



The Role of Cultural Stigma in Suppressing Anger among African American Women: A Literature Review

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Abstract

This literature review examines the role of cultural stigma in fostering anger suppression among African American women, drawing on scholarly works from 2017 to the present. Rooted in historical stereotypes such as the "angry Black woman" and the "strong Black woman" schema, cultural stigma imposes expectations of emotional restraint and unwavering resilience, often at the cost of mental health. Key themes include the perpetuation of these stereotypes through media and interpersonal dynamics, their intersection with racism and sexism, and resulting behavioral health outcomes like depression and anxiety. Studies highlight how stigma leads to internalized anger, self-silencing, and barriers to mental health services, while protective factors such as spirituality and community support offer partial resilience. By synthesizing qualitative and quantitative research, this review underscores the need for culturally sensitive interventions to dismantle stigma and promote healthy anger expression. Implications for clinical practice, policy, and future research are discussed, emphasizing intersectional approaches to address disparities in African American women's behavioral health.

Keywords: Cultural Stigma; Anger Suppression; African American Women; Strong Black Woman Schema; Behavioral Health Disparities; Intersectionality

1. Introduction

African American women navigate a complex landscape of cultural expectations and societal pressures that profoundly influence their emotional expression, particularly anger. Cultural stigma, defined as the negative societal attitudes and stereotypes that devalue or marginalize certain groups, plays a pivotal role in encouraging the suppression of anger among this population. This suppression is not merely a personal coping mechanism but a response to deeply ingrained historical and contemporary narratives that portray African American women as inherently aggressive or supernaturally resilient. Such portrayals, often amplified through media and institutional biases, create an environment where expressing anger risks reinforcing harmful stereotypes, leading to internalized emotional turmoil and adverse health outcomes (Motro et al., 2021).

The "angry Black woman" stereotype depicts African American women as hostile, irrational, and unfeminine, a trope with roots in slavery-era justifications for oppression (Francis, 2023). This image contrasts sharply with the "strong Black woman" or superwoman schema, which idealizes self-reliance, emotional stoicism, and caregiving at the expense of personal vulnerability (Woods-Giscombé et al., 2018). Both constructs contribute to a cultural stigma that discourages open anger expression, fearing it will be misinterpreted as dispositional rather than situational, thereby perpetuating cycles of marginalization (Motro et al., 2022).

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Recent literature from 2017 onward has highlighted the urgency of this issue amid growing awareness of intersectional disparities in mental health. African American women experience higher rates of psychological distress, including depression and anxiety, compared to their white counterparts, yet they underutilize mental health services due to stigma and mistrust (Watson-Singleton et al., 2022). Factors such as gendered racism, subtle or overt discrimination at the intersection of race and gender, exacerbate this, leading to microaggressions that trigger anger but demand suppression to avoid backlash (Lewis et al., 2017).

For example, in workplace settings, anger displayed by African American women is often attributed to internal traits, resulting in poorer performance evaluations and leadership perceptions, unlike similar expressions from white women or men (Motro et al., 2021).

Empirical evidence underscores the mechanisms through which stigma operates. Qualitative studies reveal that African American women internalize these stereotypes, leading to self-censorship and emotional restraint as survival strategies (Mock, 2024).

Quantitative research, such as surveys and experimental designs, demonstrates that stereotype activation leads to biased attributions, where observers tend to link anger to personality flaws rather than contextual factors (Motro et al., 2021). This not only affects interpersonal dynamics but also contributes to broader health disparities, with suppressed anger linked to chronic stress, hypertension, and depressive symptoms (Erving et al., 2024).

The intersectionality framework, pioneered by Crenshaw (1989) but applied in recent works, is essential for understanding these dynamics. It highlights how race, gender, class, and age compound stigma, making anger suppression a multifaceted response to layered oppressions (Jones et al., 2021). For instance, older African American women report higher adherence to stoicism due to lifelong exposure to discrimination, correlating with elevated depression risks (Erving et al., 2024). Younger women, meanwhile, face modern manifestations through social media, where tropes are perpetuated, intensifying self-monitoring and suppression (Wilson, 2020). This review aims to synthesize empirical evidence on how cultural stigma fosters anger suppression, exploring historical contexts, key stereotypes, psychological mechanisms, and health implications.

By focusing on studies conducted after 2017, it captures evolving discourses on resilience, coping, and intervention.

The objectives are threefold:

- To delineate the mechanisms through which stigma operates;
- To assess its impacts on behavioral health; and
- To propose pathways for culturally attuned support.

To achieve this, the review draws from diverse methodologies, including qualitative interviews, quantitative surveys, and experimental studies. For example, focus groups with African American women reveal themes of emotional labor and self-silencing (Woods-Giscombé et al., 2018), while experimental vignettes demonstrate bias in anger perception (Motro et al., 2022). These approaches provide a comprehensive view of stigma's pervasive effects.

Understanding these dynamics is crucial for advancing equity in mental health care, as unaddressed anger suppression contributes to chronic stress, embodying broader societal failures to affirm African American women's humanity. As rates of mental health issues rise amid ongoing social injustices, such as police brutality and economic inequality, dismantling stigma becomes imperative (Erving et al., 2021). This review contributes to that effort by highlighting evidence-based strategies for change, including community-based interventions and policy advocacy. Ultimately, it calls for a shift from pathologizing African American women's emotions to validating them as responses to systemic inequities, fostering environments where anger can be expressed healthily without fear of reprisal.

2. Historical Context of Stereotypes Influencing Anger Suppression

The cultural stigma surrounding anger expression among African American women cannot be divorced from historical legacies of oppression. Enslaved African women were subjected to brutal exploitation, including sexual violence and family separations, which sowed seeds for stereotypes justifying their dehumanization (Mock, 2024). Post-emancipation, Jim Crow laws and segregation reinforced narratives of Black women's inferiority, portraying them as either subservient or defiant to maintain white supremacy. These historical injustices have evolved into modern stereotypes that stigmatize emotional authenticity, compelling suppression as a survival strategy (Wilson, 2020).

Central to this is the intersection of racism and sexism, where African American women face "gendered racial discrimination" that amplifies stigma (Lewis et al., 2017). For instance, the Jezebel stereotype casts them as hypersexual, while the Mammy image emphasizes selfless nurturing, both discouraging anger as incompatible with prescribed roles. The Sapphire trope, often associated with the "angry Black woman," originated from media depictions in the mid-20th century, portraying assertiveness as aggression (Wilson, 2020). Recent analyses trace these to slavery, where Black women's justified rage from trauma was pathologized to deflect accountability from oppressors (Francis, 2023).

From 2017 onward, studies have highlighted how these historical stereotypes persist in contemporary culture, contributing to the suppression of anger. A 2023 qualitative study reveals that media, including films and reality TV, perpetuates the angry Black woman narrative, leading women to internalize stigma and mute their emotions to avoid mislabeling. Similarly, a 2024 capstone project underscores how historical trauma intersects with family socialization, teaching young African American women to suppress anger as a form of resilience against systemic adversities (Mock, 2024).

This suppression is not innate but learned, reinforced by cultural expectations that equate vulnerability with weakness, thereby embedding stigma into intergenerational patterns.

Moreover, intersectionality theory, as applied in recent works, highlights how age, class, and other factors compound this stigma. Older African American women, for example, report higher adherence to stoicism due to lifelong exposure to discrimination, linking historical contexts directly to suppressed anger and elevated depression risks (Erving et al., 2024). Historical events like the civil rights movement further shaped these dynamics, where Black women's roles as organizers were often overshadowed, reinforcing the need for emotional restraint to focus on collective goals (Anyiwo et al., 2021).

The evolution of these stereotypes is evident in post-2017 literature examining the influence of media. Reality shows and social media platforms amplify the Sapphire image, portraying Black women as confrontational, which pressures them to suppress anger in real life to counteract these depictions (Wilson, 2020).

This historical continuity appears in educational environments, where Black girls are adultified and punished more severely for emotional expressions, laying the groundwork for lifelong suppression (Epstein et al., 2017, cited in Francis, 2023). Quantitative data from national surveys indicate that Black women who endorse historical resilience narratives report higher levels of emotional suppression, which correlates with health disparities (Volpe et al., 2023).

Furthermore, the historical denial of Black women's humanity in legal and social systems has perpetuated stigma. During slavery and Jim Crow, laws ignored violence against Black women, pathologizing their responses as anger rather than trauma (Wilson, 2020). Recent studies connect this to contemporary policing, where Black women's anger is criminalized, leading to suppression to avoid escalation (Potter, 2019, cited in Wilson, 2020). In healthcare, historical experiments like the Tuskegee study have fostered mistrust, encouraging the suppression of anger toward providers in order to secure care (Chinn et al., 2021).

These insights reveal stigma as a historical continuum, where anger suppression serves as both adaptation and liability, perpetuating health disparities. As modern movements like Black Lives Matter bring attention to these issues, literature calls for reclaiming anger as a tool for advocacy, challenging historical silencing (Thomas & González-Prendes, 2018). Understanding this context is crucial for interventions that respect historical resilience while fostering emotional freedom.

3. The Angry Black Woman Stereotype and Cultural Stigma

The "angry Black woman" (ABW) stereotype stands as a cornerstone of cultural stigma, portraying African American women as inherently hostile and irrational, which directly incentivizes anger suppression. This trope, often invoked in media and interpersonal interactions, activates biases that interpret situational anger as dispositional, leading to negative repercussions in social and professional spheres (Motro et al., 2021).

A 2021 study employing parallel-constraint-satisfaction theory demonstrates that observers attribute anger in Black women to internal causes more often than in others, resulting in diminished leadership evaluations and performance ratings (Motro et al., 2021).

Cultural stigma amplifies this by framing anger expression as confirmation of the stereotype, compelling women to suppress emotions to navigate safely. Qualitative narratives from 2023 illustrate how Black women experience this as dehumanizing, with their passion misread as aggression, fostering self-censorship to preserve relationships and opportunities (Wilson, 2020).

Media perpetuation, as seen in Tyler Perry productions or social platforms, reinforces this stigma, creating intra-community divisions and external judgments that contribute to pressure suppression (Wilson, 2020).

Extending this to broader Black women's experiences, Ariyo (2025) analyzes how, in African literary contexts, women's anger is frequently dismissed, trivialized, or pathologized, reinforcing the notion that women should remain acquiescent and subservient to cultural norms and masculine authority, drawing parallels to the ABW stereotype where overt anger invites backlash and entrenches power imbalances. Recent research also explores how this stereotype intersects with other biases, like colorism, where darker-skinned women face heightened stigma, leading to greater anger internalization (Wilson, 2020).

In workplace contexts, a 2022 analysis finds that reactions to Black women's anger are more punitive due to stereotype activation, unlike white women's expressions, which are often seen as justified (Motro et al., 2022). This disparity underscores stigma's role in suppressing anger, as women anticipate backlash and opt for silence, exacerbating stress.

Furthermore, the stereotype's cultural embeddedness in Black communities adds layers of internalized stigma. Family and communal expectations discourage anger to avoid reinforcing external narratives, yet this suppression breeds resentment and isolation (Mock, 2024).

A 2024 review links this to broader behavioral health, noting that avoiding the "angry" label through suppression increases depression vulnerability (Erving et al., 2024). Experimental studies confirm that ABW activation leads to internal attributions for anger, with Black women rated lower in performance ($M=2.05$ on a 1-7 scale) compared to others (Motro et al., 2021).

The stereotype's impact extends to counseling and health care, where Black women are perceived as resistant or aggressive, hindering therapeutic alliances (Francis, 2023). This stigma, rooted in slavery-era pathologization, continues through modern microaggressions, where Black women's anger is dismissed as overreaction (Lewis et al., 2017). Qualitative data from focus groups show women filtering emotions to avoid the label, leading to racial battle fatigue and physical symptoms like headaches and insomnia (Francis, 2023). Ariyo (2025) further elucidates this by noting that pervasive societal conditioning from an early age discourages anger in women, promoting traditionally 'feminine' ideals of being friendly, sweet, and mild-mannered, which mirrors the cultural pressures on African American women to suppress anger to evade the ABW label.

In educational settings, the stereotype adultifies Black girls, punishing emotional expressions more harshly, instilling early suppression habits (Epstein et al., 2017, cited in Francis, 2023). Statistics reveal disparities: 14% of Black girls receive suspensions vs. 8% of White girls, reflecting biased perceptions (U.S. Department of Education, 2018, cited in Francis, 2023). In legal contexts, the ABW trope justifies ignoring domestic violence reports, viewing Black women as mutual combatants rather than victims, further suppressing their anger (Wilson, 2020).

Dismantling this stigma requires reframing anger as a valid emotion, challenging media tropes, and fostering environments where expression is not penalized. Interventions like storytelling in therapy can validate experiences, reducing suppression (Francis, 2023). Future research should explore intersections with class and age, as lower-income women face compounded stigma, leading to greater health risks (Jones et al., 2021). Ultimately, addressing the ABW stereotype is key to liberating African American women from cultural chains that demand emotional invisibility.

4. The Strong Black Woman Schema as a Mechanism of Suppression

The "strong Black woman" (SBW) or superwoman schema represents another facet of cultural stigma, idealizing emotional stoicism and self-sacrifice while stigmatizing vulnerability, including anger expression. This framework, characterized by obligations to project strength, suppress emotions, and prioritize others, emerges as a resilience strategy against oppression but often leads to maladaptive suppression (Woods-Giscombé et al., 2018). A 2018 qualitative analysis of focus groups reveals how SBW components intersect with stigma, viewing therapy as weakness and encouraging anger internalization to maintain a facade of invincibility (Woods-Giscombé et al., 2018).

Cultural stigma enforces this schema through socialization, where African American women learn from foremothers to endure hardships silently, associating anger display with failure (Mock, 2024). In older women, SBW traits like mastery offer protection against depression, but anger suppression correlates strongly with elevated symptoms, highlighting the schema's dual nature (Erving et al., 2024). This self-silencing, hiding irritation to preserve relationships, embodies stigma's demand for stoicism, leading to powerlessness and chronic distress (Watson-Singleton et al., 2022).

Ariyo (2025) adds to this by noting that women's suppression of anger historically stems from economic dependence on men and the risk of patriarchal backlash, which entrenches gender-based power imbalances and maintains subordinate positions, aligning with the SBW's emphasis on stoic endurance.

Recent studies emphasize spirituality's role in reinforcing suppression, with faith-based coping (e.g., prayer) preferred over professional help, framing anger as resolvable through divine strength rather than expression (Woods-Giscombé et al., 2018). However, this can delay addressing underlying issues, as stigma labels vulnerability as unfaithful or weak.

A 2023 systematic review on coping with racism notes that while SBW fosters collective strategies, it often results in individual suppression, particularly for women facing gendered expectations (Jacob et al., 2023).

The schema's liabilities include relational strain and health behaviors like emotional eating, where suppressed anger manifests indirectly (Mock, 2024). Qualitative findings from interviews show women masking emotions to avoid weakness perceptions, leading to burnout and isolation (Simon, 2024). The obligation to suppress emotions mediates distress, with higher endorsement linked to depressive symptoms (Watson-Singleton et al., 2022). Drawing from African feminist lenses, Ariyo (2025) critiques how such suppression perpetuates oppression by avoiding confrontation, advocating instead for anger as a form of self-love and empowerment to break silence on injustices.

Intersectionality amplifies the schema's effects, as professional women face workplace microaggressions that demand composure and suppress anger to combat biases (Simon, 2024). In older cohorts, anger suppression predicts 45% higher odds of clinically significant depression (Erving et al., 2024). The schema's origins in enslavement, where strength concealed trauma, persist, with women reporting unrelenting standards leading to self-neglect (Woods-Giscombé et al., 2019).

Interventions must challenge this stigma by promoting balanced resilience, integrating cultural values without mandating suppression. Culturally sensitive therapy, like womanist approaches, can validate emotions and reduce self-silencing (Simon, 2024). Community programs fostering support can mitigate isolation, encouraging expression over suppression (Watson-Singleton et al., 2023).

Future research should investigate intergenerational transmission, as mothers often teach suppression to their daughters, thereby perpetuating the cycle (Lee et al., 2025).

5. Impacts on Behavioral Health and Anger Management

Cultural stigma's promotion of anger suppression has profound behavioral health implications for African American women, linking to increased depression, anxiety, and physical ailments. Suppression, as a response to stereotypes, internalizes stress, depleting self-regulation and fostering maladaptive coping like substance use or binge eating (Mock, 2024). A 2024 study on older women finds anger suppression directly associated with higher depressive symptoms and lifetime diagnoses, mediated by SBW expectations (Erving et al., 2024).

This stigma exacerbates intersectional stressors, where racism triggers anger but suppression prevents processing, leading to embodied distress like hypertension (Wilson-Gentzler, 2021). Qualitative accounts describe suppression as exhausting, with women experiencing breakdowns from unexpressed rage, compounded by fears of misdiagnosis or

judgment (Woods-Giscombé et al., 2018). In coping with racism, suppression emerges as a common but harmful strategy, correlating with poorer mental health outcomes (Jacob et al., 2023).

Protective factors, such as community support and mastery, mitigate some of the effects, but stigma often overrides these, reducing help-seeking behavior (Wilson, 2020). Cardiovascular risks are heightened, with suppression linked to elevated blood pressure in Black women (Ong et al., 2024). Anger management is complicated, as suppression leads to indirect expressions like emotional eating or avoidance, worsening obesity and diabetes rates (Volpe et al., 2023).

Overall, unaddressed suppression perpetuates cycles of trauma, underscoring the need for stigma reduction to enable healthy anger management. Interventions promoting expression can alleviate these impacts, improving behavioral health equity (Thomas & González-Prendes, 2018).

6. Barriers to Help-Seeking and Interventions

Stigma creates formidable barriers to mental health services, with African American women viewing therapy as incompatible with strength ideals, fearing labels of "crazy" or weak (Woods-Giscombé et al., 2018). Mistrust of providers, rooted in cultural insensitivity, further deters engagement, as does preference for spiritual coping (Mock, 2024).

Interventions should prioritize culturally sensitive approaches, like womanist therapy, to validate anger and dismantle stigma (Francis, 2023). Community-based programs and storytelling can foster expression, reducing self-silencing and improving outcomes (Simon, 2024). Policy advocacy for equitable access is essential to overcome systemic barriers.

7. Discussion

Synthesizing the literature, cultural stigma emerges as a multifaceted driver of anger suppression, intertwining stereotypes with systemic oppression to erode behavioral health. While SBW offers resilience, its stigmatizing elements amplify suppression's costs (Watson-Singleton et al., 2022). Implications include training for providers to recognize these dynamics and advocate for policy changes addressing disparities. Future research should explore interventions' efficacy in diverse subgroups.

8. Conclusion

Addressing cultural stigma is essential to liberate African American women from anger suppression's burdens, fostering equitable health outcomes through targeted, intersectional efforts.

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