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Shouldering the load yet again: Black women's experiences of stress during COVID-19



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ABSTRACT

Black women in the United States experience considerable amounts of stress, which has been exacerbated by the COVID-19 pandemic. Prior studies have linked stress to adverse mental and physical outcomes for Black women and, moreover, shown that Black women are more susceptible to maladaptive coping, which compounds these risks. Research on the Superwoman Schema and Sojourner's Syndrome, for instance, shows how Black women are compelled to portray strength and resilience while suffering internally and experiencing poor health outcomes. These phenomena can be attributed to the historical expectations of Black women to be pillars of their families and sources of strength despite adversity and persistent institutional discrimination. During the COVID-19 pandemic, Black women's greater likelihood of holding "essential worker" roles has further increased their risk of both COVID-19 exposure and heightened stress. Additionally, the COVID-19 pandemic has aggravated long standing structural inequities and disparities between Black women and other racial/ethnic groups. Drawing on journal entries submitted by Black women participating in the Pandemic Journaling Project (PJP), a combined online journaling platform and interdisciplinary research study, this paper illuminates the voices of Black women during the COVID-19 pandemic. Seventy-two Black women created journal entries using the PJP platform. We analyze the stories, idioms, and feelings they recorded during a global pandemic. We identify three prominent domains of stress: work and school, caregiving, and social (dis)connectedness. In addition to exploring manifestations of stress across these domains, we, discuss some of the mental health implications of COVID-19 and explore the potential for regular journaling as a possible mode of stress management among Black women.

1. Introduction

The United States has a long history of racism and exploitation of Black women that began with Africans forced into slavery. In the centuries since, racism, abuse, and exploitation of Black women has continued to manifest in the disproportionate killings of Black Americans by police (Alang, 2020), wage gaps that impede economic equity and mobility (Dozier, 2010), health disparities (Chinn et al., 2021), unequal parenting responsibilities, (Wright et al., 2017), and uneven caregiving burdens (Chadiha et al., 2004; Urizar et al., 2021). These inequities are not only structural but also interpersonal, including lived experiences of microaggressions and everyday slights that are intersectional and linked to race and gender (Crenshaw, 1990; Mullings, 2000; Sue et al., 2008). The intersectional experience of multiple identities that are susceptible to

discrimination and stigma leads to ongoing socioeconomic and political inequalities (Nwakanma, 2022). Black women are faced with 'gendered racism' (Essed, 1991; Lewis et al., 2017), which presents a unique vulnerability to discrimination on the basis of race and gender (Spates et al., 2020; Thomas et al., 2008).

Given the vast societal inequities facing Black women, it should come as no surprise that Black women face high levels of psychosocial stress as a result of the COVID-19 pandemic. Black women are more likely than their white counterparts to hold "essential worker" roles, which increases their risk of exposure to COVID-19 (Rogers et al., 2020). They are more likely to experience financial repercussions from COVID-19, which both fuels financial stress and insecurity and negatively impacts their ability to mitigate and manage adverse health events. Black people in the US also experience high rates of chronic health conditions (e.g. obesity,

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hypertension, diabetes) that make them more susceptible to severe COVID-19 morbidity and mortality (Bibbins-Domingo, 2020; Cooper and Williams, 2020; Ferdinand et al., 2020). In addition, discrimination in healthcare settings (Sacks, 2018) and a lack of trust in medical providers also pose considerable obstacles to accessing quality medical care (Abel and Efir, 2013; Chandler et al., 2021; Oribhabor et al., 2020; Peterson et al., 2020). Recent data also suggest that Black women, in particular, have faced challenges pertaining to the unequal division of child care and caregiving responsibilities during COVID-19 (Zamarro and Prados, 2021) which, together with childcare closings and reduced sources of social support, has increased stress associated with their caregiving burdens (Moorman, 2021).

For centuries, Black women in the U.S. have been expected to bear caregiving burdens for their families and for others. They have long been pillars and matriarchs of American society, and the experience of mothering while Black often presents its own unique intersectional experience. As sociologist Patricia Hill Collins (1994) demonstrates in her scholarship on “motherwork,” the intersectional experience of being a Black mother, in conjunction with the historical abuses of women of color in the United States, has forced Black women to a unique set of challenges and expectations (Collins, 1994). Some are rooted in historical constructions, such as the mammy caricature of Black women, which is the perpetual stereotype of Black women to be maternal, motherly caregivers who serve at the will of others (Abdullah, 1998; Reynolds-Dobbs et al., 2008; West, 1995). Over time, Black women have faced continued socioeconomic inequities which are key to understanding the unique experience of Black women and in particular, Black mothers (Collins, 1994, 1995, 2016). An interdisciplinary body of scholarship has also illuminated the burden that Black mothers face as they try to protect and shield their children, while also preparing them to encounter racism and discrimination (D. A. Davis, 2016; Turner, 2020). Black women's experiences of motherhood are often intensified as they bear these added responsibilities, which are not faced by their white counterparts (Elliott et al., 2015).

As a means of surviving these constant forms of stress, Black women have learned to find sources of resilience and ways to cope. Recent scholarship has characterized the internalized schemas that compel Black women to portray strength, capability and empowerment (Nelson et al., 2016), and to respond to discrimination with exhibitions of strength and power (S. M. Davis and Jones, 2021), in various ways, including the Superwoman Schema (Woods-Giscombé, 2010), the Strong Black Woman Syndrome, (Nelson et al., 2016), and Sojourner's Syndrome (Lekan, 2009). These modes of coping have served generations who had no choice but to exude strength in order to survive abuse and exploitation (Nelson et al., 2016). However, emerging research suggests that there may be a paradoxical element to such coping styles. For some women, these internalizations may lead to suppression of emotion and decreased likelihood of engaging in help-seeking behaviors, which can lead to poor physical and mental health consequences (Abrams et al., 2014; Watson and Hunter, 2015).

In this paper, we draw on Black feminist theory and other frameworks to illuminate how the COVID-19 pandemic has affected Black women's experiences of stress, as reflected in a subset of data from the Pandemic Journaling Project (PJP). Our findings illuminate experiences of stress in three key domains: 1) work/school, 2) caregiving, and 3) social (dis)connectedness. We also discuss the implications of sustained stress on mental health. In closing, we highlight areas for future research and exploration, especially regarding the potential benefits of journaling for managing stress among Black women.

2. Methods

The Pandemic Journaling Project (PJP) is an online journaling platform and interdisciplinary research study, launched in May 2020, where journalers from around the world journaled around their experiences during the COVID-19 pandemic. Participants received weekly prompts

and could submit photos, audio or written journal responses. Additional methodology and practices are described in the introduction to this special issue (Wurtz, Willen, & Mason 2022); see also (Wurtz, 2022). The analysis for this manuscript concentrates on a subset of PJP data that includes written journal entries submitted between May 2020 and July 2021 by participants who were 18 or older and self-identified as both Black and a woman. During PJP first phase, which ran from May 2020 until May 2022, over 1,800 people from 55 countries contributed nearly 27,000 journal entries in writing, audio, and/or photos. In total, 72 PJP participants met our inclusion criteria of identifying as both Black and female. Table 1 presents the demographic characteristics of participants in our subset, and the demographic characteristics of the full PJP dataset can be found in the introduction to this special issue. The 72 individual journals we analyzed included a total of 307 unique, written journal entries.

All PJP data collection activities and processes were approved by the Institutional Review Board (IRB) at the University of Connecticut. Data were coded in Dedoose and analyzed using Constant Comparative method (Glaser and Strauss, 2017). The research team created an initial codebook with a set of inductive codes based on the extant literature. The codebook was then refined by conducting line-by-line coding on five randomly sampled journals, followed by team meetings to confirm code definitions and resolve discrepancies. The final codebook was then used to code all journals in the data set. Team members then created analytic memos to synthesize insights and identify the most prominent themes in the data. A full list of codes is presented in Table 2. Of these codes, work- and school-related stressors, caregiving responsibilities, and disruptions

Table 1
Demographics of Black women in the Pandemic Journaling Project (N = 72).

Variables	Frequency
Age	
18–24	50
25–29	3
30–34	4
35–39	2
40–44	4
45–49	3
55–59	2
60–64	3
65+	1
Education	
Less than High School	2
High school diploma	24
Some college, no degree	25
Associates degree	4
Bachelor's degree	6
Post graduate degree	11
Income	
Less than \$15,000	10
\$15,000-\$30,000	9
\$30,000-\$50,000	16
\$50,000-\$99,999	10
\$100,000-\$149,999	8
\$150,000-\$199,999	2
\$200,000 or more	4
Do not know/prefer not to say	22
Marital Status	
Single	58
Married	10
Separated/Divorced	4
Employment Status	
Full-time	21
Part-time	12
Student	29
Retired	1
Unemployed	6
Disability	1
Temporarily laid off	1
Other	1

Table 2

Key themes.

Most Prominent Themes
Disruptions to social connectedness
Work/School-related stress
Caregiving-related stress
Other Emergent Themes
Financial strain
Children-related stressors
Coping
Discrimination
Family dynamics
Caregiving stress
Gender-related stress
Health-related stress
Loss and grief
Stress (general)
Work/School-related Stress

to social connectedness were the most prominent.

3. Results

Our analysis of these journals provides insight into how the COVID-19 pandemic exacerbated Black women's experiences of psychosocial stress during the first 18 months of the pandemic, as well as their efforts to manage stress, particularly in three domains: work- and school-related challenges, caregiving stress, and disruptions to social connectedness. Below we discuss each of these themes.

3.1. Work- and school-related challenges

The majority of participants described challenges associated with work or school. Many were working from home and expressed feelings of stress and frustration in striving to achieve work or educational aspirations in a context of deep uncertainty during the pandemic. For some women, the pandemic hit in the midst of important moments in their professional trajectories, including some who had recently relocated to start a new career or pursue advanced education. The disappointment of disrupted life plans, coupled with changes in the job market, tensions within the household, and other stressors, challenged their ability to adapt to working from home. For instance, a single woman from Michigan in her 30s explained, "But even though I am able to work from home more. I find it to be more stressful. It's hard to prioritize my time because now I have two kids at home who are doing home school, with constant interruptions. I sometimes don't get done with my work until ten at night."

The pandemic also presented many challenges for students. Suddenly, students were expected to learn how to juggle remote learning and navigate COVID-19-related stressors. For some, remote learning was a source of frustration. A teen from New York expressed, "I have gotten used to online school even though there are times where it [sic] is very annoying to do online school in person is the best way for me to work." Another woman in her 20s from Ohio wrote, "College is extremely difficult for me because of my downward spiral involving my mental health, due to the pandemic. Some days it is hard for me to stay motivated for class simply because I feel drained and there are restrictions on everything."

Participants who were unable to work from home, or who had a household member who worked outside the home, faced a different set of challenges. Some expressed fear of contagion – not only for the individual working outside the home, but also for other household members who might be exposed through close contact, including loved ones with pre-existing conditions or other vulnerabilities. A teenage student from New York shared: "My Mom and Dad just started going back to work. My Mom is extremely paranoid because she believes that if she gets the virus, she would die with all of the issues that she is already having."

In trying to mitigate risk of exposure to COVID-19, participants and their family members found themselves having to make difficult decisions about how to maintain financial stability and simultaneously protect themselves and their loved ones. In order to prevent possible spread to others, some had to distance themselves from household members whose workplaces put them at risk of exposure, despite the emotional distress caused by physical separation. Others faced the financial consequences of lost employment or wages.

The majority of participants discussed challenges involved in maintaining work during the pandemic. Yet some struggled with more serious consequences as well, including the devastating repercussions of loss of employment or reduced hours. A few described not being able to buy food or pay bills. A single woman in her 20s in Ohio captured the combined impact of financial instability and other life stressors on her family's overall health and wellbeing in the following way:

My mom has lost a lot of hours at work and both of my brothers have been laid off from work due to the virus. We are really struggling to make ends meet and so things are really hard. My mom has HIV (nearly 17 years now and she's getting sicker with it turning into AIDS) and the stress from losing hours at work and the pandemic have made her severely depressed and anxious. The stress on her health continues to have a negative impact. My brothers seem angrier about things and emotional all the time because they feel as though things are only going to get worse.

As this journal entry demonstrates, work-related challenges, especially when linked to financial instability, often compounded or triggered stress within other important life spheres, such as health or social relations.

3.2. Caregiving stress

Many participants described caregiving responsibilities for children, parents, siblings and extended family – including care for family members who contracted COVID-19 – as another source of stress during the pandemic. For some, managing newfound caregiving responsibilities in the family – often an emotionally and physically taxing experience – was particularly difficult because they had limited social support or emotional outlets for themselves. A teenage college student from New York reflected:

When quarantine started, I was emotionally and physically down. I didn't want to do anything but sleep all day because I couldn't go outside. I couldn't see anyone I wanted to see. I couldn't live the life I was adjusted to. I had to look out for my family and help them because they didn't have anyone but me. My mother only had me. My grandparents only had me.

Others expressed frustration with the toll of caregiving responsibilities on their ability to maintain work/life balance. For one participant, a married woman from Kentucky who is in her 30s and works full-time, the shift to at-home work illuminated inequitable gender dynamics in her family, putting strains on her relationship with her husband as well as her sense of personal well-being. She wrote:

I think because my husband and I are both working from home while attempting to fully care for the needs of our one-year-old, it's been a lot... Additionally, my husband expects me to still clean and cook as if I haven't been working. It's annoying that he doesn't have the patience or empathy to realize that things are[n't] going to be as ideal as he expects.

Some women, especially those living with elderly family members, felt they needed to be particularly mindful of ways to self-regulate their own behavior and activities in order to safeguard the health and wellbeing of their loved ones. Women found that these efforts created a sense of unease in their own homes, limiting spaces of retreat from the harsh

pandemic context. A teenage college student from Illinois noted:

... When I am going out for certain things I still have to wear my mask inside the house until I shower because of the germs. It's a hassle because I always look forward to breathing without the mask when I come inside the house but for my grandparent's sake, I will do what it takes to keep them healthy and prevent them from being exposed to the virus.

Although women tended to describe caregiving responsibilities as a heightened burden during the COVID-19 pandemic, a few relayed that caregiving provided welcome opportunities to spend time and connect with family members. For example, a twentysomething, single, Black woman in New York shared: "This pandemic is actually great because I get to stay home and relax and take care of my brother." Caregiving, for some, was also a source of comfort and coping, even though it nearly always entailed additional stress in women's day-to-day lives.

3.3. Disruptions to social connectedness

Most participants wrote about feeling a loss of social connectedness during the early stages of the pandemic. Many women recounted frustration with their inability to see friends and family. For some, lack of social connectedness manifested in the absence of spiritual community. Others longed for physical touch. A separated woman in her 40s from New Jersey said: "I miss hugging people. It's the worst feeling to run into someone at the park or something and have to restrain myself from hugging." Without their usual support systems in place, many participants felt at a loss for how to cope with the emotional weight of their new realities. One teen journaler from Ohio wrote:

During this pandemic, my mental health has definitely been affected... Before this pandemic, my mental health was very stable. I had a supportive household and friend structure but when the pandemic hit, it did take a hit. I was no longer granted the same support, simply because there was a bigger problem at hand - the pandemic.

For some participants, the loss of connectivity with others was spurred by disruptions in important rituals and family practices. For example, COVID-19-related restrictions led to missed family trips, birthday and holiday celebrations, and life-cycle events like graduations, weddings, and funerals, among other social experiences. These foreclosed opportunities kept participants from sharing deeply intimate, important life moments of both celebration and grief with their loved ones. For some participants, the absence of in-person church services took a particularly burdensome toll on their social lives. A woman in her 20s in New York noted, "Family members used to gather together for church and are no longer able too [sic] and that hurts a lot of people to not be able to interact with others and praise in the church." Other participants recounted similar sentiments. Another participant in her 20s from Ohio expressed, "The pandemic has affected my religious observance because churches has [sic] been closed because of COVID. This means we can stream service online. I don't like to stream online because I do not get the full affect [sic] of the religious service."

Some participants described the impact of COVID-19 restrictions on their inability to receive social support following the loss of a loved one. Others expressed sadness about loss and the implications of being unable to grieve with loved ones in their final days in the hospital, or to attend funerals in person. For example, a woman in her 60s from North Carolina explained that the son of a family friend "had to say goodbye to his father using FaceTime on a cell phone. It was heartbreaking."

For other participants, COVID-19 posed challenges to social connectedness precisely at a moment when it felt important to come together in protest as part of the Black community. COVID-19 coincided in the U.S. with a resurgence of racial tension and anti-Black police brutality, spurring a series of Black Lives Matter protests and other forms of social resistance. Some women wanted to demonstrate their solidarity

with the Black Lives Matter movement, but were reluctant to engage in public activities for fear of being exposed to COVID-19 and putting their families at risk. A single woman in her 20s from New York reflected on "the protests going on." She explained that "as a black woman I respect it" and that "I wish I could go to these protests but I can't because of the coronavirus." At a critical time for solidarity during a major civil rights movement, having to forego civic engagement was particularly disempowering for participants, exacerbating a sense of helplessness and disconnectedness from friends, religious institutions, and broader society.

3.4. COVID-19 and mental health implications

Many participants described mental health challenges that were either induced or exacerbated by COVID-19. One woman in her 20s from New York expressed, "Lately [sic], I have been dealing with so much bad anxiety and some depression because of so much homework, trying to get into my new college, and also staying in the house a lot." Women with caregiving responsibilities shared concerns that their own mental health challenges might affect their children, and they described feelings of stress around this possibility. A mother in her 40s from New Jersey expressed fear that her mental health issues would affect her daughter, writing that, "She is such a shining light and I don't want that to be marred by mental health issues. I love my baby girl and I want her to be her best self. I didn't have any guidance on how to handle my big feelings and I am still struggling with that today. I [sic] want better for my little girl." Other women described an overall decline of their mental health. One woman in her 20s from West Virginia noted, "I've become more of a basket case than I was before. My mental health has gone to absolute manure." For many, the state of world events combined with the pandemic took a serious toll on their mental health. A woman in her late teens from New York described how, "On bad days I be consumed by apathy about my mental, and physical health, my spirituality and the state of the world. At the time of peak turmoil in the US, I found myself fall into a depression, frequently accompanied by feelings of anxiety, sadness and anger." For some women, mental health challenges affected their personal and/or intimate relationships. For example, a woman in her 20s from New York wrote, "My partner and I keep fighting and it's really all me because my mental health is so bad I take it out on everyone else."

4. Discussion

Black women journaling with PJP experienced increased stress associated with COVID-19 in three primary domains – work, caregiving, and social (dis)connectedness. For many women, sustained levels of stress took a toll on their mental health. Although some women viewed increased time with their families positively as a way to cope with the challenges of the pandemic, the majority struggled with the heightened responsibilities it created. Journal entries showed how the complex experience of stress among Black women was exacerbated during the COVID pandemic.

The responses by some participants reflect archetypes such as the Superwoman Schema, Sojourner Syndrome and the Strong Black Woman Syndrome. Many respondents described how they were expected to take on increased household and/or caregiving responsibilities out of obligation, and not necessarily by choice. Despite the many obstacles and barriers women felt in their own lives, they describe in their journals how they continued to soldier on and meet the ever-increasing demands associated with pandemic life but at what cost?

The heightened sense of burden Black women describe appeared to be especially relevant for caregivers, and especially for mothers. A teenager from New York expressed, "I had to look out for my family and help them because they didn't have anyone but me. My mother only had me. My grandparents only had me." A mother in her 30s from Ohio wrote, "This pandemic has changed my life for the better and worse. I love my family but being around them 24/7 and cleaning all the time has really taken its

toll. I mean my husband helps but only after things got really bad due to Covid. I love my family don't get me wrong but I feel as if sometimes I just want to be by myself. Often, participants spoke of their frustrations with unrealistic expectations. A woman in her 20s from Michigan wrote, "I was basically being a caregiver to a family member of mine (oftentimes without being asked) and this particular family member would often take advantage of me being there."

Many journalists discussed how the increased caregiving and other household duties they took on – sometimes by choice, and sometimes by obligation – compounded other life stressors, such as working from home; managing the mental health effects of stress, including depression and anxiety; grappling with financial instability; and reconciling disruptions in social and community life. These challenges occurred against a backdrop of heightened racial violence and at a time when most women found themselves cut off from their usual sources of support and coping. Family relationships were under strain; friends could not be accessed beyond a computer screen; opportunities for civic engagement were foreclosed by the risk of COVID exposure; and even the comfort of home was diminished by the need to constantly self-regulate one's behaviors and activities in order to protect vulnerable family members. These dueling crises placed Black women in a unique position of increased vulnerability to the stressors associated with identifying with multiple identities that are susceptible to racism, disproportionate prevalence of COVID-19 (Bowleg, 2020; Chandler et al., 2021) and societal norms and expectations associated with gender and caretaking. The coinciding realities of racial injustice and COVID-19 have been described as a 'twin pandemic' (Scott et al., 2021; Weiner et al., 2021) or 'double pandemic' (Starks, 2021). These crises made Black women even more susceptible to stress, but without a safety valve to release the growing pressure of intersecting stressors and vulnerabilities.

The journals analyzed here offer clear evidence of how Black women experience not only stress, but also pressure to follow through on the expectations embedded in what Black feminist scholars described as the Superwoman Schema, Sojourner Syndrome, and Strong Black Women Syndrome. Further research is needed to clarify the specific health effects of internalizing and acting upon these models and expectations. Previous studies have described how Superwoman Schema endorsement is associated with depression (Nelson et al., 2022) and lower inclination to seek help for mental health services (Woods-Giscombe et al., 2016). Similarly, stress is also known to have serious deleterious health effects among Black women. (Brondolo et al., 2017). For example, in the Jackson Heart Study, one of the largest longitudinal cohorts of African Americans, chronic stress was associated with a higher incidence of hypertension (Spruill et al., 2019). There is also evidence to suggest that Black individuals experiencing high levels of stress may be especially susceptible to poor diabetes outcomes (Shallcross et al., 2015). Associations have also been demonstrated between stress and lower levels of physical activity (Dlugonski et al., 2017), poor diet (Fowler-Brown et al., 2009) and inadequate sleep (McLaurin-Jones et al., 2021). Findings like these suggest that effective interventions for stress management may be a key facilitator for improved health and well-being among Black women.

There are some limitations to consider in interpreting the results of this analysis. PJP was not designed to generate a representative sample. The age of participants in the data subset analyzed here was skewed to younger Black women, which may limit generalizability. Sixty-nine percent of participants were under age 24, and 40% were students. Despite these limitations, this analysis offers several strengths. First, it provides first-person insight into the impact of the COVID-19 pandemic on Black women during the first 18 months of the pandemic. Second, not only is this study among the first to explore journaling in Black women, but it also provides key formative insight into on the feasibility and acceptability of journaling in this community. Building on this formative research, further research is needed to better understand the acceptability, feasibility and efficacy of journaling as a tool for managing stress in Black women.

These findings raise three critical points that merit further

investigation. First, we need to know more about how the COVID-19 pandemic is affecting Black women's levels of stress in the U.S. Second, more research is needed on how the stress experienced by Black women during the pandemic is affecting their health. Finally, to what extent, and in what ways, might journaling have therapeutic value for Black women? Given the demonstrated benefits of therapeutic writing as a way of reducing stress in other populations (Allen et al., 2020; Gortner et al., 2006; Pennebaker, 1993), it is certainly possible that journaling may be beneficial and acceptable among Black women. To our knowledge, however, no studies have yet been conducted to pursue this question. Especially in light of the profoundly detrimental impact of stress on Black women's physical and mental health, future research on whether or not journaling may be an effective approach to stress management is critically needed.

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CRedit authorship contribution statement

Jolaade Kalinowski: Conceptualization, Formal analysis, Writing – original draft, Writing – review & editing. **Heather Wurtz:** Formal analysis, Writing – original draft, Writing – review & editing. **Madeline Baird:** Formal analysis, Writing – original draft, Writing – review & editing. **Sarah S. Willen:** Formal analysis, Writing – original draft, Writing – review & editing.

Declaration of competing interest

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