their words to technical codes.

I paid close attention to the culturally grounded ways the women expressed themselves—through language, tone, body posture, sighs, laughter, and silence. Expressions such as "I am the one they depend on," "push past your threshold," or "I had to hold it together" carried emotional and cultural weight that resonated across the group. Likewise, embodied reactions such as tightening of the jaw, long exhalations, leaning back in the chair, hand-over-heart gestures, and lowered voices served as important meaning signals consistent with Womanist understandings of embodied communication and collective resilience.

As recommended in reflexive thematic analysis (Robinson et al., 2025), this early meaning-making process was flexible, iterative, and grounded in the participants' own language and lived expressions. Insights were shaped not only by what the women said but by how they said it, the tones, energy, pauses, shared affirmations, and emotional shifts that reflected the complex interplay of identity, strength, stress, and survival. These interpretive groupings served as the foundation for the subsequent theme development.

Step 4 – Theme Development. In keeping with the participatory principles of PAR, I did not use a formal coding structure or a traditional codebook. Instead, I relied on a reflexive, participant-centered approach that allowed the themes to emerge organically from the women's

dialogue. Because the focus group was structured around prompts and questions posted on the room's walls, participants' responses naturally clustered around shared experiences, emotional patterns, and cultural narratives. I listened closely for themes that surfaced repeatedly and those moments when the women's voices converged, echoed one another, or deepened the collective conversation.

This reflexive approach aligned with both womanism and social psychology. Womanism guided me to honor the women's ways of knowing, their communal affirmations, their expressions of strength and vulnerability, and the intergenerational narratives woven through their stories. Social psychology helped illuminate how external pressures, role expectations, and racialized experiences shaped the internal self-perceptions the women described. Together, these frameworks supported a holistic understanding of how the participants made meaning of their experiences.

As I reviewed my viewing logs, analytic memos, and the video, I paid attention to patterns of resonance across participants shared language, repeated phrases, emotional shifts, body movements, and moments of collective recognition. These naturally occurring clusters became the basis for identifying the seven dominant themes in the data. This process allowed the themes to rise directly from the women's voices rather than from predetermined coding systems or external frameworks.

This participant-guided method strengthened the dependability of the analysis and prevented me from imposing clinical language or interpretations that did not originate from the group. It honored PAR's emphasis on collaboration and meaning-making rooted in the lived reality of African American women, ensuring that the themes reflected not only what the participants said but how they said it—through gesture, tone, silence, and shared cultural expression.

Step 5 – Category and Theme Generation. Guided by Robinson et al.'s (2025) stages of generating, reviewing, and refining themes, I moved from early interpretive groupings into the development of broader categories that captured the collective meaning expressed during the focus group. Rather than relying on formal coding, I clustered together repeated ideas, emotional patterns, and embodied expressions that surfaced across the discussion. This reflexive, participant-centered process ensured that the themes emerged organically from the women's voices and experiences.

As I revisited the video, I examined how participants echoed, affirmed, or expanded one another's stories. I compared these emerging categories to my viewing logs, memos, and notes from the prompts posted around the room. I focused on resonance: where the women's narratives converged, where similar emotions or pressures were described, and where shared meanings were expressed through tone, gesture, silence, or collective reactions. This step reflected PAR's emphasis on grounding analysis in lived experience rather than researcher-driven interpretation.

Through this iterative process, seven distinct themes emerged. These themes represented the recurring emotional and cultural threads woven throughout the group's dialogue, reflecting the dual-framework lens guiding the project.

Each theme was checked against the original data to ensure authenticity and alignment with the women's lived realities. To honor their truths, direct participant quotes (shared with pseudonyms) are woven throughout each theme, preserving the emotional depth and cultural nuance that shaped the meaning-making process.

What emerged was not just demographic information but a collective portrait of Black women who are accomplished, stretched thin, and still rising. Their lived realities formed the foundation for the themes identified in this project and became the heartbeat of the culturally

grounded curriculum created from their voices.

Theme 1: Redefining Strength . Participants described lifelong expectations to be strong, often linked to childhood socialization and modeled behaviors from mothers and grandmothers. Strength was described as responsibility, endurance, and doing "too much" for others. Several participants emphasized being strong while also being deeply tired. Nonverbal cues, such as miming lifting a weight or tensing the shoulders, accompanied these statements.

Analytic Stance

By combining womanism and social psychology, I analyzed the data with an approach that honored both cultural and psychological dimensions of the participants' experiences. This integration enabled me to interpret the themes through both a cultural lens (community, intergenerational expectations, ancestral survival, and identity as a source of strength) and a psychological lens (self-concept, perfectionism, stress responses, cognitive distortions, and emotional labor). This dual perspective enabled the recognition of how the participants' narratives reflected larger systemic patterns, while also revealing the personal and emotional impact of those patterns on their daily lives.

Shifting, the intentional or unconscious modifications in speech, tone, emotional expression, boundaries, or self-presentation to meet external expectations in racialized and gendered contexts (Jones & Shorter-Gooden, 2023) was apparent in the way they described their experiences and how they related to each other in the room. Shifting clarifies why participants reported exhaustion, hypervigilance, and a sense of fragmentation—experiences consistent with the burden of SWS (Woods-Giscombé, 2010) and the anxiety associated with RIP (K. Cokley, Parker et al., 2024).

Throughout the analysis, I listened for patterns in language, emotional tone, shared expressions, and cultural terminology that reflected how these women make sense of strength, identity, and mental health. Importantly, none of the women used clinical terms such as depression or anxiety. Instead, they described their suffering using culturally rooted language, "crashing out," "snapping," "almost losing my mind," "running on fumes," or "holding it all in until something breaks." These expressions became central to understanding how they experience and name distress.

Theme 1: Redefining Strength (Superwoman Schema). Participants consistently revisited what it means to "be strong," reflecting on how they were raised to handle everything without complaint. Strength was described not as empowerment, but as expectation—something inherited, modeled, and sometimes weaponized. Their body language told the story as much as their words: clenched jaws, shoulders pulled tight, or mimicking the act of "lifting" a heavy weight. In these moments, it became clear that redefining strength was not just an individual task but a collective act of reclaiming their humanity. Participants were clear that the traditional expectation of being "the strong one" had followed them from childhood into adulthood. Many spoke about being groomed early to carry responsibility for others, such as siblings, parents, and entire family systems. As one participant noted, the example she learned was "losing self to make sure everyone else was okay," while another stated, "Being strong is for other people's comfort." These narratives reflect a transgenerational model in which strength functions as a protective strategy for others, often at the expense of personal well-being. Nonverbal cues reinforced this weight: women leaned back, rolled their shoulders, or mimed lifting heavy loads when speaking about how much they carry. As one participant said, "I did not ask to be the strong one, they just handed it to me." Across

the group, strength was being redefined—not as doing everything alone, but as knowing when to rest, ask for help, and release inherited expectations.

Participants described an evolving understanding of strength that moves away from silent endurance and constant productivity toward vulnerability, rest, and self-grace. For example, Susie reflected, "I am strong but tired," and "Being strong is for other people's comfort," explaining that strength often serves others rather than the self. Leslie connected these expectations to generational modeling, saying, "My mom would have never..." followed by, "She ran herself into the ground... did way too much... broke all the way down." Susie expressed empowerment through encouragement: "Telling others, 'your wings work.'" These reflections illustrate the shifting meaning of strength among participants.

Theme 2: Boundaries as Survival. The women spoke about boundaries with a mixture of exhaustion, conviction, and hard-earned clarity. Many described reaching a point in their lives where they realized that saying "no" was not an act of disrespect or abandonment, it was an act of protection. As they reflected on moments when they finally established boundaries with family members, workplaces, or intimate partners, participants leaned back in their chairs, exhaled loudly, or exchanged affirming nods with one another. Their collective body language communicated what their words confirmed: boundaries had become a form of survival. For many, this learning came late. Participants shared that they were raised in families or church environments where boundaries were equated with selfishness, disrespect, or a lack of gratitude. As adults, this socialization translated into patterns of chronic over-responsibility exhibited as being accessible to everyone, at all times. Women discussed feeling emotionally exhausted from attending to family crises, showing up at work even when unwell, or being the "fixer" in every relational space they entered.

When the conversation turned to boundary-setting, their posture shifted. Some sat upright.

Short, powerful phrases emerged from the group: Megan, "No is a whole sentence by itself." Kim, "You cannot be strong without boundaries." Faye captured the urgency plainly: "It takes us to change...they sit back in comfort, meanwhile our bodies are responding in ways we cannot sustain." Susie, "You cannot be everything to everybody." Across the group, boundaries were framed as a necessary strategy for resisting burnout, interrupting generational over-functioning, and reclaiming emotional bandwidth. Boundary-setting, for them, was both deeply necessary and emotionally complex—a form of self-preservation that required unlearning the belief that their worth was tied to self-sacrifice.

Theme 3: Generational Pressure and Expectations. This theme surfaced in layered ways: pressure to excel, pressure to be the one who "breaks the cycle," pressure to carry the family forward, and pressure to achieve what previous generations could not. Participants described these expectations as both a privilege and a burden. Their stories connected childhood messages, adult responsibilities, and the unspoken fear of "letting everyone down." These narratives were delivered with tight smiles, long pauses, and gestures that symbolized carrying something heavy, signaling both pride and fatigue. Participants spoke candidly about the weight of being the "responsible daughter," "the one who made it," or "the one everyone calls." This generational pressure was described as something inherited or passed down. Carla said, "I was the first to get all of these degrees, but I came from a long line of strong women, my great mother, my grandmother and my mama." Many of the women sharing watching how the women in their family did things and it felt like a "heavy burden."

Women expressed frustration with being expected to fix family issues, manage crises, or financially rescue loved ones. Their tone often grew firmer during these discussions, reflecting both fatigue and clarity. Participants emphasized the inherited pressure to excel, carry family

responsibility, and uphold generational progress. One participant described what she called a “super cape backpack expectation” from her parents, capturing the sense of being equipped and required to carry everyone else’s burdens. This metaphor illustrates how strength was socialized as obligation rather than choice.

Susie stated, "None of us would be where we are without the first," capturing gratitude while acknowledging the weight placed on successors. BobbiJo described the emotional burden of comparison, sharing, "Internalized pressure... feeling like I fall short." Leslie’s account of her mother’s exhaustion reinforced how generational expectations shape internalized standards of strength, sacrifice, and responsibility. She described her mother as someone who “never took vacations” and “did way too much,” ultimately “breaking herself all the way down.” Leslie shared that her mother is now living with dementia, reflecting on the long-term physical and emotional toll of sustained overexertion. This theme represents the emotional labor of fulfilling roles that were never openly agreed upon.

Theme 4: Cultural Language for Mental Health Strain. None of the women used clinical terms like depression or anxiety. Instead, they used culturally rooted language such as "crash out," "snap," "have a nervous breakdown," and "lose my mind" to describe the emotional toll they were carrying. These phrases held both meaning and urgency, signaling suffering long before a formal diagnosis would ever be named. When these moments were shared, the group responded with quiet agreement, murmured affirmations, and deep sighs—reflecting a shared understanding of the mental and emotional weight Black women often carry in silence. These phrases carried deep meaning, representing moments when the mind and body could no longer tolerate accumulated stress. As women shared these experiences, tight smiles, knowing nods, and long pauses indicated shared recognition. Mental health struggles were present but expressed through the language of

survival rather than clinical terminology. Participants used culturally rooted terms to describe emotional overload. Jenny and BobbiJo explained feeling pushed beyond limits: "Pushing past your threshold." Megan described psychological distress as something that can "make you think you are going crazy." These expressions reflect emotional overwhelm and fear of reaching a breaking point.

Theme 5: Grief, Shame, Guilt, and Grace. This theme surfaced when women described the emotional aftermath of always being strong. Many acknowledged grieving the versions of themselves they abandoned to meet expectations. Participants spoke tenderly about the grief woven through their lives—grief for what they endured, what they lost, and what they were expected to be. Shame and guilt arose when they discussed resting, saying no, or prioritizing their own needs. Shame and guilt also emerged when discussing moments of vulnerability or perceived failure, often accompanied by lowered gazes or tightened voices.

This theme reflected deep emotional complexity and the healing that comes from naming these feelings in community. Grace also surfaced, extended to themselves, their mothers, other Black women, and the generations before them who survived without support or the language to describe their burdens. This emotional layering reflects the complexity of healing while still navigating daily stressors. Participants described cycles of emotional burden shaped by familial and societal expectations. Carla said, "There is a difference between guilt and conviction, and learning the difference." Susie emphasized self-compassion through "giving self-grace." BobbiJo shared the pain of internalized self-blame: "I internalize it as me... it must be me. I do not attribute it to being Black. It must be because I did not say it right." These reflections demonstrate how shame and guilt are internalized and how grace becomes a necessary counterbalance.

Theme 6: Being the First or Only (RIP). Experiences of being "the first" or "the only" in professional, academic, or family spaces (being "the first" in their families to attend college, achieve professional success, or reach leadership roles) were described with unmistakable weight. Participants leaned forward, spoke firmly, or paused to steady themselves as they described constantly having to prove their worth, represent others, or endure isolation. Others spoke about being "the only" Black woman in their workplace, department, or team. Susie stated, "It is heavy being the first or the only... having to hold a spirit of excellence." Megan "the stress was so much, it got to the point that I thought I was losing my mind." Mary said, "How authentic can I be ...I am always having to be careful." These experiences heightened their need to prove competence, work harder, and anticipate scrutiny. Nonverbal cues such as a forward-leaning posture, direct eye contact, and a firm tone reflected the seriousness of navigating these spaces. This aligns closely with Racialized Impostor Phenomenon (RIP), where external expectations create internal doubt. These stories revealed the RIP (high achievement paired with heightened scrutiny) that shapes so much of Black women's success.

Participants described racial scrutiny, hypervisibility, and pressure to perform. Mary shared, "People come phishing for me, to see what kind of Black person I am." Carla added, "Learning that there is no implicit bias — it is intentional." Another participant described systemic inequity, stating, "Having to be overqualified for the title or job." Paula emphasized reclaiming dignity: "Stand on your name and your merit." Jenny noted that she modified herself for acceptance: "Overachieve... keeping degrees... making my aesthetic more palpable." These quotes capture the lived reality of RIP.

Theme 7: Health as a Living Witness. Health concerns emerged as a theme marked by fear, trauma, and lived reality. Participants described physical consequences of stress, including

exhaustion, burnout, disrupted sleep, and hypertension. Jenny's "threshold" narrative and Leslie's story of her mother's decline highlight the relationship between emotional and physical strain. One participant said that “ the weight you carry may show up physically, it is not always mentally or emotionally. It shows up in ways like eating too much or not exercising...our bodies are responding in ways that we can't sustain.”

They shared stories of personal cancer scares such as thyroid cancer and breast cancer scares, in addition to watching mothers, grandmothers, or aunts develop diabetes, hypertension, chronic illnesses, strokes, or dementia. Conversations around early death in the family brought visible heaviness into the room: lowered shoulders, long silences, and tears held back. These health narratives were intertwined with stress, caregiving, and the burden of being strong for everyone else, revealing how generational trauma and systemic inequities show up in the body. Women described watching strong Black women in their families "push through" until their bodies gave out, signaling the consequences of carrying multiple burdens without care or support. Health was not abstract; it was generational, visible, and urgent.

Together, these themes create a collective narrative of Black women redefining strength, naming their suffering in culturally grounded ways, confronting generational expectations, and acknowledging the real health consequences of carrying too much for too long. This narrative directly informs the development of a culturally responsive support group curriculum rooted in rest, boundaries, emotional expression, and communal healing.

Evaluation of the Outcomes

The outcomes of this project both confirm and extend the literature reviewed in section one regarding the psychological, relational, and physiological implications of Superwoman Schema (SWS) and Racialized Impostor Phenomenon (RIP) in the everyday lives of African American

women. These themes did not emerge in isolation, instead, they surfaced through stories, body language, exhaustion, and moments when women finally felt safe enough to name what they had been carrying. Interpreted through the conceptual frameworks outlined in section one, the findings reflect both the weight of these constructs and the ways Black women are actively resisting them.

Participants' reflections on "being raised to be strong" align with Woods-Giscombé's (2010) conceptualization of SWS, particularly the dimensions of emotional suppression and perceived responsibility for others. Women traced these expectations back to childhood, describing strength as something defined for them rather than by them. This reinforces Abrams et al.'s (2014) framing of strength as both cultural inheritance and psychological burden. These findings extend this literature by illustrating how these expectations are internalized from early modeling. This suggests that SWS may serve as a formative identity subconsciously interrogated as a coping strategy. Although boundaries are not formally articulated as a dimension of SWS, participants' persistent struggle to set limits with family, work, and partners suggests that boundary erosion may operate as a behavioral expression of the schema. Their narratives echo Harrington et al.'s (2020) findings that self-neglect becomes normalized when endurance is culturally rewarded. This study builds on that work by demonstrating how difficulty setting boundaries is not simply interpersonal but deeply tied to identity expectations and moralized notions of strength. This finding indicates a potential area for theoretical refinement within SWS frameworks.

Women also described carrying not only their own responsibilities but the expectations of mothers, grandmothers, and entire family systems. This reinforces Leath et al.'s (2023) findings regarding the transmission of strength narratives through maternal modeling and cultural storytelling. However, the current findings add nuance by revealing emotional ambivalence simultaneous pride in ancestral resilience and fatigue from sustaining generational advancement

without reciprocal support. This duality highlights the psychological complexity of inherited strength and deepens our understanding of how intergenerational expectations become embodied strain. Notably, participants did not rely on clinical language such as depression or anxiety. Instead, they described distress through culturally grounded expressions such as “crash out,” “nervous breakdown,” and “lose my mind.” This aligns with prior research suggesting that Black women often articulate suffering through metaphor or functional descriptions rather than DSM-based terminology. These findings extend Erving et al.’s (2024) quantitative work linking SWS to rumination, sleep disruption, and emotional overload by situating those outcomes within culturally meaningful language. The data suggest that culturally rooted terminology functions as a legitimate emotional lexicon rather than a deviation from clinical expression, reinforcing the need for culturally responsive assessment models.

Participants’ discussions of grief, shame, guilt, and grace further deepen the literature on emotional silencing. While existing scholarship addresses emotional suppression as a defining feature of SWS, less attention has been given to how unprocessed grief accumulates beneath that suppression. The women’s narratives illustrate how grief becomes privatized, internalized, and layered across life stages. This contribution broadens the emotional landscape associated with SWS and underscores the necessity of communal spaces for processing loss. The women’s experiences of being the first in their family or the only Black woman in professional spaces strongly align with emerging scholarship on Racialized Impostor Phenomenon and “onlyness” (Cokley et al., 2024; Joshi et al., 2024). Participants described hypervisibility, anticipatory vigilance, and internalized pressure to perform flawlessly, not merely for themselves but as representatives of Black womanhood. These findings reinforce RIP as a distinctly racialized experience and further suggest that SWS intensifies impostor feelings by discouraging visible

doubt or vulnerability. Together, these constructs appear to operate synergistically, compounding psychological strain.

Participants also discussed health through lived, family-based narratives, including cancer scares, chronic illnesses, dementia, and patterns of early death. These accounts strengthen Woods-Giscombé et al.'s (2022) findings regarding the physiological consequences of SWS while extending the literature by illustrating how health fears become intergenerational trauma. Illness was not described as random, but as the embodied cost of “carrying too much for too long,” linking stress exposure to narrative inheritance and family memory. The intersection of SWS and RIP emerged as particularly compelling. Even when women recognized emotional exhaustion or self-doubt, the expectation to remain strong often prevented help-seeking or visible vulnerability. This finding aligns with Harrington et al.'s (2020) work on emotional suppression but adds depth by demonstrating how racialized performance pressure reinforces silence. The interaction between these constructs suggests a mutually reinforcing cycle of endurance, invisibility, and self-monitoring.

The purpose of this project was to develop a culturally grounded, community-based intervention specifically designed to address the intersection of SWS and RIP. While existing scholarship documents the psychological and physiological implications of these constructs, fewer studies translate those findings into structured healing spaces. The present findings directly support the necessity of such an intervention. Participants expressed exhaustion, grief, health concerns, and a longing for culturally safe spaces where vulnerability is not interpreted as weakness. These insights validate the development of a curriculum centered on rest, boundaries, communal processing, and intergenerational healing.

One of the most powerful and unexpected findings was participants' fierce desire to interrupt generational patterns of overextension. Women spoke with clarity and conviction about redefining strength and intentionally asking themselves, "What does it look like for me?" This emerging shift from automatic self-sacrifice toward intentional boundary-setting and self-definition suggests the possibility of intergenerational transformation. While prior research acknowledges the transmission of strength narratives (Abrams et al., 2014; Woods-Giscombé, 2010), the explicit commitment to disrupt those narratives represents a forward-facing evolution not heavily emphasized in existing scholarship. This finding positions Black women not only as carriers of resilience but as active architects of redefinition.

Collectively, these outcomes confirm that SWS and RIP are deeply intertwined constructs that intensify psychological, emotional, and physiological strain among African American women. More importantly, the findings demonstrate that these women are not passive recipients of inherited expectations but are actively interrogating and redefining them. By translating lived experience into a structured support group curriculum, this project bridges theory and practice, contributing to the field that rest in conceptual refinement and applied innovation.

Action Plan

The question guiding the focus of the project was what insights could be gathered from African American women experiencing transgenerational Superwoman Schema (SWS) and Racialized Impostor Phenomenon (RIP) to inform the development of a culturally relevant support group curriculum. The findings directly shaped the development and implementation plan for the curriculum *She Is Strong, But She Is Exhausted*, created within a Participatory Action Research (PAR) framework to ensure that participant voice, embodied expression, and culturally rooted language were not simply included, but foundational to the structure of the intervention.

Grounded in Womanism and Social Psychology, the curriculum responds to a growing body of scholarship documenting the psychological and physiological costs of SWS (Woods-Giscombé, 2010; Woods-Giscombé et al., 2022) and the racialized dimensions of Impostorism (Cokley et al., 2024). While existing research identifies and measures these constructs, fewer studies translate them into structured, culturally safe healing spaces designed specifically for African American women. This curriculum addresses that gap by transforming the seven emergent themes into an integrated, relational intervention model that centers identity, intergenerational narrative, and embodied stress. The sequencing of the curriculum mirrors the arc described by participants. It begins with redefining inherited strength and interrogating narratives that equate endurance with worth. Through reflective dialogue, narrative reframing, and self-compassion practices, participants are invited to expand their definitions of strength to include rest, vulnerability, and self-preservation. The curriculum then addresses boundary-setting not as a surface-level communication skill, but as a culturally complex act of resistance.

Intergenerational expectations are explored through exercises that distinguish honoring ancestral resilience from perpetuating unsustainable sacrifice. Culturally rooted expressions of distress are validated and connected to psychoeducation on rumination, burnout, and emotional regulation, without privileging clinical terminology over lived language.

Subsequent components address shifting and racialized hypervisibility, drawing from scholarship on “onlyness” and Racialized Impostor Phenomenon (Cokley et al., 2024; Joshi et al., 2024). Participants are guided to externalize systemic pressures and critically examine internalized self-doubt, reframing impostor feelings as contextually shaped rather than personally deficient. The curriculum culminates in an embodied focus on health, and SWS-related physiological strain (Woods-Giscombé et al., 2022). Mind–body awareness and rest practices are intentionally framed

as acts of resistance to chronic stress rather than indulgence. The curriculum will be piloted in a small-group format (6–10 participants) within community, clinical, or faith-based settings serving African American women. Sessions will include grounding practices, guided reflection, research-informed psychoeducation, collective meaning-making, and integration exercises. Consistent with PAR principles (Mertler, 2024; Vaughn & Jacquez, 2020), participant feedback will remain central, shaping ongoing refinement of the curriculum.

Following pilot refinement, partnerships will be cultivated with sororities, churches, and culturally centered organizations to expand accessibility and reduce stigma around mental health engagement. A facilitator manual and participant workbook will support scalability while preserving the curriculum's cultural integrity. In this way, the Action Plan bridges theory and practice, translating participant-informed insight into sustainable, community-rooted intervention.

The structure of the curriculum directly reflects the thematic architecture that emerged from the women's stories. The modules are not organized as isolated topics; they follow the lived progression participants described beginning with inherited definitions of strength, moving through boundary erosion and generational pressure, naming emotional silencing and shifting in racialized spaces, confronting impostor experiences, and ultimately acknowledging the embodied health consequences of carrying too much for too long. This sequencing is intentional. It allows participants to move from awareness to interrogation, from interrogation to reframing, and from reframing to meaningful behavioral and relational change. Each module weaves together participant language, embodied expression, and relevant scholarship so that the curriculum remains theoretically grounded while deeply culturally responsive. What follows is an explanation of how each emergent theme was translated into structured, applied intervention.

Module One: Redefining Strength

This module centers on disrupting inherited narratives that equate strength with silence, emotional suppression, and constant self-sacrifice. This module invites participants to explore the origins of their definitions of strength, how these definitions have been reinforced across family, community, and professional contexts, and the personal costs of sustaining them. The approach emphasizes critical reflection and narrative reframing, encouraging participants to redefine strength in ways that include rest, vulnerability, and self-compassion.

Module Two: Boundaries as Survival

This module focuses on boundary setting as a culturally complex and emotionally charged process, rather than a simple interpersonal skill. Drawing from participants' descriptions of guilt, fear, and backlash associated with saying "no," this module explores boundaries within family, work, and community roles. Participants examine how over-functioning is rewarded and expected, and how boundaries function as a form of resistance, self-preservation, and health protection.

Module Three: Generational Pressure and Expectations

Generational pressure and expectations address the intergenerational transmission of responsibility, resilience, and emotional labor. This module creates space to examine birth order, family roles, and unspoken expectations placed on African American women to "hold it together" for others. Participants are encouraged to distinguish between honoring their ancestors and perpetuating patterns that compromise their own well-being, using reflective exercises that acknowledge both their legacy and loss.

Module Four: Culturally Rooted Expressions of Mental Distress

Culturally rooted expressions of mental distress validates culturally rooted expressions of emotional pain and overwhelm. Rather than privileging clinical terminology, this module affirms

language such as “crashing out,” “snapping,” or “losing my mind” as meaningful indicators of distress. The approach reduces stigma, increases accessibility, and supports emotional literacy by bridging participants’ lived experiences with a broader understanding of stress, burnout, and mental health, without pathologizing their experiences.

Shifting: How We Adjust Ourselves to Survive and Succeed. This half-module provides space for participants to identify when and where they shift, examine the emotional and psychological costs of sustained self-monitoring, and explore moments of authenticity without the need for performance. Framing shifting in this way allows the curriculum to acknowledge its significance while maintaining conceptual clarity and balance across modules.

Module Five: Being the First or the Only

This module centers the cumulative and often unacknowledged grief carried by African American women. This includes grief related to loss of loved ones, health scares, unmet needs, lost opportunities for rest, and identities shaped by survival. This module emphasizes collective witnessing, self-forgiveness, and grace, allowing participants to release internalized blame and acknowledge the emotional weight they have carried alone.

Module Six: Racialized Impostorism & Overqualification

This module directly addresses Racialized Impostor Phenomenon by examining visibility, hyper-surveillance, and performance pressure in predominantly White or male-dominated spaces. Participants explore how self-doubt is often a rational response to systemic inequity rather than a personal deficit. The module emphasizes externalization of oppression, affirmation of earned competence, and community validation as protective factors.

Module Seven: Health Consequences: The Body Remembers

This module integrates participants’ discussions of chronic illness, cancer scares, early

death, and family health histories. This module connects prolonged stress, racism, caretaking burdens, and Superwoman expectations to physical health outcomes. The approach emphasizes mind–body awareness, early warning signs, rest as intervention, and preventive self-care as acts of resistance and survival.

Ultimately, this Action Plan represents more than curriculum development; it reflects the lived experience of Black women translated into culturally grounded intervention. By centering intergenerational strength narratives, racialized performance pressure, and embodied stress within a unified framework, this project contributes conceptual clarity and applied innovation to the field. It positions African American women not merely as subjects of study, but as co-creators of healing structures designed for their survival and flourishing.

Implications and Recommendations for Practice

The findings of this doctoral project provide meaningful guidance for mental health practitioners, counselor-training programs, and community-based organizations that support African American women navigating the complex pressures of the Superwoman Schema (SWS) and the Racialized Impostor Phenomenon (RIP). These recommendations are grounded in the voices of women, connected to existing literature, and intentionally framed within the cultural context shared during the focus group. While the sample size limits broad generalization, the insights provide a strong starting point for culturally responsive interventions.

Participants rarely used clinical terms such as depression or anxiety. Instead, they said things like: "I am about to crash out," "I feel like I am going to lose my mind," "I almost snapped," and "I had a nervous breakdown." This confirms Woods-Giscombé's (2010) argument that emotional pain among Black women is often communicated through culturally coded expressions.

Clinicians should ask clients how they describe emotional overwhelm in their own words and integrate that language into assessment and treatment planning. This supports rapport, cultural humility, and accurate conceptualization. Participants described redefining strength, resisting over-functioning, and unlearning childhood messages of endurance. This aligns with Abrams et al. (2014), who frames intergenerational pressure as both cultural inheritance and psychological burden. Therapists should incorporate boundary-setting work, helping clients distinguish between strengths that sustain and those that sacrifice. Mind-body approaches (e.g., grounding, rest-based interventions) can counter the internalized mandate to "keep going" even when suffering.

Women discussed health through the lens of family history including cancer, thyroid concerns, strokes, diabetes, dementia, and early death. This reflects research linking SWS with chronic illness and physiological wear (C. L. Erving, Zajdel et al., 2024; Woods-Giscombé et al., 2022). Susie shared her experience with breast cancer, saying that she “did not want to ask for help or take time off work.” Clinicians should integrate psychoeducation on stress physiology and encourage preventive health behaviors without pathologizing. Collaborative care with medical providers may be a suitable approach.

Participants described being the first or only person of color in professional spaces, echoing K. Cokley, Parker, et al.'s (2024) racialized Impostor framework. They often felt hyper visible and accountable for representing all Black women. Clinicians can help normalize RIP experiences and assist clients in externalizing systemic pressures rather than internalizing them as personal inadequacy. Narrative therapy, affirmation work, and culturally affirming group spaces can help reduce feelings of isolation. Model reflective practice and cultural humility. Given the emotional silencing observed in participants' stories, clinicians must demonstrate reflexive awareness of their assumptions and the power dynamics present in clinical relationships.

Supervisors should incorporate structured reflection, journaling, and dialogue around race, gender, and strength narratives into training.

The participants overwhelmingly spoke about the relief they felt being among Black women who understood them without lengthy explanations. This confirms the findings of Anyiwo et al. (2022), who highlight the importance of culturally anchored support networks. Sororities, faith communities, civic groups, and women's organizations can host peer-led circles, wellness groups, or storytelling events that enable Black women to experience connection without the pressure of performance. Additionally, the participants expressed a desire to break the cycle of pressure on daughters, nieces, and younger women. This mirrors findings from Leath et al. (2023) on identity transmission within Black families. Programs can include mentor-mentee pairings, mother-daughter workshops, or community storytelling events to help younger generations reframe the concepts of strength and vulnerability. While these recommendations align closely with participants' experiences and established research, they should be applied thoughtfully. The findings are based on a single focus group of African American women in a specific region. The recommendations may not capture the full range of experiences for Black women across class, region, faith tradition, sexual orientation, or military background. They serve as a culturally grounded starting point, not a universal template.

Recommendations for Future Projects/Research

Future scholars can build upon this project by expanding its scope, depth, and diversity of participants to gain a deeper understanding of the many layers of the Superwoman Schema (SWS) and the Racialized Impostor Phenomenon (RIP) among African American women. While this project laid an important foundation, the focus group identified areas that warrant further exploration. Due to time constraints and the storytelling nature of how Black women naturally

converse, the group was not able to fully explore how romantic and intimate relationships shape SWS and RIP. There was a moment during the focus group when I noted that participants had spoken extensively about their experiences as parents, both to children and adult children, and even as caregivers to their own parents, but had offered far less about their romantic relationships. When I named this observation, the entire group erupted in laughter. Several women jokingly stood up as if to leave, one participant remarked that there was not enough time, and another commented that the group would need an additional two hours to discuss that topic.

Although less time was spent discussing romantic partnerships, both married and divorced participants offered examples of how strength expectations appear in intimate relationships, particularly in the areas of caregiving, communication, boundary-setting, and emotional labor. The single women did not share personal examples but affirmed the experiences of those who did. Future research should intentionally carve out space to examine how relationship status, attachment dynamics, and partner expectations intersect with strength, boundaries, and mental health. This would help broaden understanding beyond the limited glimpses offered in this project.

A veteran in the group expressed curiosity about how SWS and RIP present for African American women veterans, especially given the additional demands of military culture, reintegration challenges, and trauma exposure. Her comment surfaced the need for future projects that explore the experiences of Black women across varying socioeconomic statuses, levels of education, occupational backgrounds, and access to mental health resources. Including women who may not share the same educational or professional privileges can help scholars uncover how structural barriers influence strength narratives, mental health language, and help-seeking behavior. Because this project relied on a single, regionally specific focus group, transferability is naturally limited. Future scholars could replicate this project across different cities, states, or

community settings to compare experiences and identify patterns that may be consistent or vary across regions. Multi-site designs can also enhance dependability by demonstrating whether these themes emerge in other cultural and demographic contexts.

This project highlighted a powerful desire among participants to "do it differently" for their daughters, nieces, and younger female relatives. Future studies could specifically compare how SWS and RIP show up across generations. For example, scholars could investigate whether Gen Z and Millennial women are redefining strength in ways that diverge from the expectations placed on Gen X women or Baby Boomers. This line of inquiry could deepen our understanding of how cultural shifts, mental health openness, and social media influence the formation of a strong identity. The next logical step is a formal evaluation. After piloting the curriculum, future scholars should measure its impact using both qualitative and quantitative methods. This could include assessing reductions in self-silencing, impostor feelings, boundary violations, and stress symptoms, as well as increases in rest practices, emotional expression, and self-compassion. Validating the curriculum empirically will help strengthen its credibility and support broader dissemination.

Conclusions

This doctoral project examined how African American women experience Transgenerational Superwoman Schema and Racialized Impostor Phenomenon and how these lived realities could inform the development of a culturally grounded support group curriculum. Using a participatory action research approach, 11 African American women engaged in a focus group that generated seven central themes: redefining strength; boundaries as survival; generational expectations; culturally rooted language for emotional distress; grief, shame, guilt, and grace; being the first or the only; and health realities shaped by chronic stress. These findings

reinforce existing scholarship on the psychological and physiological costs of sustained strength while expanding the literature through culturally specific descriptions of distress and a strong desire to interrupt inherited patterns.

The themes directly informed the development of the curriculum *She Is Strong, But She Is Exhausted*, translating participant narratives into structured areas for healing, boundary-setting, identity restoration, and mind-body awareness. The integration of Womanism and Social Psychology contextualized how historical and structural forces shape internalized expectations of strength, while the lens of shifting illuminated the behavioral and emotional adjustments participants described across settings. Participants' discussions of chronic stress and health concerns further underscored the need for culturally responsive, community-based interventions that address both mental and physical well-being. Although additional research is warranted to explore relational dynamics and broader socioeconomic contexts, this project fulfilled its central aim: transforming lived experience into a practical resource designed to support healing. Ultimately, this work contributes to scholarship advocating for culturally grounded approaches that affirm African American women's complexity, humanity, and right to rest.

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Appendices

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Appendix A: Demographic Survey

Demographic Survey Eligibility Determination

1. What is your full name?
2. What is your email address?
3. What is your telephone number?
4. What is your address?

5. What is your race/ethnicity?

Mark only one oval.

Black or African American

A descendant of a person or persons who were enslaved in the United States.

Not a descendent of a person or persons who were enslaved in the United States, including, but not limited to, African Black, Caribbean Black, or other Black.

Hispanic or Latino

White

Other

6. What is your gender?

Mark only one oval.

I was born and assigned Female at birth

I identify as a woman

Male

Non-Binary

Other:

7. What is your age range?

Mark only one oval.

25-34

35-44

45-54

55-65

66+

8. What is your highest level of education?

Mark only one oval.

Some College

Associate degree (2 years)

Bachelor's degree (4 years)

Master's degree

Doctorate or professional degree (JD, MD)

Other:

9. What is your occupation?

10. Are you a mental health provider?

Mark only one oval.

Licensed Marriage and Family Therapist

Licensed Clinical Social Worker

Licensed Professional Counselor

Psychologist or Psychiatrist

N/A

Other:

11. What is your annual household income?

Mark only one oval.

Less than \$25,000
\$25,000 to \$49,999
\$50,000 to \$74,999
\$75,000 to \$99,999
\$100,000 to \$149,999
\$150,000 or more
Other:

12. What is your marital status?

Mark only one oval.

Married

Widowed

Divorced

Separated

Single

Other:

13. I am a caregiver

Mark all that apply.

I am a parent

I care for a parent

Someone depends on me to meet their needs

Appendix B: Clance Impostor Phenomenon

Clance IP Scale

Permission was obtained to use the Clance Impostor Phenomenon Scale (CIPS) as part of this project. This instrument was utilized to provide contextual insight; however, the full scale is not included in this publication.

Appendix C: Giscombe Superwoman Schema (SWS) Questionnaire

Permission was obtained to use the Giscombe Superwoman Schema Questionnaire (G-SWS-Q) as part of this project. This instrument was utilized to provide contextual insight; however, the full questionnaire is not included in this publication.

Appendix D: Recruitment Email/Letter

My name is Akilah V. Vazquez, LMFT, and I am a doctoral student at National University. I am conducting a research project to gather perspectives, and experiences from African American women or Black women of the African diaspora who are or may have experienced feelings of oppression, racism or genderism related to Impostor Syndrome/ Phenomenon. Or feeling stress or health related issues from the pressure to be a strong Black Woman related to Superwoman Schema.

I am recruiting individuals who meet all these criteria:

1. You are at least 25 years old and no older than 65 years old.
2. You were born and identify as a Woman.
3. You identify as Black, African American, or of the African diaspora.
4. You have completed at least two years of college/university (people who have completed undergraduate and advanced graduate degrees are encouraged to participate).
5. You have some work experience in any profession (mental health professionals are also encouraged to participate).
6. You live in one of the following counties in Northern California: Alameda, Contra Costa, San Francisco, San Mateo, Solano, San Joaquin, Santa Clara, Sacramento, Del Norte, Sonoma, Santa Cruz, Napa, Humboldt, Lake Marin, Mendocino, Monterey, and San Benito.

If you decide to participate in this project, you will be asked to do the following activities:

1. Complete an online demographic survey for approximately 5 minutes.
2. Complete online Clance Impostor Phenomenon Scale for approximately 10 minutes.
3. Complete online Giscombe Superwoman Schema Questionnaire for approximately 20 minutes.
4. Participate in an in person focus group in a public conference room in Concord, CA for 2.5 hours.

During these activities, you will be asked questions about:

- Demographic information including age, race, education, occupation, gender assignment, income
- Feelings of impostor syndrome or feeling like you aren't who people believe you are
- Your experience with racism, oppression, genderism
- Your experience with being a strong black woman, stress and health issues from needing to be strong
- Family and relationship generational patterns of behavior

Participation in this project is completely voluntary and there will be no compensation.

If you are interested in participating in this project, please click this link to access the informed consent and demographic survey: <https://forms.gle/5UtuaUSREQ1YNFa36>

If you have questions, please contact me at a.vazquez4135@o365.ncu.edu or therapywithakilah@gmail.com.

Thank you for considering participating in this voluntary research!

Akilah V. Vazquez, LMFT

Appendix E: Social Media Post

My name is Akilah V. Vazquez, LMFT, and I am a doctoral student at National University. I am conducting a research project to gather perspectives, and experiences from African American women or Black women of the African diaspora who are or may have experienced feelings of oppression, racism or genderism related to Impostor Syndrome/ Phenomenon. Or feeling stress or health related issues from the pressure to be a strong Black Woman related to Superwoman Schema.

I am recruiting individuals who meet all these criteria:

1. You are at least 25 years old and no older than 65 years old
2. You were born and identify as a Woman.
3. You identify as Black, African American, or of the African diaspora.
4. You have completed at least two years of college/university (people who have completed undergraduate and advanced graduate degrees are encouraged to participate).
5. You have some work experience in any profession (mental health professionals are also encouraged to participate).
6. You live in one of the following counties in Northern California: Alameda, Contra Costa, San Francisco, San Mateo, Solano, San Joaquin, Santa Clara, Sacramento, Del Norte, Sonoma, Santa Cruz, Napa, Humboldt, Lake Marin, Mendicino, Monterey, and San Benito.

If you decide to participate in this project, you will be asked to do the following activities:

1. Complete an online demographic survey for approximately 5 minutes.
2. Complete online Clance Impostor Phenomenon Scale for approximately 10 minutes.
3. Complete online Giscombe Superwoman Schema Questionnaire for approximately 20 minutes.
4. Participate in an in person focus group in a public conference room in Concord, CA for 2.5 hours.

During these activities, you will be asked questions about:

- Demographic information including age, race, education, occupation, gender assignment, income
- Feelings of impostor syndrome or feeling like you aren't who people believe you are
- Your experience with racism, oppression, genderism
- Your experience with being a strong black woman, stress and health issues from needing to be strong
- Family and relationship generational patterns of behavior.

Participation in this project is completely voluntary and there will be no compensation.

I invite potential participants to click the link to access the informed consent, demographic survey, and questionnaires (asynchronous), If you are interested in participating in this project, please click this link: <https://forms.gle/5UtuaUSREQ1YNFa36>

If you have questions, please contact me at a.vazquez4135@o365.ncu.edu or therapywithakilah@gmail.com.

Thank you for considering being a participant!

Akilah V. Vazquez, LMFT

Appendix F: Project Flyer



Sign Up

National University FOCUS GROUP PARTICIPANTS NEEDED

The Weight of Strength: The Psychological Impact of Transgenerational SuperWoman Schema and Racialized Impostorism in Black Women



About the Session

Join us for an enlightening research focus group dedicated to understanding the impact of cultural expectations, like the Superwoman Schema and Racialized Impostor Phenomenon, on the mental health and well-being of Black women. Your insights are invaluable in shedding light on these important issues.

Eligibility Criteria

- 25 to 65 years old
- Born and identify as a woman
- Identify as Black, African American, or of the African Diaspora
- Completed at least 2 years of college/university
- Work experience in any field (mental health professionals welcome)
- Live in one of these Northern California counties: Alameda, Contra Costa, San Francisco, San Mateo, Solano, San Joaquin, Santa Clara, Sacramento, Del Norte, Sonoma, Santa Cruz, Napa, Humboldt, Lake, Marin, Mendocino, Monterey, or San Benito

Participation Includes:

- Online demographic survey approx. (5 min)
- Clance Impostor Phenomenon Scale approx. (10 min)
- Giscombe Superwoman Schema Questionnaire approx. (10 min)
- 2.5-hour in-person focus group in Concord, CA (breakfast or lunch will be provided)

Questions?

Email: a.vazquez4135@o365.ncu.edu

About the Researcher
Akilah V. Vazquez, Doctoral Student at National University
Licensed Marriage and Family Therapist (LMFT)

Confidential, Voluntary, Culturally Rooted

*Conducted by National University
IRB Approved | Your privacy and well-being are our priority*



Appendix G: Permission to use Short Clance Phenomenon



Wang, B. (Bo)



To: Akilah Vazquez

Sun 3/16/2025 7:50 AM

Dear Akilah Vazquez,

I appreciate your interest in our research! The CIPS-10 can be freely used for research and educational purposes. However, if, for example, your curriculum will be commercialized, I recommend contacting Clance Pauline Rose, who owns the copyright of the CIPS and CIPS-10.

Let me know if you have any questions!

Bo

Bo Wang, Ph.D. candidate

T [+31 20 59 85363](tel:+31205985363) | b2.wang@vu.nl

Van der Boechorststraat 7, 1081 BT Amsterdam


Monday – Thursday, Room MF B-557

Faculty of Behavioural and Movement Sciences


Department of Experimental and Applied Psychology, <http://www.vupsy.nl/>



Appendix H: Permission to use Giscombe Superwoman Schema Questionnaire

 **Bradford, Andrew** ...


To: Akilah Vazquez
Wed 3/12/2025 12:49 PM

 Giscombe SWS Questionnaire w...
DOCX - 109 KB


You don't often get email from abrad@unc.edu. [Learn why this is important](#)

Thank you!

I have attached the SWS instrument. Please let me know if you have any questions and best of luck with your research!



Andrew Bradford ([he/him](#))
Project Manager
The HARMONY Study
UNC Chapel Hill | School of Nursing
[\(919\) 918-1877](tel:(919)918-1877)



Appendix I: Letter of Ineligibility

Dear [Participant Name],

Thank you for your interest in participating in my research project, “The Weight of Strength: The Psychological Impact of Transgenerational Superwoman Schema and Racialized Impostorism in Black Women”

I appreciate you taking the time to learn about my project and considering your involvement.

After carefully reviewing your information, I regret to inform you that you are ineligible to participate in the research project for one of the following reasons:

- 1. You do not meet the eligibility requirements for the project.**
- 2. The achieved number of participants have been met.**
- 3. The project is closed.**

I understand this news may be disappointing, and I sincerely appreciate your understanding. I encourage you to continue to follow my research, and we hope you will consider participating in future studies where you might be eligible.

Please do not hesitate to contact me if you have any further questions or would like to learn more about the project.

Sincerely,

Akilah V. Vazquez, LMFT

a.vazquez4135@o365.ncu.edu

or therapywithakilah@gmail.com

Appendix J: Focus Group Confirmation Letter

Dear (participant name):

Thank you for your willingness to participate in my focus group. As discussed on the phone, I would like to hear your ideas and opinions about your experience with strong and. You will be in a group with 10 to 12 other African American Women. Your responses to the questions will be kept anonymous. Participation in this project is voluntary, and there will be no compensation. A lunch will be provided at the focus group. There should be no fees associated with your participation; if parking fees are incurred, they will be reimbursed.

The date, time, and place are listed below. Please look for signs once you arrive directing you to the room where the focus group will be held.

DATE TIME PLACE If you need directions to the focus group or cannot attend for any reason, please call me at xxx-xxx-xxxx. Otherwise, I look forward to seeing you.

Sincerely,

Akilah V. Vazquez, LMFT

a.vazquez4135@o365.ncu.edu

or therapywithakilah@gmail.com

Appendix K: Focus Group Guide

Preparation

- Secure a location that will be comfortable for the specific group.
- Once a group of viable participants has been established, call each one to confirm interest and availability. Give them the times and location of the focus group and secure verbal confirmation.
- Tell them I will email them a written confirmation and call to remind them two days before the scheduled group. Over-invite in anticipation of a no-show.
- Set up the room for 8 people to 10 women plus a moderator. Check-in participants, including verifying identification and providing name tags and refreshments.
- The research assistant will ensure that video recorders are set up to record and set up microphones around the participants.
- Plan for a break after an hour for 15 minutes.

Introduction

- Set the tone for the focus group. Introduce myself, provide my background, and explain the purpose of the event: Explain that the purpose of the focus group is to understand perspectives on the issue for this population.
- Review confidentiality: Explain that we have recorders because I want to capture their experiences and ideas and that everything said is confidential. Ask participants not to share what others have discussed with people outside of this group.
- Length of the focus group: Reiterate the agenda and time boundaries of the focus group, including any planned breaks.

Ground Rules

- There are no right or wrong answers. I am interested in all opinions and perspectives on the needs of our community.
- You do not have to agree with everyone else in this room if that is not how you feel. People will have different views on these questions.
- I want you to feel comfortable saying good and critical things. We are not here to promote a particular way of thinking. I want to understand all viewpoints.
- I ask that one person speak at a time.
- Turn off cell phones if possible.

Proposed questions

- 1) What does it mean to you to be strong?
- 2) What is a Strong Black Woman/Black Superwoman?
- 3) How do you relate to the term Strong Black Woman/Black Superwoman
- 4) How has being a Strong Black Woman/Black Superwoman served you?
- 5) What does it mean for you When I say the word stress?

- 6) What causes stress in your life?
- 7) How do you cope with stress?
- 8) How did you see the women in your family (e.g., mothers, grandmothers) cope with stress?"
- 9) Did you ever feel different because of any aspect of your identity/race/culture?
- 10) When did you start noticing that? What were the messages you received around that difference?
- 11) Have you ever been misjudged, misunderstood, held back, harmed, or physically assaulted because of any aspect of your identity/race/culture? If so, was action taken to validate, rectify, or repair what happened?
- 12) With whom did you feel safe to share what happened?
- 13) What knowledge, skills, empowerment, or pride have you developed in resisting subordination and oppression?
- 14) How did you continue navigating challenges associated with your identity/race/culture during your most challenging times?
- 15) What do you think would be important in the development of a curriculum for supporting women dealing with these two topics? What topics that lead to change should be included?

Closing

Thank the participants for sharing their experiences and perspectives. Spend 15 minutes debriefing. End with an opportunity for participants to ask questions if time permits. Recording stops when all participants have left the space.

Appendix L: Consent Form

My name is Akilah V. Vazquez, a doctoral student at National University. I also hold a role as a Licensed Marriage and Family Therapist.

I am asking you to take part in a research project about African American women or Black women of the African Diaspora who are or may have experienced feelings of oppression, racism, or genderism related to Racialized Impostor Syndrome/ Phenomenon or feeling stress or health-related issues from the pressure to be a strong Black Woman related to Superwoman Schema. The name of this research project is “The Weight of Strength: The Psychological Impact of Transgenerational Superwoman Schema and Racialized Impostorism in Black Women.”

You may participate in this research project if you meet all the following criteria:

1. You are at least 25 and no older than 65.
2. You were born and identify as a Woman.
3. You identify as Black, African American, or of the African Diaspora.
4. You have completed at least two years of college/university (people who have completed undergraduate and advanced graduate degrees are encouraged to participate).
5. You have work experience in any profession (mental health professionals are also encouraged to participate).
6. You live in one of the following counties in Northern California: Alameda, Contra Costa, San Francisco, San Mateo, Solano, San Joaquin, Santa Clara, Sacramento, Del Norte, Sonoma, Santa Cruz, Napa, Humboldt, Lake Marin, Mendocino, Monterey, and San Benito.

I hope to have a group of 8-10 women in this research project.

Please read this form carefully and ask any questions you may have before agreeing to take part in the project.

What you will be asked to do: If you agree to be in this project, you will be asked to do the following activities:

1. You will complete an online demographic survey for approximately 5 minutes.
2. You will complete online Clance Impostor Phenomenon Scale for approximately 10 minutes.
3. You will complete online Giscombe Superwoman Schema Questionnaire for approximately 10 minutes.
4. You will Participate in an in-person focus group in a public conference room in Concord, CA, for 2.5 hours.

During these activities, you will be asked questions about:

- Demographic information including age, race, education, occupation, gender assignment, income
- Feelings of Impostor Syndrome or feeling like you are not who people believe you are
- Your experience with racism, oppression, genderism
- Your experience with being a strong black woman, stress, and health issues from needing to be strong
- Family and relationship generational patterns of behavior

Risks:

Some possible risks include emotional, physiological, or psychological discomfort. To decrease the impact of these risks, you can skip any question you do not wish to answer, skip any activity, or stop participation at any time.

SPECIAL NOTE: if at any point following the focus group you experience any mental or emotional distress, please reach out to one of the following resources:

[Crisis Counselor \(Call\)](#) – National Suicide Prevention Lifeline (call or text 988)

[Crisis Counselor \(Text\)](#) – Crisis Text Line (Text HOME to 741741)

Benefits: If you participate, there are no direct benefits to you. This research may increase the body of knowledge in the subject area of this research.

Recording:

I want to video/audio record your responses with a video camera during the focus group. The recording will be reviewed for data analysis. All recordings and data will be stored in a confidential, password-protected external USB-C SSD drive.

Mandated Reporting:

My professional role outside of NU as a Licensed Marriage and Family Therapist requires me to report suspicion of child or elderly abuse, suspicion of possible harm to self or others, and committed crimes to the appropriate authorities.

Confidentiality: I will keep the records of this project private and take reasonable measures to protect the security of all your personal information. Criteria number 6 will be omitted from the final report to maintain confidentiality. In any report I make public, I will not include any information that will make it possible to identify you. I will use pseudonyms and codes to encrypt and secure the data. If I use an assistant, they will sign a confidentiality form.

Taking part is voluntary: Participation in this project is entirely voluntary. You may withdraw from the project at any time prior to the project being published.

Please ask any questions you have now. If you have questions later, contact me at a.vazquez4135@o365.ncu.edu or therapywithakilah@gmail.com.

If you have any questions or concerns regarding your rights as a subject in this doctoral project, you may contact the Institutional Review Board (IRB) via email at irb@nu.edu

Appendix M: Non-Disclosure Confidentiality Agreement



National University IRB
9338 Lightwave Ave., San Diego, CA 92123
irb@nu.edu

Non-Disclosure/Confidentiality Agreement

I Dominique King will help Akilah V. Vazquez with the research study titled "From Transgenerational Superwoman Schema and Racialized Imposter Syndrome to Healing. The Weight of Strength."

My role will be to help with preparation, facilitation, and completion of the focus group session. This includes setting up, monitoring, and securing all technological equipment (audio recorders, camera, laptop, and backup devices), managing sign-in sheets and participant materials, and maintaining confidentiality throughout the session."

In this role:

1. I will not disclose the names of any participants in the study.
2. I will not disclose personal information collected from any participants in the study.
3. I will not disclose any participant responses.
4. I will not disclose any data.
5. I will not discuss the research with anyone other than the researcher(s).
6. I will keep all paper information secure while it is in my possession.
7. I will keep all electronic information secure while it is in my possession.
8. I will return all information to the researcher when I am finished with my work.
9. I will destroy any extra copies that were made during my work.
10. Other (researcher add items if needed).


Signature

11/01 / 2025
Date


Researcher Signature

11/1/2025
Date

Full contact information of research assistant

Name: Dominique King

Phone: 

Email: 

Appendix N: IRB Approval Letter

This project was reviewed and approved by the National University Institutional Review Board (IRB). All procedures involving human participants were conducted in accordance with established ethical standards. Informed consent was obtained from all participants, and appropriate measures were taken to ensure confidentiality and secure data handling.

Appendix O: Workshop Curriculum

She Is Strong, But She Is Exhausted: Curriculum (Summary Version)

The findings of this doctoral project informed the development of *She Is Strong, But She Is Exhausted*, a healing-centered support group curriculum designed for African American women navigating Transgenerational Superwoman Schema (SWS) and Racialized Impostor Phenomenon (RIP). The curriculum was fully developed as a product of this doctoral project; however, only a summarized statement is included in this appendix. Full curriculum materials are not published within this doctoral manuscript to protect copyright and intellectual property. The complete curriculum may be available upon request for educational or professional review. For inquiries or permission requests, please contact Dr. Akilah V. Vazquez, LMFT at **therapywithakilah@gmail.com**.