

# Superwoman Syndrome, General Mental Health and Well-Being of Working Mothers and Homemakers

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## Abstract

This study explores and contrasts the prevalence and influence of Superwoman Syndrome on the mental health of working mothers and full-time homemakers, it is an attempt to understand Superwoman syndrome which is a neglected phenomenon. The objectives include determining and comparing the frequency of Superwoman Syndrome among working mothers and full-time homemakers and its influence on their mental health among both the groups and see if there are any differences between them. The study hypothesizes that both full-time working mothers and full-time homemakers have similar experiences with Superwoman Syndrome, overall mental health, and the influence of Superwoman Syndrome on mental health. A quantitative study is conducted using standardized tools Giscombe Superwoman Schema questionnaire (GWAS) and General Health Questionnaire (GHQ-28). The results reveal a positive relationship between Superwoman Syndrome and poorer general mental health, indicating that higher levels of Superwoman Syndrome are associated with worsened mental health outcomes. However, the study found no statistically significant differences in Superwoman Syndrome or general mental health scores between working mothers and full-time homemakers. This research contributes to a deeper understanding of women's challenges while balancing work and family duties, emphasizing the importance of addressing Superwoman Syndrome to support mothers' overall well-being.

**Keywords:** superwoman syndrome, working mothers, homemakers, general mental health, well-being

## 1. INTRODUCTION

By 1970, 50 percent of single women and 40 percent of married women are participating in the labour force and the difficulty of balancing work and family is a widespread problem (Yellen, 2020). Women ever since are striving to give their hundred percent and achieve perfection in all spheres of their life be it work, family, marriage, childcare, social life trying hard to portray an image of superwoman which eventually leads to burnout physically, mentally and emotionally. They are bearing a huge load of family pressure, societal pressure leading them to develop a superwoman schema to achieve perfection in all the spheres of life. They are striving to be a perfect daughter, sister, mother, friend, wife, employee, while it is hard to achieve perfection in all spheres and when women are trying to attain this goal of perfection, the pressure to be perfect can be overpowering and exhausting. Women who regard themselves as requiring to perform several responsibilities are more stressed and psychologically distressed than

women who do not feel this strain. This strain frequently leads to burnout, which is characterized by emotional tiredness, depersonalization, and decreased personal accomplishment. Furthermore, the expectation of perfection in all facets of life adds to women's stress levels. Brown (2010) in her book explores the negative influences of perfectionism on mental health especially in women and also highlights that women who internalize social standards of perfection are more likely to exhibit symptoms of despair and anxiety.

The continual pursuit of perfection feeds a loop of self-criticism and feelings of inadequacy, exacerbating mental health issues. The Superwoman Syndrome is also associated with cultural and societal norms that force a disproportionate amount of caregiving and domestic tasks on women. Women have always tried to juggle it all, play all the multiple roles with at most perfection. They manage their home, family, children, marriage, work and societal expectations, they present themselves as a strong superwoman figure in the face of adversity.

### **1.1. Superwoman Syndrome and Mental Health**

Superwoman Syndrome is a phenomenon where women feel the need to take part in various full time multiple roles such as maintaining her career, her home, her relationships, caring for her children and financially contributing to the household. This may lead to higher rates of stress and dissatisfaction, decreased family functioning, and dysfunctional patterns. This can also exacerbate feelings of resentment, dissatisfaction, and inundation, proliferating into negative feelings towards the family unit. (American Psychological Association, n.d.). It is where a woman strives to achieve perfection in all spheres of her life and ends up feeling overwhelmed and highly stressed. They neglect their personal needs and may suffer from chronic fatigue, anxiety, depression, insomnia, and frequent headaches.

Mental health is a state of mind characterized by emotional well-being, good behavioural adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life (American Psychological Association Dictionary).

Superwoman Syndrome can affect the mental health of women is what we are relying upon, with multiple role stress and trying to achieve perfection women end up achieving burnout. Research on various populations, such as women with incarcerated partners (Bruns, 2019, 2020) and North American women (Sumra & Schillaci, 2015), has highlighted the detrimental effects of the Superwoman Syndrome on mental health. Single mothers, in particular, experience heightened stress and feelings of overload, leading to increased psychological distress (Muhammad & Gagnon, 2009). Maclean, Glynn, and Ansara's (unpublished) study further emphasized the vulnerability of single, unemployed mothers to high levels of stress. These findings underscore the urgent need to address the Superwoman Syndrome, especially among marginalized groups like single mothers. Single mothers, whether employed or not, were most likely to report higher levels of stress and feelings of being overloaded. Using Statistics Canada's 2000 Canadian Community and Health Survey (CCHS) (Muhammad, Gagnon 2009) found that divorced women living alone had a 3.23 times higher odds of declaring higher stress than married women living with their partners, with or without children. This gives more insight on how women working or full time homemakers are susceptible to experience superwoman syndrome and its influence on mental health. Coping styles and help-seeking attitudes did not mediate the relationship between the Superwoman schema and depression. (Woods Giscombe, 2010). Nelson et al. (2024) highlighted the complex interplay of Superwoman Schema dimensions with depression and resilience, suggesting both adaptive and distressing consequences.

## 1.2. Working Mothers and Homemakers

In the case of working mothers they are more susceptible to experience superwoman syndrome as they are burdened by multiple responsibilities including financial responsibilities, household, parenting and taking care of the family all by themselves while conventionally there is a shared responsibility between men and women, considering factors like social support, ways of coping and individual differences come in the way. While homemakers' burden must not be ignored, they also tend to experience burn out, having responsibilities of the household, managing family, and childcare. Researchers have indicated Homemakers being more prone to mental health issues due to social isolation. Superwoman syndrome is most likely to be experienced by most women even without them being aware that they are experiencing it and it eventually takes a toll on their general mental health.

Women trying hard to balance work and domestic Responsibilities can be seen as quite an hectic task for the working mothers compared to the mothers who are home makers and if they put on their superwoman cape it can lead to increased stress affecting their mental health which is supported by previous research. Newell (1993) examined attitudes towards work and domestic responsibilities among men and women, revealing traditional gender roles perpetuated by men. Women, particularly working mothers that is mothers who are employed outside home, bear the burden of both childcare and household management, leading to increased stress and role strain. Women yearn to have their partners give them a hand with the domestic and childcare responsibilities, in contrast to Newell(1993), Herrera and DelCampo (1995) found that Mexican American women in dual-earner families rejected the Superwoman myth, advocating for shared responsibilities with their husbands. This suggests cultural variations in attitudes towards gender roles and domestic duties, influencing women's experiences of the Superwoman Syndrome.

The Superwoman Syndrome, characterized by the relentless pursuit of perfection in various domains of life, including work, family, and community, is seen relevant despite the cultural differences, we can see that it is relevant, although there might be a certain cultural differences in the ways women experience superwoman syndrome and their coping strategies, social support might change with respect to cultures. But the whole seed remains the same and is relevant across cultures. Kaurrana (1998) studied the experiences of British South Asian full time managerial or professional women combining work and family life. Five themes were discussed: cultural influences on domestic responsibilities; additional responsibilities and commitments to extended family and community members; work-family priorities and "superwoman syndrome"; stereotypes of roles and responsibilities at work; and experiences of discrimination. Managerial or professional British South Asian women are subjected to the same cultural family commitments and expectations as other non-professional British South Asian working women. The pressure of having to fulfil multiple work and family roles and responsibilities was particularly difficult for the managerial or professional women. There is ongoing discussion over whether working mothers or full-time homemakers face greater stress. We cannot call mothers who have not taken up employment outside home as non-working, because actually they work too. It is not easy to be a full time homemaker, they are burdened with similar responsibilities as that of a mother who has taken up employment outside home. Kahn & Cuthbertson (1998) in their study comparing the physical and psychological stress of working mothers and full time homemakers found few differences between the two groups. While full-time homemakers have poorer physical and mental health, with a statistically significant difference in depression. Full-time homemaking may increase the risk of depression, or mothers who are already depressed may struggle to find work. Working may also reduce the likelihood of depression.

Working women's hardships are easy to understand, but homemaker women also have difficulties as a

result of a lack of domestic aid, which is sometimes disregarded. During the COVID-19 epidemic, Depression, stress, and anxiety were prevalent among housewives. Almost a third of stay-at-home mothers are obese. Stress is linked to greater levels of education among homemakers. (P, Abhishek, Bhattiprolu, Iniyan, and Venkatraman, 2022)

Rout, Cooper, and Kerslake (1997) conducted study to explore the effects of employment on the mental health, self-esteem, and mother role satisfaction comparing working mothers and homemakers. Additionally, the study evaluated the stress experienced by these mothers and the coping strategies they employed. Results indicated that working mothers exhibited better mental health and reported lower levels of depression compared to non-working mothers. Working mothers primarily stressed about time management, while non-working mothers cited social isolation as a major stressor. Independent t-tests were utilized to compare mental health, self-esteem, and role satisfaction between working and non-working mothers. In comparing employed and at-home mothers on measures of psychological wellbeing, several studies have demonstrated that despite the stress involved in enacting the dual responsibilities of work and home, employed mothers have lower levels of psychological distress than at-home mothers (Artacoz et al., 2004; Brown et al., 1994; Lindsay, 2004).

Anie (2015) investigated if employment has an influence on women's well-being by examining how they respond to stressful situations. The acquired scores were analysed using a t-test. The findings revealed that working and non-working women differed considerably in terms of stress tolerance and adjustment. Non-working women were shown to be more stress tolerant than working women, although working women adjusted better than non-working women. The study discovered that employment had a significant influence on stress tolerance and adjustment in women.

## 2. Research Gap

Despite substantial study on the Superwoman Syndrome, there is a striking absence of studies investigating and comparing its prevalence and influence on mothers who are working and mothers who are full time homemakers, in India. This study seeks to fill the gap by looking into the expression of superwoman syndrome and its consequences on their mental health among mothers who are employed outside home and who are full time homemakers. Its specific goal is to better understand the syndrome's prevalence and influence on overall mental health, throwing light on an overlooked demographic. The Superwoman Syndrome provides major challenges to women's mental health, mothers who must balance different responsibilities. Using findings from many research, this review emphasizes the need of investigating and comparing this phenomenon in the Indian setting and among working and non-working mothers. Culture specific researches are very few considering researches in Indian Context. Studies have shown limitation focusing on comparing working mothers and mothers who are full-time homemakers.

### 2.1. Rationale of the Study

It is necessary to look at the prevalence and influence of Superwoman Syndrome on the mental health of Working and Non-working mothers and to compare the prevalence of superwoman syndrome among working and non-working mothers and compare its influence on the mental health, to explore specific challenges that both working and non-working mothers encounter when managing different roles and obligations. The study's examination of Superwoman Syndrome aims to provide valuable insights into the psychological well-being of mothers both working and non-working.

Recognizing the specific challenges that working and non-working mothers encounter allows healthcare providers and community organizations to tailor support services, including support groups, counseling,

and educational initiatives. The knowledge gathered from such research helps to empower mothers both working and non-working by raising awareness, guiding advocacy activities, and challenging unfair social expectations. Understanding the Superwoman Syndrome can help prevent mental health issues and burnout by encouraging the development of stress-reduction and mental health-promoting remedies. Finally, researching the influence of the Superwoman Syndrome on the mental health of working and non-working mothers in India is critical, providing significant insights that may be used to develop support systems, policies, and interventions aimed at improving the well-being and empowerment of this particular population.

### 3. Method

#### 3.1. Aim

The research aims to study and compare the prevalence and influence of Superwoman Syndrome on the General Mental Health of working mothers and full-time homemaker mothers.

#### 3.2. Hypothesis

H1: There is no difference in the experience of superwoman syndrome between working mothers and full-time homemaker mothers.

H2: There is no difference in the general mental health between working mothers and full-time homemaker mothers.

H3: There is no difference in the influence of superwoman syndrome on General Mental Health between working mothers and full-time homemaker mothers.

H4: There is a relationship between superwoman syndrome and General Mental Health

#### 3.3. Participants

The population for this study were drawn from urban and suburban areas to ensure diversity working mothers and full-time homemaker mothers. For this research purposive sampling method were employed considering the requirements of the study and the inclusion criteria which was very specific to mothers both full-time working mothers specifically teaching professionals who are actively involved in the workforce and mothers who are full-time homemaker and age group 25-60 , and with one child under 18 living with them, hence purposive study is employed.

#### 3.4. Tools

**Superwoman Schema Scale:** The Giscombe Superwoman Schema Questionnaire (G-SWS-Q) was used to assess presence of superwoman syndrome. The SWS is a 35-item self-report inventory used to measure cognitive and behavioural endorsement and utilization of Superwoman characteristics .The SWS is comprised of the following five (5) characteristics: (1) an obligation to manifest strength; (2) an obligation to suppress emotions; (3) resistance to being vulnerable or dependent; (4) determination to succeed, even in the face of limited resources; and (5) an obligation to help others. The SWS uses a true/not true answer option. If respondents selected true, the scale transitioned into a 3-point Likert-type scale (0-2) in which participants rated the frequency of the characteristic, with ratings ranging from ‘rarely’ to ‘all the time’. The G-SWS-Q subscales had a mean inter-item correlation ranging from 0.29 to 0.47 and median item-total correlations ranging from 0.41 to 0.65. Internal consistency ranged from 0.72 to 0.89 for the five subscales. The G-SWS-Q subscales showed significant positive associations with CES-D (ranging from 0.09 to 0.49,  $p < .05$ ) and PSS ( $r = 0.28-0.52$ ,  $p < .05$ ). Except for motivation to succeed despite limited resources, all subscales were significantly positively associated with emotional suppression ( $r = 0.08-0.24$ ,  $p < .05$ ), and negatively associated with sleep quality ( $r = 0.26-0.47$ ,  $p < .05$ ). Additionally, each



subscale was positively associated with physical inactivity ( $r = 0.03-0.15, p < .05$ ) for construct validity correlations. Test-retest reliability, for all except one subscale, the test-retest estimates for the G-SWS-Q ( $r = 0.46-0.89, p < .05$ ) provided support for the temporal stability of the G-SWS-Q

**General Health Questionnaire (GHQ-28):** The General Health Questionnaire – 28 (GHQ-28) is self-report screening measure used to detect possible psychological disorder. The GHQ-28 identifies two main concerns: (1) the inability to carry out normal functions; and (2) the appearance of new and distressing phenomena (Goldberg & Hillier, 1979) The GHQ-28 consists of 28 questions designed to identify whether an individual’s current mental state differs from his/her typical state .

Factor analysis of the GHQ-28 identified four 7-item subscales:

- Somatic symptoms (items 1-7)
- Anxiety/insomnia (items 8-14)
- Social dysfunction (items 15-21)
- Severe depression (items 22-28).

To measure the overall mental health status of participants GHQ-12 was used. The reported Cronbach alpha coefficient for the GHQ is a range of 0.82 to 0.86. The instrument is considered as reliable and has been translated into 38 different languages. When correlated with the global quality of life scale, the GHQ showed negative correlation.

**3.5. Procedure**

The participants for the study were recruited through purposive sampling .The study was conducted after obtaining informed consent from the participants and after ensuring privacy and confidentiality. They were provided with all information about the study , the objectives, benefits , purpose and risks. The tests were administered once they consented to it. The participants were informed about withdrawing any time between the study if they were uncomfortable. The Superwoman schema Scale and General Health Questionnaire 28 was administered to assess and interpret their experience of superwoman syndrome and their general mental health. Data will be collected in person and via electronic media (social media).

**4. Results**

**Table 1: Descriptives of the data**

|     | Mean | Median | sd   | Shapiro-Wilk W | Shapiro-Wilk p |
|-----|------|--------|------|----------------|----------------|
| SWS | 87.7 | 86.0   | 29.1 | 0.991          | 0.443          |
| GHQ | 7.83 | 6.00   | 6.95 | 0.892          | 0.001          |

**Table 2: Correlation Analysis**

|     |                | SWS   | GHQ |
|-----|----------------|-------|-----|
| GHQ | Spearman’s rho | 0.447 | -   |
|     | P-value        | <.001 | -   |

**Table 3: T-test results**

|                                     |                | Statistic |  | p     | Mean difference |  |  |  |  |
|-------------------------------------|----------------|-----------|--|-------|-----------------|--|--|--|--|
| GHQ                                 |                |           |  |       |                 |  |  |  |  |
|                                     | Mann-Whitney U | 2374      |  | 0.384 | 1.000           |  |  |  |  |
| SWS                                 |                |           |  |       |                 |  |  |  |  |
|                                     | Mann-Whitney U | 2149      |  | 0.077 | 9.000           |  |  |  |  |
| <i>Note.</i> $H_a \mu_4 \neq \mu_5$ |                |           |  |       |                 |  |  |  |  |

**INTERPRETATIONS:**

The descriptive statistics for Superwoman Syndrome (SWS) and General Health Questionnaire (GHQ) scores are presented in Table 1. SWS had a mean score of 87.7 (SD = 29.1), with the Shapiro-Wilk test indicating normality ( $W = 0.991, p = 0.443$ ). GHQ had a mean score of 7.83 (SD = 6.95), with a significant deviation from normality ( $W = 0.892, p = 0.001$ ). Spearman’s rho correlation was used to analyze the relationship between SWS and GHQ scores. A significant positive correlation was observed between SWS and GHQ ( $r = 0.447, p < 0.001$ ), indicating that higher levels of Superwoman Syndrome are associated with poorer general mental health. The Mann-Whitney U tests revealed no statistically significant differences between groups for both the GHQ ( $U = 2374, p = .384$ ) and SWS ( $U = 2149, p = .077$ ).

The analysis reveals a moderate positive correlation between SWS and GHQ, suggesting that higher Superwoman Syndrome levels are associated with poorer general mental health. However, no significant differences in SWS or GHQ scores were found between the two groups based on the t-tests.

**5. Discussion**

The aim of the study was to compare the prevalence and influence of Superwoman Syndrome on the General Mental Health of working mothers and full-time homemaker mothers. For this research purposive sampling method was employed considering the requirements of the study and the inclusion criteria which is very specific to mothers both full-time working mothers specifically teaching professionals who are actively involved in the workforce and mothers who are full-time homemaker and age group 25-60, and with one child under 18 living with them, hence purposive study was employed. The study hypothesizes that there is no difference in the experience of superwoman syndrome and general mental health between working mothers and full-time homemaker mothers. There is no difference in the influence of superwoman syndrome on General Mental Health between working mothers and full-time homemaker mothers. There is a relationship between superwoman syndrome and General Mental Health. Instruments Giscombe Superwoman Schema questionnaire (GWAS) and General Health Questionnaire (GHQ-28) were used to assess Superwoman Syndrome and General Mental Health.

The results of the current study are similar to the already present literature, but there are some variations

that require this discussion. Previous research, such as Newell (1993), has shown that conventional gender roles extend a disproportionate pressure on women, particularly working mothers, resulting in greater stress and role strain. These findings are congruent with the current study's findings, which show a significant correlation between Superwoman Syndrome (SWS) and General Health Questionnaire (GHQ) scores, implying that when women experience increasing levels of Superwoman Syndrome, their general mental health worsens.

However, the lack of significant differences in SWS and GHQ scores between working and full-time homemaker mothers contradicts existing studies. For example, research by Kahn and Cuthbertson (1998) and Rout, Cooper, and Kerslake (1997) found that working mothers have better mental health than full-time homemakers. This disparity might be ascribed to a variety of reasons, including sample characteristics, cultural differences, and individual coping strategies.

One possible explanation for the insignificant differences identified in the current study is the similarity in the stresses experienced by both the groups. While working mothers deal with stress from managing their time and performing dual roles (Rout et al., 1997), full-time homemakers may face social isolation and under appreciation of their labor, both of which can lead to adverse effects to their mental health (Rout et al., 1997; P, Abhishek et al., 2022). Furthermore, the COVID-19 pandemic increased stress for homemakers, as observed by P, Abhishek et al. (2022), leading to high levels of depression and anxiety, which could explain the similarities in mental health outcomes between the two groups.

The relatively insignificant result for SWS ( $p = 0.083$ ) indicates that larger sample size or more sensitive metrics might provide meaningful outcomes. This is also supported by Kaurana's (1998) results, which show that management or professional women felt the burden of managing numerous responsibilities across diverse cultural backgrounds, including South Asian and non-Asian women. As a result, the current study's findings may indicate an underlying similarity in the pressures that women endure, regardless of their employment level.

The positive relationship between SWS and GHQ ( $r = 0.447$ ,  $p < 0.001$ ) supports research by Bruns (2019, 2020) and Sumra & Schillaci (2015), which show that women who internalize the Superwoman ideal are more likely to have mental health concerns. The Superwoman Schema, as studied by Woods Gisco (2010), may help to explain these findings, since women who exhibit attributes such as strength, emotional suppression, and a strong motivation to achieve are more susceptible to experience burnout, affecting their mental health.

The findings of this study indicate the prevalence of Superwoman Syndrome and its adverse effect on mental health in both the groups of women. While the study found that there were no significant differences between working mothers and homemakers, the observed relationship between SWS and overall mental health is in line with existing literature.

## 5.1. Conclusion

This study emphasizes on the prevalence of Superwoman Syndrome (SWS) and its adverse effects on mental health in the two groups of women mothers who are working and are homemakers. Although no significant differences were detected between working mothers and homemakers, the constant relationship between SWS and poor mental health is consistent with previous studies. The findings support the hypothesis that social pressures involving carrying out multiple responsibilities at high standards lead to stress and burnout, regardless of whether or not employed outside home. These findings highlight the necessity of treating Superwoman Syndrome as a public health problem since it has a significant effect on



women's overall mental health.

## 5.2. Limitations

Despite the valuable insights obtained, the study has a few limitations. One of the most noticeable is the limited sample size, which may restrict the findings' applicability to a larger population. Furthermore, the study failed to account for cultural, regional, or socioeconomic factors that might influence how women perceive Superwoman Syndrome. Self-reported data may potentially contain bias, as individuals may underreport or overreport their symptoms in response to social expectations. These aspects should be addressed when interpreting the data, since they may influence the depth and accuracy of the conclusions obtained.

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