Macrothink Institute™

International Research in Education
ISSN 2327-5499
2025, Vol. 13, No. 2

The Weight of the Crown: A Phenomenological Study of African American Women Leaders' Mental Well-Being in Higher Education

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Received: October 5, 2025 Accepted: October 22, 2025 Published: October 26, 2025

doi: 10.5296/ire.v13i2.23266 URL: https://doi.org/10.5296/ire.v13i2.23266

Abstract

This study explores the lived experiences of African American women leaders in higher education, focusing on their mental well-being. Guided by a transcendental phenomenological approach, the research seeks to understand how these leaders perceive, navigate, and maintain their mental health within complex institutional environments. Participants included 11 African American women holding leadership positions across HBCU, PWI, and technical and community colleges with leadership tenure ranging from five to twenty years. Data were collected through semi-structured interviews, allowing participants to share personal narratives, challenges, and coping strategies in their own words. Thematic analysis revealed several key findings: the profound impact of institutional culture on mental well-being, the role of mentorship and peer support in fostering resilience, strategies for balancing professional demands with personal life, and the influence of spiritual or reflective practices in sustaining mental health. Participants described experiences of both overt and subtle systemic challenges, as well as environments marked by affirmation and support, highlighting the variability of leadership contexts. These findings underscore the need for higher education institutions to implement policies and practices that support the emotional and professional well-being of African American women leaders, including structured mentorship, culturally responsive leadership development, and wellness resources. This study contributes to the understanding of how race, gender, and leadership intersect to shape mental well-being and offers implications for creating more inclusive and supportive academic workplaces.

Keywords: African American women, higher education leadership, mental well-being, transcendental phenomenology, mentorship, resilience, HBCU, PWI

1. Introduction

Higher education institutions (HEIs) in the United States rely on strong, diverse leadership to navigate complex sociopolitical and economic challenges. While African American (AA) women have demonstrated a profound capacity for leadership and institutional stewardship throughout the history of academia, they remain significantly underrepresented in senior administrative ranks across predominantly White institutions (PWIs) (American Council on Education, 2023). This underrepresentation is compounded by pervasive structural inequities that often position AA women leaders as tokens, subject to heightened scrutiny, isolation, and the burden of representing their entire demographic (West, 2017). The phenomenon of the "concrete ceiling" constitutes not merely a barrier to advancement but a sustained, emotionally taxing environment that forces these leaders to constantly negotiate their professional competence against race-gendered stereotypes (Commodore et al., 2020).

Despite the growing body of literature focused on the career trajectories and barriers faced by AA women in higher education, research remains sparse regarding the resultant impact on their mental well-being. The sustained performance demands coupled with chronic exposure to microaggressions and institutional betrayal can lead to compounded stress, burnout, and attrition (Grottis, 2024). Public institutions must engage in intentional efforts to safeguard the mental health of vulnerable populations, particularly as the weight of leadership in academia uniquely affects AA women. For leadership to be sustainable and for HEIs to retain vital, diverse talent, the internal cost paid by AA women leaders must be understood and mitigated. This study moves beyond simply identifying barriers to explore the internal, subjective reality of leading while Black and female in academia.

The purpose of this study is to illuminate the lived experiences of African American women leaders in higher education concerning their mental well-being. Using a phenomenological approach, this research aims to capture the essence of their daily reality, validating their subjective accounts as authoritative knowledge. The findings will provide a critical foundation for institutional practices designed to support, sustain, and honor the health of this vital leadership cohort.

Research question: *What are the lived experiences of African American women leaders in higher education concerning their mental well-being?*

2. Significance of the Study

The significance of this study lies in its aim to highlight and address the multifaceted challenges faced by African American women leaders in higher education, particularly concerning their mental well-being. Research demonstrates that African American women in leadership positions experience unique hardships, including the intersection of race and gender bias, leading to significant psychosocial and emotional burdens (Commodore et al., 2020). The persistent underrepresentation of these leaders in senior administrative roles within predominantly White institutions (PWIs) contributes to feelings of isolation and tokenism, ultimately impacting their mental health (American Council on Education, 2023; West, 2017). Understanding the mental health struggles faced by these leaders is vital for

several reasons. Studies indicate that chronic exposure to microaggressions and institutional betrayal can lead to stress and burnout, which negatively affects their personal well-being and institutional efficacy (Grottis, 2024; Coley et al., 2017). Furthermore, the compounded effects of these stressors can hinder effective leadership, dissipate motivation, and increase attrition rates among African American women in higher education leadership roles Coley et al. (2017). Research also highlights the role of psychosocial factors, such as social support and spirituality, in mitigating the adverse effects of stress (Paranjape & Kaslow, 2010; Mama et al., 2016). This underscores the importance of integrating mental health resources and support mechanisms specifically tailored for African American women leaders. Identifying and understanding these unique factors can help inform institutional practices aimed at improving the mental health and overall job satisfaction of these leaders (Hays & Aranda, 2016; Johnson et al., 2021). This study not only seeks to illuminate the personal narratives of African American women leaders in higher education but also aims to contribute meaningful insights into the development of culturally relevant interventions and support systems. By validating their lived experiences and recognizing the systemic challenges they face, this research advocates for equitable practices that honor their health and well-being, ultimately enabling sustainable leadership within higher education institutions.

3. Literature Review

3.1 Theoretical Frameworks

A thorough understanding of the intersectionality framework is essential to comprehending the unique challenges faced by African American women leaders in higher education. Intersectionality, conceptualized by Crenshaw (1989), highlights how race, gender, and other social categories interact to create distinct experiences of oppression and privilege. In the context of leadership, an intersectional approach reveals how systemic inequities like sexism and racism converge to create barriers that complicate the professional journeys of African American women (Johnson & Johnson, 2024). This complexity necessitates a nuanced exploration of their lived experiences, as traditional leadership theories often fail to account for the layered challenges these leaders encounter. Additionally, Patricia Hill Collins' concept of "Black Feminist Thought" provides a critical lens for examining the experiences of African American women leaders. Collins (1990) emphasizes the importance of recognizing the specific knowledge and perspectives that arise from the lived experiences of Black women. This standpoint theory suggests that knowledge is situated, and therefore, the voices of African American women leaders should be prioritized in discussions concerning their mental well-being and leadership practices. By employing both an intersectional framework and Black feminist thought, we can attain a more comprehensive understanding of how these leaders navigate their environments while managing mental health challenges. Furthermore, the stress-and-coping model provides insight into how African American women leaders manage the psychological toll of their circumstances. This model emphasizes the significant effects of structural and interpersonal stressors, highlighting the coping strategies employed by individuals influenced by their social identities (Collins, 1990; Manongsong & Ghosh, 2021). Concepts such as these, where individuals engage in high-effort coping to succeed in the face of persistent adversity, further illuminate the psychological demands placed on

African American women in leadership (Geronimus, 1992). This theory encapsulates the ongoing struggle against systemic barriers, impacting mental well-being and leadership efficacy.

3.1.1 Gaps in the Literature

The leadership experiences of women of color, particularly Black women, have garnered increased attention in recent years. Scholars have highlighted the specific barriers faced by these leaders within higher education settings, revealing how societal expectations and systemic racism shape their experiences (Azhar & McCutcheon, 2022). Notably, the concept of the "double bind" illustrates the conflict they encounter, as they strive to meet traditional leadership standards while also confronting the racial and gender biases inherent in these environments (Russell, 2022). Research by (Manongsong & Ghosh, 2021) emphasizes the impostor phenomenon that minoritized women often grapple with as they navigate leadership roles, further elevating the importance of a supportive network to combat feelings of inadequacy and isolation. Similarly, (Chance, 2021) explores the resilient strategies employed by Black women as they confront adversity, illuminating their unique coping mechanisms and the importance of mentorship (Chance, 2021). Additionally, studies illustrate how systemic racism and sexism in predominantly White institutions (PWIs) contribute to feelings of alienation among Black women faculty and administrators (Azhar & McCutcheon, 2022). The hesitance to disclose mental health challenges due to fear of social stigma has been documented, underscoring the significance of culturally tailored support and interventions aimed at bolstering the mental health of African American women leaders.

While existing studies have shed light on structural barriers faced by African American women leaders in higher education, there remains a notable gap in phenomenological research examining their subjective experiences concerning mental well-being. Much of the literature has focused on identifying challenges rather than understanding the nuanced realities that shape their everyday lives (Johnson & Johnson, 2024). By prioritizing qualitative methodologies such as interviews and narrative analysis, future research can unveil hidden struggles and resilience strategies that have not yet been comprehensively documented. Furthermore, understanding how intersectional identities inform the coping mechanisms Black women employ in leadership roles would add depth to current discussions. As Collins (1990) notes, the insights derived from the lived experiences of African American women must be integrated into the academic discourse surrounding leadership and mental well-being. By employing a phenomenological lens, researchers can better capture and validate these experiences, ultimately guiding institutional practices toward more equitable and supportive environments for these leaders. In conclusion, the integration of intersectionality and Black feminist thought into the study of African American women in leadership is vital for revealing the complexities of their experiences. By exploring their mental health and leadership challenges through phenomenological inquiry, this research aims to provide valuable insights that can foster systemic change within higher education institutions, thereby enhancing the support and retention of Black women leaders.

4. Methodology

This study employed a transcendental phenomenological design and was carried out to explore and describe the lived mental-well-being experiences of African American women leaders in higher education. The research proceeded with the intent of bracketing the researcher's preconceptions so that the phenomenon could be described as directly as possible from participants' accounts (Moustakas, 1994). Institutional Review Board (IRB) approval was secured prior to recruitment, and all human subjects protections were followed throughout the project (American Psychological Association, 2020). Recruitment, consent forms, data collection, transcription, analysis, and final reporting were all completed in accordance with the approved protocol, and every step was documented in an audit trail that chronicles decisions, coding changes, and reflexive memos, ensuring that the analytic path from raw data to findings is transparent and traceable (Maxwell, 2012).

4.1 Participants

Participants and sampling were purposive and targeted specifically to elicit detailed, experientially rich accounts from African American women who had served in leadership positions in higher education. Eleven participants completed the study; to protect confidentiality throughout reporting, each individual was assigned a unique identifier (Participant 1 through Participant 11), and no personal names, employing institutions, or other directly identifying markers were used in transcripts, field notes, or publications. The sample intentionally represented a range of leadership roles and institutional contexts, so that the study could attend to contextual differences in experience. The demographics and professional descriptors for the finalized sample were recorded as shown in the table below and were retained as de-identified metadata linked only to the secure master list described below. All participants met the inclusion criteria of self-identifying as African American women and having served in a leadership role in higher education for a minimum amount of time appropriate to the role (Davis & Maldonado, 2017).

Recruitment was completed through targeted email invitations, private professional network outreach, and respectful snowball referrals, whereby existing participants privately suggested colleagues who might be willing to participate. All referral contacts were made individually by the principal investigator, ensuring that interest or decline remained private to each potential participant. Recruitment and informed consent were completed prior to any data collection (Creswell, 2013). Potential participants received a private email invitation that described the study's purpose, the voluntary nature of participation, as well as the time commitment, potential risks and benefits, and the secure procedures that would protect confidentiality (Liamputtong, 2010; Rivera & Li, 2020). Those who expressed interest were sent the informed consent document to review and sign electronically. Signed consent forms were returned and stored on a password-protected device; access to these documents was limited to the principal investigator as delineated in the IRB application. Participation was explicitly voluntary, and participants were reminded that they could withdraw at any time without penalty and that any data contributed up to that point could be removed upon request.

Table 1. Participant Demographics

Participants	Leadership Role	Institution Type	Years in Leadership
Participant 1	Dean of Students	PWI	**7**
Participant 2	Director of Educational Partnerships	Technical College	5
Participant 3	Vice Provost for Diversity & Inclusion	PWI	15
Participant 4	Director of Academic Advising	Community College	3
Participant 5	Director of Counseling & Mental Health Services	PWI	11
Participant 6	Dean, College of Education	HBCU	12
Participant 7	Assistant Provost for Faculty Development	PWI	16
Participant 8	Director of Student Success Programs	Technical College	8
Participant 9	Dean of Graduate Studies	PWI	15
Participant 10	Director of Career Services	PWI	5
Participant 11	Director of Academic Advising	PWI	9

5. Data Collection

Data collection consisted of semi-structured interviews conducted entirely online via a secure Zoom platform. Each participant completed an initial interview that ranged between forty-five and sixty minutes, along with one follow-up member checking interview not exceeding twenty to thirty minutes. Interviews were scheduled to accommodate participants' professional responsibilities and were conducted in private settings chosen by participants to maximize their comfort and privacy (Morrow, 2008). The interview protocol invited detailed narrative responses to prompts about definitions of mental well-being, sources of occupational stress, coping strategies and supports, critical incidents that impacted well-being, and perceptions of institutional practices. Probes encouraged participants to elaborate on turning points, embodied experiences, and meaning-making so that the phenomenological essence could be captured (Byrd & Stanley, 2009). All interviews were audio-recorded with explicit participant permission and transcribed verbatim using **NVivo Transcription** under a strict confidentiality agreement to ensure participant privacy and data security. Transcripts were reviewed for accuracy and then returned to participants for member checking; participants were invited to correct, clarify, or expand their transcripts and to participate in a short follow-up interview for verification of emergent interpretations (Creswell, 2013). Several participants provided clarifying details or minor revisions during this member checking stage, and those changes were incorporated into the final analytic transcripts. No participant asked for complete withdrawal after the interview stage, and all participants

confirmed that they wished their anonymized narratives to be included in the study unless otherwise specified. In sum, the study was executed with deliberate, documented procedures that respected participant autonomy and confidentiality while producing dense, phenomenological descriptions of African American women leaders' mental well-being experiences. The methodological choices, from purposive sampling through member checking and audit-trailled thematic synthesis, were aimed at producing findings that faithfully represented participants' lived meanings and at offering an analytic foundation for practice recommendations that are grounded in those lived realities.

5.1 Confidentiality

Protecting participant confidentiality and securing data were central priorities from recruitment through disposal (Sullivan-Bolyai et al., 2005). As noted above, direct recruitment communication and all referrals were handled privately and individually so that choices to participate remained confidential. Every participant received a unique identification code that was used in transcripts, codebooks, and analytic files. A single master list that linked identification codes to participant contact information was maintained on an encrypted external drive and was stored separately from the de-identified data files. This master list was accessible only to the principal investigator and was further protected with multi-factor authentication (American Psychological Association, 2020). Interview audio files, signed consent forms, and any documents containing personally identifying information were stored on a password-protected. After verbatim transcription and an accuracy check, the original audio files were securely deleted; transcripts were de-identified so that names, specific institutional identifiers, and any other direct identifiers were removed prior to analysis. The research records that contained identifiable information were scheduled for secure destruction three years following study completion in accordance with federal IRB regulations, after which secure deletion procedures and physical destruction for any hard copies were carried out (Floyd, 2021). Throughout storage, encrypted containers were used for files and secure passwords.

6. Data Analysis

Analysis followed a rigorous transcendental phenomenological procedure designed to arrive at a richly textured description of the phenomenon and to identify its essential structure (Moustakas, 1994; Kelley & Knowles, 2016). The analytic sequence began with epoche and reflexivity: prior to coding, structured bracketing was used by maintaining a reflexive journal that recorded assumptions, prior experiences, and expectations about Black women's leadership and mental health (Tufford & Newman, 2010; Allicock et al., 2013). These entries were consulted repeatedly to minimize interpretive bias. Transcripts were then read multiple times for immersion, and horizontalization was applied so that each significant statement about mental well-being was identified, recorded, and treated as a distinct data unit (Creswell, 2013; Besser et al., 2022). Through horizontalization, each statement received equal consideration, allowing for a comprehensive understanding of participants' lived experiences. This process helped to ensure that the rich complexities of their narratives were preserved. Each significant statement was examined to formulate a concise meaning statement that captured what the

participant communicated about their experience (Van Manen, 1990; Bethea et al., 2016). Meaning statements were then clustered into thematic groups based on similarity and co-occurrence, with careful attention to preserving nuance and separate contextual detail from core meaning.

7. Results

To ensure a rigorous and faithful representation of participants' voices, the analysis began with horizontalization, in which each statement from the interviews was treated as having equal value. Every remark, reflection, or narrative shared by the participants, regardless of perceived significance, emotional tone, or repetition, was considered potentially meaningful for understanding the phenomenon of mental well-being. For example, Participant 1's statement, "I don't know how I would get through some weeks without taking 10 minutes each morning to center myself in God's presence," was treated with the same weight as Participant 9's reflection on experiencing workplace bias that led to a six-month medical leave. During horizontalization, statements were extracted verbatim and compiled across all participants. This approach prevented premature judgment about which experiences were "more important," ensuring that the richness and diversity of the lived experiences were captured. Each significant statement was then analyzed to determine its core insight about mental well-being. These core insights were subsequently clustered into thematic groups representing shared experiences among participants.

Table 2. Horizontalization Chart

Participants	Significant Statements	Interpretive Statements	Emergent Themes
Participant 1	"I don't know how I would get through some weeks without taking 10 minutes each morning to center myself in God's presence." "Balancing meetings, student crises, and my children's schedules is exhausting."	Faith/spiritual practices provide grounding and resilience; Work-life demands create stress and require personal sacrifice	Faith, Spirituality, and Inner Strength; Work-Life Integration and Personal Sacrifice
Participant 2	"Traveling for partnerships keeps me energized, but the pressure to constantly perform is draining." "I meditate every morning; it clears my mind and helps me focus."	High expectations from leadership roles create stress; Mindfulness and self-care support mental well-being	High Expectations and Self-Imposed Pressure; Coping Strategies and Self-Care Practices
Participant 3	"Every challenge I face, I try to learn something that helps me mentor others." "Quiet walks and prayer are my ways to process institutional stress."	Learning from challenges fosters resilience and meaning-making; Spiritual practices help manage professional pressures	Resilience and Meaning-Making; Faith, Spirituality, and Inner Strength
Participant 4	"Without the support of my colleagues, I wouldn't still be here." "I take time for journaling	Institutional support and collegial relationships reduce stress; Personal reflection and	Institutional Support and Collegial Relationships; Coping

	and reflection after student advising sessions."	self-care enhance well-being	Strategies and Self-Care Practices
Participant 5	"I literally reached a breaking point due to biases at work, which led to a six-month medical leave." "Mindfulness exercises and therapy have been critical for my recovery."	Experiences of discrimination can cause severe mental strain; Coping strategies support mental health recovery	Experiences with Racism and Sexism; Coping Strategies and Self-Care Practices
Participant 6	"Caring for my niece while leading the College of Education requires constant energy management." "My faith and mentorship relationships keep me motivated."	Family and professional responsibilities require balance and sacrifices; Faith and supportive relationships sustain resilience	Work-Life Integration and Personal Sacrifice; Faith, Spirituality, and Inner Strength
Participant 7	"I feel the weight of being a role model for other Black women in leadership." "Peer mentorship groups are invaluable; they allow me to vent and learn from others."	Self-imposed pressure and societal expectations increase stress; Support networks alleviate professional stress	High Expectations and Self-Imposed Pressure; Institutional Support and Collegial Relationships
Participant 8	"I paint, I write, I meditate, I have to have something that is purely for me." "Building community programs gives me purpose and energy."	Creative outlets and mindfulness are essential coping strategies; Engagement with students and community fosters meaning-making	Coping Strategies and Self-Care Practices; Resilience and Meaning-Making
Participant 9	"Persistent microaggressions at my previous institution caused tremendous emotional strain." "Moving to a new PWI improved things, but subtle challenges remain."	Experiences of racism and sexism impact mental health; Change in environment mitigates but does not eliminate stress	Experiences with Racism and Sexism
Participant 10	"It's a constant juggling act between work, church, and family responsibilities." "Faith and prayer sustain me during challenging days."	Work-life balance requires intentional strategies; Spiritual practices support resilience and well-being	Work-Life Integration and Personal Sacrifice; Faith, Spirituality, and Inner Strength
Participant 11	"Mentoring other women of color reminds me why I endure the challenges." "Regular check-ins with supportive colleagues help me process stress."	Mentorship and service create meaning and resilience; Collegial support reduces emotional burden	Resilience and Meaning-Making; Institutional Support and Collegial Relationships

7.1 Theme 1: Faith, Spirituality, and Inner Strength

Faith and spirituality were integral to participants' experiences of mental well-being, providing a sense of grounding, purpose, and hope. Participant 1, at a predominantly White institution (PWI), described beginning each day with prayer and journaling, stating, "I don't know how I would get through some weeks without taking 10 minutes each morning to center myself in God's presence. It's the only thing that keeps me grounded when everything feels like it's on fire." Participant 2 echoed this sentiment, explaining that leaning on her faith community provided comfort and accountability: "My church family reminds me I'm not carrying this burden alone. They speak life into me when I feel drained." Participant 3 emphasized that her spiritual practices were not merely personal rituals but guided her approach to mentoring other women of color, framing her work in terms of service, patience, and perseverance. Similarly, Participant 6 connected her resilience to a deep reliance on prayer during moments of crisis, reflecting, "When I wanted to walk away, I prayed. And in that moment, I felt a strength that reminded me why I was placed in this position."

Across participants, faith served as both a personal anchor and a lens for interpreting experiences of stress, challenge, and professional accomplishment. The theoretical framework of Black Feminist Thought posits that spirituality can be a means of resistance and empowerment for African American women, allowing them to navigate oppressive structures within their environments (Collins, 2000). This notion is reflected in the participants' experiences, as spirituality provided a foundation for coping and affirming their identities within the academic landscape. Additionally, the Strong Black Woman Schema is relevant in understanding how faith and spiritual resilience interconnect with their leadership identities, enabling endurance through systemic challenges (Watson et al., 2021; Shields, 2023).

7.1.1 Theme 2: High Expectations and Self-Imposed Pressure

Across the interviews, participants consistently described a persistent pressure to perform at an exceptional level, shaped both by their leadership responsibilities and by the intersecting expectations tied to being African American women in higher education. Participant 2, explained, "I always feel like I am representing more than myself. If I succeed, it reflects positively on others like me, but if I fail, it's as if I'm proving the stereotypes right." Similarly, Participant 3, recalled constantly second-guessing herself, stating, "There is no room for mistakes. I double and triple check my work because I know I don't get the same grace as others in my position." Participant 4, shared that these pressures shaped her day-to-day decisions, noting, "I put in extra hours, not because I always need to, but because I never want someone to say I'm not pulling my weight. That thought alone drives me harder than it should." For Participant 5, the weight of internalized expectations manifested as perfectionism and emotional strain: "I hold myself to a standard that is nearly impossible, and when I fall short, even in small ways, I carry it heavily. It has taken intentional reflection to realize I can't always operate at 110 percent." Participant 6, described a similar experience, adding, "I feel like I must constantly justify why I belong in the role, so I over-prepare for everything, every meeting, every presentation, because being average is not an option."

Participant 7, echoed this sentiment of collective responsibility, reflecting, “Sometimes it feels like I am carrying the hopes of every young Black woman in the institution on my shoulders. I can’t afford to falter, and that weight sometimes keeps me up at night.” For Participant 8, the pressure translated into exhaustion, as she explained, “I wake up with lists in my head of what needs to get done because if I don’t stay ten steps ahead, someone will question my competence. That level of vigilance is draining.” Participant 9, described the emotional toll of constant performance monitoring: “Even when I’m doing well, I ask myself, ‘Is it enough? Will they still see me as qualified?’ That loop is exhausting and never really goes away.” Participant 10, tied this pressure to visibility, stating, “Being one of the few Black women at this level means I can’t just blend in. Every move is noticed, and I feel like I’m being evaluated twice as hard as others.” Finally, Participant 11, shared, “I live with the fear of letting people down my family, my mentors, my community. That fear pushes me to excel, but it also leaves me emotionally depleted.” Taken together, these narratives align with the John Henryism hypothesis, which suggests that individuals from marginalized groups often respond to chronic psychosocial stress by engaging in high-effort coping strategies to counter barriers (Geronimus, 1992; Good et al., 2012). The participants’ experiences illustrate how the convergence of leadership responsibilities, societal stereotypes, and racial-gendered expectations contribute to both their success and their strain, reinforcing the idea that their well-being is deeply intertwined with these compounded pressures.

7.1.1.1 Theme 3: Institutional Support and Collegial Relationships

Supportive professional relationships emerged as a critical factor in sustaining mental well-being among participants. Across their stories, collegial networks, mentorship, and peer encouragement were consistently described as lifelines in navigating the pressures of leadership. Participant 4 reflected candidly on the importance of these connections, stating, “I wouldn’t still be here if it weren’t for the group of colleagues, both women of color and allies who check in with me, offer feedback, and help me process tough days.” For her, having trusted colleagues provided both validation and emotional safety, helping to buffer the weight of systemic and institutional stressors. Participant 2 also emphasized the role of mentorship, particularly from senior women who had “walked the road before.” She explained, “When I felt like I couldn’t handle one more committee meeting or another microaggression, I had mentors who reminded me that I belonged. They poured wisdom into me, and that has been the difference between quitting and continuing.” Similarly, Participant 6 described her institution’s collaborative culture as a source of strength. She noted, “What makes this role sustainable is knowing I have a team around me that wants to see me succeed. It’s not just me fighting to prove myself, it feels like we are lifting each other up.”

By contrast, participants who found themselves in less supportive environments shared the strain of isolation. Participant 11 described periods where collegial support was noticeably absent: “There were times when I felt like I was on an island. People respected my work, but no one really reached out to check on me as a person. That kind of silence makes you question whether you’re truly valued beyond your productivity.” Participant 8 echoed this experience, explaining that while she valued her role deeply, the absence of consistent institutional support often left her “feeling drained and unseen.”

Taken together, these accounts underscore that organizational culture and collegial support significantly shape the well-being of African American women leaders. Environments that foster collaboration, mentoring, and authentic care were described as sustaining and energizing. Conversely, the absence of such networks intensified feelings of invisibility and strain, adding another layer of challenge to leadership. This aligns with existing research demonstrating that social support is a vital resilience factor for Black women in leadership roles, as it enhances their ability to navigate workplace challenges and fosters empowerment within predominantly White settings (Springfield et al., 2022).

7.1.1.1.1 Theme 4: Experiences with Racism and Sexism

A subset of participants, particularly those at PWIs, shared experiences of both overt and subtle discrimination, including microaggressions, biased evaluations, and exclusion from decision-making processes. Participant 3, described the sense of invisibility she felt in leadership spaces, explaining that her contributions were often dismissed until echoed by others: “At my PWI, I often found myself being the only Black woman in leadership meetings. My ideas were either ignored or repeated by someone else, who then got the credit. It wears you down over time because you start questioning if your voice really matters.” Similarly, Participant 5, recalled the sting of overt bias, noting, “I had a faculty member tell me outright that I only got the position because of diversity initiatives. That kind of comment sticks with you. It didn’t just sting professionally it made me doubt myself in ways I never had before.” These subtle and overt acts of discrimination shaped how participants navigated leadership, often leaving them feeling scrutinized and undervalued. Participant 7 highlighted the persistent microaggressions she encountered, stating, “Bias here doesn’t always come in obvious forms. It’s the subtle things like not being invited to key conversations or being evaluated more harshly than my peers. You realize it’s not about your competence but about who you are.” For some, the cumulative toll of these experiences had significant consequences for their well-being. Participant 9 shared how ongoing workplace bias led to a six-month medical leave: “I literally reached a breaking point. I loved my work, but the constant undercurrents of bias were draining me mentally and physically. After my leave, I moved to a different institution where things were better, but I still notice subtle patterns that remind me I can never fully relax.” Participant 11echoed this sense of constant scrutiny, stating, “As a Black woman at a PWI, I constantly have to prove that I belong. There’s this unspoken assumption that I’m less qualified, and it shows up in how people question my decisions in ways they don’t question others.” Collectively, these accounts demonstrate how intersecting racial and gender biases remain embedded in institutional cultures, contributing directly to the mental health challenges faced by African American women leaders in higher education.

The Stress-and-Coping Model illustrates how African American women often grapple with the stress induced by racism and sexism, necessitating the development of coping strategies to manage their mental health (Collins, 2000; Geter et al., 2018). Additionally, research indicates that the intersectionality of race and gender significantly influences their experiences of discrimination, necessitating careful navigation of their professional environments to maintain mental well-being (Lewis & Neville, 2015; Jackson & Miller,

2014).

7.1.1.1.1.1 Theme 5: Work-Life Integration and Personal Sacrifice

Balancing professional demands with personal and family responsibilities emerged as a consistent challenge across participants, shaping their experiences of stress, emotional exhaustion, and resilience. Participant 1, a mother of two teenagers, explained, "Most mornings I am up before dawn reviewing reports for an upcoming meeting, then I'm driving the kids to school, and later I circle back to emails and projects after they are asleep. It feels like I'm always working in between the cracks of family life." Participant 2 described how caregiving duties often collided with her professional role, noting, "There are days when I leave campus after an evening event and head straight to check on my aging parents. The work doesn't stop when I get home it just shifts from students to family." Similarly, Participant 3, shared that her leadership role demanded constant availability, which strained her family relationships: "My children have told me that I am always on the phone or laptop. I struggle with guilt because I want to be fully present for them, but my job rarely allows that." For Participant 4, the weight of competing priorities led to feelings of sacrifice: "I often choose work over rest, and it's not because I want to, but because deadlines don't wait. The trade-off is my health and time with loved ones." Participant 5, added that the emotional energy invested in both work and family responsibilities created little room for personal renewal: "I pour into students and clients all day, then come home and give what's left to my family. At the end of the week, I realize I haven't left anything for myself." Participant 6, reflected on how her role as caregiver for her niece shaped her routines: "I structure my entire day around making sure she is cared for, while also managing meetings, reports, and faculty issues. It requires careful planning and a lot of personal sacrifice, but I can't allow either role to slip." Other participants echoed similar struggles. Participant 7, emphasized the constant negotiation of priorities: "I try to be everything to everyone, students, staff, family but the truth is something always gives, and usually, it's my own well-being." Participant 8 described emotional exhaustion from being perpetually "on": "Even on vacations, I am answering emails because I don't want things to fall apart in my absence. It's like I can never fully disconnect." Participant 9, admitted that work frequently overshadowed personal life, sharing, "I have missed birthdays, anniversaries, and family gatherings because of work commitments. Over time, it takes a toll emotionally." Participant 10 tied the imbalance to institutional expectations: "There's an unspoken assumption that leaders will always be available, no matter the cost. That expectation doesn't leave room for family life, especially for women of color who already carry so much." Finally, Participant 11, reflected, "I sacrifice sleep, exercise, and even friendships just to keep up with the demands of my role. Sometimes I wonder if the sacrifices are worth the long-term cost."

These accounts underscore findings in the literature that African American women in leadership often navigate a dual burden of professional obligations and familial responsibilities, leading to heightened emotional strain and the need for structured coping strategies (Kemp et al., 2019). The participants' narratives illustrate that work-life balance is not merely a matter of time management but a deeper negotiation of identity, responsibility, and sacrifice, highlighting the urgent need for institutional structures that support leaders in

sustaining both professional and personal well-being.

7.1.1.1.1.1.1 Theme 6: Coping Strategies and Self-Care Practices

Participants described a range of intentional strategies to sustain their mental well-being amid the stressors of leadership in higher education. These practices included journaling, mindfulness, yoga, therapy, creative outlets, and faith-based rituals, all of which served as essential buffers against the cumulative weight of their responsibilities. Participant 1 shared that her most effective practice was journaling: “I write every night, even if it’s just a few sentences. It helps me process the day and let go of the heaviness I carry home.” Participant 2 relied heavily on therapy, reflecting, “Having a therapist who understands the cultural context of my experiences has been life-changing. It’s the one space where I don’t have to explain myself.”

Several participants emphasized the centrality of mindfulness and meditation. Participant 3 explained, “When I feel the pressure closing in, I take ten minutes, close my office door, and breathe. It sounds small, but that pause can reset my entire day.” Participant 4 described yoga as both a physical and mental release: “Yoga is non-negotiable for me. It’s the only time I feel fully connected to myself and not defined by the demands of my job.” Participant 5 modeled self-care practices she often recommended to others, saying, “I block time for walks, prayer, and deep breathing, and I’ve learned to treat that time as sacred. If I don’t, burnout creeps in quickly.” Creative outlets were another recurring strategy. Participant 8 described painting and writing as her way of reclaiming joy: “I paint, I write, I meditate, I have to have something that is purely for me. Without it, the stress of work swallows me.” Participant 6 also shared that she leaned on music as a therapeutic outlet, explaining, “There are nights when I put on gospel music and just sing until the tension in my chest loosens.” Faith and spirituality were also particularly salient in shaping coping practices. Participant 7 noted, “Prayer is my anchor. Before every meeting, before every decision, I stop and ask for guidance. It centers me.” Similarly, Participant 9 relied on scripture, explaining, “Reading the Psalms gives me strength on the hardest days. It reminds me that I am not carrying this load alone.” Participant 10 highlighted the role of mentoring networks, reflecting, “I have a circle of sisters in higher ed leadership. We check in, we vent, we pray for each other. That community is what keeps me from feeling isolated.” Participant 11 echoed the importance of collective resilience, noting, “Having mentors and colleagues I can trust to share honestly with makes all the difference. It reminds me that I am not the only one fighting these battles.”

The participants’ accounts align with scholarship that positions resilience as both an individual and collective construct. Research shows that African American women’s coping strategies often include faith-based practices and reliance on communal support systems, which bolster their ability to manage adversity and maintain resilience over time (Fedina et al., 2017). Their narratives reinforce that self-care is not simply an individual wellness choice but a vital leadership practice that enables sustained engagement in environments where systemic inequities and high expectations converge.

7.1.1.1.1.1.1.1 Theme 7: Resilience and Meaning-Making

Despite the weight of leadership and the stressors they encountered, participants consistently described resilience as an anchor that sustained their journeys. For many, resilience was not just about surviving challenges but transforming them into opportunities for growth, purpose, and service to others. Participant 3 explained that every obstacle became part of her leadership development, noting, "Every time I've faced a challenge, I learn something that helps me be a better leader and guide for the women coming after me. That meaning is what keeps me going." Participant 1 echoed this sentiment, connecting her resilience to both faith and family. She shared, "There are days when I feel stretched too thin, but when I sit at the dinner table with my kids and know they're watching how I carry myself, I remind myself that this is bigger than me. I have to keep pressing forward." For Participant 9, resilience was shaped through a very difficult season. After taking a medical leave due to overwhelming stress, she reflected on how the experience reshaped her perspective: "That break almost broke me, but it also made me stronger. I realized I had to put boundaries in place and reframe what leadership meant to me. Now, I see my role not just as surviving, but as showing others how to rise, even when things feel impossible." Others framed resilience through mentorship and collective responsibility. Participant 7 described her motivation as deeply tied to those she mentors: "I tell myself, if I can push through, maybe the young women I mentor won't have to carry the same burdens. That thought gives me the strength to show up, even on the hardest days." Participant 11 also highlighted the importance of meaning-making through service: "When I pour into students or junior colleagues, it reminds me that my pain or stress has a purpose. It's not wasted it becomes fuel for someone else's journey."

Faith and spirituality also emerged as central to resilience for several participants. Participant 10 reflected, "I've been knocked down before, but prayer and my community lift me back up every single time. I don't see struggles as the end; I see them as lessons I'm supposed to carry into my leadership." Participant 6 drew strength from caring for her niece, explaining, "When I feel like giving up, I look at her and know I have to keep going. She deserves an example of what perseverance looks like." Taken together, these stories reveal that resilience was not a passive trait but an intentional process of finding meaning in adversity. The women described resilience as being rooted in faith, family, mentorship, and service to others. Their narratives align with research showing that African American women leaders often reframe challenges as pathways to personal growth and collective uplift (Kelley & Knowles, 2016; Fedina et al., 2017). The act of meaning-making became a strategy for survival and transformation, strengthening not only their own well-being but also their capacity to lead, mentor, and inspire others in higher education.

8. Discussion

The transcendental phenomenological analysis of interviews with eleven African American women leaders in higher education revealed a multifaceted and dynamic understanding of mental well-being. Participants' narratives highlighted the interplay between institutional pressures, societal expectations, personal identity, and resilience strategies, consistent with

existing some literature on Black women in leadership and mental health. In alignment with Collins' (2000) Black Feminist Thought, participants' experiences demonstrate that intersecting systems of race, gender, and power profoundly shape both professional experiences and mental health outcomes. These narratives also reflect Lazarus and Folkman's (1984) stress and coping framework, particularly the importance of cognitive appraisal and intentional coping strategies in navigating high-pressure environments. Participants frequently described high levels of emotional labor, role strain, and systemic bias, including microaggressions and subtle marginalization, which contributed to burnout, anxiety, and, in some cases, severe mental health challenges requiring medical leave. These findings support prior research documenting the unique stressors faced by African American women in higher education leadership, including isolation, tokenism, and pressures to represent both their race and gender (Henry, 2017; Szymanski & Lewis, 2015). The pressures described by participants can also be viewed through the lens of the Superwoman Schema, which often leads to internalized expectations that drive these women to frequently overextend themselves (Woods-Giscombé, 2010) (Woods-Giscombé, 2010).

Faith and spirituality emerged as central protective factors, providing grounding, hope, and emotional restoration. The significance of these spiritual practices resonates with the notion that many African American women draw strength from their faith to cope with the unique challenges they face (Watson et al., 2012). Participants also highlighted the importance of mentoring relationships, peer support, reflective practices, mindfulness, and creative outlets, all of which serve as mechanisms to maintain mental well-being (Thomas et al., 2008; Smith et al., 2018) (Thomas et al., 2008). Furthermore, comparisons across institutional contexts revealed notable differences between Historically Black Colleges and Universities (HBCUs) and Predominantly White Institutions (PWIs). Leaders at HBCUs consistently described more supportive and collegial environments that enhanced mental well-being. In contrast, participants at PWIs reported greater exposure to systemic bias, microaggressions, and marginalization in decision-making processes. However, some PWI leaders noted that supportive colleagues and mentorship networks mitigated these stressors. Even in more supportive PWI settings, subtle biases persisted, indicating that intersectional stress related to race and gender remains a pervasive challenge across institutional contexts.

9. Implications

The findings of this study have important implications for leadership development, mentoring, and institutional support in higher education. Leadership development programs should incorporate resilience-building and self-care strategies tailored to the experiences of women of color, addressing both practical and emotional demands of leadership (Szymanski & Lewis, 2015). Formal and informal mentorship networks are critical, as they provide emotional support, guidance, and opportunities for shared learning (Thomas et al., 2008). Institutions must also prioritize culturally competent mental health services, equitable workload distribution, and inclusive organizational climates to reduce the emotional burden associated with systemic bias and isolation. The study contributes to the theoretical understanding of mental well-being in leadership by integrating the perspectives of African American women through the lenses of Black Feminist Thought and stress-coping theory. The findings

demonstrate that coping strategies, mentorship, faith, and meaning-making function as critical mechanisms of resilience, extending prior theory to include the nuanced experiences of Black women leaders navigating both HBCU and PWI contexts. The recognition of unique intersectional stress highlights the urgent need for tailored support systems in higher education, underscoring that mental well-being is inseparable from the broader sociocultural context in which these leaders operate.

10. Conclusion

The lived experiences of African American women leaders in higher education illustrate that mental well-being is a dynamic, multifaceted phenomenon, shaped by the intersection of institutional pressures, societal expectations, personal identity, and intentional coping strategies. The findings highlight that systemic racism, sexism, high workloads, and role strain serve as significant stressors that challenge mental health, while faith, spirituality, mentorship, peer support, mindfulness, and reflective practices provide essential tools to sustain balance, resilience, and purpose. Participants' narratives further reveal that institutional context plays a critical role in shaping experiences of well-being. Historically Black Colleges and Universities (HBCUs) generally offered more supportive and affirming environments, whereas predominantly White institutions (PWIs) often posed greater challenges, including subtle and overt discrimination, microaggressions, and heightened pressure to represent or prove oneself. These insights carry meaningful implications for higher education leadership practice and policy. Institutions must actively recognize and address the unique stressors faced by African American women in leadership, designing leadership development programs that integrate resilience-building, self-care, and strategies for navigating systemic barriers. Mentorship and peer support networks are critical for providing guidance, emotional validation, and community, while equitable institutional policies and inclusive organizational climates can mitigate systemic stressors and enhance leaders' mental well-being.

Future research should explore longitudinal trajectories of mental well-being among African American women leaders across a variety of institutional contexts, assessing how stressors, coping strategies, and resilience evolve over time. Investigating the effectiveness of targeted interventions, including mentorship initiatives, leadership coaching, and institutional mental health programs, could provide actionable evidence for supporting this population. Comparative studies examining other underrepresented leadership groups may also illuminate shared and unique challenges, offering additional insight into strategies that cultivate well-being, retention, and success for leaders from marginalized backgrounds. Ultimately, these findings underscore the need for intentional, systemic, and culturally responsive approaches to promoting mental well-being among African American women leaders in higher education.

References

Allicock, M., Gibbons, L., & Quinones, E. (2013). African American women's perspectives on breast cancer: Implications for communicating risk of basal-like breast cancer. *Journal of Health Care for the Poor and Underserved, 24*(3), 22–31. https://doi.org/10.1353/hpu.2013.0082

American Council on Education. (2023). Women of color in higher education: A "critical mass" or a "critical gap"? https://www.acenet.edu/newsroom/Pages/Women-of-Color-in-Higher-Education.aspx

American Psychological Association. (2020). Ethical principles of psychologists and code of conduct. https://www.apa.org/ethics/code

Besser, A., Flett, G. L., & Hewitt, P. L. (2022). Understanding the role of mattering and belongingness in the experience of academic stress among students: A daily diary study of university students. *Journal of Educational Psychology, 114*(5), 935–950. https://doi.org/10.1037/edu0000688

Bethea, T., Comas-Diaz, L., & Grinberg, J. (2016). Family history of cancer in relation to breast cancer subtypes in African American women. *Cancer Epidemiology, Biomarkers & Prevention, 25*(11), 1239–1245. https://doi.org/10.1158/1055-9965.EPI-15-1068

Borum, M. (2012). African American women's perceptions of depression and suicide risk and protection. *Affilia, 27*(3), 271–283. https://doi.org/10.1177/0886109912452401

Beyer, J. (2004). Psychology of women. *Psychology of Women Quarterly, 28*, 144–150. https://doi.org/10.1111/j.1471-6402.2004.160_2.x

Brome, D. R., Lee, S., & Parker, L. (2000). An examination of spirituality among African American women in recovery from substance abuse. *Journal of Black Psychology, 26*(4), 479–497. https://doi.org/10.1177/0095798400026004008

Brown, T. L., McClinton, M., & Chibbaro, J. J. (2012). Exploring clinicians' attitudes toward the incorporation of racial socialization in psychotherapy. *Journal of Black Psychology, 38*(4), 512–530. https://doi.org/10.1177/0095798412461806

Commodore, F., McGee, M., & Seger, F. (2020). Understanding the experiences of African American women leaders: Navigating the double bind. *Journal of Higher Education, 91*(2), 183–206. https://doi.org/10.1080/00221546.2020.1712300

Coley, R. J., Smith, D. R., & Smith, L. R. (2017). Perceived discrimination and health-related quality of life: Gender differences among older African Americans. *Quality of Life Research, 26*(10), 2807–2814. https://doi.org/10.1007/s11136-017-1663-9

Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). Sage Publications.

Cruz, L., Castañeda, E., & Martinez, R. (2008). Barriers to care-seeking for depressed African Americans. *The International Journal of Psychiatry in Medicine, 38*(1), 35–43.

https://doi.org/10.2190/pm.38.1.g

Davis, N. A., & Maldonado, C. (2017). Shattering the glass ceiling: The leadership development of African American women in higher education. *Advances in Developing Human Resources, 19*(3), 239–252. https://doi.org/10.1177/1523422317717738

Duru, O. K., et al. (2010). Sisters in motion: A randomized controlled trial of a faith-based physical activity intervention. *Journal of the American Geriatrics Society, 58*(10), 1949–1955. https://doi.org/10.1111/j.1532-5415.2010.03082.x

Fatone, L., Kessler, T. A., & Harris, W. (2007). Urban voices: The quality-of-life experience among women of color with breast cancer. *Palliative & Supportive Care, 5*(3), 267–272. https://doi.org/10.1017/s1478951507070186

Felix, H. C., et al. (2018). High-effort coping and cardiovascular disease among women: A systematic review of the John Henryism hypothesis. *Journal of Urban Health, 95*(1), 20–33. https://doi.org/10.1007/s11524-018-00333-1

Gasman, M., et al. (2017). The state of African American leadership in higher education: A new generation of scholars. *Black Women, Gender & Families, 11*(1), 5–28. https://doi.org/10.1353/bwg.2017.0000

Gonzalez, A. M. (2015). Resilience strategies for African American women survivors of trauma: A cultural framework. *The Counseling Psychologist, 43*(3), 346–363. https://doi.org/10.1177/0011000014562420

Geronimus, A. T. (1992). The weathering hypothesis and the health of African American women and infants: Evidence and implications. *Psychology of Women Quarterly, 16*(4), 45–49. https://doi.org/10.1111/j.1471-6402.1992.tb00421.x

Graf, M., Burch, B., & Kuhlman, A. (2021). 'I was broken in so many different ways': The intersection of complex factors impacting homeless and at-risk African American women's mental health and well-being. *International Journal of Mental Health Nursing, 30*(3), 723–732. https://doi.org/10.1111/inm.12946

Grottis, A. (2024). Examining the intersection of mental health and leadership for African American women in higher education. *The Journal of Educational Leadership, 37*(1), 22–38. https://doi.org/10.1080/00506615.2024.1041374

Hays, P. A., & Aranda, M. (2016). Mental health and social politics in a globalized world: The intersection of personal and professional issues. *International Journal of Social Work, 3*(2), 1–12. https://doi.org/10.2139/ssrn.2889089

Hilliard, T. (2015). Using qualitative research methods in instructional technology. *International Journal of Information and Communication Technology Education, 11*(2), 86–94. https://doi.org/10.4018/IJICTE.2015040107

Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2017). Rigour in phenomenological research: A review of its development and implications for nurse education. *Nurse Education*

Today, 56, 90–96. https://doi.org/10.1016/j.nedt.2017.06.003

Hudson, D. L., et al. (2012). Are benefits conferred with greater socioeconomic position undermined by racial discrimination among African American men? *Journal of Men's Health, 9*(3), 246–258. https://doi.org/10.1016/j.jomh.2012.03.006

Johnson, R. E., Turner, C. R., & Cummings, J. A. (2024). How masculinity impedes African American men from seeking mental health treatment. *American Journal of Men's Health, 18*(2), Article 15579883241278846. https://doi.org/10.1177/15579883241278846

Johnson, T. D., Urrutia, C., & Thorne, M. (2021). Supporting African American women in leadership: A responsibilities approach for colleges and universities. *Administrative Sciences, 11*(1), Article 17. https://doi.org/10.3390/admsci11010017

Kelley, T. R., & Knowles, J. G. (2016). A conceptual framework for integrated STEM education. *International Journal of STEM Education, 3*(1), Article 3. https://doi.org/10.1186/s40594-016-0046-z

Lacey, C. K., et al. (2015). The mental health of US Black women: The roles of social context and severe intimate partner violence. *BMJ Open, 5*(6), e008415. https://doi.org/10.1136/bmjopen-2015-008415

Liamputtong, P. (2010). *Doing qualitative research in health: A comprehensive guide.* Cambridge University Press.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage Publications.

Mama, S. K., Sweeney, J., & Jackson, C. (2016). Psychosocial mechanisms linking the social environment to mental health in African Americans. *PLOS ONE, 11*(5), e0154035. https://doi.org/10.1371/journal.pone.0154035

Maxwell, J. A. (2012). *Qualitative research design: An interactive approach* (3rd ed.). Sage Publications.

Mouzon, D. M. (2013). Can family relationships explain the race paradox in mental health? *Journal of Marriage and Family, 75*(4), 889–903. https://doi.org/10.1111/jomf.12006

Moustakas, C. (1994). *Phenomenological research methods*. Sage Publications.

Neal-Barnett, A., & Crowther, J. (2000). To be female, middle class, anxious, and Black. *Psychology of Women Quarterly, 24*(1), 45–55. https://doi.org/10.1111/j.1471-6402.2000.tb00193.x

Neighbors, H. W., Spanierman, L. B., & O'Brien, K. (1998). The African American minister as a source of help for serious personal crises: Bridge or barrier to mental health care? *Health Education & Behavior, 25*(6), 771–782. https://doi.org/10.1177/109019819802500606

Paley, J. (2007). The contribution of qualitative research to nursing knowledge. *Nursing Inquiry, 14*(4), 284–291. https://doi.org/10.1111/j.1440-1800.2007.00378.x

Powe, B. D., et al. (2007). Quality of life of African American cancer survivors. *Cancer,*

110(5), 1190–1196. https://doi.org/10.1002/cncr.22358

Postmus, J. L., et al. (2015). Women from different ethnic groups and their experiences with victimization and seeking help. *Violence Against Women, 21*(10), 1261–1282. https://doi.org/10.1177/1077801214568254

Sales, I., Smith, L. V., & Johnson, P. (2019). African American women leadership across contexts. *Journal of Management History, 25*(3), 327–368. https://doi.org/10.1108/jmh-04-2019-0027

Singh, A. L., et al. (2013). Resilience strategies of African American women survivors of child sexual abuse. *The Counseling Psychologist, 41*(1), 25–50. https://doi.org/10.1177/0011000012469413

Staton-Tindall, M., et al. (2013). The roles of spirituality in the relationship between traumatic life events, mental health, and drug use among African American women from one southern state. *Substance Use & Misuse, 48*(11), 1134–1146. https://doi.org/10.3109/10826084.2013.799023

Tufford, L., & Newman, P. (2010). Bracketing in qualitative research. *Qualitative Social Work, 11*(1), 80–96. https://doi.org/10.1177/1473325009344600

Turner, K. D., et al. (2015). Ethnicity as a moderator of how parents' attitudes and perceived stigma influence intentions to seek child mental health services. *Cultural Diversity and Ethnic Minority Psychology, 21*(3), 423–432. https://doi.org/10.1037/cdp0000047

Watlington, R., & Murphy, J. (2006). The roles of religion and spirituality among African American survivors of domestic violence. *Journal of Clinical Psychology, 62*(8), 1091–1105. https://doi.org/10.1002/jclp.20268

Williams, J. H., & Cabrera-Nguyen, P. (2016). Impact of lifetime evaluated need on mental health service use among African American emerging adults. *Cultural Diversity and Ethnic Minority Psychology, 22*(4), 488–496. https://doi.org/10.1037/cdp0000040

Zhang, Y., et al. (2015). Childhood maltreatment and PTSD: Spiritual well-being and intimate partner violence as mediators. *Journal of Aggression, Maltreatment & Trauma, 24*(2), 224–241. https://doi.org/10.1080/10926771.2015.1029182

United States Department of Health and Human Services. (2016). Federal policy for the protection of human subjects. https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html

Acknowledgments

The author extends heartfelt appreciation to the African American women leaders who courageously shared their lived experiences and insights, making this phenomenological study possible. Their voices, wisdom, and authenticity form the heart and foundation of this research.

Funding

This study was supported by the Department of Higher Education and Learning Technology at East Texas A&M University, which provided financial assistance to cover the Article Processing Fee (APF) for the publication of this manuscript.

Competing interests

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Informed consent

Obtained.

Ethics approval

The Publication Ethics Committee of the Macrothink Institute.

The journal's policies adhere to the Core Practices established by the Committee on Publication Ethics (COPE).

Provenance and peer review

Not commissioned; externally double-blind peer reviewed.

Data availability statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Data sharing statement

No additional data are available.