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Superwoman Syndrome & Women's health and well-being: A systematic review

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Abstract

Superwoman syndrome is a phenomenon where women feel compelled to excel in multiple roles-such as career, family, and personal life-often striving to "do it all" and "have it all," while neglecting their own health and well-being. The study aims to systematically review literature on superwoman syndrome in order to determine its origin, determinants, and impacts on women. A systematic strategy was used to search databases for relevant research, and based on the eligibility criteria, the final review included a total of 40 studies-including quantitative (19), qualitative (10), clinical trials (9), and mixed-methods (2)-mostly conducted in North America (82%) and on a sample of African American women (75%). Qualitative synthesis revealed that superwoman syndrome is a multi-faceted construct with certain key dimensions: handling multiple role responsibilities, feeling an obligation to present an image of strength, obligations to suppress emotions, obligations to help others, determination to succeed despite limited resources, resistance to being vulnerable, active participation in her community, and adherence to spirituality. The impact of the superwoman syndrome was found to be two-fold, beneficial as well as detrimental. The review provides a timely update to the literature on superwoman syndrome and also brings forth the interactional associations between various dimensions and their consequent impacts on the women.

Keywords: Systematic review, superwoman syndrome, women's health, well-being

Introduction

Today's women are striving to excel in every sphere of their lives. This tendency of 'doing it all' and need to "have it all" while often neglecting one's health has been termed as superwoman syndrome. The term superwoman syndrome was first coined in 1984, by Marjorie Hansen Shaevitz, in her book, "Superwoman Syndrome" ^[1]. Superwoman syndrome is defined as a set of characteristics found in a woman who performs or attempts to perform all the duties typically associated with several different full-time roles, such as wage earner, mother, homemaker, and wife, simultaneously ^[2]. It is considered as a schema, a mental model of the self in relation to the social world ^[3] and has been useful for explaining some of the social norms observed in many societies and is even described as "a key feature of women's identity" ^[4], but still, women have different perceptions and experiences related to their roles and the conflicts between traditional and modern expectations.

The published literature attempting to comprehend superwoman syndrome and how it might impact women is surprisingly inconsistent. Some researchers have considered it as a "myth"^[5] that has developed due to the false belief that women entering employment should not compromise their domestic responsibilities, and thus, women should be performing multiple roles simultaneously, forcing them to choose part-time employment ^[6], face gender inequality ^[7], strained interpersonal relationships ^[8], social isolation ^[9]; some has pointed out that men's strict adherence to traditional gender roles have driven women towards superwoman syndrome ^[6, 10] and reported to be causing various health issues such as cardiovascular disorders ^[11, 12], stress, depression etc. ^[13]; some have tried to explain superwoman syndrome as a "counteract" against the negative societal characterisations of womanhood, and as a "survival" mechanism against sociohistorical and personal contextual factors and reported it to be beneficial for womanhood as it leads to enhanced self-worth and productivity ^[8]. This has raised a critical need for clarification on what superwoman syndrome is, including if it is a "myth," "counteract," or "survival mechanism," as well as

whether it is beneficial or detrimental for women. Inconsistencies associated with the definition, and impacts of superwoman syndrome indicate that further theoretical delineation is needed. Hence, this study aims to systematically review recent available literature on superwoman syndrome in order to synthesise the associated determinants, causes, and impacts on women. Despite the fact that there has been several researches on superwoman syndrome, based on the scoping review of literature, a systematic review of superwoman syndrome aimed at accomplishing the aforementioned goals has not yet been conducted. Therefore, this systematic review, by synthesising published works on superwoman syndrome, will not only fill the evidence vacuum but also pinpoint research gaps and offer guidance for further empirical research.

The research questions for this review are

Q.1) What is superwoman syndrome?

Q.2) What are the impacts of superwoman syndrome?

Methods

This systematic review was conducted in accordance with the Preferred Reporting Items for Systematic Review and Meta Analyses (PRISMA) guidelines^[1, 14].

Eligibility criteria

The eligibility criteria for both inclusion and exclusion of this systematic review was based on the PICO^[2] format^[15]. The inclusion criteria comprise: studies with unrestricted study populations (18 years+); published in English, peer-reviewed journals and are original studies of superwoman syndrome (from inception of databases) in high, middle, and low-income countries.

The exclusion criteria comprise: studies that did not contain original data; nonempirical studies, reviews, grey literature, non-peer-reviewed studies, not published in English language; conducted on women under 18 years of age or on men (all age groups); don't address superwoman syndrome directly or address similar notions such as Strong Black Women (SBW) syndrome, Supergirl, Supermom, or Superman Complex (see table 1.1).

Table 1: Showing Inclusion and Exclusion criteria of the systematic review

Criteria	Inclusion	Exclusion
Population	Females above 18 years of age	Males (all age-groups) and females below 18 years of age
Year of Publication	Until December 2024	After December 2024
Country	All high- income countries (HICs) and Low-income countries and middle -income countries (LMICs)	No exclusions
Setting	All settings	No exclusions
Study Design	All primary studies published as peer reviewed articles	Non-empirical studies, literature reviews (including systematic reviews), grey literature- PhD and other dissertations, blogs, news articles, editorials; non-peer reviewed
Study Objectives	Explore one or more of the determinants of superwoman syndrome, the impacts/ effects (direct and indirect) of superwoman syndrome	Exploration of the related but different notions such as Strong Black Women (SBW) syndrome, Supergirl, Supermom, Superman complex and do not capture one or both of determinants and outcomes of superwoman syndrome.
Language	English	Languages other than English

Procedure

Data sources and search strategy: The data sources, portals and databases—Google Scholar, PubMed, Scopus, APA PsycINFO, EBSCOhost, Internet Archive, and Sociology Source Ultimate—which are prospective sources of scholarly and peer-reviewed studies were taken into account. The International Bibliography of the Social Sciences and reference lists from retrieved studies were also hand-searched to identify additional studies that might not have been retrieved by the database searches.

The search strategy arrays were organised with various combinations utilizing the truncation technique: ("Superwom*n" OR "Strong wom*n" OR "Super busy wom*n"). AND ("Syndrome" OR "Schema" OR "Complex" OR "Stereotyp*" OR "Ideal" OR "Personalit*") AND "Impact*" OR "Effect*" OR "Advantage*/Disadvantage*" OR "Benefit*/Liabilit*" OR "Mental health" OR "Physical health" to find research on superwoman syndrome. Results were restricted to English AND adult AND peer reviewed publications and were subject to specific exclusion and inclusion criteria based on PICO^[15] format.

Data Extraction

The search results were then imported into EPPI-Reviewer Version 6,^[3] which was utilised to go through the screening process. The initial literature search from all the databases yielded a total 718 potential papers, after removing duplicates (233), the papers were reviewed and excluded on the basis of title and abstracts examples include publication types such as book reviews, journal articles, autobiographies, fictional characters, news articles, and essays (128); removed which are marked as ineligible where superwoman syndrome was mentioned but not assessed as part of the research or used just to provide an explanation to the main outcome or did not describe or validate an analysis of superwoman syndrome (30). Of the remaining 327 papers- studies were excluded as they did not meet the inclusion criteria included those classified as grey literature, such as theses and dissertations (124) OR were part of conference proceedings but never got published in peer-reviewed journals; inaccessible and non-retrievable studies with unavailable abstracts or full texts (27) OR studies which are still ongoing as part of a big project (5). Then, remaining 171 were assessed for eligibility and excluded

studies which are accessing other similar aspect such as Strong Black Woman, Supergirl, Strong Black Mother, Supermom (115) OR were conducted on sample under 18 years of age, i.e. they were adolescence or teen studies (9) OR were accessing superwoman schema scales or tools (7), resulting in a total of 40 studies that fulfilled all the

inclusion criteria and were selected for further analysis (see figure 1.1). Publication metadata was extracted using a data extraction template, which includes: author(s), year of publication, journal., country of study, sample size, measure(s) used, and main findings of the reviewed studies (see supplementary table A).

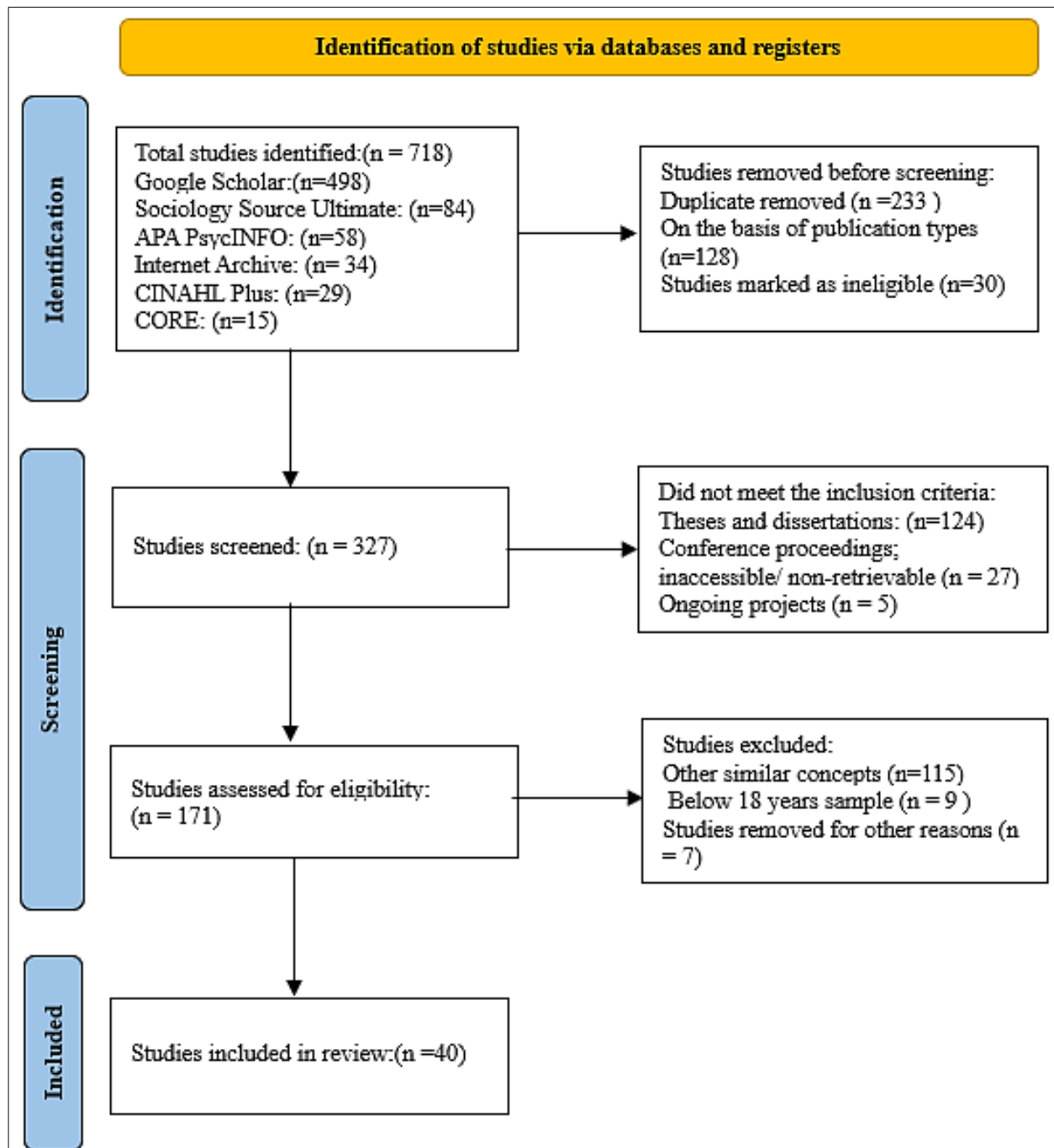


Fig 1: PRISMA flow diagram^[14] showing the process of the identification and screening of the studies

Results

Nature of publication outlets: In the current systematic review, n=40 studies has been included for the qualitative synthesis. All studies were published in English peer-reviewed journals till December 2024. The current systematic review included: n=4 from 1995-1999; n=0 from

2000-2004; n=0 2005-2009; n=1 from 2010-2014; n=5 from 2015-2019 and n=30 from 2020-2024. Overview of the hits of publications found per year reveals that maximum research on superwoman syndrome included in the systematic review was conducted after 2020 (n=30) (see figure 1.2).

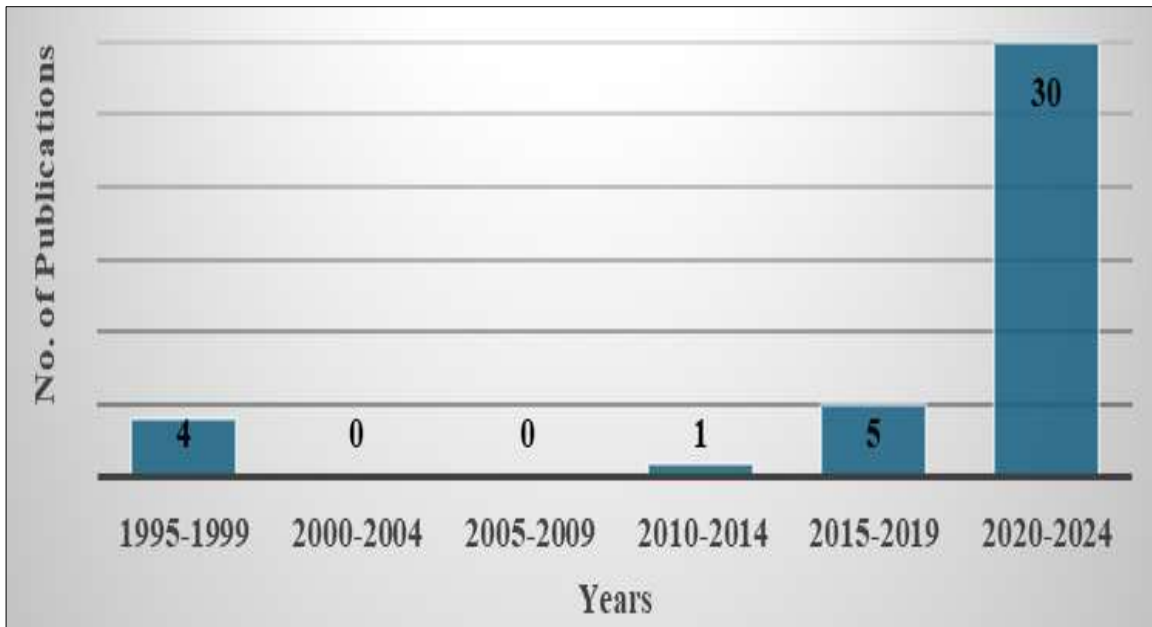


Fig 2: showing an overview of nature of publication outlet included in the systematic review

Study Location: The geographical areas covered by the studies represented in this review were North America (n=33 studies), Southeastern America (N=2) Europe (n=2 study), and Asia (n=3 studies). Overview of the

geographical areas covered by the studies reveals that maximum research on superwoman syndrome included in the systematic review was conducted in North America (n=33; 82%) (see figure 1.3).

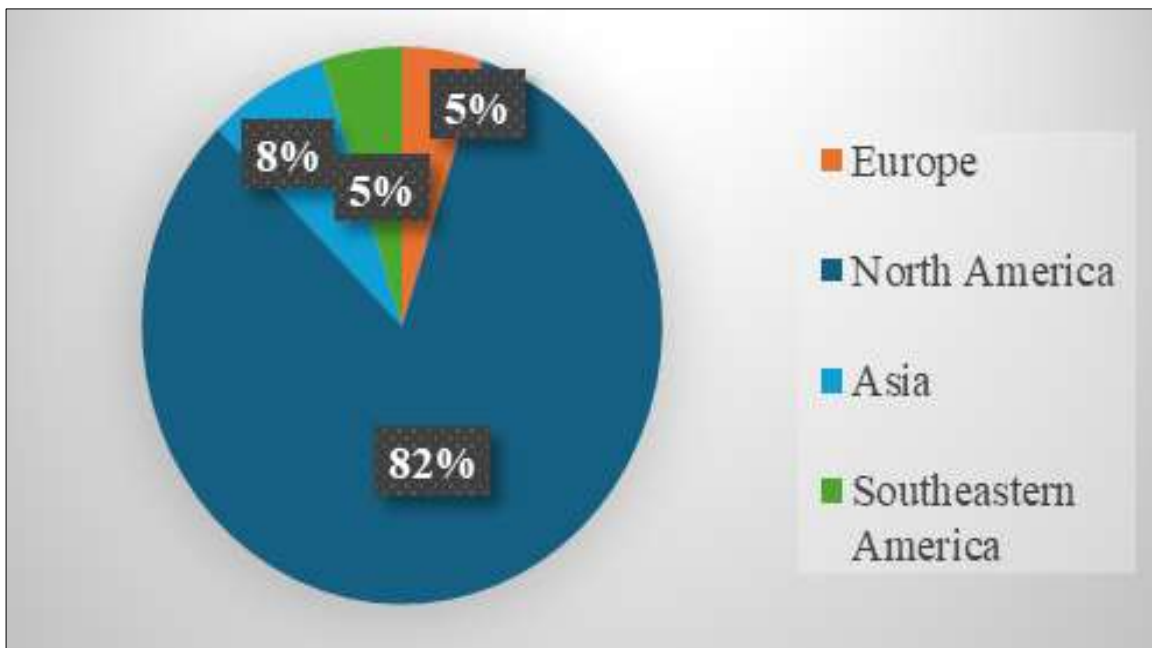


Fig 3: showing the geographical representation in the systematic review

Sample characteristics

In the current systematic review, the various ethnicity of the women was represented, across all the included studies, African American (n=30), American (mixed race) (n=5), European (Danish, British South Asian, German) (n=3) and

Asian (Russian, Filipino) (n=2) and Mexican American (n=1). Overview of the sample reveals that maximum research on superwoman syndrome in the current systematic review was conducted on African American women (n=30; 75%) (see figure 1.4).

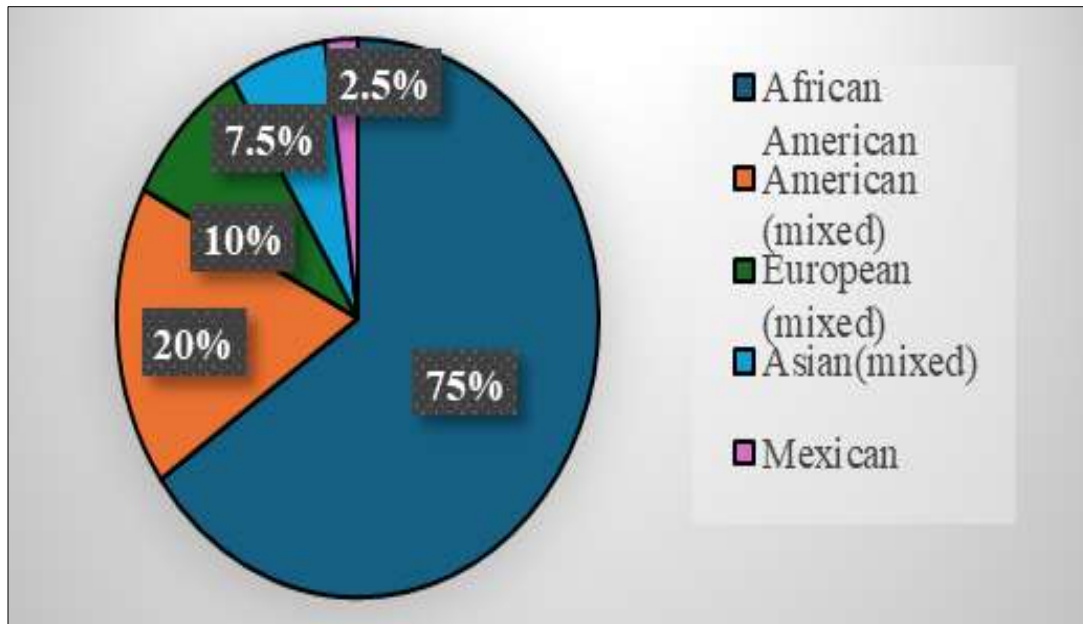


Fig 4: depicting the ethnic representation within the sample population in the systematic review

Superwoman syndrome assessment tools: In the current systematic review, there was variability in the means by which superwoman syndrome was assessed. In the quantitative studies (n=19) and clinical trials (n=9), four different measures of superwoman syndrome was utilised to assess superwoman syndrome: self-constructed questionnaire (three different types; n=3), The Superwoman Scale (SWS-3)^[16] (n=1), Stereotypical Roles for Black Women (SRBWS)^[17] (n=2) and Superwoman Schema Scale- SWS or Giscombé Superwoman Schema Questionnaire^[18] (n=22) to assess the Superwoman syndrome. The studies with qualitative research design (n=10), used semi-structured interviews (n=4), focus group (n=3), in-depth interviews + aesthetic portrayals + observation (n=1), phenomenological inquiry (n=1) and narrative analysis (n=1). The studies with mixed method research design (n=2) used Superwoman Schema Scale along with other measure (for other variables) compiled to form a questionnaire for quantitative analysis with interviews for qualitative synthesis. In the current systematic review, majority of the quantitative studies and clinical trials used the Superwoman Schema Scale-SWS/Giscombé-Superwoman Schema Questionnaire (55%; n = 22); qualitative studies used semi-structured interviews (12.5%; n = 5); and mixed-method studies used surveys and interviews (5%; n = 2) to assess superwoman syndrome.

Methodological quality: In the current systematic review, the methodological quality of the studies was assessed to identify strengths and weaknesses, thereby informing the interpretation of findings. The appraisal process employed the Joanna Briggs Institute (JBI) Critical Appraisal Tool for qualitative^[18], quantitative^[19], and clinical trial studies^[20], utilizing distinct tools tailored to specific study designs (i.e., an individual component approach). For mixed-methods studies, the Mixed Methods Appraisal Tool (MMAT)^[21] was used, as it remains the only tool that incorporates explicit criteria for evaluating mixed-methods research. The methodological quality assessment indicated that the majority of studies (n = 26) were classified as medium quality, including (qualitative: n = 7; quantitative: n = 12;

clinical trials: n = 7). Eight studies (n=8) were rated as high quality (qualitative: n = 2; quantitative: n = 5; clinical trial=1), while n=6 were considered low quality (qualitative: n = 1; quantitative: n = 2; clinical trials: n = 1; mixed-methods: n = 2) as critical appraisal outcomes remaining unclear in some cases. Furthermore, none of the studies were excluded based on their quality assessment score. This decision was informed by challenges associated with comparing studies of varying designs using different quality appraisal tools^[22]. Thus, the quality assessment process was aimed to systematically evaluate the rigor of the included studies and the strength of the evidence in an objective and transparent manner; rather than serving as a basis for inclusion or exclusion of the studies.

Qualitative Synthesis: The qualitative synthesis of this systematic review was conducted in two sections: Section 1- will analyse the origin, definition and dimensions of superwoman syndrome and, Section 2- will discuss the various impacts of superwoman syndrome across the included studies.

Section 1: Definition, origin and key dimensions of Superwoman Syndrome

In order to get a detailed understanding of origin and definition of superwoman syndrome, the various types of studies were analysed geographically in order to get an understanding of cultural and social impacts on the superwoman syndrome.

The studies conducted in North America, n=33 and South eastern America, n=2 (quantitative=18; qualitative=6; clinical trials=9; mixed-methods=2) (sample African American women=29; mixed race= 5; Mexican= 1) had linked the birth of superwoman syndrome to the socio-political context of women's lives, specifically the climate of race and gender oppression, disenfranchisement, and limited resources and defined it as a multifaceted phenomenon which consists of 5 key dimensions which are: (i) feeling an obligation to present an image of strength; (ii) obligations to suppress emotions; (iii) obligations to help others; (iv) determination to succeed despite limited

resources and (v) resistance to being vulnerable; however, qualitative studies identified two additional characteristics: (vi) spiritual submission to Supreme power for strength and (vii) code switching or shifting which involved changing behaviour, communication patterns, and physical appearance to summon the appropriate attention to their acute needs^[23].

The studies conducted in Europe, n=2 (quantitative=1; qualitative=1) (sample= British, Danish; British South Asian) defined it as a prototype which was born because of men adherence to rigid traditional gender roles and belief that women participation in the employment should not compromise their domestic responsibilities. The key dimensions related with superwoman syndrome were found

to be multiple role responsibilities along with caring and compromising characteristics^[6, 24].

The studies conducted in Asia, n=3 (qualitative=3; sample= Filipino; Russian and Iranian women) adopted a feminist approach towards superwoman syndrome and analysed the work-family balance, which valorises women point of view, emphasizing motherhood, children, and family relations along with job responsibilities. They defined superwoman syndrome as a multifaceted phenomenon with an essential personal and social value involving multiple roles at work and family and by positive images of the future. Superwoman syndrome exhibit characteristics of a resilient person such as: (i) having the ability to solve problems proactively, (ii) to rise above negative experiences, and (iii) to anchor one's life on faith in God^[4, 7, 25].

Table 2: showing the various dimensions of superwoman syndrome identified in the systematic review

	Dimensions	No. of studies	Frequency
1.	Feeling an obligation to present an image of strength	33	82.5%
2.	obligations to suppress emotions	34	85.0%
3.	obligations to help others	33	82.5%
4.	Determination to succeed despite limited resources	33	82.5%
5.	Resistance to being vulnerable	32	80.0%
6.	Undertaking multiple role responsibilities	17	40.5%
7.	Active participation in her community	6	14.3%
8.	Adherence to spirituality	5	11.9%

Impacts of Superwoman Syndrome

The current systematic review had recognised various beneficial as well as detrimental impacts of superwoman syndrome on women across the included studies (n=40), affecting their physical health, mental health, personal and social life.

Impacts of superwoman syndrome as mentioned in quantitative studies: In the current systematic review, quantitative studies have reported superwoman syndrome to be showing associations with various detrimental impacts on physical health, such as pre/hypertension^[3,26], poor subjective sleep quality^[27, 28], weight management^[29] and an emphasis on physical appearance to weight concern, dieting, and bulimic behaviour^[30] as well as on mental health such as sexual assertiveness and sexual satisfaction^[31], lower self-rated health^[32], high levels of stress^[33, 27], psychological distress^[3, 34], depression^[9, 23, 32, 33], anxiety^[9, 32], various types of eating disorders such as disordered eating^[29], emotional eating^[36, 37], and more experiential avoidance^[36] among women. However, they have also reported both beneficial, such as self-sufficiency and independence^[37], high levels of resilience in women^[9] and enhancing social competence^[30] as well as detrimental impacts such as less self-compassion^[37], social isolation^[9], racial microaggression^[38], gendered racial centrality^[9] and teen dating violence (TDV) victimization^[39] on the personal and social life of the women (see figure 1.5).

Impacts of superwoman syndrome as mentioned in Qualitative studies: In the current systematic review, qualitative studies have reported superwoman syndrome to be showing detrimental impacts on the physical health such as burnout or physical exhaustion in women^[24, 41] and with exacerbation of existing chronic pain in arthritis^[23], mental health such as: compromised mental well-being^[41], enhanced use of substances- smoking, alcohol, marijuana

that served as the source of mental duress^[41], high levels of stress^[8, 42]; psychological distress^[3, 43], stress-related health behaviours such as emotional eating, smoking, dysfunctional sleep patterns, postponement of self-care^[8, 40], depression and anxiety^[23,42]. However, qualitative studies in the current systematic review has reported both beneficial such as, strong associations with coping mechanisms formed against racial and gender discrimination and oppression^[8, 40], enhanced self-worth and productivity^[4, 7] and having positive images of the future^[4] as well as detrimental impacts such as strains in interpersonal relationships-romantic^[7, 8, 39] as well as maternal^[40], postponement of self-care^[8, 42], high self-expectations^[7, 8, 40], feeling of guilt and confusions^[7,24,40], making various compromises in personal and professional life^[6, 24], self-medicating in place of prescribed treatment^[41], aversion to mental healthcare^[43] and spiritual fatigue^[23] on the personal life and personality of the women.

Qualitative studies reported detrimental impacts of superwoman syndrome on the social life of women as such it was found to be associated with experience of high levels of societal demands, expectations and desire to be an inspiration to others^[8, 40], medical mistrust leading to aversion and discontent with healthcare providers^[23] leading to self-medication or substance abuse among women and negative experiences with public institutions which bolstered their aversion to help-seeking and heightened fixation on independence^[41] however, they reported its strong association with a beneficial impact which is preservation of family and community^[8, 43](see figure 1.5).

Impacts of superwoman syndrome as mentioned in Clinical trials: In the current systematic review, clinical trials have reported various detrimental impacts of superwoman syndrome on the physical health of the women such as high risk of cardiovascular diseases and coronary artery disease^[11, 12, 45, 46] due to blunted vascular

reactivity^[46], blunted flow-mediated dilation^[11], blunted vascular functions^[45] or higher central systolic blood pressure^[12], cumulation of biological stress known as allostatic load^[47] and faster telomere shortening leading to faster cellular aging in women^[17] whereas clinical trials on mixed race American women found that superwoman syndrome is not associated with significantly higher stress, or reduced life satisfaction^[10] (see figure 1.5).

Impacts of superwoman syndrome as mentioned in Mixed-method studies:

In the current systematic review, mixed-method studies have reported various impacts of superwoman syndrome on the sexual health of the women such as sexual distress and pain^[48] and an inability to make sexual pain disclosure to their partners^[49], sexual objectification and assumption of beauty among women^[50] (see figure 1.5).

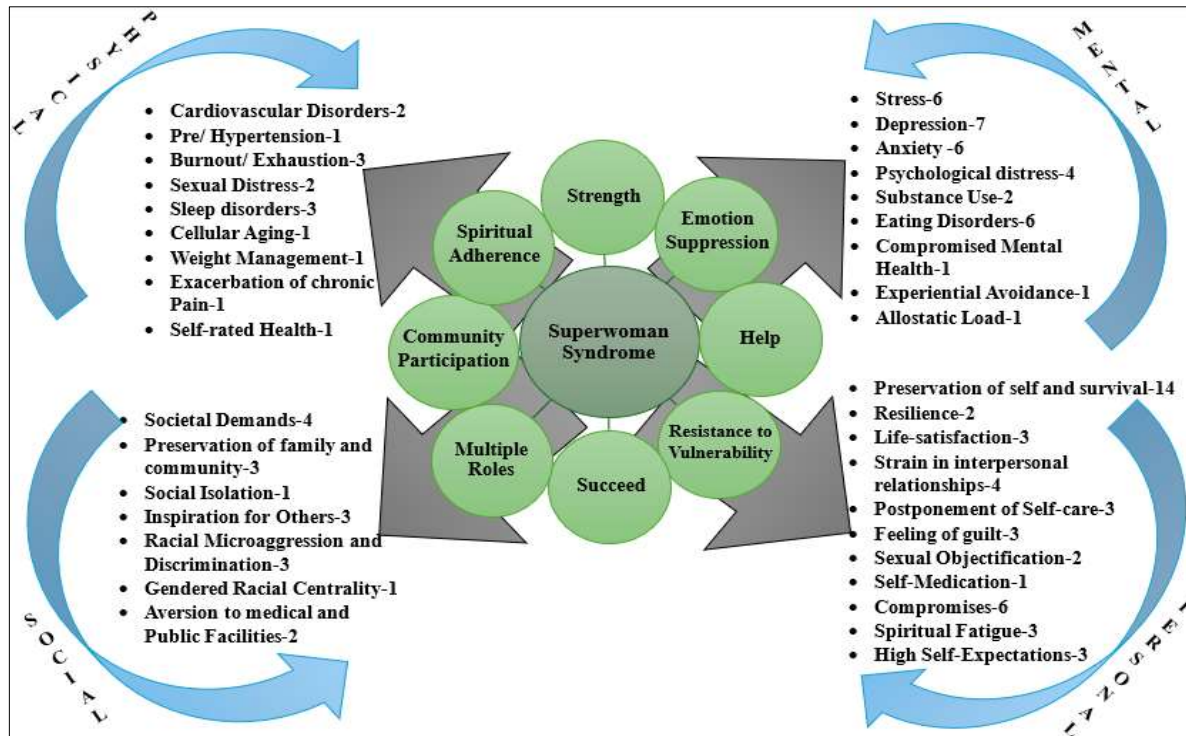


Fig 5: showing impacts of superwoman syndrome as reported in the systematic review

On the basis of the qualitative synthesis, it was determined that superwoman syndrome has several beneficial as well as detrimental impacts on women. The highly reported impact of superwoman syndrome was perseveration of self and survival (n=14) which is a beneficial impact. Superwoman syndrome was found to have a significant impact on women's mental health as reported to be positively associated with a number of mental health disorders, such as stress (n=7), depression (n=7), anxiety (n=6) and eating disorders (n=6) (see figure 1.5)

Discussion

The aim of the present systematic review was to clarify the concept of superwoman syndrome and to explore its various impacts on women.

In order to get a detailed understanding of how the construct of superwoman syndrome is conceptualised, all the included studies (n = 40) of different research designs (qualitative, quantitative, clinical trials, and mixed-method) were analysed geographically. It was found that the women in North America (82%) and Southeastern America (5%) have linked the birth of superwoman syndrome to the socio-political context of women's lives, specifically the climate of racism, race- and gender-based oppression, disenfranchisement, and limited resources, which has forced them to take on the superwoman role out of economic and social necessity; whereas, in Europe (5%) superwoman syndrome originated because of men's adherence to rigid traditional gender roles and the belief that women can

manage multiple responsibilities at home and work simultaneously with ease. In Asia (8%), superwoman syndrome was associated with female identity construct and projects the woman as a performer of multiple roles. Thus, different explanations were projected around the globe regarding the origin of superwoman syndrome, which can be attributed to the diversity in cultural and sociopolitical aspects; but they all agreed unanimously on its definition that superwoman syndrome is a multifaced phenomenon which involves handling multiple responsibilities across both home and work spheres accompanied by certain key characteristics.

In the current systematic review, eight key characteristics were observed to be associated with superwoman syndrome: The first key characteristic of superwoman syndrome, which was observed in the majority of the included studies (n= 34; 85%), in the systematic review was obligations to suppress emotions. Superwoman syndrome was found to be associated with the tendency to avoid sharing feelings or emotions with others and with an effort to internalise them. For some, displaying emotions publicly was considered a "sign of weakness"^[8, 23], others were concerned that it would be burdensome for others^[8] and unprofessional or unproductive at work^[7]. Further analysis had observed significant positive interactions between emotional suppression and racial discrimination. Higher levels of racial discrimination were associated with lower allostatic load among those reporting higher (versus lower) levels of emotional suppression characteristics^[47]. It was also found

to act as a mediator between racial microaggressions and psychological distress [38]. Research observed emotional suppression to be adversely impacting physical behaviours- sexual assertiveness [31], overall subjective sleep quality [27], cellular aging [17], smoking and alcohol use [47], exacerbation of chronic pain; mental health issues such as stress [3, 8, 43], psychological distress, network stress, depression and anxiety [3, 8, 43], social issues such as social isolation [9] and racial discrimination [44, 47] but reported to have a beneficial impact on personality by increasing resilience in women. It is reported to have a vicious cycle with chronic pain, i.e., suppression of emotion leads to exacerbation of chronic pain, which in turn leads to more silencing of emotion [23]. Hence, emotion suppression may serve as a protective barrier against the deleterious effects of emotional involvement in the setting of racial prejudice, but it can also aggravate unhealthy behaviours that are used to curb the negative emotions associated with it. Superwoman syndrome leads to specific mental health conditions such as stress, anxiety, and hypertension as a result of emotional turmoil faced while balancing life demands and the expectation to be resilient on personal, social, and professional levels [47].

The second characteristic that was observed in the majority of the studies (n=33; 82.5%) is an obligation to present an image of strength. The construct of strength is interwoven into a culturally valued norm of superwoman syndrome [8]. In addition to being strong, the concept of strength is about presenting a façade of strength, focusing on outward behaviour despite one's actual emotional and physical condition [8, 44]. Further analysis reveals that this characteristic is associated with certain beneficial impacts of superwoman syndrome, such as physical and sexual satisfaction [3], overall quality of sleep [27], self-sufficiency and independence, resilience and perseverance of family [8, 24] but also reported showing associations with several detrimental impacts: on physical health- cardiovascular diseases [11, 12, 4, 6], pre-hypertension [3, 12], exacerbation of chronic pain [23], on mental health- stress [8, 26, 38], network stress [8], psychological distress [3], depression [9, 23, 33, 35], anxiety [9, 33], personal - social isolation [9], aversion to seeking healthcare services [23], self-medication [23] and with social issues such as- racial discrimination [43, 47], racial microaggressions [38] and racial centrality [9]. With chronic pain, obligation to show strength is reported to have a vicious cycle with chronic pain, i.e., more depiction of strength leads to exacerbation of chronic pain, which in turn leads to more depiction of strength [23]. This can be explained as strength has been described as a core value characterised by “obligatory and volitional independence,” “learnt and compulsory resilience,” “matriarchal leadership,” and “maintaining a sense of control and self-sufficiency” [45], as a collective feature of a superwoman, living up to these ideals often leads to enhanced self-worth and adequacy [8, 24, 38] but ultimately adversely impacts their ability to withstand external threats [51], and exhaustion [24, 40] leads to adverse physical and mental health issues.

The third characteristic, which is obligations to help others, is highlighted in thirty studies (n=33; 82.5%) across the current systematic review. It has been described as a need to nurture others and stated as a common trait of womanhood- it's their “job to make others happy” [8]. This commitment to helping others led women to take on multiple responsibilities at home, work and community which is

found to associated with various detrimental impacts- on physical health: pre/hypertension [3], cardiovascular disorders [12], sexual assertiveness [31], low subjective sleep quality [27], low self-rated health [35], burnout/ physical exhaustion [24, 33, 40]; on mental health: stress [3, 8, 26, 33], depression and anxiety [3, 8]; personal: postponement of self-care [23] and resilience [9]; social issues: social isolation and racial discrimination [47]. Hence, obligation to help others and having a strong sense of duty to care for others can be physically draining because it entails working a “second shift” in accordance with socially imposed norms of traditional gendered behaviour and disregarding one's own needs [8].

The fourth characteristic pointed out in the majority of studies is determination to succeed despite limited resources (n=33; 82.5%). Women depicting superwoman syndrome were reported to have an intense motivation to succeed whether conditions are favourable or not. They believe that they could reach their goals even if they didn't have everything needed to do so and express a sense of pride related to achieving more than others [8], and the one who rises above these challenges and eventually succeeds to achieve her goal thus can be acclaimed as a “superwoman” and an inspiration to others [4]. Thus, they routinely worked late, neglected taking breaks, sacrificed sleep, and put their health in danger to reach their goals. This willingness to go to any lengths to succeed and to survive was observed even at the cost of family and maternal responsibilities [41]. As such, this characteristic was found to be associated with several detrimental impacts of superwoman syndrome: on physical health- cardiovascular diseases [11], pre/hypertension [3], dysfunctional sleep patterns, migraines, postponement of self-care [8, 43], exacerbation of chronic pain [23], burnout/physical exhaustion [24, 40] as well as on mental health such as stress [8, 43], allostatic load [7, 33], psychological distress [3], depression and anxiety [3, 8, 7, 33]; social life issues such as racial discrimination [47] and racial centrality [9], however it is also found to be related with beneficial impacts of superwoman syndrome- on physical health: overall sleep quality [28]; personal- preservation of self and survival, life-satisfaction [10], self-worth and productivity [4, 7], self -sufficiency and independence and social-preservation of family and community [8], social competence [41]. This can be explained as the women endorsing superwoman syndrome do not want to be dependent on anyone and, as such, are intrinsically motivated to be ambitious and goal-orientated. This tendency can also be attributed to the learnings or advice of their foremothers to be self-sufficient [8] and to the societal expectations or pressures that they experience to be successful in all the roles that they perform [6, 8, 24].

The fifth characteristic that has been reported in the majority of the included studies of the systematic review was, resistance to being vulnerable (n=32; 80%). Studies maintained that superwomen strongly show a desire to be independent; they don't like to “put up defences.” because they do not know how to accept help; vulnerability or dependence would cause them to get hurt; people may take it as their weakness or inefficiency. To circumvent the possibility of being hurt, some refuse to ask for help from others, or they formed guarded or shallow relationships with friends and intimate partners. They wanted to prove that they can “do it all” by themselves [8]. Further analysis revealed resistance to being vulnerable shows significant

associations with various beneficial impacts of superwoman syndrome- on physical health: overall sleep quality^[27, 28], reduced cellular aging^[17]; personal-enhanced self-worth^[8], self-sufficiency and independence and increased resilience, as well as with the detrimental impacts- on physical health: cardiovascular diseases^[11], sexual assertiveness^[31]; mental: stress, anxiety and depression^[9, 33, 35]; personal: postponement of self-care^[8] and social life such as social isolation^[9], racial microaggression and discrimination^[38, 47]. The obligation superwoman feels to care for others is described within the context of neglecting their self-care and lack of attentiveness to their own well-being and to network stress^[8]. Their commitment to helping others led them to take on multiple roles and responsibilities even when they knew they were overcommitted, and thus, they reported feeling overwhelmed and consequently leading to their poor physical and mental health^[8, 43].

The sixth characteristic, which was mentioned in 17 studies (n=17; 40.5%) is undertaking multiple role responsibilities. Superwoman syndrome has been associated with the ability of women to undertake multiple role responsibilities at home and work front and thus, provide financial and emotional support to their partners and families^[3, 4, 5, 7, 8, 24]. Further analysis has identified significant associations between this characteristic with both, beneficial: personal-perseverance of enhanced self-worth and productivity^[3, 5, 8, 38, 39], high self-expectations^[24], enhanced life-satisfaction^[4]; social- preservation of family and community^[7, 8] and detrimental impacts, physical- eating disorders^[30], dysfunctional sleep patterns^[8], burnout/physical exhaustion^[33, 40]; mental- stress, anxiety, depression^[3, 7, 8, 10, 36, 37, 44, 47]; personal- postponement of self-care^[8, 47], strained interpersonal relationships^[8, 24, 39], compromises^[6]; social-perseverance of family and community^[3, 5, 7, 8, 23] and high societal demands^[8, 24]. These contradictory impacts may be attributed to the multifaceted nature of the superwoman syndrome; on the one hand, women who manage multiple roles feel more productive and valuable, and they also perceive themselves as valuable members of their family and communities; on the other hand, however, this enormous juggling negatively impacts their personal lives, physical and mental health.

The seventh characteristic, which was reported in few studies across the systematic review is active participation in the community (n=6;14.3%). The women endorsing superwoman syndrome feel a sense of commitment and pride in “giving back”^[8] to their community, which usually includes church and charitable activities^[10]. It was found to be related to the concept of fundamental philanthropy, a “basic or natural philanthropy” that involves using one’s “own ‘natural’ resources, such as talents, skills, knowledge, and opportunities to perform an altruistic act”^[8]. Further analysis has revealed this characteristic significant associations with various impacts of superwoman syndrome on: physical health- exacerbation of chronic pain^[23]; burnout/ physical exhaustion^[24, 33, 40]; mental health- stress^[8, 24]; personal- enhanced self-worth^[8] and improved interpersonal relationships^[7, 39] and social-preservation of the community^[8, 23] and inspiration for others^[7, 8]. Superwoman syndrome was reported to be associated with women's sense of pride and fulfilment in serving their communities; they felt strongly about their responsibility to give back. Using their efforts to improve the lives of others makes them feel worth and inspiring for others^[8].

The last and eighth substantial characteristic reported to be associated with the superwoman syndrome across the current systematic review is adherence to spirituality (n=5; 11.9%). Women reported that faith, religion, and spirituality had helped them to manifest strength to reach their goals and to overcome challenges without the help of other people^[8, 10, 23]. They specifically discussed how relying on God offered encouragement in the context of inadequate tangible resources. Further analysis revealed this characteristic interconnection with other characteristics of the superwoman syndrome, such as obligation to show strength, resistance to being vulnerable, and determination to succeed despite limited resources^[8, 23, 43]. Hence, observed to be associated with beneficial impacts of superwoman syndrome: personal- preservation of self and survival^[8], resilience^[23] and social- aversion to seeking mental healthcare^[43] but also reported in relation to women suffering with chronic pain, to cause spiritual fatigue^[23]. Faith was the central concept in their image and modelling of strength, where all women pointed out that drawing on personal strength is more likely to be rapidly depleted, necessitating vicarious strength from God or other spiritual avenues^[23]and strengthened their determination and resolve to succeed despite limited resources and significant help^[8].

Conclusions: While defining and conceptualizing superwoman syndrome, the included studies in the current systematic review agreed unanimously that it is a multifaceted construct that refers to the identity of a woman who simultaneously fulfils several significant roles in home and work front. Nevertheless, they all aligned with the basic idea that superwoman syndrome is a complex construct that depicts certain key characteristics, which are: undertaking multiple role responsibilities; feeling an obligation to present an image of strength; obligations to suppress emotions; obligations to help others; determination to succeed despite limited resources; resistance to being vulnerable; active participation in her community; and adherence to spirituality.

The superwoman syndrome was found to be a double-edged sword that has benefits as well as liabilities. Among all the impacts, the systematic review determined perseverance of self and survival (personal domain) as highly reported impact (beneficial) of the superwoman syndrome. Mental health has been found to be the highly impacted (negatively) by superwoman syndrome, leading to several mental disorders, including depression, anxiety, stress, and sleep disturbances.

Implications of the Study: The present study holds significant relevance as it provides a timely update to the literature on superwoman syndrome. The review had also tried to bring forth the interactional associations between various characteristics and their consequent beneficial and detrimental impacts on the personal, social, physical and mental health of the women. It also highlights the need for work on the deterrent effects of superwoman syndrome; thus, it may be helpful to construct intervention programs through research from related fields that target managing the detrimental impacts of superwoman syndrome

Limitations and directions for future research

Few limitations were noted in this review, which are possible avenues for further research. The most cited

limitation was that most of the research has been conducted in North America on African American women. Therefore, future research can be directed towards more culturally diverse samples so that the phenomenon of superwoman syndrome can be analysed evenly and results can be generalized regardless of racial and cultural diversification. Another limitation of this systematic review was it includes studies conducted on samples aged 18 years and above. Future reviews could incorporate research on adolescents and children to better understand the early development of superwoman syndrome and its impact on young girls.

Footnotes

1. PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) is an evidence-based set of guidelines designed to improve the transparency, consistency, and quality of reporting in systematic reviews and meta-analyses [14].
2. PICO's method is a structured framework used in evidence-based practice to formulate focused, answerable research questions by identifying key components—Population, Intervention, Comparison, Outcome, and Study design—to guide literature searches and systematic reviews [15].
3. EPPI-Reviewer Version 6 is a web-based software developed by the EPPI Centre at UCL for managing and analysing data in systematic reviews, supporting tasks such as screening, coding, text mining, and meta-analysis.

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Supplementary Table A: showing publication metadata extraction template of the included studies (in ascending order of publication) of the systematic review

	Author(s) & Title	Journal	Location	Measures	Research Design & Sample	Outcomes	Quality Assessment Rating
1	Herrera and DelCampo (1995) Beyond the Superwoman Syndrome: Work Satisfaction and Family Functioning among Working-Class, Mexican American Women	Behavioural Sciences	North America-Mexico	Questionnaire which consists of 5 sub-scales which are: Sex-Role Attitude Scale; Work- Satisfaction Scale; Task-Sharing Scale; Work and Family Role Strain Scale & Family Functioning Scale.	Quantitative N= 87 Mexican American married women above 18 yrs..	Results shows that women do not want to be a superwoman and consider it as a myth.	Low
2	Newell (1996) The superwoman syndrome: a comparison of the “heroine” in Denmark and the UK	Women in Management Review	Europe Denmark and United Kingdom	Survey comparing the experience of mothers returning to work by measuring length of maternity, job status and return to work, child care, learning from Danish experiences and mothers coping strategies	Quantitative N= 92 women above 18 years of age employed in one national and one international company in each country.	Superwoman syndrome is experienced more by women in UK than in Denmark. Little evidence that men are expanding their roles to encompass the domestic and child-care responsibilities thus, women are thus left to occupy two roles, which to some extent are incompatible, unless the woman compromises by taking part-time employment.	Low
3	Hart & Kenny (1997) Adherence to the super woman ideal and eating disorder symptoms among college women	Sex Roles	Northeast America	Questionnaire packets consisting of Super Woman Scale, The Importance of Appearance Scale, The Parental Attachment Questionnaire and Eating Disorder Inventory-2	Quantitative N= 156 undergraduate college women enrolled at a private, coeducational Jesuit university in the Northeast. Participants' ages ranged from 18 to 22 years old and are of mixed race.	Superwoman syndrome is found to be associated with wide range of eating disorders.	Medium
4	Rana et. al. (1998) British South Asian women managers and professionals: experiences of work and family	Women in Management Review	England	Semi-structured interviews 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	Qualitative N= 17 British South Asian full-time managerial or professional working women aged 24-57 years residing in North-west of England	SWS is experienced as pressures of fulfilling multiple work-family roles combined make the women feel very guilty and confused about what their priorities should be, not only for themselves, but also so that they conform to cultural expectations of their immediate family, extended family and community members	High

				and responsibilities at work; and experiences of discrimination.			
5	Woods-Giscombé (2010) Superwoman Schema: African American Women's Views on Stress, Strength, and Health	Qualitative Health Research	North America-USA	Analysis of eight focus group discussions exploring women's descriptions of the Superwoman role; perceptions of contextual factors, benefits, liabilities; and beliefs how it influences health	Qualitative Eight focus group with total of 48 women were recruited from south-eastern region of the United States. Age ranged from 19 to 72 years.	Superwoman role is a multidimensional phenomenon with key characteristics- obligation to manifest strength, emotional suppression, resistance to vulnerability and dependence, determination to succeed, and obligation to help others. It has benefits (preservation of self and family or community) as well as liabilities (relationship strain, stress-related health behaviours, and stress embodiment). Superwoman Schema Conceptual Framework was presented.	Medium
6	Sumra and Schillaci (2015) Stress and the Multiple-Role Woman: Taking a Closer Look at the "Superwoman"	Personality and Social Psychology	North America-USA	Survey questionnaire comprising of 85 questions from Perceived Stress Scale (PSS), Social Capital, and Life Satisfaction Measures. Urinary cortisol (30-day sampling protocol) and hair cortisol (final week sampling of 25 hair strands)	Clinical Trials N= 308 women involved in multiple roles.	"superwomen", is not associated with significantly higher stress, or reduced life satisfaction.	Medium
7	Woods-Giscombe et. al. (2016) Superwoman Schema, Stigma, Spirituality, and Culturally Sensitive Providers: Factors Influencing African American Women's Use of Mental Health Services	Best Practices in Health Professions Diversity	Southeastern USA	Eight focus groups comprised of 48 African American women from the southeastern United States and a broad range of age and educational backgrounds.	Qualitative N=48 African American women age range from 19 to 72 years; the average age was 34 year.	Results suggest that the major components of SWS, as well as perceived stigma, religious and spiritual concerns, and the desire for culturally sensitive providers influenced participants' perceptions and use of mental healthcare.	Medium
8	Nuru-Jeter et. al. (2018) Anticipatory Racism Threat and Superwoman Schema: Elucidating the Relationship Between Racial Discrimination and Chronic Inflammation	Physiology, pharmacology and lifestyle	North America-USA	Data collection included interviewer-administered questionnaire, computer assisted self-interview, anthropometric assessment, and venous blood draws to explain heightened risk of coronary artery disease by racial discrimination linked with chronic inflammation.	Clinical Trials The African American Women's Heart & Health Study recruited a community sample of 200 African American women ages 30-50 residing in San Francisco Bay area	Superwoman syndrome is found to be associated with racial discrimination and inflammation; Superwoman Schema (SWS) is a coping style to overcome racial discrimination.	Medium
9	Allen et al. (2019) Racial discrimination, the superwoman schema, and allostatic load: exploring an integrative stress-coping model among African American women	Annals of New York Academy of Sciences	North America-California, USA	Allostatic load was calculated as a composite of 15 biomarkers (by physical examination +venous blood draws); Experiences of Discrimination Scale; Superwoman Schema Scale	Clinical Trials Community sample of 208 African American women ages 30-50 from five San Francisco Bay Area counties	Superwoman syndrome is found to be associated with racial discrimination. Significant interactions were observed between racial discrimination and SWS subscales.	High
10	Rosario and Obo-Rayos (2019) The Portrait of a Superwoman:	International Forum	Asia Philippines	In-depth interviews, aesthetic portrayals, and observation.	Qualitative N= 7 full time PhD students who were mothers	Superwoman syndrome is found to be multifaceted with multiple roles at the present, and by positive images of the future; Coping	Medium

	Finding Compatibility and Balance Between Motherhood and Graduate School.					strategies involves a strong support system from home and power above, God.	
11	Antoshchuk & Gewinner (2020) Still a superwoman? How female academics from the former Soviet Union negotiate work-family balance abroad	Superwoman syndrome and work-life balance	Russia	Qualitative Interviews exploring “gender- contract of the working mothers” theme	Qualitative N=22 Russian speaking female academician, average age 37.5 years (Germany) and 40 years (UK).	Study suggests a feminist approach to Superwoman syndrome and analyse the work-family balance, which valorises women’s point of view, emphasizing motherhood, children and family relations as an essential personal and social value, while also documenting the increasing challenges faced in the realization of these life priorities.	Low
12	Knighton et. al. (2020) Superwoman Schema: a context for understanding psychological distress among middle-class African American women who perceive racial microaggressions	Ethnicity & Health	North America- USA	Psychological distress (PHQ-8 and GAD- 7), Racial microaggressions (IMABI), and modified items from the Stereotypical Roles for Black Women (SRBWS)	Quantitative N= 243 African American women aged 19-72 years (M = 39.49 years)	Superwoman syndrome is found to be associated with racial microaggressions and psychological distress. Bivariate correlations revealed racial microaggressions and an obligation to show strength/suppress emotions were positively and significantly correlated with psychological distress($B = .16$, $SE = .02$, 95% CI [.1138, 978]).	Medium
13	Lundquist, et. al. (2020) Experiences of counsellor education doctoral student mothers with young children	Counsellor Education and Supervision	USA	phenomenological inquiry explores participants’ lived experience.	Qualitative N=11 doctoral Counsellor Education students ages ranged from 31to 41 years who are mothers of at least one child under 5years of age.	The desire to maintain and balance their roles as a mother of a young child/children and as a doctoral student (and other roles that the participants may have) seems to come with a level of pressure and expectations from society, family/friends, and even themselves, and this expectation seemed to exert constant significant pressure on these women.	High
14	Leath et. al. (2021) An examination of ACEs, the internalization of the Superwoman Schema, and mental health outcomes among Black adult women	Trauma and dissociation	North America- USA	Measures of Adverse Childhood Events, Superwoman Schema endorsement, and mental health (stress, anxiety, and depression)	Quantitative N= 447 Black women (20-35 years old)	Superwoman Schema was found to be associated with higher stress, anxiety, and depressive symptomology.	Medium
15	Debnam et. al. (2021) Superwoman, Racial Identity, and Teen Dating Violence Victimization among Young Black Women	Interpersonal Violence	North America- USA	Online survey consisting of- The Conflict in Adolescent Dating Relationships Inventory Multidimensional Inventory of Black Identity-Teen (MIBI- T) The Stereotypic Roles for Black Women Scale (SRBWS)	Quantitative N= 481 young American Black women, aged 18-19 years who were dating someone or in a relationship	The results showed that endorsement of a Superwoman role was associated with increased Teen Dating Violence (TDV) victimization.	Medium
16	Beigzadeh et. al. (2021) Iranian superwomen’s career experiences: a qualitative study	Women’s Health	Asia- Iran	semi-structured interview and analysed using conventional content analysis.	Qualitative N= 12 multi-role women aged between 30-40 years, married with children. They were from different occupations and had been in employment for more than two	Superwoman syndrome is found to be associated with multiple role responsibilities and gender inequality in professional sector.	Medium

					consecutive years, residing in Tabriz, North West of Iran.		
17	McLaurin-Jones et.al. (2021) Superwomen and sleep: an assessment of Black college women across the African Diaspora	Behavioural Medicine	USA	The Insomnia Severity Index, Pittsburgh Sleep Quality Index, Perceived Stress Scale, Alcohol Use Disorders Test, and Giscombe Superwoman Schema Questionnaire.	Quantitative a cross-sectional study design recruited N= 110 undergraduate women (18-24 years) attending a Historically Black College and University (HBCU) who self-identified as Black	Perceived stress and endorsement of the Superwoman Schema had a positive association with insomnia and poor sleep quality.	Medium
18	Sheffield-Abdullah et. al.(2021) Perceptions of superwoman schema and stress among African American women with pre-diabetes	Archives of Psychiatric Nursing	USA	Focus groups	Qualitative Three Focus group with N=20 participants in this study included African American women (aged 25-65) who were previous participants in the "We Can Prevent Diabetes" research study	SWS and it's dimensions are found to shape and influence the experiences of stress, it shaped how women talked about stress.	Medium
19	Cousins et.al. (2022) "Be Strong My Sista": Sentiments of Strength From Black Women With Chronic Pain Living in the Deep South	Advances in Nursing Science	North America-USA	Narratives	Qualitative N= 18 African American women 9 from rural and 9 from urban of age ranges 50-94 years living with chronic osteoarthritis pain.	Results found that their "herstories" parallel the 5 characteristics of the Superwoman Schema [did you mention the characteristics in the introduction?] with two additional characterizations: spiritual submission for strength and code switching	Medium
20	Perez et.al. (2022) Superwoman Schema and John Henryism among African American women: An intersectional perspective on coping with racism.	Social Sciences and Medicine	North America-San-Francisco, USA	Superwoman Schema Scale; John Henryism Active Coping scale and K6 Scale for psychological distress.	Quantitative N= 208 African American women of age 30-50 years from the San Francisco Bay Area.	SWS was found to predict higher odds of hypertension and psychological distress.	Medium
21	Nelson, et.al. (2022) Association Between Superwoman Schema, Depression, and Resilience: The Mediating Role of Social Isolation and Gendered Racial Centrality	Cultural Diversity and Ethnic Minority Psychology	North America-USA	Giscombe Superwoman Schema Questionnaire; Centre for Epidemiologic Studies Depression Scale Revised (CESD- R); The Connor-Davidson Resilience Scale (CD-RISC-25); The UCLA Loneliness Scale (Version 3); Multicomponent In-Group Identification Scale	Quantitative N= 271 self-identified Black women in age from 18 to 70 years.	SWS was found to be directly associated with depression and indirectly with depression through social isolation	Medium
22	Harris et. al. (2022) Superwoman's kryptonite: the superwoman schema and perceived barriers to weight management among US Black women	Health Psychology	Southeastern United States	Giscombe Superwoman Schema Questionnaire, Perceived barriers to weight management were classified into biological, psychological, and sociological barriers.	Quantitative 169 adult Black women aged 18 and older was recruited from university students taking psychology courses at a Predominantly Black Institution in the Southeastern United States	SWS is reported to play a vital role in the self-management of weight in U.S. Black women.	Medium
23	Martin et.al (2022a) Conduit Artery and Forearm Microvascular Reactivity in Black and White Females;	Federation of American Societies for Experimental Biology (FASEB)	USA	Post-occlusive brachial artery flow-mediated dilation (FMD) and forearm reactive hyperaemia were assessed, Giscombe	Clinical trials Seven Black (age: 22 ± 1 yr; BMI: 27.5 ± 1.6 kg/m ²) and 6 White (age: 23 ± 1 yr; BMI: 25.9 ± 1.3 kg/m ²) females participated.	Stronger SWS endorsement may be associated with blunted vascular reactivity	Medium

	Examining the Role of Greater Superwoman Schema Endorsement			Superwoman Schema Questionnaire			
24	Martin et. al. (2022b) Blunted Vascular Endothelial Function in Black Females: Examining the Impact of Psychosocial Stress Exposure versus Internalization and Coping	Circulation	USA	Adverse childhood experiences (ACEs) Inventory; Past Week Discrimination (PWD) Inventory, John Henryism Active Coping Scale, JHAC12; Giscombe Superwoman Schema Questionnaire, G-SWS-Q	Clinical trials Twelve Black (21 ± 3 yr) and 8 White (25 ± 6 yr) healthy females underwent standard FMD testing.	SWS scores tended to be ($r = -.39$, $p = .11$) negatively associated with FMD. Among the SWS subscales, SWS-Resistance to Being Vulnerable ($r = -.51$, $p = .04$) and SWS-Intense Motivation to Succeed ($r = -.54$, $p = .04$) were negatively associated with FMD	Medium
25	Thomas (2022) Superwoman schema, racial identity, and cellular aging among African American women	The Gerontologist	USA	DNA extraction and measurement, Relative telomere length measurement, The Giscombe Superwoman Schema Questionnaire, The Multidimensional Inventory of Black Identity (MIBI)	Clinical Trial AAWHHS is an observational cross-sectional study design Data are from African American Women's Heart & Health Study participants who consented to DNA extraction (n = 140) aged 30-50 African American women residing in the San Francisco Bay area	SWS and its dimensions are found to be associated with higher cellular aging (premature aging) among African American women	Low
26	Martin et. al. (2023) Peripheral and Cerebral Vasodilation in Black and White Women: Examining the Impact of Psychosocial Stress Exposure Versus Internalization and Coping	Hypertension	USA	Adverse childhood experiences (ACEs) Inventory; Past Week Discrimination (PWD) Inventory, John Henryism Active Coping Scale, JHAC12; Giscombe Superwoman Schema Questionnaire, G-SWS-Q	Clinical trials Healthy Black (n=21; 20±2 years) and White (n=16; 25±7 years) underwent testing for forearm reactive hyperaemia, brachial artery flow-mediated dilation (FMD), and cerebrovascular reactivity	Superwoman Schema-Succeed was negatively associated ($P=0.044$) and Superwoman Schema-Vulnerable tended to be negatively associated ($P=0.057$) with FMD in Black women.	Medium
27	Dogan et. al. (2023) 'My partner will think I'm weak or overthinking my pain': how being superwoman inhibits Black women's sexual pain disclosure to their partners	Culture, Health and Sexuality	USA	Participants completed a 15-minute online survey and a follow-up open-ended question 'Why haven't you told your partner about your sexual pain?'	Mixed methods Data were collected from phase one of a larger sequential mixed-methods project (Pain and Pleasure Study), which focused on sexual pain, pleasure and anxiety among N = 294, 18-50 years of age premenopausal cisgender Black women.	SWS characteristics are found to be associated with the sexual pain disclosure to the partners	Low
28	McDaniel et. al. (2023) Superwoman schema: Uncovering repercussions of coping strategies used among Black women at high risk for HIV	Ethnicity and Health	USA	Semi-structured interviewed conducted three times over three months between May 2018 and November 2019	Qualitative longitudinal This study is a secondary analysis of a larger study on HIV prevention Black and Latine women at high risk for HIV. Only Black participants (n = 10) (age M = 31.7, range 21-46) were included in this secondary analysis. The interviews were conducted 3 times across 3 months	Research confirmed and assessed dual repercussions of SWS among Black women both as a defence that granted resilience in the face of seemingly insurmountable odds and as a construct that encouraged substance use as a coping mechanism for compromised mental health.	Medium
29	Perkins et. al. (2023) Black Women's Sexual Assertiveness and	Black Psychology	USA	Woods-Giscombé Superwoman Schema Questionnaire; Modified Hurlbert's Index of Sexual	Quantitative 406 Black women. Participants self-reported their age (M = 27 years, SD = 4.57)	SWS dimensions moderated the association between sexual assertiveness and sexual satisfaction.	Medium

	Satisfaction: The Role of the Superwoman Schema			Assertiveness scale;	years) and were from across the U.S.		
30	Lewis et. al. (2023) Network stressors, personal stressors, and ambulatory blood pressure in African-American women—Does superwoman schema play a role?	Health Psychology	USA	Questionnaire for Network stressors, SWS scale and Blood Pressure was assessed in clinic and via 48-hr ambulatory monitoring	Clinical Trials N = 392 African-American women aged 30-46 years	Network stressors, not personal stressors were associated with elevated rates of daytime blood pressure, as well as sustained hypertension in African-American women, irrespective of SWS endorsement.	Medium
31	Erving et. al.(2024a) Superwoman Schema and self-rated health in black women: Is socioeconomic status a moderator?	Social Science and Medicine	America	self-rated health, Giscombe Superwoman Schema Questionnaire, Beck Depression Inventory	Quantitative Data were from the Mechanisms Underlying Stress and Emotions (MUSE) in African-American Women's Health Study, a cohort of N=408 African American self-identified women, being aged 30-45, and premenopausal with at least one ovary.	SWS and it's dimensions are found to be associated with worse self-rated health ($p<.05$): SWS overall was associated with worse self-rated health among higher income women but better self-rated health among lower income women.	High
32	Erving et. al. (2024b) Black Women as Superwomen? The Mental Health Effects of Superwoman Schema, Socioeconomic Status, and Financial Strain	Social Problems	America	self-rated health, Giscombe Superwoman Schema Questionnaire, Beck Depression Inventory	Quantitative Data were from the Mechanisms Underlying Stress and Emotions (MUSE) in African-American Women's Health Study, a cohort of N=370 aged between 30-46 years old African American self-identified women	Study results reveal that SWS dimensions are associated with elevated depressive symptoms, in addition, net worth and financial strain moderate the association between them. Specifically, the association between SWS and depressive symptoms is strongest among Black women reporting negative net worth or high financial strain.	High
33	Erving et. al. (2024c) The association between Superwoman schema and subjective sleep quality among Black women	Sleep Health	America	Giscombe Superwoman Schema Questionnaire and The Pittsburgh Sleep Quality Index (PSQI)	Quantitative 405 African American women (aged between 30-46 years)	Superwoman schema and it's dimensions are found to be associated with lower overall subjective sleep quality and poor sleep quality sleep disturbances and daytime sleepiness.	High
34	Thorpe et. al. (2024a) 'Just be strong and keep going': the influence of Superwoman Schema on Black women's perceived expectations of coping with sexual pain	Culture, Health & Sexuality	USA	Participants completed a 15-minute online survey and a follow-up open-ended question, 'How does being a Black woman influence how you feel you should cope with sexual pain?'	Mixed methods Data were collected in Spring 2021 during phase two of the Pain and Pleasure Study. Phase 1: among N = 294, 18-50 years of age premenopausal cisgender Black women in Southern region of the USA Phase 2: N= 25 Black women who typified as outlier/extreme cases in the Phase 1 dataset.	SWS dimensions are found to be associated with coping against the sexual pain	Low
35	Thorpe et. al. (2024b) Minority stressors and psychological correlates of sexual distress among Black queer and heterosexual women	Sexual and Relationship Therapy	USA	Kessler Psychological Distress Scale (K10), Posttraumatic Stress Disorder Scale (PTSD-8), Perceived Stress Scale, Superwoman Schema Questionnaire, The Assumptions of Beauty and Sexual Objectification stress appraisal subscale of the Gendered Racial	Quantitative N= 448 Black women aged 19-67 years	SWS and it's dimensions are found to be related to sexual distress for black queer women, sexual objectification, assumption of beauty in both black heterosexual and black queer women	Medium

				Microaggressions Scale, The Female Sexual Distress Scale-Revised			
36	Volpe et. al. (2024a) Gendered Racial Microaggressions and Emotional Eating for Black Young Adult Women: The Mediating Roles of Superwoman Schema and Self-Compassion	Psychology of Women Quarterly	USA	Gendered Racial Microaggressions Scale (GRMS); Giscombé Superwoman Schema Questionnaire (G-SWS-Q); Self-Compassion Scale (SCS); Emotions and Stress (EADES)	Quantitative we used cross-sectional online survey data from a 2021 national investigation of 504 United States Black young adult (18-35 years old) women (98.4% cisgender)	Gendered racial microaggressions were associated with greater endorsement of the superwoman schema; greater endorsement of the superwoman schema was associated with less self-compassion; and less self-compassion was associated with more emotional eating.	High
37	Volpe et. al. (2024b) Black Young Adult Superwomen in the Face of Gendered Racial Microaggressions: Contextualizing Challenges With Acceptance and Avoidance and Emotional Eating	Annals of Behavioural Medicine	USA	Gendered Racial Microaggressions Scale (GRMS); Giscombé Superwoman Schema Questionnaire (G-SWS-Q); Brief Experiential Avoidance Questionnaire (BEAQ); Emotions and Stress questionnaire (EADES)	Quantitative Black young adult women (N = 504; Mage = 24.72; 75.2% African American; 98.4% cisgender) participated in an online survey	Results provided evidence for indirect associations between more stress from gendered racial microaggressions and more emotional eating. More stress was associated with greater endorsement of the superwoman schema which was associated with more experiential avoidance and less acceptance of food-related thoughts, which were each associated with more emotional eating	Medium
38	Martin et al. (2024) Central Hemodynamics in African American Women: Examining the Role of Superwoman Schema Endorsement	American Heart Association	USA	Giscombé Superwoman Schema Questionnaire (G-SWS-Q); pulse wave analysis and pulse wave velocity assessments	Clinical Trials N=422 African American women from the MUSE (Mechanisms Underlying the Impact of Stress and Emotions on African American Women's Health) cohort, aged between 30-45 years	Greater endorsement of the Superwoman role and prioritizing caregiving over self-care were associated with higher central systolic blood pressure and augmentation index, which may contribute to adverse cardiovascular health among African American women.	Medium
39	Nelson and Cherry (2024) Sister Outsider: Superwoman Schema, Emotion Regulation, and Psychological Distress Among Black College Women	Journal of Black Psychology	USA	Giscombé Superwoman Schema Questionnaire (G-SWS-Q); Emotion Regulation Questionnaire (ERQ); Kessler Psychological Distress Scale (K-10)	Quantitative N= 167 self-identified Black college women between the ages of 18-54 with a mean age of 22 (SD = 5.83).	Findings indicated that all dimensions of SWS were positively associated with psychological distress. Emotional regulation mediate the relationship between SWS and psychological distress	Medium
40	Kyalwazi, et al. (2024) Associations Between the Superwoman Schema, Stress, and Cardiovascular Health Among African-American Women	Annals of Behavioral Medicine	USA	AHA LS7 rubric, Giscombé Superwoman Schema Questionnaire (G-SWS-Q); Global Perceived Stress Scale (GPSS)	Quantitative N=38 women;(mean age 54.3 [SD 11.5] years had a high CV risk factor burden. Study participants were recruited to participate in the FAITH! Heart Health+ Study, an ancillary study of the parent community-based participatory research study	findings suggest that an obligation to help others and to project an image of strength could be contributing to stress among African American women.	High