

# Staying strong: Exploring experiences of managing emotional distress for African Caribbean women living in the UK

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## Abstract

The “strong Black woman” (SBW) is a Western cultural stereotype that depicts African-heritage women as strong, self-reliant, independent, yet nurturing and self-sacrificing. US research indicates that this stereotype negatively impacts the emotional wellbeing of African-heritage women, while also allowing them to survive in a racist society. UK research has documented the significance of this stereotype in relation to African Caribbean women’s experience of depression around the time of childbirth and “attachment separation and loss”. However, research is yet to explore how UK African Caribbean women make sense of and negotiate the SBW stereotype in relation to their emotional wellbeing more broadly. Using five focus groups, with a total of 18 women, this research explored how these women experienced and managed emotional distress in relation to the SBW stereotype. The importance of “being strong” consistently underpinned the participants’ narratives. However, this requirement for strength often negatively impacted their ability to cope effectively with their distress, leading them to manage it in ways that did little to alleviate it and sometimes increased it. This study offers important implications for understanding the experiences of emotional distress for UK African Caribbean women.

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People of African Caribbean heritage living in the UK have historically faced, and continue to face, social exclusion, racism and socioeconomic inequalities (Keating et al., 2002), all of which have been linked to psychological distress (Lehmiller, 2012). African Caribbean women face additional pressures of sexism, and the intersecting impact of racism and sexism (Collins, 2009). However, little research has explored the needs of UK African Caribbean women around experiences of psychological distress. This is problematic because the small body of research that does exist has found that this group of women commonly report managing such difficulties by trying to “stay strong” (Edge & Rogers, 2005). The need to “stay strong” has been linked to the “strong Black woman” (SBW) stereotype. In this paper, we explore how UK African Caribbean women make sense of and negotiate the SBW stereotype in relation to their emotional wellbeing and experiences of distress.

**The strong Black woman stereotype: Definitions and origins**

The SBW positions African-heritage women as “she-warriors” with an innate capacity to withstand adversity at all times, despite external stressors (Beauboeuf-Lafontant, 2009). Characteristics associated with the SBW are remaining strong and fiercely independent, being self-sufficient and confronting all the trials and tribulations of life unaided by others (Abrams et al., 2014). Furthermore, the SBW must have the capacity to provide unlimited support to her family and others around her, often at the expense of her own needs (Watson & Hunter, 2016).

All women, regardless of their racial or cultural background, are expected to exhibit strength in times of crisis. However, what separates African-heritage women from women of other racial backgrounds is their distinct cultural heritage, including their shared history of transatlantic slavery. Black feminist scholars such as hooks (1981) have dated the origins of the SBW stereotype to North American chattel slavery, in which African-heritage women were forced to endure and survive brutal and barbaric treatment from White slave owners. This created the perception that African-heritage women possessed a superior physical and psychological strength. This perception, however, only served as a justification to continue the inhuman treatment of African-heritage women for decades. Whilst the notion of strength originated from outside of the African American community, for women in this community, strength was also a requisite to survive daily lives filled with violence and brutality. Furthermore, being strong and caring for others

was necessary for community survival, since African American women were responsible for looking after the vulnerable.

### **Implications of the strong Black woman construct**

Several US studies have shown that Black women view the SBW construct positively as a source of encouragement to overcome obstacles and a form of protection against adversity (e.g. Abrams et al., 2014; Watson & Hunter, 2016). At the same time, US scholars have speculated about the negative impact of believing that emotional invincibility is attainable (e.g. Harris-Perry, 2011; Watson & Hunter, 2016). Furthermore, silencing distressing emotions is not ultimately effective for African-heritage women, as it does not relieve or soothe them, but potentially leads instead to a reliance on harmful coping strategies such as excessive drinking (Beauboeuf-Lafontant, 2008).

UK research has documented the SBW stereotype in relation to experiences of depression around the time of giving birth (Edge, 2008; Edge & MacKian, 2010; Edge & Rogers, 2005) and “attachment separation and loss” (Arnold, 2006). Sisley et al. (2011) examined emotional distress for African Caribbean women more broadly, not specifically in relation to the SBW stereotype. “Being strong” was a theme in women’s experiences and the authors briefly mentioned the SBW stereotype and highlighted “a cultural legacy of being strong and hiding distress” (p. 392) as influential in the participants’ beliefs about how personal difficulties should be managed. To our knowledge, there is no research that examines how UK African Caribbean women negotiate and “live around” the SBW stereotype in relation to experiences of emotional distress more broadly. To extend our understanding of how the SBW informs UK African Caribbean women’s experiences of distress, this study explores how these women experience and manage self-identified emotional distress in relation to the SBW ideal. To contextualise this exploration, we briefly discuss how a cultural stigma around psychological distress and beliefs about strength in Black communities complicate the experience of distress for African-heritage women.

### **Black women and psychological distress**

Although there is a (slowly lessening) stigma attached to psychological distress in the UK and globally (Seeman et al., 2016), there is a particularly strong and culturally specific stigma around psychological distress within African Caribbean communities in the UK (Keynejad, 2009). This stigma intersects with institutional racism in “mental health” services to create barriers against African Caribbean people recognising psychological distress and seeking and receiving satisfactory and culturally appropriate support. Keynejad (2009, p. 60) noted that: “The relationship between African and Caribbean communities and mental health services in particular is extremely complex and interacts with the memory of colonial enslavement of Black people.” Furthermore, in part because of SBW discourses,

research in the US and UK suggests African-heritage women view psychological distress as a weakness (e.g. Edge, 2006; Watson & Hunter, 2016). They experience a societal pressure to embody strength and to avoid or eliminate behaviours that conflict with this. Beauboeuf-Lafontant (2007, 2009) found that African American women viewed depression as undesirable, since it conflicted with the SBW construct, and regularly silenced distressing emotions – and did not seek professional help – in order to create a façade of strength (see also Edge & Rogers, 2005). As a result of the stigma associated with psychological distress, UK research also suggests that African Caribbean women have preferred to use private coping strategies as a way of managing their feelings of distress (Edge, 2008; Sisley et al., 2011).

## Method

We used focus groups to gather data from African Caribbean women living in the UK; the data were analysed with reflexive thematic analysis (Braun & Clarke, 2006), used inductively and underpinned by a critical realist onto-epistemology (Maxwell, 2012). We hoped that the solidarity of a group setting would lessen the power of the moderator (RG) to determine and shape the direction of the discussion (Wilkinson, 1998). The group sessions were audio-recorded and ranged in length from 1 hour 18 minutes to 2 hours 39 minutes (see the Supplementary Materials for a fuller discussion). The focus group discussions were transcribed verbatim by a professional transcriber (see Supplementary Materials for the transcription notation).

The research received approval from our Faculty Research Ethics Committee. The British Psychological Society's (2014) Code of Human Research Ethics was adhered to in all aspects of the research.

### *Participants and recruitment*

We assumed that the SBW construct would be meaningful for participants on the basis of the evidence demonstrating the pervasiveness of SBW discourse among African-heritage women and RG's lived experience as a British African Caribbean woman. It was clear from initial discussions with potential participants that the SBW construct, and culturally embedded notions of strength more broadly, were meaningful for the women. In the participant information sheet, RG identified herself as an African Caribbean woman and the focus of the research as on the SBW stereotype:

I am a Black British African Caribbean woman who is interested in the 'strong Black woman' stereotype of Black African Caribbean women in Western society. In Western societies Black women are often portrayed as strong, independent and/or resilient. An example of this is the feisty and opinionated character Kim Fox (played by Tameka Empson) in *EastEnders* (2012, 2015). In addition, in the British films *Adulthood* and *Anuvahood* the Black women characters were depicted as strong-

willed and feisty in comparison to the White women characters. There are many other examples in British and US films and television shows.

UK research has identified members of the Black population are less likely to seek help for emotional and psychological distress in comparison to the White population. I am interested in how, if at all, the strong Black women stereotype impacts upon Black British Caribbean women's management and experiences of emotional distress. There does not appear to be any research on this topic, and there is very little research on the experiences of Black women in the field of counselling psychology.

The wording of advertisements was adapted from these sections of the participant information sheet. We used a number of recruitment strategies to reach African Caribbean women with self-identified experiences of psychological distress. Snowball sampling through RG's personal networks generated nine participants for two focus groups (Ns = 3 and 6). Advertising the study via RG's *Facebook* page generated seven participants for a third and a fourth focus group (Ns = 4 and 3). The psychology participant pool at our university generated two participants for a fifth focus group. Two groups were formed from pre-existing groups, two from women previously unknown to each other, and in one group, each woman previously knew one other woman. We reviewed and reflected on the dataset after the fifth focus group and determined that it provided adequate, rich and complex data for an exploratory study. There was a total of 18 participants across the five focus groups. The participants were aged between 19 and 57 (mean = 42) years (see Supplementary Materials for further details of participant demographics).

### *Researcher positioning*

RG is a Black woman of African Caribbean heritage. She was born in the UK to African Caribbean working-class parents, and her mother is Trinidadian and her father Jamaican. At the time of the study, she was completing a Professional Doctorate in Counselling Psychology (PDCP). VC is a White woman of English and Irish heritage, born in the UK, whose background is a mixture of middle and working class. At the time of the study, she taught on a PDCP programme and supervised RG's doctoral research. Our professional investments in counselling psychology meant that we approached the research with an assumption that therapy can be helpful to people experiencing emotional distress.

### *Data analysis*

RG led the analytic process and began by immersing herself in the data – listening repeatedly to the recorded focus groups while reading the transcripts to become familiar with the overall structure and content of the groups. VC also read the focus group transcripts and we met to discuss our initial impressions of and reflections on the data. The next stage – coding the data – involved RG identifying

analytically relevant features of the data and tagging these with a coding label, working across the entire data set. During this process, RG was aware that her personal experiences could influence and potentially delimit how she interpreted the data; therefore we both reviewed the initial codes together, as a way to help RG separate the participants' experiences from her own. For instance, in the first two focus groups, the participants spoke a great deal about racism. However, RG only really "heard" these comments when VC highlighted them.

## Analysis

The analysis produced five intersecting themes. The first two focused on the influence of the participants' social context in relation to the development of their beliefs about the SBW and the importance of "staying strong" more broadly:

1. *Strength: A way to cope with racism*
2. *"Mad, Crazy and Weak": Psychological distress stigma in Black African communities*

The third, fourth and fifth themes explored the impact of beliefs about "staying strong" on the participants' experiences and management of distress:

3. *Distress: My secret*
4. *Ultimate trust: Seeking support*
5. *Minimising distress: A way of coping*

### *Strength: A way to cope with racism*

All of the participants were intimately familiar with the SBW stereotype, using terms and phrases like "independent" (Sam, FG2), "confident" (Annette, FG3), "getting on with it" (Lara, FG1), and "handling things" (Lucy, FG2), and describing the SBW as emotionally contained, with strong and impenetrable (psychological) armour. Typical SBW traits such as being strong, hiding distress and protecting others consistently underpinned the participants' narratives. However, they also branded the SBW construct a cultural myth – one restrictive of Black women's identities. Some suggested it was a label imposed on Black women: "by White people, isn't it, it's not labels that we as Black women have placed on ourselves" (Naomi, FG4). Many of the participants appeared to have an ambivalent relationship with the SBW construct. They were both highly critical of it and valued the strength component of this construct, believing that the strength and resilience of Black women was a reality, rooted in the need to survive a racist society.

Racism contaminated much of the participants' lives. They discussed being treated as a representative of all Black women/people, in contrast to the individuality automatically bestowed on White people, being bombarded with racist expectations about how they might behave, and having to constantly monitor their own behaviour and challenge negative perceptions (e.g. by being good at

their jobs), as well as educate White people about Black lives and experiences. For example, they felt that in a White-dominated society, their confidence, assertion and passion were often misinterpreted by White people as aggression, leading them to be branded as “angry Black women”. Emily (FG3) commented that “when you make a stand in confidence [at work] then it’s seen as a threat and they see us as aggressive”. Such self-monitoring and censorship have been understood as manifestations of the internalisation of racism or the SBW (e.g. Liao et al., 2020); however, they could equally be understood as a strategic attempt to navigate a racist society and minimise harm to the self.

In environments like the workplace, the women spoke of insensitive questioning and racist remarks from non-Black colleagues. Serena (FG1) recounted her deputy manager questioning her Blackness because of the lightness of her skin tone:

Serena: he was like ‘You’re not a Black woman, like Black Black’

Lara: [in overlap] ((Gasp))

Anna: [in overlap] ((Gasp)) oh gosh

Serena: and I’m like ‘I’m still Black!’ Yeah, this is the type of thing [questions I get asked] (.) like I had to explain to him that you can still have people that are Black and light skinned, like I had to literally explain it to him.

The group responded to Serena’s story as a shocking and outrageous (note the gasps from Lara and Anna) but nonetheless recognisable story of a White person’s ignorance about Black people and clumsy racism. Because of the frequent occurrence of White racism and structural inequalities in their lives, the participants felt it was necessary for African Caribbean women like themselves to remain strong to be able to “power through” oppression and discrimination – “we’re resilient because (.) we kind of have to be” (Lara, FG1).

The women not only had to cope with direct experiences of racism, however, they also had to cope with the impact of living in a racist society on the men in their families. The participants often felt unsupported by the Black men in their lives, particularly those of their generation and younger generations. Naomi (FG4) commented that men of her father’s generation “grafted in some awful situations” to support their families, whereas men of her generation expect women to work and look after the home while they sit “at home and do fuck all”. The women viewed younger Black men in particular rather negatively, as lacking focus and direction; in some ways they echoed the disparaging view of Black men in the wider culture (see Cushion et al., 2017). This is demonstrated by Serena’s (FG1) description of her brothers as “a little bit lost”, in contrast to her sister as “quite strong”, which was greeted by affiliation and agreement from the rest of the group:

Serena: I would view me and [my sister] Corrine as quite strong (.) and as for um (.) the guys [my brothers], I think definitely (.) they’re a little bit lost actually kind of um

- Anna: That's generally the theme! We have a theme for our family as well.  
 Serena: I actually just think to myself  
 Anna: The girls definitely outweigh the boys in our family.  
 Mod: The girls are stronger?  
 All: ((General agreement))

Many of the participants spoke about the absence of Black men in their lives – about missing romantic partners, fathers or brothers – who were either lost in the prison system, involved in criminal activity, or suffering from profound psychological distress. Therefore, they felt compelled to be strong because they had to assume the role of financial provider and caregiver to their family members and their children (if they had them) (Collins, 2009).

The participants reported that Black women are socialised to be strong from childhood. Paula (FG4) described being regularly instructed to carry out adult tasks independently: “at eight years old, I was looking after my younger siblings. I recall changing their nappies; eight!” Reflecting back, she was shocked by the early age this expectation was placed on her. Sam (FG2) was taught to be self-reliant and self-sufficient by her mother:

...words like- ‘you don’t need your own man’ and that sort of thing and ‘build your own career’ and ‘don’t depend on anybody’ and ‘be strong’ and ‘be independent’-that was the big word, ‘be independent’, ‘rely on yourself’, yeah that was the mantra when I was growing up.

Lucy (FG2) noted that there is a cultural expectation for Black children to “absorb” painful feelings rather than express them as a means of navigating a racist society. From the participants’ accounts, it appeared that when they were growing up, the pain and suffering that resulted from racism were normalised, and children were taught to silence their emotions and “get on with it”. Paula (FG4) explained:

- Paula: it was nothing for somebody to drive along, car full of White guys, spit, make monkey noises  
 Dawn: Yeah yeah yeah  
 Paula: and calling you chalky<sup>1</sup> and sambo [a derogatory term for people of colour]  
 Dawn: And want to know why the palms of your hand are White ‘cus you’re monkeys ((chuckles))  
 Paula: Sambo, I didn’t realise sambo was a derogatory word to Black people ‘till I was about fifteen, this ‘cus I was reading from a book in my nursery school  
 All: ((laughter from all participants))  
 Paula: and kids are going sambo, sambo, sambo  
 All: ((roaring laughter from all participants))

The laughter from the group seemed to serve to minimise the distress associated with experiences of overt racism.



Many of the women expressed a belief that there was ultimately a fragility to their and other Black women's strength, as it required a suppression of distress and concealing from others that that they were "breaking down inside" (Annette, FG3). One participant referred to the poem published in 1957 by British poet Stevie Smith entitled "Not waving but drowning" to illustrate her experience: "you know, that thing of 'I'm not waving, I'm drowning' that kind of thing, everyone thinks you're okay because, you know, you cope and sometimes you don't cope" (Sam, FG2). Black women's strength appeared then to be underpinned by vulnerability – it was brittle, providing only an outward appearance of strength, while concealing a multitude of emotional wounds and scars. This form of strength allowed for an external image of coping and being in control when, in actuality, feelings of helplessness, hopelessness, fear and sadness existed. As Lara (FG1) commented, the cumulative effects of living in a racist society resulted in "so much stuff bubbling under the surface".

### *"Mad, crazy and weak": Psychological distress stigma in Black African communities*

Whether they were conscious of it or not, most of the participants appeared reluctant to seek help for their emotional distress, with many providing contradictory accounts of their beliefs about strength. On the one hand, they felt that emotional expression was important and vital for healing; on the other, they felt that seeking help for these difficulties was a sign of weakness. For example, Carly (FG2) commented: "I found my strength in being weak, because if you ask for help or to break down and be like 'no I just can't cope and I just can't, and that's it' ((laugh)) so I'm human, that's what I found my strength in." Like many of the participants, even though Carly viewed emotional expression and seeking help as a strength, she nonetheless equated crying and being in touch with her emotions as weakness. Her laughter following the most profound expression of vulnerability and hopelessness – "I just can't cope" – suggested some ongoing discomfort with revealing the extent of her vulnerability to the other women in the group.

It was evident that the participants' perspectives on psychological distress stemmed both from negative beliefs in the wider culture about psychological distress and the strong cultural stigma around psychological distress in African heritage communities (Watson & Hunter, 2016). The participants spoke about stigma as a barrier to help-seeking. One participant (Tiana, FG5) spoke about Black women not being able to attend openly to their psychological suffering without being criticised in some way by members of the Black community: "I think that you could [speak openly about emotional distress] but as soon as you say that, it will, like, change people's perceptions of you because, like, as soon as you say that, they're, like, automatically thinking you're weak". There was for the women a great amount of shame and embarrassment associated with psychological distress, which appeared to impact upon their disclosure of their suffering to others or seeking help. Carly contrasted her experience of depression with that of a White

friend who was “so open to saying ‘I’m seeing a psychiatrist; I talk to someone; and I take medication’ and there’s me not even wanting to say to my doctor ‘I think I’m depressed’.”

Some participants suggested that family and friends within Black communities found it difficult to relate to what they regarded as White Western psychiatric labels such as “depression”, and they would either catastrophise such labels or trivialise them. For example, others would disregard the complex nature of depression and would simply view it as “you’re feeling a bit low” or “feeling sad” (Tiana, FG5). At the same time, when Lara (FG1) told her aunty about feeling depressed, her aunty automatically equated depression with feeling suicidal: “like I remember saying to my aunty once ‘I’m so depressed’ and she’s like ‘You’re not depressed, that means you want to kill yourself’ (.) but I think you know (.) it is...it is...there’s levels to depression I think and I was definitely on the scale.” Lara’s account illustrates the ways in which the women’s distress was minimised and dismissed by the other Black women in their lives. Furthermore, psychological distress was sometimes viewed through a lens of abnormality and deviance in the Black community, rather than through a Western psychiatric lens of “mental illness”. Labels like “mad” and “crazy” were commonly used, and madness was equated with extreme distress: “you have this type of ‘ahh he’s a mad man’ type of thing so it’s not like mentally ill, it’s like you need to be walking down the street (.) talking to yourself in shoddy clothes, that is mad, so for you to come in and say I am depressed (.) ‘aah no you’re not mad, don’t be so stupid’” (Carly, FG2). In Carly’s experience, there were no shades of grey in the conceptualisation of psychological distress – so her feelings of depression were dismissed because she did not conform to the “mad man” stereotype.

### *Distress: My secret*

Throughout the focus group discussions, it became clear that the social challenges the participants faced, along with the range of cultural beliefs held within the Black community, led them to manage their experiences of emotional distress in quite specific ways. Given the response of Lara’s aunt, it is perhaps unsurprising that there was an element of secrecy surrounding distress and that the participants became skilled at hiding their distress from others: “we are very good at wearing a front, we are very very good” (Pat, FG3). This secrecy appeared to be linked to the SBW construct and the importance of Black women “staying strong”. Some talked about hiding their pain and sadness from family members because they were fearful of being viewed as weak. Marcia (FG5) stated: “I probably wouldn’t go to her [mum] because I just don’t, I just don’t want it to change her idea of me, I just don’t want her to think of me differently, like think of me as like, erm, ‘she’s like soft’.” Marcia simultaneously acknowledged her vulnerabilities while also wanting to be viewed as strong by her mother.

Some of the women wanted to avoid exposing family and friends to any pain or upset, which reflects a common trait of the SBW – she is a perpetual caregiver and

spends most of her time caring for, and attending to, the needs of others, whilst neglecting her own needs. One participant spoke about hiding her cancer diagnosis from her family for several months because she wanted to feel normal, and also to protect her family from experiencing distress: “I told my manager ‘cus I knew I had to have time off and Naomi [work colleague], I didn’t even tell my partner, I didn’t even tell my children” (Dawn, FG4).

The participants felt that there was an expectation placed upon them – from members of the Black community – to embody the SBW ideal. As a consequence of this expectation, combined with the stigma surrounding psychological distress, participants felt that the journey to greater wellbeing was a journey they had to take alone.

Because of a reluctance to talk about distress, some participants described carrying it around in their bodies, using phrases such as “I bottle things up” (Lynn, FG1) and “holding everything in” (Carly, FG2). In this brief exchange, Anna tellingly labels Lynn’s description of the physical manifestation of her stress in her body as “borderline anxiety”, as something that is approaching but is not as serious as anxiety:

Lynn: it’s actually my chest more than anything, it can really (.) become quite tight real tight (.) if there’s something that I’m really upset about (.) as well (.) it really effects my chest

Anna: It’s like borderline anxiety, isn’t it?

Lynn: It is yeah exactly.

For many, the body appeared to be a container for their distress – a place where their distress was kept from prying eyes, but also where it could “fester and fester” (Naomi, FG4). This resulted in detrimental consequences – in the form of somatisation, a process whereby emotional distress is transformed into physical symptoms (Woolfolk & Allen, 2007). Carly (FG2) recalled the devastating consequences of holding her depression within her body: “just lots of going within and really just holding everything in and just carrying on and until yeah, I keep losing a bit more hair ((laugh)), yeah it comes out as physical manifestations”. Carly’s laughter here serves to diminish the seriousness of what she is recounting – losing her hair as a result of stress. This is a vivid example of the minimisation of distress, something we discuss further below. Lara (FG1) described “colds”, “aching bones and muscles”, “headaches” as routine occurrences and “pain in my back” when being racially harassed by a neighbour.

Social withdrawal is thought to be a typical and negative feature of depression (Rowe, 2003). However, some of the participants described social withdrawal as a functional way of coping with their distress and hiding it from others. Some participants felt compelled to “hibernate” and spend time alone processing their distress. For example, Sam (FG2) commented that:

... stillness is really important. And quiet, I need peace and quiet, and so when I do the retreating thing, it’s, you know (.) I will go outside and just sit and be, and if

someone even walks behind me, it's like, it's almost like, you feel raw, and I just want to be in a little bubble.

Sam's use of the word "raw" indicates how vulnerable she feels when in distress, and therefore her withdrawal from others was used to protect her from further exposure to upset. Similar patterns were evident in the accounts of other participants when they described a "conversational withdrawal" from family members and friends if they felt that these people were causing or contributing to their distress.

The participants described how they would dwell on their distressing problems; they used words such as "overthink" and "overanalyse" (Lynn, FG1), processes indicative of rumination. Lynn (FG1) described keeping distressing thoughts to herself and repeatedly thinking about them for several days: "depending on the severity of that issue (.) I might analyse that for maybe a week (.) even two weeks could be, you know, and if it's an issue where um (.) if it's a minor thing (.) where it's just (.) irritated me, say, that might last two or three days".

The participants described engaging in solitary activities to help them cope with distress. Activities such as comfort eating, sleeping, listening to music and watching television were described as ways to distract themselves from experiencing upsetting feelings. Naomi (FG4) explained that watching television helped her "zone out" and relax. Some participants used writing to help them cope with and manage their distress. They would secure some personal time away from others with just "me and my pen and pad" (Carly, FG2) to write down their inner thoughts and feelings. Sam (FG2) would often write in her diary during difficult periods in her life; she noted how beneficial this was for her: "At the time, it was really good, my diary was my friend, yeah, it was like, that's the one place I know, you know, yeah, it was very therapeutic actually at the time, because there was some hard stuff I was going through, so it really worked".

Women in two out of the five focus groups described putting their "faith into God to deal with the [distressing] situation" (Annette, FG3); one participant felt unable to confide in others and therefore when in desperate need of support, she would turn to God despite claiming she was not religious.

### *Ultimate trust: Seeking support*

The participants had been raised believing that emotional problems should not be shared with others – "we don't want no one to know our business" (Annette, FG4); "if you have a problem, it stays in the family" (Tiana, FG5). This particularly applied to family and relationship difficulties, as Carly (FG2) noted: "you just don't go and speak about your problems, you're not meant to go and speak about what's going on in your house ((laugh))". This resonates with a Black cultural tradition of "not airing your dirty laundry out in public" identified by Edge and Rogers (2005).

Many participants explained how they found it hard to talk about their emotions and needed a safe environment to do so, counting only a handful of “certain people” (Anna, FG1), including “trusted friends” (Carly, FG2), who they could speak in confidence to. Emily (FG3) explained the importance of talking about her problems and felt comforted by the notion of friendship confidentiality. She explained: “I’ve got three people, three friends who I know I can talk to and I offload to them, I do! And I know it’s not going to go anywhere else”.

In contrast to the “ultimate trust is needed” rule, the participants found that despite not always knowing all the members in the focus group, they had benefited therapeutically from the group:

Tiana: I feel like a dam burst inside of me I was expressing everything  
 All: ((General laughter))  
 (FG5)

Some participants likened the focus group to actual therapy: “for me, this is the closest thing to counselling” (Paula FG4). Serena (FG1) expressed a desire to attend more discussion groups with other Black women: “I just want to do more things like this now (.) Now that I’ve come to one, especially more to do with like being Black um and being a Black woman.”

Some participants viewed professional support like therapy as a last resort. Therefore, therapy was usually accessed only when these participants were no longer capable of suppressing their distressing feelings or when these feelings were getting in the way of their ability to function normally. For instance, Serena (FG1) only sought help for her depression after repeatedly thinking in detail about committing suicide: “but I would just actually think (.) how would I do it [commit suicide], like, I wouldn’t want my niece and my mum to find me, how would I do it, I wouldn’t want them, some stranger to find me, do you know what I mean”. Sam (FG2) noted that at the time of accessing therapy, she felt that she had no option but to do so because of the extent of her suffering: “so what put me into therapy was that I kind of had no choice, it was either descend into mental illness or seek some help, so I pushed it to the point where I was having kind of episodes of not really knowing who I am, what I was doing, so I then took myself off [to therapy]”. Note that even though Sam described episodes of profound distress (“not really knowing who I am”), her use of the phrase “descend into mental illness” suggests she did not view these episodes as indicative of “mental illness”. Perhaps this reflected the discomfort with what she viewed as White Western psychiatric labels or the stigmatising of psychological distress in Black communities previously noted.

### *Minimising distress: A way of coping*

When the participants did eventually talk about their distress, they said that they would regularly minimise their feelings in the presence of others to protect them from experiencing distress and/or to continue to live up to the SBW ideal.

Lara (FG1) spoke about regularly minimising *her* feelings of upset to avoid upsetting her friends:

- Lara: I'm trying not to say things to people that might hurt their feelings and that's where I internalise it as well, so people have been so rude and so mean to me and because I don't want to say to them, to hurt their feelings, 'you're being mean to me, that made me cry', because it might upset them.
- Lynn: Yeah.
- Anna: I do that.

They shared several occasions when they refused support offered from health professionals or disputed a depression diagnosis because they did not want to be viewed or labelled as “mentally ill” or because they thought they could deal with their distress on their own: “I was recommended a [counselling] service that was free, erm, but obviously I didn't go because I thought I could deal with it myself” (Pat, FG3). In the following extract, Lynn (FG1) explains that she minimised her depression because she did not like the thought of others seeing her as “ill”:

- Lynn: the doctors had um a couple of years ago diagnosed me with depression and I actually told the doctor I didn't have depression ((laughs)) because I was that adamant that-that, you know, my pride was too strong, “I haven't got depression, what you talking about?”
- All: ((General agreement))

The process of minimising also happened within the focus groups. The women appeared tentative about portraying the full extent of their distress and would use words that minimised their negative emotions – such as “a bit of a rant” (Serena, FG1); “*borderline* manic” (Anna, FG1; our emphasis). They would also speak in ways that could be interpreted as dismissing the extent of their distress, and perhaps also as indicating discomfort with what they perceived as White Western psychiatric labels: “when I feel distressed or depressed or whatever you want to call [it]” (Sam, FG2). When recounting a period when she experienced feelings of intense hopelessness and bleakness, Lara (FG1) did not want to label this experience as a “breakdown” even though it was clearly profoundly distressing: “I wouldn't necessarily call it a breakdown [...] I just felt like I was in dark like everything, nothing was good, I couldn't see anything being happy”. As we have already noted, the women often laughed when recounting episodes of both racism and emotional vulnerability; this laughter seemed to serve to minimise the painful emotions associated with these experiences.

## Discussion

This study demonstrates the complex ways in which a group of UK African Caribbean women experienced and managed their distress in relation to the

SBW construct. This study echoes the results of previous US and UK research examining how African heritage women manage depression around the time of giving birth (e.g. Edge, 2006; Edge & Rogers, 2005) and emotional distress more generally (e.g. Sisley et al., 2011; Woods-Giscombé, 2010) in several ways – such as with regard to securing personal time to enjoy an activity, turning to God, somatisation (Edge & Rogers, 2005; Sisley et al., 2011; Woods-Giscombé, 2010), the minimisation of distress and psychologically processing distress in isolation from others (Edge, 2006). Our participants, like those of Sisley et al. (2011), discussed social withdrawal. Sisley et al. interpreted this as a sign of depression, but our participants made sense of withdrawing from others as a source of protection, a coping strategy. Other UK research has documented African Caribbean women's reluctance to use and, in some studies, to accept diagnostic categories from the White Western psychiatric model and their reluctance to label low mood as “depression” because of the stigma of psychological distress both in African Caribbean communities and in the wider society, as well as cultural imperatives to be a SBW (Edge & MacKian, 2010; Edge & Rogers, 2005; Sisley et al., 2011). Similar beliefs and process may underlie the minimisation of distress. Edge noted a hierarchical approach to help-seeking among African Caribbean women, and seeking help from friends or family members occurred only when self-help measures failed (Edge, 2013; Edge & MacKian, 2010). Our participants adopted a similar three-tier approach to help-seeking, starting with self-help, next turning to trusted friends or family members and then, as a last resort, accessing professional help.

The similarities in the accounts of participants from several small-scale qualitative studies conducted in different locations in the UK, including the current study, suggest that these studies have captured meaningful and culturally prevalent sense-making around psychological distress for African Caribbean women that contextualises their experiences of distress and help-seeking. Furthermore, our findings echo in many ways UK research that did not “prime” participants to discuss the meaning and influence of the SBW (e.g. Edge & Reason, 2005). This suggests that whether African heritage women are primed or not to discuss the SBW, the characteristics associated with this construct will feature heavily in their accounts. We argue it is important to locate African Caribbean women's discussions of strength within a cultural context in which the necessity of strength is a legacy of transatlantic slavery.

While this study resonates with evidence of the stigmatisation of psychological distress in Western culture more broadly (e.g. Seeman et al., 2016) and the need for women generally to display strength and stoicism in relation to physical and emotional suffering (e.g. Staneva et al., 2018), we argue that there are meaningful differences around psychological distress stigmas and strength imperatives for African Caribbean women that have important implications for identifying and responding to their emotional wellbeing needs. For example, notions of strength provide African Caribbean women with a cultural link to generations of African-heritage women who have overcome racism and other types of adversity (Edge & Reason, 2005; Nelson et al., 2016). Through socialisation and learning about the

history of the people of the African-heritage diaspora, African Caribbean women are taught that emotional containment and self-reliance are necessary for survival in a racist and sexist society. Furthermore, the stigmatisation of psychological distress in Black communities is inextricably linked to a range of culturally embedded beliefs including the need for Black women to be strong. Thus, the SBW is a complex and multifaceted cultural construct, with elements of both resistance to and reproduction of dominant values (Beauboeuf-Lafontant, 2007). As well as enabling African-heritage women to survive in a White dominated, patriarchal society, it allows them to keep Black families and communities together, to support Black men and to avoid pathologising their distress (Collins, 2009). The SBW embodies characteristics such as independence, resilience, self-sufficiency and selflessness that are valorised in Western (neoliberal) societies. At the same time, the SBW prevents African heritage women from recognising and talking openly about their distress and vulnerability, without fear of shame and stigma. What is required of African heritage women is a performance, or outward display, of strength regardless of how they feel on the inside (Taylor, 1995).

### *Implications for practice*

The analysis has several implications for therapeutic practitioners in the UK and elsewhere, and some possible avenues for therapeutic intervention. For example, given that the participants felt comfortable to some extent with expressing their vulnerable feelings during the focus group sessions, interventions such as group therapy for Black women should be considered as an alternative way of supporting these women when they experience emotional distress (Jones, 2017). Since psychological distress is rarely discussed in African Caribbean communities, and because of the self-silencing effect of the SBW construct, hearing other African Caribbean women discuss their emotional struggles could potentially help in many ways. Group therapy could highlight to African Caribbean women that they are not alone, normalise experiences of distress, and work towards alleviating psychological distress stigma in African Caribbean communities and the wider society. As the participants reported prioritising caring for others rather than attending to their own needs and self-care, skills that promote self-care could be offered to African Caribbean women presenting with emotional distress, such as mindfulness-based stress reduction or relaxation training (Watson & Hunter, 2016). Canadian research suggests that participation in activism also has a role to play in promoting individual and community wellbeing for women of colour (MacDonnell et al., 2017). The authors recommended the creation of community-based activism initiatives to promote women of colour's resilience and agency.

### *Limitations and future directions*

In the recruitment process, participants were invited to take part in focus group discussions about the influence the SBW ideal has on their ability to cope with



everyday psychological distress. Therefore, it is possible that the participants had a certain type of understanding of, or relationship with, the SBW ideal that enabled them to talk about their distress more openly than those who did not participate. Given that all the women in the current study identified as heterosexual, it is unclear whether the findings can be transferred to African Caribbean women from LGBT+ communities. There is a wider dearth of research on the needs and experiences of LGBT+ people of colour around emotional distress, a group that experience a “double jeopardy” of racism and homophobia (Department for Health, 2007). Therefore, further research is needed to explore how the SBW construct is experienced by African Caribbean women from the LGBT+ communities. Even less is known about the experiences of physically disabled African heritage women generally, let alone in relation to emotional distress, and the intersecting impacts of racism, sexism and ableism (Cheatham, 2015). Thus, future research should explore how this group of women make sense of the SBW in relation to experiences of emotional distress. Many African heritage women are compelled to navigate the intersecting impacts of sexism, racism and poverty (Nandi & Platt, 2010). However, a social class lens has yet to be applied to UK African heritage women’s experiences of “staying strong” and emotional distress.

The need for enhanced understanding of UK African Caribbean women and emotional distress has been frequently noted (e.g. Sisley et al., 2011). The current study addressed this need through highlighting the complex relationship African Caribbean women have with psychological distress. More research is needed to enrich understanding in this area, address help-seeking disparities between African Caribbean and White women and offer effective and culturally sensitive psychological support to African Caribbean women.

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## Supplemental material

Supplemental material for this article is available online.

## Note

1. This is a reference to a racist character named Chalky White performed by the White comedian Jim Davidson in the 1970s.

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