Boston College
Lynch School of Education

Department of Counseling, Developmental, and Educational Psychology

Counseling Psychology

**BLACK WOMEN COLLEGE STUDENTS' USE OF MENTAL HEALTH
SERVICES AND COPING METHODS FOR EMOTIONAL SUPPORT**

Dissertation
by

KIMBERLY M. ASHBY

submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy

December, 2020

**Black Women College Students' Use of Mental Health Services and Coping Methods
for Emotional Support**

Kimberly M. Ashby
Advisor: Janet E. Helms, PhD

The present study explored the ways in which Black women college students
support themselves emotionally in the face of racism and sexism at their predominantly
White colleges and universities (PWIs). Intersectional theory (Crenshaw, 1991) and
invisibility theory (Helms, 2017) were used to guide the study. Intersectional theory
proposes that Black women college students at PWI colleges and universities experience
intersectional racism-sexism in the form of hostile climate factors. Invisibility theory
proposes that Black women college students may feel invisible because they experience
racist-sexist, hostile climate factors and, as a result, may be at risk for developing mental
health issues. Participants were eight Black women college students, ages 18 to 22 years,
who identified with a range of sexual orientations, locations of origin, and academic
interests, and were attending universities that varied in terms of prestige and cost.
Narrative inquiry and analysis of interviews was used to allow Black women's narratives
to center their individual life experiences of coping with racism-sexism.

Four research themes that guided the study were (a) the nature of Black women
college students' perceived racist-sexist hostile climate factors at their PWI colleges and
universities,   (b) the extent to which their experiences with racism-sexism influenced
their emotional health, (c) what services or activities the women used to cope with
emotional issues if they occurred, and (d) the extent to which shame and stigmatization
influenced their use or nonuse of formal mental health treatment when experiencing
emotional health problems. Results demonstrated that consistent with intersectional

theory, participants experienced racist/sexist, hostile climate factors before and during college— primarily through academic microaggressions from teachers and college professors. Consistent with invisibility theory, many of the participants experienced emotional health problems that they linked to their experiences of racist/sexist, hostile climate factors. Implications include the need for further research on Black women college students' experiences of racism/sexism and their subsequent mental health experiences and the need for clinicians to address Black women college students' experiences of racism-sexism in treatment.

Table of Contents

Acknowledgements

Throughout my dissertation and graduate school journey, there have been many individuals and communities who have supported me and who have helped make this dissertation possible.

I would like to thank my advisor, Dr. Janet E. Helms, for helping me turn my passions into a dissertation study and for all of her guidance in this process. I'd also like to thank the members of my dissertation committee, Dr. David Blustein and Dr. Elizabeth Sparks, for their direction and continued support.

I would like to thank every Black woman college student who acted as a participant in this study. Thank you for opening yourself and your stories to me in such powerful ways. I would also like to thank the Black women clinicians who acted as auditors in this study and who contributed their expertise to strengthen it.

To my mother, Michelle L. Ashby, I thank you for all of the ways you have contributed to my success. As the most influential person in my life, the ways in which you have supported me through this journey are innumerable. Thank you for believing in my dreams and making sacrifices so that I could pursue them.

To my grandmother, Marie Watson, thank you for your financial and emotional support and for introducing me to storytelling. My love of stories was nurtured in the walls of your library and it has been instrumental in the storytelling I have done in this study.

To my family and my friends who have become family, thank you for loving me and providing me with the community I need to survive and thrive. Thank you for the study sessions, road trips, direct actions, nature hikes, and quality time. Thank you for

telling me to keep going, even when I was ready to quit. I'd particularly like to thank Joel Cornell, my friend and brother who has passed away. Thanks, Joel, for always being proud of me.

  To all of the clinicians who have helped me in my personal mental health journey, thank you for helping me develop the tools to be successful. Your support has been vital to this accomplishment. To all of my Black women therapy clients, thank you for consistently inspiring me and for being the impetus for this study.

  I would also like to thank all of my ancestors, particularly the Black and Native American women who have come before me. Thank you for your wisdom.

  Finally, I'd like to thank all Black women everywhere, for being exceptional in their excellence in spite of great challenges. Thank you for inspiring me to move through the challenges in my life and find my greatness.

Chapter 1

Introduction

"No one before has ever examined the multilayered texture of Black women's lives" (The Combahee River Collective, 1977, *A Black Feminist Statement*, p. 17).

Theorists and commentators contend that Black women experience chronic racism and sexism, which potentially contribute to their development of physical health and mental health issues that threaten their ability to cope and survive (Collins, 2002; Crenshaw, 1991; Helms, 2017). Examples of negative physical health-related issues include binge drinking and cigarette smoking (Landrine et al. 1995; Zucker & Landry, 2007), as well as heightened cardiovascular reactivity and cortisol levels, all of which are risk factors for hypertension and cardiovascular disease (Eliezer, Major, & Mendes, 2010). With respect to psychological distress, researchers have reported general psychological distress, obsessive-compulsive disorders, interpersonal sensitivity, anxiety, and premenstrual symptoms among Black women (Landrine et al., 1995). Thus, the racism and sexism that Black women experience may lead them to experience both physical and psychological symptoms.

Black women college students on predominantly White college/university campuses (PWI's) may be especially susceptible to mental health issues as a result of microaggressions directed toward them because of their race-gender, as well as limited resources for coping with them. Much of the racism-sexism they experience is focused on challenges to their competence and perceived belongingness in the academic environment (Solorzano, Ceja, & Yosso, 2000). Some microaggressions that Black women participants have reported include feeling "invisible" in the classroom setting because professors often

ignore them and their concerns in class and have low expectations of Black students, despite evidence of these students' academic skills and achievement. Additionally, many Black women contend with the risk of experiencing sexual violence on PWI college campuses (Koss, Gidycz, & Wisniewski, 1987; Sanday, 1996). Thus, it is reasonable to conceptualize college campuses as hostile environments for Black women. As a result, some researchers have described high levels of depression (Fischer & Holz, 2007; Slavin, Rainer, McCreary, & Gowda, 1991), anxiety (Fischer & Holz, 2007), decreased self-esteem, and/or negative affect (Schmitt, Branscombe & Postmes, 2003) as symptoms that Black college women manifest.

For the most part, explanations for why Black women college students are subjected to hostile campus climates have been atheoretical. However, to understand Black college women's experiences of racism and sexism, it is useful to apply intersectional theory (Crenshaw, 1991), as well as invisibility theory (Helms, 2017), as conceptual lenses. According to intersectional theory, Black women experience unique forms of marginalization in a variety of contexts as a result of being targets of both racial and gendered oppression (racism-sexism). Invisibility theory (Helms, 2017) proposes that Black women are invisible to many of the people and structures that they live amongst. They are *literally* invisible in that very little data have been collected and analyzed that focus on Black women. They are *figuratively* invisible in that their true identities are obscured by negative stereotypes about Black women, which likely contribute to the development of psychological symptoms. Thus, collectively, intersectional theory offers a framework for investigating the hostile academic and non-academic campus environments that Black women perceive, whereas invisibility theory offers a framework for examining

Black women's reactions to the discrimination they perceive in these environments. Neither theory necessarily focuses on how Black women cope with their double marginalized status.

Black Women College Students' Help-Seeking and Emotional Coping

As a reflection of Black women's invisibility, very little research has been done on Black women college students' help-seeking and emotional coping. That being said, the little research that has explored this topic suggests that Black women college students are less likely than other groups to seek mental health treatment for their mental health symptoms (Alegria et al., 2002; Broman, 2012; National Alliance on Mental Health, 2017). Existing data suggest that on the few occasions when Black women ask for help, they rely mostly on informal sources of support, such as family, friends, and clergy (Nadeem, Lange, & Miranda, 2009). Engagement with spirituality (hooks, 2015), consciousness-raising and activism (Collective, 1977), as well as creative expression (hooks, 2015) are other ways that Black women have been found to support themselves emotionally. Thus, Black women college students are likely to also use these tools, although they generally have not been the focus of theory and research.

Considering that Black women college students face multiple forms of oppression that make them literally and figuratively invisible to others, intersectional theory and invisibility theory, used jointly, appear to be useful theories with which to examine these women's experiences of oppression and their subsequent suffering. Researchers must investigate the ways in which Black women college students support themselves emotionally for two reasons. The first reason is because intersectional oppression makes Black women college students more likely to develop mental health issues (Fischer &

Holz, 2007; Schmitt, et al., 2003; Slavin, et al., 1991). The second reason is that Black women college students may be less likely than other populations to engage in mental health treatment (Alegria et al., 2002; Broman, 2012; National Alliance on Mental Health, 2017). Therefore, it is important to discover what coping skills Black women college students use to endure and in some cases, succeed, despite the many forms of oppression they potentially face. Engaging in this research provided information that can allow for improvement of treatments designed for this under-researched, at-risk population.

Counseling psychology is in great need of qualitative, narrative research centering the voices of Black women. The little research in counseling psychology that pertains to Black women reports on Black women, rather than providing visibility to Black women's views of their own experiences. However, in order to fill this gap in counseling psychology, qualitative research is needed that uses Black women's voices as authorities on their own modes of suffering and surviving. Narrative inquiry can fully report Black women's perspectives on this topic in their own words. As a result, counseling psychologists will be better informed to work with Black women and conduct research about Black women that supports Black women's psychological health.

Chapter 2

Review of Literature

"De nigger woman is de mule uh de world so fur as Ah can see," (Zora Neal Hurston, *Their Eyes Were Watching God*, 1937, p. 44).

In order to gain an understanding of the emotional coping methods that Black women use to emotionally endure perceived racism-sexism at predominantly White institutions (PWIs; Solorzano, et al., 2000), it is crucial to understand Black women's mental health treatment seeking and the barriers that might prevent Black college women from seeking treatment. Two theoretical lenses, intersectional theory and invisibility theory suggest that environmental factors affect how Black women might cope with racism-sexism oppression. In determining how best to develop questions to explore Black women's experiences, I will discuss the two perspectives. Intersectionality theory may be useful for identifying the hostile climate factors that Black women college students on PWI campuses encounter as a result of others perceiving these women to have intersecting, marginalized racial and gender identities (Crenshaw, 1991), whereas invisibility theory may provide a lens for examining the women's psychological reactions to such hostile climate factors (Haynes, Stewart, & Allen, 2016; Helms, 2017).

Intersectionality Theory and Academic Climate

Intersectionality theory (IT) can be defined as the concept that intersectional paths of oppression lead some people to experience unique positions of marginalization because of multiple trajectories of oppression in multiple identity categories (Crenshaw, 1991; see also Spade, 2013). IT proposes modes through which others' reactions to one's locations within and among hierarchical categories such as race, gender, class, sexual orientation,

age, and many others, influence intrapersonal, interpersonal, and system-level experiences (Cho, Crenshaw, & McCall, 2013; Collins, 2002; Suyemoto & Donovan, 2015). Specifically, IT offers explanations for how Black women college students' lower statuses in racial and gender hierarchies on PWI campuses affect these women's experiences of themselves, their interpersonal experiences with professors, staff, and peers on campus, and their experiences with institutional policies, practices, and systems (e.g., financial aid. student housing, student advising). IT posits that the racism Black women encounter as a result of their marginalized racial group membership and the sexism that they encounter as a result of their marginalized gender group membership combine in ways that create unique experiences of oppression (Grzanka, Santos, & Moradi, 2017; Lewis & Neville, 2015).

Hostile Climate Indicators

Intersectionality theorists argue that society perceives Black women's racial and gender identities through negative lenses. Consequently, Black women encounter hostile climate conditions at systemic levels as well as in interpersonal relations.

Systemic Oppression. At a systemic level, society devalues Black women by denying them access to resources that are more available to others (Crenshaw, 1991). For example, some evidence of Black women's devaluation in society generally is that Black women earn less than most women and men in the US and, consequently, they experience poverty at higher rates than do Black men, White men, and women from all other racial groups except Native American women (National Domestic Workers Alliance, 2018). Rather than acknowledging that many Black women face more severe economic circumstances than either Black men or White women, stereotypes of them as lazy non-

workers who cheat taxpayers out of money, are used to justify the women's economic oppression (Helms, 2017; National Domestic Workers Alliance, 2018). Similarly, housing discrimination affects Black women to a greater degree than it does Black men or White women, and yet housing discrimination towards Black women is rarely recognized (Helms, 2017; Roscigno, Karafin, & Tester, 2009).

Although the systemic hostile climate factors that Black women college students encounter may not be so obviously economic, they may sometimes experience more subtle forms of discrimination that make them feel invisible. Types of hostile climate factors that Black women college students experience at PWIs typically are interpersonal and include hate crimes, microaggressions, and sexual harassment or assault.

Hate Crimes. Black women college students at PWIs presumably experience hate crimes as a result of how others react to their particular combination of intersecting, marginalized racial and gender identities. Unfortunately, data concerning the prevalence of hate crimes against Black women specifically are virtually impossible to obtain. According to a 2016 report conducted by the Federal Bureau of Investigations (FBI), of the victims of single-bias hate crimes ($N= 4,426$), 50.2% were hate crimes focused on the racial/ethnic/ancestry of victims and were motivated by the offenders' anti-Black bias. In the same report, 36 hate crimes were motivated by the offenders' biases towards gender, 26 of which were categorized as anti-female. Unfortunately, the FBI did not collect data in such a manner that allowed hate crimes towards Black women specifically to be identified. Nevertheless, Black people were the racial group most heavily victimized by hate crimes in 2016, and given that Black women generally outnumber Black men on PWI

college campuses (JBHE, 2019), consideration of Black women's experiences on such college campuses seems merited.

The Journal of Blacks in Higher Education (JBHE, 2019) collected campus police reports of hate crimes perpetuated by White students towards Black students at colleges and universities in the US that were probably crimes against Black women. During 2017, a White woman student at the University of Hartford in Connecticut posted on social media that she had done several things to intimidate her Black woman roommate. The White woman student's post on social media read:

After one and a half months spitting in her coconut oil, putting moldy clam dip in her lotions, rubbing used tampons on her backpack, putting her toothbrush places where the sun doesn't shine, and so much more, I can finally say goodbye to Jamaican Barbie (*JBHE*, 2017).

The term "Jamaican Barbie" incorporates racism by denigrating a Black ethnic group and their cultural practices, while also incorporating sexism by using the label of "Barbie" (a White iconic female doll) in a derogatory manner. The White roommate in this incident targeted the Black woman through this hate crime because the Black woman possessed racial and gender identities that her White roommate viewed as negative.

Furthermore, because of the negative perceptions of Black women's racial and gender categories, Black women are particularly susceptible to sexual violence (Crenshaw, 1991). Black women's marginalized racial group categories make them more susceptible to rape than women of other racial groups (Axtell, 2012).

Using IT as a lens suggests that as a result of Black women's identities being devalued, others create ways to denigrate and oppress them. Hate crimes and sexual violence contribute to the hostile climates that Black women college students face. That others do not acknowledge that such things happen to Black women makes them feel

invisible; consequently, putting them at higher risk than other groups in the US for developing mental health issues (Slavin et al., 1991; Torres, Driscoll, & Burrow, 2010; Williams & Mohammed, 2009).

Black women in college are not an exception to being victimized by race-gender violence. In Krebs et al.'s (2011) study, women college students attending four historically Black colleges or universities (HBCU's; *N*= 3,951) were invited to take an anonymous, web-based survey about sexual assault. Most of these women were Black (87.2%), some were White (2.2%), some were Latina (0.9%), and some were multiracial or of another race (9.7%). Respondents filled out cross-sectional surveys that collected data on demographics, school involvement, substance use, mental health, dating and consensual sexual activity, as well as intimate partner violence. Respondents were asked specific behavioral questions related to their experiences with sexual assault prior to and since entering college. The same research methods described were used to collect data on sexual assault from 5,446 undergraduate women at non-HBCUs in 2005 and 2006. The non-HBCU sample was 66.9% White, 16.2% Black, 3% Latina, and 14% multiracial or of another race. Krebs et al. compared sexual assault prevalence estimates from the HBCU and non-HBCU samples using only Black women at HBCUs and non-HBCUs in attempt to determine whether observed differences were solely attributable to geographic differences between the two samples (*N*= 1,018). Krebs et al. ran multivariate logistic regression models with various sexual assault outcomes. These logistic regression models identified factors associated with sexual assault that, while controlling for other factors, might account for any observed sexual assault prevalence rate differences between the HBCU and non-HBCU women. Krebs' et al.'s (2011) results indicated that of the Black

women (N =3,951) at the four HBCUs, 24% reported having experienced an attempted or completed sexual assault either before or since entering college with 14% having experienced an assault since entering college. When comparing HBCU Black women to non-HBCU (presumably, at predominately White institutions; PWIs) Black women, there were no statistically significant differences between the two groups. These results suggest that sizable portions of Black women at HBCUs and PWIs experience sexual assault during college and at similar rates.

Furthermore, in Gross, Winslett, Roberts, and Gohm's (2006) descriptive study on college women's experiences with unwanted sexual contact (*N*=903), researchers had college women take a survey about the experiences with sexual violence. The sample consisted of 817 White women and 86 African American women. The survey was composed of questionnaire questions developed by the S.AT.F. and from items on the Sexual Experience Surveys (Koss & Gidycz, 1985; Miller & Marshall, 1987). The data revealed that 36% of the African American women and 26.3% of White women in the sample reported unwanted sexual experiences. Fisher's exact test demonstrated that significantly more African American women engaged in sexual intercourse because of emotional pressure or because they felt it was useless to try to stop their partner. Also, significantly more African American women reported levels of vaginal intercourse as a result of their partner's employing physical strength to force sexual compliance.

Although results of descriptive quantitative studies suggest that Black women college students experience higher rates of sexual violence than women college students of other racial groups, qualitative reports from Black women college students concerning their experiences with sexual violence are needed to supplement and add depth and nuance

to these data. Nevertheless, sexual violence constitutes another hostile climate factor with which Black women college students contend and that may make them feel invisible; thus, putting them at risk of developing mental health issues.

Hostile Race-Gender Climate and Microaggressions

Qualitative studies of Black women's experiences with hate crimes provide some supplementary information about hostile climate factors as these women perceived them. Often these experiences occurred in the form of gender-race microaggressions, defined as brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative gender-race slights and insults toward women of color (Sue et al., 2007). Many microaggressions occur in interpersonal contexts and often involve uncharged criminal activities, whereas others are systemic and/or confrontational.

Systemic/Interpersonal. The racial-gendered microaggressions that Black women college students experience in both academic and non-academic spaces also exemplify hostile climate factors born out of Black women having identities that other race-gender groups do not view as valuable or desirable (Solorzano et al., 2000). For example, Solorzano et al. conducted a qualitative focus group with African American college students' on three elite PWI college campuses. They found that the Black women college students in their focus groups reported experiencing frequent verbal microaggressions from White people on campus in a variety of manifestations. Interpersonal microaggressions that some Black women participants reported were that professors often ignored them and their concerns in class, whereas other Black women referred to professors' omissions, distortions, and stereotyping of Black Americans in course

curriculums. Other microaggressions involved faculty members' demonstrating low expectations of Black students. In addition, Black women participants reported experiencing microaggressions related to their classmates' racially segregating themselves from Black women when creating study groups or choosing group members for group projects; these experiences served to send the message that their peers did not believe it possible that Black women are intelligent enough to contribute to their group positively. Microaggressions exemplify the hostile climate factors that Black women college students confront that make them feel invisible and, as a result, put them at risk of developing mental health issues.

Invisibility Theory

Invisibility theory can be defined as the concept that psychological symptoms occur in response to the either ignored or distorted intersecting racism and sexism that Black women experience as individuals, in groups, and institutions (Helms, 2017). In describing the negative psychological effects that Black men and boys experience as a result of being stereotyped as violent, aggressive, and hyper-masculine, Franklin (1999) coined the term invisibility. Fittingly, Helms (2017) has applied invisibility to Black women and has distinguished two kinds of invisibility that Black women experience: literal and figurative invisibility. Each type may have implications for Black women's mental health.

Literal Invisibility

Literal invisibility refers to the institutional policies and practices that target the impact of racism on Black men or the impact of sexism on White women, but overlook or distort the combined negative effects of racism and sexism on Black women's access to

benefits and resources of society (Helms, 2017). With respect to this point, when statistics on Black people or women are presented, they often are reported in ways that make it difficult to determine the impact of systemic barriers on Black women apart from Black men or White women because it is rare for relevant data to be recorded.

An example of this criticism is that the Center for Disease Control (CDC; 2016) does not present mental health statistics in a manner that describes the symptoms of Black women explicitly. For instance, the CDC reported that women (4% vs. 2.7% of men) and African-Americans (4%) are significantly more likely to report major depression than Whites (3.1%). These findings demonstrate that women, disregarding race or ethnicity, are more likely than men to report depression and that African-Americans report major depression at higher rates than Whites. Therefore, in the absence of race-gender specific data, perhaps it is logical to infer that Black women experience high rates of depression because of their dual marginalized status. Black women college students at PWIs are positioned to encounter many racist-sexist, hostile climate factors that may make them feel unseen. Consequently, these Black women may be at particularly high risk for feeling invisible and, subsequently, developing mental health issues.

Interventions intended to overcome Black women's invisibility symptoms have rarely been implemented and efforts to do so possibly result in negative responses from college administrators. For example, in acknowledgement of the gendered-racism experienced by Black men, a number of colleges, such as the University of Connecticut, the University of Iowa, and Cal State Los Angeles, have tried to support Black men students by offering culturally themed residential spaces specifically for Black men (Way, 2017). However, as a bit of evidence that Black women's reactions to gendered racism

are invisible on college campuses, when Nashia Whittenburg, Director of Multicultural

Student Affairs at NC State, proposed the idea of creating an exclusive living and learning

village for Black women, she sparked an uproar from some administrators (Way, 2017).

These administrators argued that such housing would be tantamount to segregation and

thus, should not be provided. Although administrators can understand that the impact of

racism on Black men necessitates that Black men college students have access to

residential spaces in which they can heal from daily microaggressions, the request for

Black women to have the same survival mechanisms has been ignored and distorted,

reflecting Black women's literal invisibility on PWI campuses. Being made literally

invisible in such a way may place Black women college students at risk for developing

mental health issues.

Figurative Invisibility

Figurative invisibility refers to the use of archetypal stereotypes created to shape

Black women, to interact with them, and to blame them for society's racism-sexism,

regardless of their actual characteristics and life realities (Helms, 2017). There are a

wealth of obviously negative stereotypes about Black women that illustrate the power of

stereotypes to erase one's true self. In response to persistent stereotyping, Black women

may develop the Invisibility Syndrome. The *Invisibility Syndrome* (IS) refers to the

mental health consequences that are a product of being viewed through stereotypes to such

a degree that the women themselves may not have awareness of the variety and degree of

racism-sexism to which they are frequently exposed (Helms, 2017). Some studies suggest

that IS occurs across the lifespan of Black women.

For example, Wun's (2014) conducted in-depth interviews and 12 months of participant observations of Black girls in high school, who had disciplinary records (i.e. suspensions, referrals and arrests; *N*=15). Wun coded participants' narratives, drawing out themes and matching them with corresponding quotations from participants. Black girls in this study reported experiencing greater passivity, psychological withdrawal, isolation, suppressed anger, loss of racial identity, and enforced loss of voice, after being stereotyped with the Sapphire stereotype. Suppression of anger may contribute to other mental health symptoms, such as depression, attempts to make oneself invisible, impulsivity, and self-destructive behavior (Helms, 2017).

Similarly, Townsend, Thomas, Neilands, and Jackson (2010) conducted a quantitative descriptive study of Black girls aged 10-15 years (*N*=270). The girls completed self-report questionnaires designed to assess endorsement of stereotypic images and colorism as independent variables and sexual attitudes as the outcome variables. Townsend et al.'s various regression analyses revealed that endorsement of stereotypes and colorism were related to higher levels of engagement in sexually risky behaviors. These results support the argument that being made invisible through denigrating stereotypes may have negative health consequences for Black women and girls.

To overcome the effects of negative stereotypes about Black women, many Black women college students may feel obligated to embody the stereotype of the strong Black woman (SBW) stereotype and thereby gain the ability to survive at PWIs. The SBW stereotypes is characterized by the belief that Black women are naturally strong, resilient, self-contained, and self-sacrificing, as well as caring and communal (Donovan, 2011; Donovan & West, 2015; Romero, 2000). Nevertheless, the *Strong Black Woman (SBW)*

stereotype is a positive stereotype that, when applied to Black women, may cause them to feel invisible and, consequently, may negatively impact these women's mental and physical health.

Research on the Invisibility Syndrome

As a result of their invisibility and related race-gender discrimination, Black women are placed at higher risk than other groups in the US for developing mental health issues (Slavin, et al., 1991; Torres, et al., 2010; Williams & Mohammed, 2009). Some researchers have studied depression as a mental health symptom resulting from invisibility (Helms, 2017; Wun, 2014).

The research on the mental health consequences of Black women endorsing the SBW stereotype is mixed. Some research has found that Black women who identify with the SBW stereotype, or other active coping methods, internalize strength, up to a point, which may buffer them against the psychological and physical outcomes of stress, racial trauma, and sexism that they experience (Torres et al., 2010). Yet, some evidence suggests that Black women's endorsement of the SBW stereotype has negative influences on their mental health. For example, Donovan and West (2015) examined the relationships among endorsement of the SBW stereotype, stress, and anxious and depressive symptoms among Black women college students (N=113) from an urban, New England university. They found that both moderate and high levels of endorsement of the SBW stereotype were related to high levels of stress and depressive symptoms, but low levels of endorsement of the SBW stereotype were not. Donovan and West's (2015) findings suggest that Black women college students, who strive to fulfill the SBW stereotype to a moderate or high degree, may be at risk for experiencing mental health problems. Negative mental and

physical health outcomes, including stress, depression, self-silencing, overeating, and reduced help-seeking and self-care also have been directly or indirectly associated with Black women's internalization of the SBW stereotype (Donovan & Williams, 2002; Harrington, Crowther, & Shipherd, 2010; Romero, 2000; Woods-Giscombé, 2010). The apparent self-sufficiency demonstrated by some Black women striving to embody the SBW stereotype may convince these women and others around them that they are not in need of additional services or support. Consequently, SBW Black women may be discouraged from asking for help and others may not recognize that they need help (Donovan, 2011; Donovan & Williams, 2002).

In order to understand Black women's coping skills in the face of intersectionality and invisibility at PWIs, it is necessary to examine Black women's help-seeking patterns and the factors that might encourage or discourage them from using mental health services for emotional coping.

In an epidemiological study of women of various ethnicities, Manns (2017) examined a subsample (*N*=3,800) of African American (61% of sample), Black Caribbean (26% of sample), and non-Hispanic White women (<14% of sample) from the National Survey of American Life (NSAL) 2001-2004 (Jackson et al., 2004). The NSAL dataset allows researchers to investigate racial and ethnic differences in mental and psychological conditions as well as compare health service utilization. Employing multivariate regression analyses, Manns used discrimination as an independent variable to predict depression, the dependent variable, and found that discrimination may predict depression among Black women.

An epidemiological study, conducted by the Center for Disease Control (CDC, 2016), found that African American women experienced higher rates of depression than White men or White women (Hamm, 2014; Hess, et al., 2015; Mengesha & Ward, 2012). However, although the NSAL (Jackson et al., 2004) and the CDC used structured interviews to collect data, the results typically are reported by means of descriptive statistics. Therefore, qualitative analyses of Black women's descriptions of their experiences of discrimination and depression are needed to provide a clearer picture of their susceptibility to depression and their use of coping skills to resist depression.

Black women may be figuratively invisible in treatment settings because many clinicians do not know how to understand them, their language, or the struggles they face. For instance, many Black women experience physical or somatic symptoms related to mental health issues that are not recognized due to the women's conformance to the SBW stereotype (Brown, Schulberg, & Madonia, 1996; Nyamathi, 1992). Undiagnosed mental health symptoms may account for physical symptoms. For example, Black women have the highest rates of being overweight or obese compared to other groups in the U.S., with four out of five Black women meeting criteria for being overweight or obese (U.S. Department of Health and Human Services, 2017). It is likely that a portion of the Black women in the US who are overweight or obese experience these physical health problems as a result of undiagnosed mental health symptoms (Pickering, Grant, Chou, & Compton, 2007).

Black Women's Coping Strategies

Despite their risks for depression and other mental and physical health conditions, Black women have been shown to be less likely than other groups to seek out formal

mental health services (Fiscella, Franks, Doescher, & Saver, 2002; Hatzenbuehler, Keyes, Narrow, Grant, & Hasin, 2008; Jackson et al., 2007; Jones, Hopson, Warner, Hardiman, & James, 2015). For example, in Hatzenbuehler et al.'s (2008) analyses of the 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), Black women with co-occurring mental health and substance use disorders in the sample were less likely than those with only mental disorders to report using any professional mental health services.

Many studies present results that suggest that Black women's help-seeking patterns are similar to those of Black people without regard to gender analyses (Fischella et al., 2002; Jackson et al., 2007). For example, Jackson et al. (2007) investigated a sample of US-born African American's ($N= 3570$) and immigrant Caribbean Black's ($N= 1621$) use rates and correlates of formal psychiatric treatment. Results demonstrated that of participants who met criteria for mental illness disorders, as defined by the *Diagnostic and Statistical Manual for Mental disorders, Fourth Edition* (DSM-IV), only one third used formal mental health services, with US-born subjects being more likely to have used formal mental health care than were first-generation immigrants.

Similarly, Fischella et al. (2002) used the Andersen-Newman behavioral model (Kemper et al., 1996) to investigate the effect of race, ethnicity, and English fluency on health-care use using national data from the Community Tracking Study (CTS) Household Survey conducted in 1996 and 1997. Black participants were found to have been significantly less likely than White and Latinx populations to have engaged in any visit with a mental health provider.

Despite some studies presenting results that suggest that Black women's help-seeking patterns are similar to those of Black people without regard to gender analyses (Snowden, 1999; Ward et al., 2013), some studies present themes that might pertain to Black women's unique perspectives on engaging or not engaging with mental health treatment. These themes, barriers, or systemic factors, include: (a) Empowerment-focused therapy, (b) Lack of knowledge about mental illness and mental health treatment, (c) insufficient financial resources, (d) stigma towards mental illness and mental health treatment, (e) fear and distrust of the medical system, and (f) disbelief that traditional counseling techniques are effective for Black women.

Empowerment-Focused Therapy.

In regards to formal help-seeking from mental health professionals, researchers have found that some Black women engage in formal help-seeking to cope emotionally (Jones & Guy-Sheftall, 2015; Valentine, et al., 2016). According to Jones and Guy-Sheftall's (2015) examination of the literature on the epidemiology, etiology, and use of services by Black women, Black women tended to seek out mental health services that were empowerment focused and women-centered, such as feminist therapy. Black women college students may or may not be knowledgeable about various kinds of psychotherapy, and hence, may be unaware of feminist therapy or how to find a feminist provider

Lack of Knowledge. Lack of information about mental illness and mental health treatment may act as a barrier that prevents some Black women from seeking mental health services (Jones et al., 2015; Matthews et al., 2006). Jones et al. (2015) conducted focus groups with 29 Black women receiving treatment in a small, Northeastern urban city about their perceptions of service barriers in mental health and substance treatment. Based

on their grounded-theory analyses, the researchers reported that participants' lack of

knowledge about mental illness and mental health services was a large factor in preventing

them from seeking mental health services before they eventually connected with services.

Jones et al.'s results imply that Black women may under-utilize mental health services

because they do not know about them. Thus, women who lack knowledge about services

may support themselves emotionally in other ways.

As well as being uninformed, the types of information that Black women do have

about mental illness and mental health treatment are often misconceptions. For example,

Matthews, Corrigan, Smith, and Aranda (2006) conducted qualitative interviews with

Black American women and men (*N*=70) to discover their attitudes towards mental illness

and mental health services. Their participants reportedly believed that seeking mental

health services is tantamount to "being crazy." Matthews et al.'s study reflects Black

women's literal invisibility in that Black women's perspectives were not analyzed apart

from Black men's, which makes it more difficult to infer Black women's unique

perspectives. Nevertheless, the study provides some support for qualitative research with a

focus on identifying Black women's viewpoints about mental health symptoms and

treatment.

Insufficient Financial Resources. Additional barriers that Black women face in

treatment seeking include socioeconomic factors, such as poverty (Jones et al., 2015;

National Alliance on Mental Illness, 2019). Black women have higher rates of

unemployment than do White women and their average weekly earnings and median

wealth is lower than comparable indices for White men, Black men, and White women

(Guerra, 2013). These financial disparities make Black women more vulnerable to poverty

and its implications for seeking mental health treatment as a coping strategy. For instance, many Black women do not have health insurance, which makes seeking treatment from a mental health clinician much more difficult and expensive (Jones et al., 2015). The 2012 U.S. Census Bureau reported that 19% of Black Americans had no form of health insurance. In Jones et al.'s (2015) aforementioned focus groups with Black women, many participants expressed that a lack of access to transportation made it difficult to travel to appointments with mental health providers.

Mental Illness Stigma. The negative stigma associated with mental illness and mental health services within many Black communities (Laumann & Youm, 1999; Matthews, et al., 2006; Thompson, Bazile, & Akbar, 2004; Ward, Wiltshire, Detry, & Brown, 2013) also may act as a barrier to Black women's treatment seeking for mental health services (Jones et al., 2015; Ward et al., 2013). However, it is not clear to which mental health stigma beliefs exist for Black women college students who generally are younger and better educated than most epidemiological surveys in which Black samples are included. Ward et al. (2013) considered potential gender and age differences in Black people's levels of stigmatizing attitudes toward mental illness and mental health services by conducting an exploratory, cross-sectional design study with Black Americans (*N*=272), ages 25-72 years old. Gender and age analyses revealed that young women (25-45 years) possessed significantly more psychological openness to acknowledging mental health problems than young men. Young women had a significantly higher propensity for seeking mental health services than young men. Ward et al.'s (2013) results suggest that whereas Black women generally may tend to espouse stigma towards mental illness, younger women may tend to recognize the dangers of having a mental illness and be

somewhat open to seeking treatment when compared to their male counterparts. Ward et al.'s sample was slightly older than women in college were, but their findings suggest that college-age women may be more receptive to treatment seeking than might be supposed from most existing literature. Nevertheless, if young Black women espouse stigma towards mental illness and internalize the SBW stereotype, it may be difficult for them to acknowledge symptoms without violating cultural norms.

Adequacy of Treatment. The inadequate treatment that Black women experience within medical treatment systems also may act as a barrier that prevents many Black women from seeking mental health treatment (Jones et al., 2015). Some Black women experience inadequate treatment within medical systems in the form of cultural and language differences between themselves and clinicians (Jones et al., 2015; Manns, 2017). Such differences may be responsible for Black women being more likely to be misdiagnosed than other groups (Adebimpe, 1981; Carrington, 2006). Adebimpe's 10-year longitudinal study of a psychiatric clinic, which served predominantly Black Americans, found that Black people, though not Black women specifically, were over-diagnosed with schizophrenia and under diagnosed with affective disorders and that stereotypes were often used as the basis of misdiagnoses.

Effectiveness of Therapy. Another barrier Black women potentially face in seeking mental health treatment services is that many Black women may not believe that psychotherapy will be effective for Black women (Jones & Warner, 2011). Although some studies, such as that conducted by Ward et al. (2003), suggest that some Black women may be open to mental health treatment, there is also evidence that suggests that Black women question the efficacy of formal mental health treatment for themselves and other

Black women. Many Black women experience cultural and language differences with their clinicians and as a result, are potentially misdiagnosed. Accordingly, many Black women have developed the belief that therapeutic methods in traditional psychotherapy are culturally inappropriate or inadequate to meet Black women's specific needs (Comas-Diaz & Greene, 1994; Greene, 2000; Jones & Warner, 2011; Thompson et al., 2002; Smedley et al., 2003; Snowden, 2001; U.S. Department of Health and Human Services, 2001).

Yet much of the research concerning their beliefs has not examined Black women's beliefs specifically. For instance, Thompson et al. (2002) conducted mixed-gender focus groups with Black women ($N = 134$) and Black men ($N=66$) to explore their attitudes and beliefs about the use of formal mental health services. Participants included mental health consumers and family members of consumers, but a large number of participants had no direct experience with mental health services. The researchers conducted a content analysis of interview transcripts and found three themes. One theme that emerged from this analysis was that lack of cultural understanding and insensitivity from clinicians act as major barriers to Black women's treatment utilization. Another theme was the belief that stereotypes influenced clinicians' attitudes towards the treatment of Black clients. Although analysis of focus groups was useful in amplifying the specific words and experiences of Black people, gender analyses of responses of participants in the groups would have given greater visibility to Black women's views. Consequently, it is not possible to determine how Black women felt about therapy or the extent to which their responses were influenced by Black men.

Jones et al. (2015) addressed Black women's experiences of receiving mental health services. They conducted focus group interviews of Black women who had psychosocial and/or substance abuse issues (*N*=29). The researchers used grounded theory to analyze their data and found that study participants indicated that service providers were reluctant to engage in discussions about race as an important context for substance abuse and mental health treatment outcomes. The women also reported that they mistrusted both their service providers and the methods of treatment used. Additionally, participants expressed that when it came to caring for their own emotional health, they were in search of holistic wellness, meaning they wanted to care for all parts of their minds, bodies, and spirits. According to the women, service providers did not always understand or respect this desire.

It is possible that Black women in college face many of the same barriers to treatment as Black women in other settings and they may have similar opinions or perspectives on mental health treatment. If so, then Black women college students potentially use methods other than mental health treatment to support themselves emotionally in the face of intersectional racism and sexism at their PWIs and their invisibility reactions to them.

Black Women's Ways of Supporting Themselves Emotionally in the Face of Racism/Sexism

Researchers have identified several themes concerning the ways in which Black women and, in some cases, Black women college students, support themselves emotionally in the face of racist-sexist, hostile climate factors, including (a) formal and

informal help-seeking, (b) engagement with spirituality, (c) engagement with activism, and (d) participation in creative expression.

      Help-Seeking. Many Black women reportedly struggle to ask for help (Nadeem, et al., 2009), but researchers have found that informal/relational help-seeking and formal help-seeking are ways that Black women support themselves emotionally (Jones & Guy-Sheftall, 2015). *Informal or relational help-seeking* involves individuals in their lives, such as family, friends, and clergy. *Formal help-seeking* involves solicitation of services from professional health care providers. Black women college student participants in Solorzano et al.'s (2000) previously cited study of focus groups provided evidence of Black women college students' use of informal or relational supports. The women reported that it was important to have other Black students in their classes to provide support against stereotype threat.

      Spirituality. Engaging in various forms of spirituality has also been a method Black women of various ages have used to support themselves emotionally in the face of hostile climate factors. In many Black communities, spiritual belief systems, such Christianity, as well as those passed down from African and indigenous ancestors (e.g., Voudoun; hooks, 2015), may provide Black women with philosophies about how to sustain life and be well (Du Bois 1903/1994; hooks, 2015; Myers, 1993).

      Watt (1997) conducted four focus group interviews with African American women college students (*N*= 48) to investigate the relationship between their spirituality and their identity formation. After a process of analysis in which the research team coded the focus group interview data into themes, 17 specific and seven overall themes regarding spirituality, coping, and identity were generated.

Three of Watt's (1997) themes related to ways that African American college women used spirituality to cope: (a) The Challenging College Experience, (b) Experience of Violence, and (c) Meaningfulness of Life. The Challenging College Experience theme referred to using spirituality to cope with the many changes coming to college created for African American college women (e.g., leaving home, experiencing relative isolation, and encountering culturally different people) and the women's identity development during college. The Experience of Violence theme referred to the African American women's experiences with losing peers and loved ones to violent and unexpected deaths, as well as elders dying of natural causes, while they were away at college. The Meaningfulness of Life theme referred to the women's adaptive responses to these deaths, in which they began to understand the importance of controlling their own destinies. The women reported that they coped by engaging with spiritual philosophies that supported them in continuing to live their lives. Six themes described the African American women's use of spirituality to psychological resist negative societal messages: a) Symbols, b) Education is Important, c) Visions of God, d) Sin, e) Mature Faith, and f) Angels in My Midst. The Symbols theme described rituals, such as prayer and reading affirming books that provided these women with peace and balance in the face of their challenges. The Angels in My Midst theme reflected the women's beliefs that they are watched over by the spirits of their ancestors, helping to guide them through their challenges.

Watt's (1997) focus group study is valuable because, unlike most studies, it focuses specifically on African American women college students. Moreover, rather than being theoretical and/or descriptive, Watt's use of focus groups allowed these African American women to have their narratives told. However, there is a need for more

qualitative research on Black women college students' use of spirituality as a tool for emotional support.

Activism. Engagement in various levels and forms of activism has also been a coping skill that Black women have used to support themselves. Considering that college campuses have historically been sites for activism and reflection on identity (Van Dyke, 1998; Williamson, 2008), it is possible that through engagement in consciousness raising and activism, some Black women college students have adopted methods and sociopolitical lenses that help them cope emotionally with racism-sexism. In Solorzano et al.'s (2000) qualitative analyses of focus groups, Black women college student participants discussed creating academic and social "counter-spaces" in which deficit notions of people of Color could be challenged, a positive collegiate racial climate could be enjoyed, and they met others who also had experienced the frustrations of racism. Thus, counter-spaces may be an informal source of help for Black women in college.

Creativity and self-expression. Engaging in the arts may allow Black women to create positive images and representations of themselves and other Black women (hooks, 2015) as a counter-narrative to media images of Black women as negative stereotypes (Helms, 2017). hooks (2015) contends that Black women have always had ways of combatting these psychological messages and argues that in order for Black women to experience collective self-healing, they must participate in the creation of images and representations that depict Black women as they want to be seen and as they truly are. Nevertheless, although Black theater groups (e.g., Columbia Black Theater Ensemble; Georgetown University Black Theater Ensemble) and Black art groups (e.g., Black Artists Alliance at Boston University) exist on some PWI college campuses, there is little

empirical investigation of Black women college students' use of the arts or creative expression as ways to support themselves emotionally.

Summary

Intersectionality and invisibility theories suggest that hostile race-gender climates should contribute to emotional distress for Black college women. Yet very little research has addressed their perceptions of relevant stressors, their beliefs about treatment for mental health issues or their manner(s) of coping with related emotional issues arising from others' reactions to their dual marginalized status.

<div align="center">

Statement of the Problem

</div>

Research indicates that Black women college students at PWI colleges and universities experience intersectional racism-sexism in the form of hostile climate factors and they may experience symptoms of invisibility as a result. Intersectional theory (Crenshaw, 1991) suggests that Black women on PWI campuses experience hostile climate factor (e.g., hate crimes, microaggressions, and sexual violence) and a small amount of mostly anecdotal evidence supports this premise (FBI, 2016; Solorzano et al., 2000). Invisibility theory, especially the invisibility syndrome, proposes that Black women feel invisible and consequently, Black women college students are at higher risk than other groups in the US for developing mental health issues (Slavin et al., 1991; Torres et al, 2010; Williams & Mohammed, 2009). Neither theoretical framework deals explicitly with Black women college students' awareness of intersectional oppression or their active ways of coping with associated mental health issues (Fiscella et al., 2002; Jackson et al., 2007).

Furthermore, if Black women generally and Black college women specifically are prone to higher levels of intersectionality/invisibility stressors and symptoms, it is noteworthy that very little research has investigated treatment beliefs and options for them separately from (presumably) older Black women and Black men. It is possible that Black women college students may choose not to seek mental health services or they may choose to end treatment prematurely because of a number of barriers that other Black women have faced in seeking mental health services (Jones et al., 2015; Manns, 2017; Matthews et al., 2006; Ward et al., 2013). Alternatively, they may never enter traditional therapy treatments at all. Given that virtually no research has examined Black women college students' beliefs about mental health services, the nature of the mental health experiences of Black college women is a large gap in the literature on Black women's perspectives on mental health treatment.

Based on previously cited theory and research, several research questions emerge. Considering that a small number of studies suggests that Black women college students experience pronounced racism-sexism on PWI campuses (Fitz, & Zucker, 2015; Solorzano et al., 2000; Torres et al., 2010), one question is whether Black women college students perceive racist-sexist, hostile climate factors at their PWI colleges and universities and if so, how the factors are manifested.

Some mostly theoretical literature proposes that race-gender oppression contributes to Black women's risk of developing mental health issues (Slavin et al., 1991; Torres et al., 2010; Williams & Mohammed, 2009). Yet there is almost no evidence that Black women college students perceive that they have mental health issues, If they do not perceive such issues, then it is unlikely that they would seek treatment for them.

Consequently, a second question is whether and/or to what extent Black women college students' perceive that their experiences with racism-sexism influence their emotional or mental health.

Assuming that some Black women college students do acknowledge mental health symptoms, it is worth considering their willingness to seek out mental health services and identifying barriers that might prevent them from doing so. Moreover, related literature presents several themes related to Black women's strategies for emotional coping, including (a) formal and informal help-seeking (Valentine et al., 2016), (b) engagement with spirituality (Watt, 2003), (c) engagement with activism (Solorzano et al., 2000), and (d) participation in creative expression (Evans, 2015). Consequently, a third set of questions pertains to the kinds of services or activities Black women college students actually use to cope with emotional issues when they occur.

Furthermore, some Black women college students may endorse stigma towards mental illness or mental health treatment, which may prevent them from seeking mental health services if and when they are needed (Ward, et al., 2013). Alternatively, Black women college students may not espouse a stigma towards mental illness and may be open to mental health treatment if and when it is needed. Thus, a fourth set of questions pertains to Black women college students' shame and stigmatization concerning experiencing emotional health problems.

Virtually none of the existing literature addresses the foregoing themes as they pertain to Black women college students attending predominantly White institutions (PWIs). Moreover, Black women's voices generally have been missing from depictions

of them. Therefore, the general purpose of the current study was to explore Black

women's experiences of racism-sexism, mental health, and coping while attending PWIs.

The Present Study

I used narrative inquiry and analysis to explore the themes of Black college

women's experiences of racism-sexism, mental health, and coping strategies. Narrative

inquiry is exemplified by researchers' describing storytellers' lives, collecting and telling

stories about them, and writing narratives of their experience (Connelly & Clandinin,

1990). Lieblich et al. (1998) define narrative research as "any study that uses or analyzes

narrative materials" (p. 2). They argue that narrative inquiry produces unique and rich data

that cannot be captured by observations, experiments, or questionnaires, as even a single

interview potentially can yield extensive material. Moreover, there are many dimensions

through which to analyze narratives, including contents, structure, style of speech,

affective characteristics, motives, attitudes, and beliefs of the storyteller. Considering that

the literature on Black women's emotional coping lacks detailed, qualitative data,

narrative inquiry's focus on producing relatively large quantities of rich and detailed data

makes it exceptionally fitting for this area of research.

Narration is storytelling (Clandinin, 2006). By telling stories, one both sustains

memories and shares these memories in ways that connect one's past, present, and future

(Barrett & Stauffer, 2009). Thus, humans use storytelling to make their experiences

meaningful (Clandinin, 2006). Telling stories allows people to transform their experiences

from mere occurrences into vessels that communicate their values and their purpose.

Stories translate people's lives into lessons and convey their individual truths. According

to Kerby (1991), stories embody humans' understanding of the world, their experiences, and themselves.

Therefore, stories also have an enormous influence on identity and its development. Lieblich, Tuval-Mashiach, and Zilber (1998) argue that because stories are a prime means by which to learn about the storyteller's inner world, narratives permit access to people's identities and personalities. Stories present an "inner reality to the outside world" while also shaping and constructing the storyteller's identity (Lieblich et al., 1998, p. 7). Therefore, narrative can be defined as both a process and a product that privileges the storyteller (Kramp, 2004). The storyteller brings its audience through her or his lived experience and consequently, the audience members come to know the life that was lived and its meaning.

Storytelling has historically been an important practice throughout much of the African diaspora and particularly among African Americans (Perry, Steele, & Hillard, 2003). African American narratives assert the philosophy that learning is linked to power, an ideology that has been central to African Americans' identity formation as "free people," (Perry et al., 2003, p. 12). Slaves and ex-slaves yearned for literacy and endured many challenges to become literate. Thus, literacy was equated with freedom. As storytelling is a form of knowledge sharing that provides people with the opportunity to expand their learning, storytelling is deeply connected to African American liberation, tradition, and identity.

Therefore, narrative inquiry is an ideal methodological choice to analyze the ways that Black women college students support themselves emotionally. The structure of narrative inquiry complements the nature of this study's research questions because

responding to them demands understanding others' actions and the ways in which they make meaning of their reality (Clandinin & Connelly, 2000). Arguably, the question of how Black women survive requires a methodology specialized to examine how people make meaning of their reality, as for many Black women, their reality is fraught with challenges with which they are required to cope in order to survive. Creswell (2009) argues that narrative inquiry is best suited to capture detailed stories.

Implementation of Narrative Analysis

The present study explored the ways in which a sample of Black women college students supported themselves emotionally in the face of explicit and implicit racism and sexism at their PWI colleges and universities. The study used narrative inquiry and analyses (Lieblich et al., 1998), responding to psychology's need for Black women's narratives and the centering of their individual life experiences. Narrative inquiry allows researchers to identify factors and aspects of Black women's experiences that are currently not evident, allowing for the development of more adaptive counseling practices and targeted public policy that address some of the causes of racism-sexism in the women's lives. Data collection was conducted via interviews.

Narrative inquiry is distinguished from other qualitative methods in that it makes visible the ways that people make sense of their experiences through their personal narratives, in contrast to drawing themes from participants' decontextualized experiences (Clandinin, 2006; Lieblich, et al., 1998). Specifically, the present study employed Lieblich et al.'s, (1998) version of holistic-content, narrative inquiry, in that it made inferences about the overall stories participants told, thereby revealing the depth of participants' experiences. Employing more structured qualitative methodologies, which often center on

restricted phrases and chunks of text, might not have captured the richness of participants' narratives.

I also implemented some of the methods and principles of narrative inquiry proposed by Fine (1994). Specifically, I, the researcher, strove to share power with participants, rather than "Othering" them, by attempting to reflect on the ethical and political relationships that existed between myself and participants and to deconstruct power hierarchies in these relationships (Fine, 1994, p. 75). For example, in an effort to maintain methodological integrity and insure that conclusions drawn from participants' narratives were aligned with participant voices and experiences I continually reflected on ways in which my perspective might have been biased and, thus, distorted participants' narratives.

Additionally, I attempted to amplify participants' voices that "interrupt[ed] Master Narratives," which are the traditional, Eurocentric, male narratives that have long been misunderstood as universal truth (Fine, 1994, p. 75; see Fanon, 1965; Fine, 1992; hooks, 1989). For instance, I made efforts to insure that data analyses accurately represented participants' voices, even when these voices revealed truths that are counter to "Master Narratives" promoted by White supremacy. The study addressed the Master Narrative that characterizes Black women through negative stereotypes (Stephen & Phillips, 2003; West, 2012). Also, as opposed to positioning myself as objective, I considered that my perspective is influenced by my class, my gender, my race, and my sexual orientation, reflecting on how these identities act as my lenses through which I see my participants and their experiences.

Narrative inquiry is a fitting phenomenological stance to engage with Black women because historically, narrative inquiry, like various other qualitative approaches, has been used to give voice to populations who are often silenced and marginalized (Lieblich et al., 1998). Also, narrative inquiry is a strong methodological choice because it is a process through which researchers attend to the "unsayable" –the aspect of storytelling that human being view as universal language that connects them to the storyteller (Rodgers, 2007). Considering that mental illness and related treatment may be considered unsayable in Black American communities, narrative inquiry brings a human understanding and empathy to the reader towards the storyteller. Moreover, revealing these narratives can produce new and greatly needed knowledge that can be used to develop inferences and enhance theory, practice, and public policy for Black women.

Chapter 3

Method

Participants

Participants in the present study self-identified racially as Black ($N=8$). Table 1 summarizes the other demographic characteristics of participants by pseudonym. Most participants (87.5%) identified ethnically as African American and were from hometowns in the eastern United States (87.5%); one participant was from Toronto, ON.

Most (87.5%) described themselves as cis-gender women, heterosexual (75%). Participants ranged in age from 18 to 22 years (Mean: 20.123, SD: 1.54) and were predominately first-year (38.5%) or senior (38.5%) students who were majoring primarily in liberal arts fields. Levitt et al. (2018) recommend that researchers describe the relationships and interactions between researchers and participants that are relevant to the research process and to indicate any impact on the research process. Thus, it is important for me to indicate that I recruited participants with whom I had no prior relationship and whom I had never met. I made the choice not to recruit participants I knew in an attempt to increase methodological integrity, enhancing the study's fidelity by limiting the contribution of my perspective on data collection (Levitt et al., 2018). Participants were incentivized with $10 gift cards to Amazon.

Interviews

I used interviews as my data collection strategy (Levitt et al., 2018). Once I identified participants, I scheduled interviews with each participant. Interviews were held and recorded one at a time, online, via Zoom. I, the principal investigator, performed the

informed consent procedure with consultation from my research advisor, Janet E. Helms, PhD.

The individual interviews of the eight participants were structured using the protocol that I developed and all interviews were video recorded using Zoom. The data collection protocol used in the interviews was developed based on the following five research questions or themes: (a) Whether Black women college students perceived racist-sexist, hostile climate factors at their PWI colleges and universities and if so, how the factors are manifested, (b) Whether and/or to what extent Black women college students' perceived that their experiences with racism-sexism influence their emotional or mental health, (c) What services or activities Black women college students used to cope with emotional issues when they occurred, (d) Whether or not Black women college students use formal mental health treatment and if they do, their perspectives on their experiences with mental health treatment, and (e) Whether or not Black women college students experienced shame and stigmatization concerning experiencing emotional health problems. These questions were developed based on my noticing important gaps in knowledge in the existing research on Black women college students' emotional health. I did not ask participants every interview question as some participants spoke to the themes in the research questions without being prompted to do so. Interviews lasted from between 45 minutes to an hour and 15 minutes.

After concluding interviews with participants, I transcribed the audio-recorded interviews with the help of a research assistant. The research assistant was a Latinx, cis-woman, first-year Master's student in counseling who expressed interest in the research. The research assistant listened to two of the audio recordings of the interviews and

transcribed them verbatim. The research assistant uploaded the transcripts to these two interviews to Google Drive and I downloaded them. I listened to the remaining six of the audio recordings of the interviews and transcribed them verbatim. I then read through all eight of the transcripts while playing the audio recordings to insure that the transcripts accurately reflected what was said during the interviews. I also made edits where appropriate, for things such as grammar or word choice, in an effort to make the participant's meaning more clear to readers.

During the auditing process, four Black women clinicians in various stages of their careers read the transcripts and my written interpretation of each transcript. They provided critiques of my interpretations, and shed light upon some of my potential biases and blind spots in the analytic process.

Researcher Positionality

Narrative inquiry requires researchers to continually reflect upon their own positionality, expectations, and assumptions, considering how these influences may affect the research process and interpretation of data (Levitt et al., 2018). I used several structured methods of researcher reflexivity during analysis to encourage myself to reflect on my positionality and its influence on the analytic process. Throughout the process of analysis, I kept journal logs of my thoughts and reflections on the data, considering the ways in which my positionality might have been influencing my interpretations of the data.

In this section, I will describe my positionality and approach to inquiry, explaining how they have influenced the development of the present study. I will also describe my

positionality and approach to inquiry so as to better understand how my lens might have influenced how I interpreted the narratives I encountered in the research process.

I am a Black, ethnically African American and Native American, queer, cis-gender woman, and doctoral candidate in counseling psychology at Boston College. My lens for the world is largely influenced by my political identity as a social-justice- oriented leftist, feminist, womanist. I continually strive to use an intersectional lens when considering issues of power and oppression.

 I was born in Philadelphia, PA where I was mostly raised by my mother –a differently-abled, Afrocentric artist who immersed me in various forms of Black culture. My father is a medical doctor who emotionally and financially abandoned me after divorcing my mother when I was 17-years-old. Early in life, I was raised with a great deal of socioeconomic, class, and educational privilege in mostly predominately White educational and residential environments. I continue to experience a great deal of educational privilege and the associated social capital. However, since my mother and father divorced, my mother and I have struggled financially and could be considered working class from an economic standpoint.

I have diagnoses of major depressive disorder and post-traumatic stress disorder. Thus, I identify as "neurodivergent," a term used to describe people characterized by psychologically atypical patterns of thought or behavior (Singer, 1999). As a result of my initial socioeconomic and class privilege, as well as my location in safe, resource-laden, environments and institutions, I have had access to quality education, health, and mental health resources. These privileges afforded me the knowledge and economic opportunity

to seek formal mental health treatment when I was 17 years old and to use it as a significant source of emotional support off and on since then.

In addition to identifying as a mental health consumer, I also identify as a mental health clinician. As a doctoral candidate in counseling psychology, at the time that I conducted the study I was working and training as a psychotherapist. I have focused my clinical expertise on young adults with diverse identities and presenting issues. I have also worked as a mental health caseworker, seeing mostly socioeconomically disadvantaged clients of Color with severe mental illnesses such as mood disorders, psychotic disorders, personality disorders, and developmental disabilities and who face a number of structural challenges and forms of oppression. I use a feminist, relational-cultural therapeutic orientation in my clinical work because these orientations have been linked to positive outcomes with individuals with marginalized social identities (Comstock et al., 2008).

As a researcher, I was a member of Dr. Janet E. Helms's Institute for the Study and Promotion of Race and Culture (ISPRC). I have conducted qualitative and quantitative research on a number of topics related to race and culture, including Black women and girls' invisibility, interracial dialogue groups, skin color attitudes among Black women, and multi-racial identity development.

The Impact of My Positionality on the Development of the Study

There are a number of ways in which my personal identities and perspectives have influenced the development of the present research study. My choice to use narrative inquiry was informed by my upbringing with my mother, who instilled me with pride in being Black and with knowledge of Black history and tradition. My mother and my grandmother are librarians and by flooding me with African folk tales and Negro

spirituals, they influenced me to develop the belief that stories often tell more truth than other forms of data. I grew up reading a great deal of fiction. Being a reader and a creative writer has allowed me to understand that human beings, and particularly those brought up in Afro-Diasporic traditions of storytelling, can often express their truths best through storytelling. These experiences and beliefs have led me to deeply value narrative inquiry as a research methodology and surely, contributed to my choice to employ narrative inquiry for this study.

I am drawn to study Black women because I identify as a Black woman. I feel that it is important to study Black women because we are grossly under-researched. I also feel that it is important to study Black women because my story and the stories of all Black women are valuable. I have experienced the joys of being a Black woman, such as the pride many Black women feel in being descendants of revolutionary Black women throughout history. Unfortunately, I also experience the pains of being a Black woman. Every day, I personally experience the challenges, hurdles, microaggressions, and institutional oppressions that come with being a Black woman. Often, I do it without anyone's notice or recognition. A lifetime of feeling invisible as a Black woman has surely drawn me to want to investigate this topic and to use invisibility theory to do so. My own experience with feeling invisible within PWIs has contributed to the development of my depression and has certainly influenced me to consider the link between Black women's invisibility and their development of mental health problems. Additionally, my research advisor's interest and expertise in Black women's invisibility was also largely responsible for providing me the opportunity to study the topic. Her mentorship has

certainly caused me to feel further aligned with Black women's invisibility as a relevant theory.

Furthermore, I chose to study Black women college students because the majority of my clinical career has been in college counseling, as well as college diversity and social justice programming and outreach. My experiences in college counseling have made me feel very passionate about working with young adults in college –particularly, those of color. Specifically, I have been the therapist of many Black women college students, being extended the privilege of hearing their mental health struggles and triumphs. Helping these young women get through college so that they can become future leaders in the world is both humbling and inspiring for me. My desire to learn more about Black women college students stems from the degree to which I have been emotionally moved by my Black women college student clients and from my desire to see them gain the mental health resources to help them change the face of leadership in the world.

The Possible Impact of My Positionality on My Analysis

My research ties to Black women's invisibility may have caused me to be over-eager in my efforts to identify feelings and experiences of invisibility amongst Black women participants. I may have made the assumption that my Black women participants had also experienced various forms of oppression as a result of being Black women. Thus, I tried to be aware of this potential bias and remain open to hearing experiences that differed from my own.

My passion for working with Black women college students, as well as my many experiences in psychotherapy with this population, may have led me to assume that my participants were facing similar challenges or similar emotional responses to those of my

Black women college student therapy clients. It was important that I was reflective with respect to my emotional ties to this population and that I did not assume that my participants' experiences were similar to those of the Black women college students I have seen in my psychotherapy work.

Furthermore, my identities as a person who struggles with mental illness, as a mental health treatment consumer, and as a mental health clinician have led me to develop the belief that mental health is important and that formal mental health treatment can be a helpful coping tool. This perspective may have incentivized me to assume that my Black women participants share my belief in the benefits of formal mental health treatment. Just because I have found psychotherapy to be helpful does not mean that my participants felt similarly about psychotherapy. I tried to continually reflect on the ways my background in mental health may have influenced my data collection and data analysis strategies, as well as how I employed my data collection and analysis.

Additionally, my upbringing being guided by an Afrocentric, Black woman artist has certainly influenced the way I think about coping and may have led me to make assumptions that creative expression may be a particularly powerful form of coping for my participants. Seeing as not everyone is creative or artistic, these assumptions may have been false. I strove to be reflective about this aspect of my positionality and to stay attuned to ways that it might have influenced my analysis of the narratives.

Auditing. Some of the auditors' critiques related to their having a different perspective on my interpretation of transcripts. For example, one auditor pointed out that I interpreted a participant moving around a lot during childhood as a challenge, but the participant interpreted it as a strength that exposed the participant to people of various

socioeconomic statuses and races. Another example of auditors interpreting the transcripts differently was an instance in which a participant described being "bullied" for having a big nose. I labeled this experience as bullying, but an auditor pointed out that this participant's experience also constituted racism and demonstrated the impact racism can have on one's mental health. It is possible that my own experiences facing many challenges as a Black woman caused me to interpret life circumstances of my participants as challenges rather than assets and to overlook racial microaggressions that I had not experienced.

Auditors also pointed out potential themes that I may have missed in my analysis. For instance, one participant pointed out a participant's transition from being carefree to becoming more serious as a symptom of Black women not being allowed to release the responsibility that they carry. I may have missed the significance of this transition because it felt less salient to me than it did to the auditor. Becoming more serious in the face of challenges did not personally resonate with me and thus, I may have discounted its importance.

Also, an auditor identified a participant's calling herself a "cry baby" as a sign that she may not have gotten her emotional needs met –a challenge that I did not identify prior to this critique. The auditor's analysis was a very clinical interpretation of the word "cry baby" and although I am a clinician, I may not have been thinking about the participant through a clinical lens while analyzing her transcript. The auditor's identity as a clinician may have helped her see the significance of this label.

Furthermore, another auditor pointed out that I had failed to mention one participant's coping skill of engaging in visual art. As I am a visual artist, I may have been

so eager to be unbiased in my portrayal that I forgot to emphasize a coping skill that is very important to me.

Auditors also identified instances in which I should have expanded on an idea that might otherwise have been unclear. For example, one auditor encouraged me to expand on the idea of a participant "staying Black" while facing various challenges. As a Black person, I have an understanding of what it means to "stay Black." However, the auditor pointed out that many other readers may not know how to interpret that language. As a result, I augmented my interpretation to "do her best and to stay connected to her Back identity, regardless of how stressed she feels."

Similarly, auditors encouraged me to be more explicit with my word choice in some instances. For example, in one instance when I described a participant as feeling "different" from her wealthier, white peers, an auditor inserted that she also felt "presumably, lesser" –an important addition, as before, the description did not reflect the possibility that being poorer and Blacker often means that one feels lesser than. As someone who grew up being very different from my wealthy, White peers, but who also felt determined to prove that I was no lesser than them, it makes sense that I might overlook how being less wealthy and less White made the participant feel like she was not as good as her peers.

Methodological Integrity

Qualitative researchers have been advised to attend to the trustworthiness (i.e., readers' beliefs in the findings) and methodological integrity of their research designs (Morrow, 2005). Evaluating methodological integrity requires researchers to assess fidelity and utility in relation to the overall research design.

Fidelity. The first component, *fidelity to the subject matter*, is the process by which researchers, within their approach to inquiry, choose procedures that develop and maintain loyalty to the phenomenon under study. Fidelity can be improved when researchers perform the following procedures:

1. Collect data from sources that can reveal the variations in the phenomenon that are relevant to the research goals (*data adequacy*). In order to demonstrate variations in Black women's experiences with race/gender oppression and mental health coping, increasing data adequacy, I chose to collect data from Black women college students attending PWIs that differed in rigor and prestige so as to represent narratives from participants with varied life experiences and levels of privilege.

2. Recognize and remain transparent concerning the influence of researchers' own perspectives, appropriately limiting these influences within data collection. In the effort to maintain transparency in regards to my perspective and its influence on data collection, I outlined my personal background and my approach to inquiry, enabling me to more readily reflect on the influence of my perspective while engaging in data collection. I also used auditors to identify areas of bias in my interpretation of the transcripts.

3. Consider how researchers' perspectives guided or influenced their analytic process, with the goal of enhancing their management of them during data analysis. During the analytic process, I used journal logs to write my reflections concerning how my perspective might have been influencing my interpretations.

4) Researchers' findings should be rooted in data that support them (*groundedness*; Levitt et al., 2018). I attempted to improve the groundedness of the study findings by

using an analytic strategy (holistic-content reading) that develops findings that can be easily linked to the study's narrative data.

Utility. The second composite process of methodological integrity is *utility in achieving research goals*, defined as the process by which researchers choose procedures that usefully address their research questions and achieve their research goals (Levitt et al, 2018). Researchers can go through several procedures to strengthen utility in achieving research goals:

1. Consider their findings in their participant's contexts, such as their time, location, and cultural situation (*contexualization of data*). I attempted to contextualize the data from this study by considering data within each participant's cultural, social, and socioeconomic contexts.

2. Collect data that provide rich grounds for insightful analyses (*catalyst for insight*). By asking interview questions that lent themselves to answering my research questions, participants' responses were rich with insight to the research questions.

3. Develop findings that meaningfully address the analytic goals (*meaningful contributions*). I have strengthened this study's capacity to investigate Black women college students race/gender oppression and mental health coping by drawing from these analytic goals when developing the interview protocol questions.

4. Make findings coherent by addressing differences among participants. I took note of differences as well as similarities among participants, particularly in regard to the aforementioned themes that directed the interview protocol.

Procedures

Recruitment. I recruited participants from three PWI universities in the Philadelphia area. I chose PWI universities within the Philadelphia area because I was based in Philadelphia and thus, I was able to conduct all interviews face-to-face rather than online. Unfortunately, the COVID-19 pandemic quarantine ultimately required me to conduct interviews online via Zoom.

I selected the three universities from which to sample participants because they represent a range of academic rigor and socioeconomic diversity of their student bodies. One university is a private, expensive, highly prestigious, Ivy-League university at which the undergraduate acceptance rate is very competitive. The second university, while also a renowned private university, is relatively expensive, but not an Ivy League institution and has a higher acceptance rate than the first university. The third university is a public university and a more accessible institution than the first two universities, as it is considerably less expensive and has a relatively high acceptance rate.

I located potential participants by collaborating with each institution's Office of Multicultural Affairs or equivalent office to send out recruitment emails. Through each of these offices and organizations, I advertised the opportunity to participate in the study using email and listservs for Black students or students of Color.

Participant Selection. In the present study, I used a purposive sampling technique, which means that I made deliberate choices of participants included in the study based on their possessing desired demographic characteristics (e.g. race, gender, student status; Bernard, 2002). Using purposive sampling, I set out to identify people who could and were willing to provide information by virtue of their knowledge or experience. Purposive sampling is often used in qualitative research to select information-rich cases

for the most proper utilization of available resources (Patton, 2002). The first eight

students who contacted me, who met the inclusion criteria, and who scheduled and

completed interviews were selected as participants.

Data Collection. Before conducting each interview, I reviewed the Informed

Consent with each participant and asked her if she had any questions. I made my best

effort to answer their questions and clarify any details about informed consent.

At the conclusion of each interview, participants were given a $10 Amazon gift

card for their participation. I informed participants that if they are interested in learning

about the results of the study, they might contact me and I would send them a summary of

my dissertation.

Analysis

I used narrative inquiry and analysis to investigate the women's responses to the

five interview questions/themes. When conducting narrative inquiry, researchers must

engage in dialogical listening to three voices: (a) the voice of the storyteller as

represented by voice or text; (b) the voice of the theoretical framework, which provides

concepts and tools for interpretation: and (c) a "reflective monitoring of one's reading and

interpretative process" (Lieblich et al, 1998, p. 2). There are a number of ways to navigate

listening to these voices during analysis.

I listened to the voice of the theoretical frameworks, intersectional theory and

invisibility theories, by looking out for ways in which these theories appeared as themes in

the data. In other words, I identified places in the data in which participants referenced the

intersectionality of their identities or their experiences of being made or feeling invisible.

When considering which kind of analysis to use for this study, I considered two dimensions of analysis. The first of these dimensions is holistic versus categorical (contextualization or categorization). In the holistic approach, a person's story is taken as a whole and portions of the narrative are interpreted in the context of other parts in the narrative" (Lieblich et al., 1998). The holistic approach is more appropriate for the present study than the categorical approach, in which the original story is broken apart and sections of the text or single words belonging to a defined category are collected from the story or stories. Lieblich et al. argue that the categorical approach may be used when the goal of the study is primarily to elaborate a problem or phenomenon shared by a group of people, whereas the holistic approach is best suited for studies focused on the person as a whole and his or her progression to the current position. If I had wanted to study Black women college students who all suffer from depression, the categorical approach might have been more fitting because the group shares a phenomenon. However, in the case of the present study, I am interested in each Black woman college student as whole people and their progression to their current positions. I am interested in each woman's individual experiences and the development of her perspectives on race/gender oppression and mental health coping. I did not necessarily know that these Black women college students shared experiences of racism/sexisn or that they experienced mental health symptoms, meaning that they did not necessarily share a phenomenon. Rather, looking at each woman's story as a whole was more helpful in uncovering information concerning their race/gender oppression and mental health experiences. Thus, I chose the holistic approach.

The second dimension of analysis is content and form of the story. The present study employed a content-oriented approach because this technique is well suited for

studies in which researchers aim to focus on the content of the account, such as what happened, or why, and who participated in the event. This approach is also appropriate for researchers who strive to get to the implicit content of the story by asking about the meaning of the story, as well as the motives of the individuals involved (Lieblich, 1998). Both the explicit and implicit content of Black women college students' stories were relevant to the goals of this study and thus, I employed the content approach.

Holistic-Content Reading. Holistic-content reading is a form of narrative analysis that takes into consideration the entire story and focuses on the content of the story (Lieblich et al., 1998). In addition to providing an overall impression of the narrative, holistic-content reading also asks the researcher to combine the stories of participants and to discover similarities and differences between the narratives of the participants.

Lieblich et al. (1998) describe a series of analytic processes involved in holistic-content reading, which I, the principal investigator, implemented. When engaging with holistic-content reading, I initially read each transcript several times until a pattern emerged for each participant, often in the form of the foci of her/their entire story. I paid special attention to the beginning of the participants' responses and their evaluations of parts of their narratives (e.g. "It felt supportive").

Subsequently, I wrote out my initial and global impression of the case. My write-up included noting exceptions to my general impressions and/or unusual features of the participant's story, (e.g., contradictions; unfinished descriptions). Issues or occurrences that appeared to disturb the participant or bring disquiet to her/their story were also noted as important data.

Next, I followed the five interview questions/themes from the beginning of each transcript to the end, using different color pens to color-code these themes in the transcripts (Brown et al., 1988). I followed each theme throughout the story and noted the conclusions the participant drew from each. Once more, I paid attention to occurrences that appeared to contradict the theme in terms of content, mood, or the storyteller's evaluation.

After completing the holistic-content reading analysis, I wrote the results sections for each participant's transcript, organizing results using the aforementioned themes.

Auditing. Each of my analyses were reviewed by one of four auditors (each auditor audited two transcripts) to provide input and feedback, as Lieblich et al. (1998) suggest that such interaction can be productive in preventing against bias. However, Lieblich et al. (1998, p. 63) warn that it is unlikely that independent readers will obtain "inter-judge reliability". The auditors were all Black women clinicians who used their professional expertise to critique the ways in which I interpreted the data. After receiving comments and critiques from the auditors, I made corresponding edits to the results sections for each participant.

Chapter 4

Results

Analysis of Transcripts

Several research questions structured the research interviews with the eight Black women, college students. I analyzed each interview separately. Not all women were asked all of the research questions because some of their answers to other questions addressed the focus of the study. Therefore, it is useful to organize the results using the themes that were inherent in the research questions. Some of the interview themes pertained generally to the women's background. They were as follows: (a) family upbringing and background (ways in which the participants grew up and the communities in which they were socialized), (b) their development of a Black identity (ways participants identified racially within their contexts and their racial identity development), and (c) identification of challenges on a PWI campus (i.e., racism and sexism). Other themes related to emotional, psychological, and physical health and emotions related to major life challenges prior to and during college (i.e. depression, anxiety, social difficulties, etc.). Various themes addressed mental health socialization and strategies for coping with symptoms (familiarity with mental health concepts, level of stigmatization towards mental health issues, and coping strategies for managing symptoms).

I, the PI, then engaged in a holistic-content analysis process with each interview transcript. During the process, I initially read the material several times until a pattern emerged, and then wrote out my initial and global impressions of the case. As I reviewed the transcript, I chose special themes to follow in the story as it unfolded from beginning to end, and I used different colors to mark the various themes in the written story, reading

separately and repeatedly for each one. I am using pseudonyms to report the results of my

analyses and I removed the names of the women's colleges to protect their confidentiality

Kelly

Background

Kelly was a 19-year-old, African American, heterosexual, woman and a first-year student at a private university in Philadelphia, majoring in music industry. Kelly was raised in Richmond, VA, where she attended predominantly White grade schools and high schools, being one of few Black students in her class. Kelly reported experiencing racism/sexism throughout her life and emphasized how doing so has taught her more about herself. Kelly also described the emotional struggles she has faced in life, including struggling with her parents' divorce, struggling with a loved one's health problems, experiencing depression, and experiencing conflict over shifting environments. Kelly reported feeling shame because she did not have a concrete reason to justify why she felt sadness and because being sad challenged her conception of herself as a strong Black Woman (SBW).

Experiences of Racism/Sexism

Kelly described being negatively impacted by racism/sexism in grade school, high school, and during college.

Grade School. Kelly described the impact that having natural hair had on her social interactions with White students in grade school. In her childhood, Kelly described being pushed out of social groups because of race/gender signifiers such as her hair. Having hair that distinguished her as a Black girl, served to distance her from her White peers. She reported:

> I used to wear it [my hair] completely natural out and curly when I was in
>
> kindergarten, in the first and second grade, and then I had gotten comments

about how it looked different. And then I had gotten ostracized for that

from groups.

High School. In high school, Kelly's college application process put her in contact with racism/sexism. Kelly indicated that she developed test anxiety and experienced a drop in her grades during the end of high school. Instead of encouraging her, Kelly reported that her college counselor discouraged her concerning getting into college. Kelly stated,

> What really shifted for me was when I was going through the college
>
> process -at my high school, we got college counselors to help us along the
>
> way and I had during my sophomore year of high school, I had developed
>
> test anxiety, and so it made my grades drop very badly… And just those
>
> three years after that had happened, my college counselor had just
>
> continuously told me that I wasn't going to get into anywhere. And it had
>
> just been so disheartening because there were people who were White who
>
> were in the same position as me who she was definitely encouraging a lot
>
> more.

College. Kelly described racist events that she encountered with peers as well as professors during college. She experienced both subtle and more visible forms of racism. Kelly expressed that she was frequently asked by White students to explain things regarding her Black woman identity. As in grade school, her hair again seemed to be an issue for her peers. For example, Kelly reported,

> So I think the biggest thing is that I've had to [do is] explaining things.
>
> Even my roommate, who I ended up being close to now, but it would just

be when we're in the room or if I'm doing certain things or when I'm

brushing my hair or when I'm doing my hair. If it takes longer, or she feels

like I'm taking too much time or too much space or stuff like that, [Then]

it's just a little question or the things that they don't mean to be backhanded,

but really are; and even with the guys who are just like, "Oh, well, you

know, you're prettier than most." I just, I never know what that means.

Some of Kelly's racism/sexism experiences occurred in group settings in which she was the only Black woman. Kelly identified her dormitory as being a space in which she had to endure racism/sexism. As part of her orientation program, Kelly described a floor activity in her dorm in which people had to agree or disagree about whether it is okay for White people to say the "n-word." Kelly reported,

I had community style dorming [sic] when we were still there and it was

like 30 people on our floor. And we had done, the first week we were there,

we had to do with another floor, a big group activity to kind of say what's

right versus what's wrong, -if you agree/disagree side thing. And so one of

the questions had been, you know, a question about the n-word. And it was

like, if you feel like it's okay to use it if you're not Black. And it was just

crazy when half the people who were on the strongly agree side's excuse

was just like, "Well, I hear them [Blacks] say it and how can I not say it if

they're around me?" And it was just things like that. And when I spoke up,

they were like, "Well, you can't really say anything about it because you're

Black, like you're not White, you wouldn't understand."

Furthermore, Kelly indicated that her professors were guilty of perpetuating racism/sexism. Kelly shared that during her first quarter of college, she was given an incorrect grade by one of her professors. Kelly indicated that she emailed the professor to correct the mistake but never received an email back from him, leading to the incorrect grade being recorded in the gradebook. Kelly noticed that the professor emailed back other students in the class but that he failed to email her back, which led Kelly to conclude that his differential behavior towards her was based on her race/gender identities. When describing the altercation with a professor that Kelly felt was based on racism/sexism, Kelly reported,

> My first quarter, I was not given a grade that I actually deserved. It was calculated wrong. And I emailed every day before grades got out. I never received emails back and I never received anything back and it was put in the gradebook as the wrong grade for my final… He was emailing back everyone else who had emailed him except for me… And I think that was the biggest challenge of having a teacher really not help me out just because of what I looked like. And he had emailed everyone back. And he had claimed he had never seen mine. And then it was just a big thing.

Experiencing Emotional Struggles

Kelly described facing a number of emotional struggles, including struggling with her parents' divorce, struggling with a loved one's health problems, experiencing depression, experiencing conflict over shifting environments during grade school and high school, and developing her identity.

Challenges. When Kelly's college counselor was not encouraging of her college application process, she said that she felt very discouraged, which led her to experience a bout of depression. She described her depression symptoms, reporting,

> I know that I was just so discouraged at first I had just gone through this whole bout of depression over it because I didn't think I was going to get in anywhere. And it was just weighing on me to the point where I didn't want to try.

Kelly's worry that she would not get into college weighed on her so much that she started withdrawing effort from her tasks.

Furthermore, Kelly mentioned her parents' divorce and her grandmother's getting cancer as the biggest emotional challenges she faced during high school. With respect to her parents' divorce, Kelly explained that her parents' divorce was something that she did not see coming and its suddenness made her feel like her whole life was changing.

> My biggest challenge was definitely my parents' divorce, I think, because it came out of nowhere to me… And so, I think that was the biggest emotional challenge I had really faced growing up, besides my grandmother's breast cancer. Those two things, which were three years apart, were kind of so impactful in my life. Just the divorce because it just felt like something that, of course, you say to yourself, that your parents aren't going to go through and then you see other people go through it, and to be put in the category of feeling like my whole life was gonna change. … I think it was such a shock for me emotionally that I held [my emotions] in. I'm not really open with my feelings or emotions. I guess I should say, I

don't really like to show them as much. And so for me, it was a lot of

holding in and not telling people, which ended up coming to like a head

after my grandmother's breast cancer, which is when I really had an

emotional breakdown through it all.

Making environmental transitions was a problematic challenge for Kelly.

Formative transitions began during high school and involved her negotiating racial

dynamics. Kelly considered adapting to shifting environments as one of her lifelong

challenges. She shared that she moved in with her grandmother when her parents got

divorced and that her grandmother was diagnosed with cancer soon afterwards. Thus, she

was experiencing a number of difficult familial transitions when she entered a

predominately White school in which she was one of few Black students and in which she

was not friends with many Black students. It was a context that she considered a difficult

transition.

Navigating the new high school environment was also a challenge for her. Kelly

described learning about an all African American club at her school as another shifting

context. Kelly explained that upon learning about the existence of her school's African

American club, she felt self-conscious initially and did not want to attend the club's

meetings because she was disconnected from Black students and all of her friends were

White. Presumably, she thought she might not be welcomed warmly into the club. She

remarked

Then I got introduced to an all African American club in our school that I

didn't know existed. And at first I didn't want to go because I felt self-

conscious about it, about knowing I was going and all my friends were

White at the time.

However, Kelly described becoming actively involved in the club and developing friendships with other Black girls through her involvement. Kelly explained that she first developed a group of Black women friends in high school through the African American student club. Kelly described her experiences as follows:

I didn't really hang out with any of the Black people [in] my grades because

we all didn't really get along with each other. And then we all ended up

going to the club, and all ended up realizing we have so much in common

in the same small space.

In a predominantly White high school, Kelly chose her support system. She made a rational decision to stop focusing on the differences between her and her Black peers. In doing so, she came to recognize similarities in her experiences and those of other Black girls:

[So] to not talk to the other three Black girls that were in my grade just

kind of seemed weird to me. And so to finally be able to do that [join the

club] made me feel more involved and to know things I've been through,

things that I've been asked by people were questions other people have

been asked and had felt too self-conscious to mention… I feel like I need to

spend time with Black people besides just my family.

Kelly explained how expanding her support system beyond her family helped her develop her interest in diversity work.

And so that really helped. I think joining the club really made it clear for me what I needed to do. I just got so involved in diversity and community service work and as much like feminism work that I could… So I think that was the big turning point for me too, knowing that I wanted to keep doing all this work in college and kind of keep it up… So, I immediately, when I got there, just joined as much as I could that involved Black culture just so I could make sure I stay committed to myself. And so I think that really helped with her pushing me to make sure I stay true to myself and don't change just because I don't know the people.

Furthermore, when asked which experiences had shaped her understanding of her identity as a Black woman, Kelly shared that when applying for college, she initially had a desire to attend a historically Black college or university (HBCU) because she wanted a college experience that was very different from her high school experience. Kelly ultimately decided to attend a PWI because she worried that attending an HBCU would be a culture shock after attending PWI's for the majority of her life. She explained:

I guess the biggest one would really be when I was when I was applying for colleges. I actually had no intention to go to [my college]. I had really wanted to go to an HBCU because I wanted a totally different experience than [I had] in high school, but what I realized was I needed to kind of still have the balance. I felt like at first because I guess it would have been honestly too much of a culture shock for me to completely change because all I knew was all White.

Kelly stated that adapting to the change from an all-White environment to an all Black environment would have been too difficult for her while she also navigated entering college. She elaborated, "…then to just go to all Black, I knew for me that probably would have been too much at the wrong time."

Identity Development. Kelly reflected on the ways in which her experiences have contributed to her identity development. Kelly spoke to the ways in which exposure to racism/sexism have helped her learn who she is. For example, Kelly described the pain of learning about racist/sexist views that her White peers held during the election of President Trump.

> It was around the time of Trump's election, so a lot had gone down in my school, which was predominately White, and then I'm from the South. So it was really just hit a little bit harder because the school -you're allowed to have, obviously your own opinion. And so when he came in, I feel like him being elected made people feel more open to say what they wanted to say. And so I took it a little bit harder, because it's people that I thought I was friends with, who had feelings all along that obviously [meant that] they weren't my friend. And so that was just the turning point. And I think that's what really helped me become who I am.

Furthermore, Kelly reflected that the racism/sexism she has experienced as a Black woman makes being a Black woman harder than having many other race/gender identities. When being asked what her experiences have led her to believe about being a Black woman, Kelly replied,

That it definitely never gets easier. That it's definitely going to be

something that I always have to, in essence, carry with me and know that

I'm not like everyone else. And then I am going to have to work hard,

especially within the industry I want to be in, and then even just in life and

in school and being in a predominately White society. I know that I have to

be 10 steps ahead of people and no matter what's happening, I just always

have to remember that I'm not always gonna [sic] be like the person next to

me and I might go through things at more intense rates than they go

through. So, I just have to know that I have to work hard and stay true to

myself and not let anyone tell me otherwise.

Furthermore, Kelly spoke to the ways in which Black women in her family,

namely her mother, have contributed to her identity development. Kelly appreciated that

her mother encouraged her to stay involved in the Black community at college and to

continue to pursue her social justice passions. In response to a question about which

experiences have shaped her understanding of her identity as a Black woman college

student Kelly stated,

It was also definitely my family because I have so many strong Black

women in my family that I've been so blessed to be around, especially my

mother, she's the biggest example that I could ever go by. And she's been

through so much more than I could ever imagine. And so she's definitely

shaped me into who I was in college and she just talks about her

experiences that make me think about what I do while I'm at school and

how to do my best when I'm at school and just striving to stay in my

community and stay involved and not, you know, not leaving the Black

side of me behind per se that I fell in love with in high school because I get

stressed out or anything.

Coping Strategies

Kelly spoke about the coping mechanisms that have helped her get by. Although,

Kelly initially coped by holding in all of her emotions, over time, she learned that talking

to people about how she is feeling is an important coping tool for her. Kelly mentioned

that talking to people in her life, as well as talking to therapists, was extremely valuable in

helping her cope with the challenges that she has faced. Additionally, Kelly described her

mixed experiences with mental health treatment. Kelly also emphasized that she greatly

benefitted from engaging in Black support systems, particularly support systems

composed of Black women.

Kelly initially chose not to disclose her emotions to others because she felt as

though her emotions were not valid. She also shared that she was concerned about

worrying her parents and thus, thought it best to keep her feelings to herself. She described

holding in her emotions as her initial coping strategy:

That was my way of coping was not telling anyone how I felt because I

didn't think my feelings were as valid as anyone who was directly involved,

which would be my mom, my dad, even though I was directly involved.

But I always felt like I didn't want them to think they weren't doing a good

job. I just wanted to feel like I was okay. And it was easier for them to

think I was okay than for me to actually talk about it. So, that was my way

of coping.

When she entered college, Kelly began to question the effectiveness of her coping strategy for her own wellbeing. Upon realizing that holding in her emotions was not working, she explored speaking to others in her life, as well as to a therapist, about how she was feeling and found talking out her problems to be "the best coping mechanism." She described her change in perspective toward therapy and expressing her emotions.

> [Then] I learned that that [holding in feelings] was honestly doing me no
> good. And it took me a long time to learn that until I got to college, which
> is when I started talking to people, started talking in therapy. And so that's
> when I really took the advice that I was always given, which was to talk to
> people, and that ended up being the best coping mechanism.

Experiences with Mental Health Treatment. Kelly spoke specifically to the benefits she had received from talking to therapists about her emotional struggles. Although Kelly was initially hesitant to engage in therapy and to continue therapy when she first started sessions, she ultimately came to find therapy to be helpful in coping with her emotional struggles. When describing her initial experience of therapy, Kelly shared,

> Definitely the first time I went, I was not a fan. I didn't like the experience.
> I think I felt too –I had to be too open at first. I'm not used to really wanting
> to talk about how I feel too much. And it never really mattered how close
> we are. And so, for me to do that with a complete stranger really put me out
> of my comfort zone. But then I realized it was a lot easier than I had
> expected. So after the first meeting, I was really like, I'm not going back.
> But then I was like, let me just try one more time.

Kelly explained why she continued in therapy despite her initial inclination to terminate:

And then I found myself continually going back. So, I realized that that was something I needed because I actually enjoyed it. I enjoyed talking to someone who wasn't directly involved in the situation. And I enjoyed talking to someone who, at the time was not really close to me. So, I think it really helped me realize that first I was like, "This is not gonna be for me." I psyched myself up before already telling myself I wasn't gonna like it. And then realizing when I got there that while I did not like the first one, all because it was really me in my head, I did like every session after that and it helped me learn to really love it.

Kelly reflected that her positive experience in therapy led her to challenge her internalized stigma towards seeking mental health treatment and made her want to encourage other Black people to seek therapy. Kelly reported,

Once I went, it changed my perspective and it made me want to influence more Black people to go. Especially once I told my Black friends on campus that I was going, they all realized that that had been something they kind of wanted to do. And so, I think it helped in that sense of me not living up to the stigmatism [sic], I guess, and kind of stepping out of my comfort zone. And not thinking, "Well, I'm Black. I don't want people to think I'm weak." And it helps me really to realize I'm not weak. I'm just, you know, helping myself out.

Although Kelly communicated the ways in which she has benefitted from therapy, she also emphasized that part of the reason she got so much out of therapy was because

she had a Black woman therapist who could understand where she was coming from.

Kelly stated,

> My counselor happened to end up being a Black woman, which was
>
> the most helpful thing I could have asked for because I can talk to
>
> her about issues…I think that was the biggest part that actually
>
> helped me keep going. Because I feel like it's easier to talk to
>
> someone who looks like me, in that sense, because one, if I can talk
>
> about any problem with someone who obviously might have been
>
> through it, or if they haven't been through it and understand what it
>
> may be like to go through it, and a woman as well I think helps too
>
> because it just made me feel comfortable in every spectrum. And so
>
> it was just something I think I really needed because my first
>
> therapist was a White woman and she had obviously, this was like
>
> my first one when I was young. She could obviously relate to the
>
> woman part, but I just couldn't tell her things that really happened
>
> and feel like she understood.

Black Support Systems as Coping Strategies. Kelly described benefitting from

Black support systems. For example, Kelly emphasized the importance of Black student

group engagement when describing Thrive, the retreat for students of Color she attended

before starting college. When describing the retreat and its impact on her ability to form a

Black support system, Kelly stated,

> At [my college], there was a retreat called Thrive. It was for all people of
>
> color. So, I went to that, which was a week before actually moving in. And

so, if I hadn't gone to that, I don't think I really would have had the Black

support system that I would have needed to get through the little things.

Shame and Stigmatization

When asked if she ever feels shame or stigmatization for her emotional

symptoms, Kelly reported feeling ashamed because she did not have a concrete reason to

justify why she felt sadness. Consistent with her conception of herself as a strong Black

woman, Kelly felt ashamed for not being able to control her feelings. She compared

herself to other people and imagined that her problems were insignificant in comparison

to theirs, causing her to feel ashamed.

Kelly said the following:

I think I felt ashamed. And I think it was only really because I didn't

know why I was sad. And I'm someone who likes to be in control of

how I feel and the situation at hand and to not have any control over

how I felt was kind of just something I didn't enjoy. So I felt

ashamed of not knowing what was going on and then feeling like I

was sad for no reason. And so then I felt ashamed of thinking there

are people who are going through more than me. And I was just sad

over something as simple as little things going on in my school day

every day, or being stressed to a point that I can't handle.

When Kelly was considering seeking out mental health treatment for her

symptoms, she initially did not want to go because she thought negatively about seeking

services. When Kelly actually sought out mental health treatment for her symptoms, she

did not tell others that she had gone because of the stigma associated with seeking help.

Kelly reported,

> I think at first, it [the stigma] influenced the negative connotation in
>
> my head or being nervous to tell anyone that I had gone just
>
> because my whole family's Black. I've never really met anyone in
>
> my family who has sought out mental health [treatment]. Even
>
> though you know, my aunt is a mental health therapist and my mom
>
> has worked in the mental health department and all this stuff like
>
> that. I just had never met anyone who had actually done it in my
>
> family. And then, none of my friends who were Black really talked
>
> about it. So, I think in a negative light it influenced me not wanting
>
> to go.

When asked what she thought of the claim that Black people tend to demonstrate a

stigma towards mental illness at a greater rate than their White counterparts, Kelly

provided an analysis in which she indicated that stigma towards mental illness exists in

some, but not all, Black families and communities. She elaborated as follows:

> I definitely see it as a problem that is still there. Obviously, not in every
>
> Black home. But in some it's still something that's not understood. They're
>
> not used to it or they've seen it and it was never called what it's called now.
>
> And so I think I still see it. Not as often as I did when I was younger.
>
> Honestly, as I've gotten older, I feel like most families have adapted more
>
> to what's going on in life and as the world has changed, they've changed.

So, I feel like it's gotten a little bit better, but I definitely feel like it's still underlying in a lot of families.

Summary

Kelly described herself as a strong Black woman who originally held in her emotions to protect others or because she did not feel that she deserved to have them. Most of her formative racial events happened during high school and generally involved making decisions about her Blackness in predominantly White contexts. Although she was initially reluctant to seek mental health services a second time, she did so in college and now considers seeking therapy a positive coping strategy. She became an advocate for seeking therapy among her peers. In line with her conception of herself as a strong Black woman, Kelly felt ashamed for not being able to control her feelings.

Aaliyah

Background

Aaliyah was a 19-year-old, African American, heterosexual first-year and transfer student at a Philadelphia university majoring in exercise and sports science. Aaliyah was born and raised in Wilmington, DE and later moved to Philadelphia, PA. Aaliyah shared that she has dealt with experiencing racism/sexism, both in the form of microaggressions and the form of blatant racism/sexism. Aaliyah also disclosed that she had struggled with multiple emotional issues, including her parents' divorce, bullying, depression, anxiety, identity issues, and a suicide attempt.

Aaliyah believes that Black women have to work harder than people with other identities, particularly when they deal with emotional health problems. Aaliyah described the role of intergenerational trauma in her life and the hope that she can support her future children in more nurturing ways than she experienced. Although Aaliyah was advised by her family to turn to prayer and religion as a means of coping with her emotional problems, Aaliyah reported that she ultimately used therapy, psychiatric medication, and holistic practices like meditation, aromatherapy, painting, and yoga to manage her symptoms. Aaliyah described having mixed feelings related to her experiences with mental health treatment, finding that White clinicians did not understand her experiences. Aaliyah reported experiencing shame about having the emotional health problems and witnessing stigmatization towards having mental health problems in the Black community.

Experiences of Racism/Sexism

Aaliyah reported experiencing racism/sexism throughout her life.

Grade School and High School. Aaliyah described growing up being a Black swimmer in a predominantly White sport and the racism she encountered. She shared,

I think I've always been very aware of my identity as a Black woman

because growing up, I was a swimmer (in grade school an high school). So,

I always participated in a predominantly White sport. And, you know,

suffered a lot of racism in regards to that… Again, I was the only Black

person on an all-White team. I wouldn't say the team was bad, but it was

just like racial microaggressions. Like, you know, the White kids asking

me, "Oh, when your hair gets wet, why does it go up instead of down?" or

the coaches not necessarily paying the same attention to me as they do the

other kids just because of the stereotype that Black kids can't swim. And so,

I didn't necessarily ever really have friends there.

College. Aaliyah also reported experiencing racism/sexism when she came to college. Aaliyah described experiencing overt racial harassment in her dorm, sharing,

Me and my roommate, who's also another Black female, we were the only

Black people that lived in our home and it was a weekend where she went

home for something. So, I was home I was you know, in the dorm by

myself… Somebody started pounding on my door trying to like break in

like, was literally outside my room shouting and like doing all this stuff.

Meanwhile, I'm in my room by myself. And so they were literally like

banging on my door, trying to –I don't know get in or do whatever they

thought was they were gonna do for probably like a good two minutes. And

so eventually, I hear them like run down the hall and I looked and I saw

through the peep-hole that they were gone. And so I opened my door. And

I saw them taking off down the steps. So I know that they were two White

males but I never knew who they were. And then I looked on my door and

they had written "nigger" across my door.

Aaliyah indicated that her university's meager response to the hate crime she experienced

demonstrated institutional racism. She said,

And so when I reported it to the university, they didn't really do much

because there weren't any cameras in our hall. And they basically were like,

"We're not gonna put any cameras in your hall." They didn't really offer my

roommate and me a choice to move…So yeah, there wasn't really much

support from the university in that aspect.

Furthermore, Aaliyah shared experiencing racism/sexism in her college

classrooms. When describing a class she took as part of a scholarship program that

focused on intersectionality, Aaliyah shared experiencing invisibility/hypervisibility due

to her professor's racist/sexist teaching methods, reporting,

We were reading *The New Jim Crow*. And again, I was the only Black

person in my class. And my professor just kind of kept looking to me to

answer the discussion questions and would call on me to answer things if

nobody else is really talking. And so at a point, I just kind of shut down to

talking in the class because it's not my responsibility to be the voice of the

Black experience.

Aaliyah described feeling "shocked" and "appalled" when one of her professors gave a

racist assignment her class based on race-gender-class stereotypes.

But I think the thing for me that was the most detrimental was she decided to create this quote, unquote, "assignment." And this is literally, word for word, how she kind of like was talking to the class after one of our discussions about the book. She was like, "I want all of you guys to go to the mall. You know, don't dress like you have any money. Make sure you're wearing sweatpants, like wear sneakers don't, you know, take a purse or wear a watch or anything that could make it seem like you have some sort of status." She's like, "I want you to wear a hoodie and make sure you walk around with your hood up." And then she was like, "I want you to walk like you're from a lower socioeconomic status" or whatever, whatever that means. And then she was like, "If you go out and do that, that'll give you a little taste of what it's like to be Black in America." And so I was just kind of like, I was genuinely shocked and appalled that she had the guts to just say that in a class as a professor. But I can obviously see how her being a White female and me being the only Black person in the class, I guess how she could be ignorant to what she was saying.

Aaliyah also experienced racism/sexism in connection with her emotional issues. When describing her White professors and the ways they evaluated her, Aaliyah shared,

But I also know that most of my professors are White. And so, just seeing, "Oh, this Black girl doesn't show up to class." It's not because I don't want to. It's just because sometimes it's genuinely hard. But they don't necessarily know that. And I know that a lot of what could go through their minds as far as me asking for extensions or me not showing up to class.

They just might relate it to my race and who I am without actually knowing

who I am.

Aaliyah also indicated experiencing racism/sexism in her job as a swim instructor.

She shared,

I've literally had clients who have come in on their first day because they

just got randomly assigned to me and didn't want to have their lessons

simply because I was Black. They just left. I still got paid for the lesson

because they already booked it, but that's hurtful because in a lot of

capacities, I'm very much more skilled and more intelligent in what I'm

doing than some of the other instructors who were there. And the only

difference is what I look like.

Experiencing Emotional Struggles

Aaliyah described facing numerous emotional challenges throughout her lifetime.

Aaliyah reported that she started to experience depression and anxiety early in life,

sharing,

I would say that I've definitely suffered with anxiety and depression

probably since like middle school –I would even say probably like late

elementary school. I think a lot of that stemmed from my parents getting

divorced, [and my] transitioning to Philadelphia. And I just was always in a

position where I don't feel like I got the necessary socialization as a kid.

Growing up, I grew up in the suburbs. And so there weren't really any other

kids in my neighborhood. So, there was nobody to really interact with

there… I was just kind of that kid that was a nerd. So, they just bullied me

for being the teacher's pet or being the smartest kid in the class or whatever

the case may be…There were only 12 people in my class and I was the

only Black kid in my class. So, I never really had friends through that.

Aaliyah further elaborated on her experience of feeling alone while growing up, sharing

that she was labeled as "too White" by her Black peers. She said,

I was "too White" for the Black kids because I was raised in the suburbs

and had been primarily around White people. And then I was also just like,

younger than everybody else. So there were some things that I just could

not socially relate to. And I didn't grow up in the city. So there were things

that I also couldn't relate to the kids who grew up in the Philadelphia

School District.

Aaliyah described experiencing issues in developing her identity and, as a result, having a

hard time making connections. She reported,

And then going in to high school, I think all of the trauma of that, I just

didn't really know who I was and didn't really know how to navigate

making friends or like making the right friends or I think I was struggling

with so much of just trying to fit in that I didn't really –I was never myself

in high school. So I think all of those things and just like the fear of not

being [able to] fit-in or like the fear of being cast out definitely caused a lot

of social anxiety for me that definitely carried in through high school.

Additionally, Aaliyah described the convergence of challenging circumstances that

led her to make a suicide attempt. Aaliyah shared,

I really started having anxiety attacks my freshman year (of college). I

definitely went through several depressive episodes my freshman year. And

then I think like just being so stressed and all over the place, my body,

physically my body started to just like wear down. So, I had a really bad

infection that put me in the hospital. I obviously couldn't go to class. So

then I'm stressed about being even more behind than I already was. And so,

a combination of all of those different things actually ended up leading up

to me having a suicide attempt my freshman year.

Lacking Family Support. Aaliyah emphasized that she did not get the support

from her family that she would have hoped for in respect to her mental health problems,

particularly in the case of her mother. She described a moment in her childhood during

which she asked her mother for help with her mental health issues, reporting,

The reason why me and my mom don't necessarily get along is

because…there was a point in time where I had told her that you know, I

didn't feel like my mental health was where it needed to be. And you know,

in 10-year-old terms kind of asked to get help. And both of my parents are

very religious. They're both Christian… And so, when I communicated that

to her, her response to me was, "Oh, you should just pray about it," or "We

can go to church more." So there was no real help from her in in that

regard. So after that, emotional and like mental capabilities shut down

towards her, as far as communication and there was a lot of resentment

towards her. Just because how do you not necessarily want to help your

daughter? Especially if I'm coming to you asking for help?

Aaliyah added to her description of her family's perceived lack of support. She stated, "My family really weren't the people to help. I know for me, I think my parents didn't take my mental health conditions seriously until the whole 'Oh, suicide or something." Aaliyah explained that she did not feel that she could turn to her family for emotional support, particularly because they did not seriously consider her emotional health problems until she made a suicide attempt at college.

Aaliyah reported that, after her suicide attempt, her mother was more concerned with the hospital bill than Aaliyah's wellbeing. She described the circumstances as follows:

> She just –not that she obviously didn't want my mental health to get better
> and not have to go through that experience again. But her whole issue was
> she was upset that my mental health caused her an additional bill as far as
> me having to be in the hospital and having to pay for those medical bills,
> which sucks. That that's how [my] mom's positioning would be on that.

Furthermore, Aaliyah noted the impact of intergenerational trauma on her life, reflecting that being unsupported by her mother has influenced the person she has become. When asked what conclusions or forms of truth her narratives provide, Aaliyah indicated,

> Childhood trauma. I would say I don't think I ever understood how much
> the different things that I faced growing up impacted who I am today until I
> started really exploring my mental health and what that meant and how it
> kind of came about. And it definitely kind of puts things into perspective
> for me because I do want to be a mom someday. And just wanting to be a

better mom than I had. And just praying that I don't pass on that same

generational trauma just because I lacked the nurturing and stuff that I need

or that I needed at the time. And I guess I would also say, I'm still healing a

lot of this stuff.

Identity Development. Throughout her narrative, Aaliyah expressed the

perspective that Black women must work harder than people with other identities. When

reflecting on the stigma towards mental health in the Black community, Aaliyah shared,

I think a part of that comes from, we don't really have time to have mental

health issues because we're constantly having to work ten times harder to

be just as good as a non-Black person. That by doing that you don't really

have time to break down or feel anxious or not be able to get out of bed in

the morning. I know for me, when I went to college, I paid all of my bills

and my tuition and all of that myself. So, there were times where I had

three, four different jobs. So I didn't have time to be depressed and not be

able to get out of bed because if I didn't go to work, I was just gonna end up

being more depressed and more anxious because I couldn't pay my bills.

Aaliyah expounded on her belief that Black women have to work harder than

others and her endorsement of the strong Black woman (SBW) stereotype. When asked

what reflecting on her narrative led her to understand about being a Black woman, Aaliyah

replied,

Being a Black woman is hard. I think my life just hasn't really afforded for

me to suffer mental health wise. You know, with just being a Black

woman, my current job now is I'm a swim instructor and a swim coach. So,

I work with kids. And so, I can't have a bad day. Well, at least at one of my

jobs, I can't really have a bad day because of my teaching job. I work in

Center City, so all of my clients are White, upper-middle-class people. And

so, I can't necessarily have a bad day and that translate into my job.

Because I don't have a job where I can shy away from people or just hide

behind a computer screen. I'm constantly interacting with four-year-olds

and [I] always have to be turned on… But I do also know that I'm the only

Black instructor that works at my job. So, I know that there's a certain kind

of status that I have to maintain and I do feel that pressure of having to go

above and beyond to be looked at in the same light as everybody else.

Coping Strategies

Although Aaliyah was advised by her parents to turn to Christianity to cope with

her emotional struggles, Aaliyah ultimately chose to cope in different ways that she

learned through her own investigation. When speaking to her coping mechanisms, Aaliyah

reported,

I've forced myself to try therapy, which I participated in on and off. I

recently, within last semester, started medication, started antidepressants

and anti-anxiety medicine. And then have just tried homeopathic coping

mechanisms like using aroma therapy or like painting and yoga,

meditation, and that kind of stuff. So, I would say those were -none of

those things were things that I was socialized to cope with. I just kind of

had to do that research and gain that knowledge on my own just because I'd

never really had anybody to talk to…But yeah, I would say that a lot of the ways that I've learned how to cope with things have just been self-taught.

Experiences with Mental Health Treatment. Aaliyah reported having mixed experiences with mental health treatment. After the racial harassment she experienced in her dorm, Aaliyah chose to visit her campus's counseling center to engage in therapy. When speaking to her experience at this counseling center, Aaliyah reported that her White man therapist invalidated her experiences. She said,

> I definitely reached out to the Wellness Center and that was my first shot at trying to do therapy. And after that, because I feel like that was definitely like a traumatic experience, the therapist, who was a middle- aged White man, his response to me when I was explaining the story was, "Oh, you know, that doesn't really happen here. There's not really racism on this campus." So that kind of shut me down to the whole therapy thing too, because we didn't get to choose who our therapist was, it was just kind of like, walk in, you get to see who's available type thing.

Aaliyah said the lack of clinicians of Color in her university's counseling center acted as a barrier towards her receiving quality treatment because she did not believe that White clinicians could relate to her experiences.

> Because for me, my biggest thing as far as like starting therapy earlier was there were no people of Color –let alone a Black woman –for me to come in and talk to and be able to relate to. What do my experiences have to do with me talking to a White man? Even though you can employ the things that they were taught, whatever kind of schooling they had to go through, at

the end of the day, they can never relate. So, I think the lack of diversity

and the lack of education and accessibility definitely makes it hard because

I do feel uncomfortable relating my experiences to White people just

because of the trauma that I've been through. A lot of it has been caused by

White people.

Aaliyah described her negative experience in an inpatient psychiatric hospital after

her suicide attempt. Aaliyah reported,

Then I was in the hospital. I was admitted to a psychiatric facility. I was

there for like a week and a half, which was its own very weird thing

because at that time, I was only 17. So, even though I was an adult, I was

still placed with the kids. So, I was in that facility with 13/14-year-old kids

that obviously were not on my same social or maturity level… So, I think it

just is there's been a lot of trauma…My whole experience of being in the

psychiatric hospital was definitely a negative experience, in my own

opinion. In the realm of like, it was definitely a traumatic experience, but I

guess it did its due diligence as far as making me never want to do

something like that again. Just to never want to have to go through that

experience again.

Aaliyah also described her experience in therapy after her hospitalization. Aaliyah

reported,

I don't hate it. I just I don't know, I'm not necessarily somebody who- -I'm

very much to myself. And I think that and I'm a very private person and I

think that stems from a lot of the trauma that I've faced in my childhood as

far as just constantly being socially isolated. So, I would say therapy for me

is still a constant battle with that trauma. Because I have a hard time

opening up and my therapist on several occasions has said that I just kind

of like shut down and put [on] an emotional front as a means of protecting

myself and a defense mechanism. So, I don't love therapy, but I have found

it to be kind of beneficial in some aspects of it definitely opening up my

eyes to different things that I do and the way that I am in certain instances.

And how I navigate the world is because of the traumas that I faced or

some of the things that are socially ingrained in me or the things that my

parents taught me. So, I don't hate it.

Additionally, Aaliyah described her eventual acceptance of psychiatric medication

as treatment for her depression. Aaliah reported,

As far as medication goes, I am on sertraline for my depression. And I will

say that it definitely helped in the long run. I think the hardest part was just

that four to six week adjustment period. And then like having to redo it

because my dose was constantly getting increased. But I just remember like

those initial first couple weeks when I first started it not being able to

concentrate, not being able to focus, just being very groggy all the time. So,

I couldn't really focus on my schoolwork. So, I think in the long run, it was

beneficial. But as far as just having to get acclimated to it was the hardest

part, especially with the timing of it all. I started almost right before

midterm season. So, that didn't necessarily help either.

Aaliyah described her indecisiveness about taking anti-anxiety medication, saying,

> As far as the anti-anxiety medication, I haven't decided if it's helped me or
> not. I haven't been on it that four to six week period. It wasn't that much of
> an adjustment period as far as the anti-anxiety medication goes. I think it's
> three times a day. It's buciform, I think is the name it.

Aaliyah attributed her openness to psychiatric medication to her science background and knowledge of how psychiatric medications work in the nervous system.

> I think for me coming from a science background allows me to put a little
> more faith in medicine because taking psych classes and also taking the
> different science classes, I have the knowledge of depression and anxiety
> sometimes being a lack of certain neurotransmitters or a blockage of
> something. And so being able to think about it as, "Oh, you know, this
> medication is the same way that people take vitamins for vitamin
> deficiency." But I feel like not everybody has that education and not
> everybody has that access to that information. So I feel like I've been
> blessed in having a science background and being able to understand those
> things in that way.

Shame and Stigmatization

Aaliyah reported experiencing shame about experiencing the emotional issues she faces and struggling with internalized stigmatization. Aaliyah shared,

> I feel like in the Black community, mental health doesn't exist. It's not
> something that's well talked about. So, for a long time, it took a while for
> me to grasp "Oh, I have a mental health condition and does that mean that I

just need help or am I crazy?" Because like, the crazy Black woman

stereotype. And then it's like Black people don't do yoga or like don't go to

therapy. So, I guess it was all those socially ingrained stereotypes that

subconsciously affected my decisions and was probably why it took me so

long to seek help or to try going to therapy consistently or even be open to

trying medication or trying various coping mechanisms because that's just,

it's just not what Black people do.

When asked if she ever feels shame or stigmatization for experiencing the mental

health issues she faces, Aaliyah responded,

I definitely do feel ashamed and embarrassed sometimes. Just because it's

the thought of some people don't ever feel the way that I do. And to think

how nice that might be. You know, just be able to wake up and just like,

"Oh, today's just a great day. Let me just go do what I have to do," when

that's not necessarily the same for me. Yeah, I think that would probably be

the biggest thing.

Summary

Aaliyah indicated that being a Black swimmer made race salient to her and that she

experienced considerable racism/sexism during grade school, high school, and college, as

well as in her job. Aaliyah described several emotional issues during her life, including

depression, anxiety, PTSD, identity issues, and a suicide attempt. Childhood traumas

including her parents' divorce, a neighborhood transition, and peer racial bullying, were

contributing factors. Although Aaliyah's family advised her to engage in Christianity as a

means of coping with her emotional problems, Aaliyah ultimately learned to manage her

mental health symptoms by using traditional therapy and psychiatric medication, as well as holistic practices (e.g., meditation, aromatherapy, and painting). Aaliyah indicated that her own stigma towards mental illness initially kept her from seeking mental health treatment. However, Aaliyah ultimately challenged this stigma by seeking out mental health treatment and cultivating coping methods to manage her mental health.

Michelle

Background

Michelle was a 19-year-old, Black, Jamaican and Canadian American, heterosexual, woman and first-year student at a private university in Philadelphia, majoring in global studies with a concentration in human rights and social justice. Michelle was born and raised in Toronto, ON, Canada. She reported experiencing racial/gender discrimination and, specifically, contending with stereotypes about Black women. Michelle also described growing up dealing with family issues that led to her experiencing emotional distress. Generally, Michelle did not have positive experiences with mental health treatment, referencing White clinicians as being unhelpful. Rather Michelle found greater support in community engagement and social justice. Michelle described the importance of "being strong" and "working hard" to cope, particularly in the face of contexts that demand her to do so. Michelle also emphasized the importance of various forms of Black community as a support mechanism. Michelle acknowledged the stigma towards mental illness and lack of knowledge about mental health in the Black community and shared that some of that stigma has made her feel bad about experiencing the symptoms she has experienced.

Experiences of Racism/Sexism

In response to the questions about her experiences of racism/sexism, Michelle shared numerous experiences with racism/sexism throughout her life.

High School. When describing the race/gender climate she grew up in in Canada, Michelle reported that during high school, she perceived Black girls and women to be undervalued in Canada, saying,

People love to say Canadians aren't racist or they're not prejudiced when it comes to color. Here, if you're a Black girl at least, you're not seen as beautiful. You're not seen as smart. You're just like second-best regardless of your grades or if you're the best athlete. My sister has been scammed too many times with awards and stuff like that. They were given to a White girl or White boy because of race.

College. While at college, Michelle described the classroom as another arena in which she experienced racism/sexism. When describing racism/sexism she experienced in her classes, Michelle indicated that her math professor often dismissed her correct answers in class and magnified her mistakes, saying,

There's definitely racism. For example, in my math lectures, I would be the student answering all the questions but the teacher would either look at me and say, 'Give other students the chance' or if I answered one of those things wrong she would make it like a bigger deal than it was and say things like, "You must be confused." But she wouldn't have said that to Lucy (a White woman peer) for example.

Michelle also described struggling to avoid fulfilling negative stereotypes about Black women in her classes. She said,

There's definitely in my French classes or Arabic even the underlying tension there or like if you were to speak up or you answer something that's more controversial, it's like, how are you going to frame it so it doesn't come off as you're the "angry Black girl" or you are just seriously acting

out of rage in this circumstance. How do you word it so you're not coming

off too headstrong, but you're articulating what you're trying to say?

Michelle elaborated on how she has witnessed racism/sexism from peers in the

classroom. When describing the behavior of White male students in her math class,

Michelle reported,

Definitely White male domination for sure when you have like jocks who

think they know the right answer when that wasn't even the right answer.

Maybe if you would ask for help from me, or if you were listening to the

girls actually answering the questions, you would know how to do that

problem. But you know everything, so.

Michelle also spoke of witnessing systemic and institutional racism. When asked

what her experiences have led her to learn about life, Michelle responded,

Well, the reality as a person of Color –very imbalanced or unfair

with like a distribution of money, amenities, public services. That

stuff is definitely skewed and in the states it is more evident that

money comes over everything and it sucks.

Experiencing Emotional Struggles

Michelle described experiencing a number of emotional struggles, including

family problems, depression, academic pressure, and identity development. When

describing her upbringing and the family environment in which she was raised, Michelle

reported,

Oftentimes, at night, there will be arguments. Yelling from my dad at my

sister and I. Definitely was not a great aspect of my life and you can still

see the tension between my family because of it. But it has still shaped me

into the individual I am today.

Michelle also expressed that these family issues led her to experience depression

symptoms, reporting, "Definitely dealing with my family issues kind of caused me to have

some struggles with depression. It was definitely a strong point of a challenge and I still I

can't say that I don't struggle with that every day."

Michelle also spoke to the emotional difficulties she has experienced as a result of

academic pressure and stress. Michelle reported,

> Obviously you're stressed with school but I know how to manage my stress,
>
> de-stress myself and managing 10-week school terms and making sure you
>
> have your work and stuff like that. But yeah, it can get really tough at [my
>
> university] academically. I'm [a] very strong student, but I can't lie and say
>
> I was never feeling at rock bottom because, "Oh my God, I have this
>
> assignment and I don't know how this teacher is going to like the way that I
>
> wrote this." I am very hard on myself as a student. It is a blessing and a
>
> curse because I know that I will never not produce my best work because
>
> of that, but it can be very mentally draining and very tasking on me. So I
>
> guess learning how to deal with that better it's something I need to work
>
> on.

Identity Development. The racism/sexism Michelle has experienced led her to

emphasize the lesson that Black women have to be strong and work hard – a lesson that

may have caused her to endorse the Strong Black Woman (SBW) stereotype. Michelle

described learning this lesson early in life, as it was important to her getting into a good American college, Michelle's main goal in high school. Michelle described,

> My sister and I kind of just focused on school and our sports and
>
> stuff like that. I played volleyball. She plays soccer and we tried to
>
> use that as our way to I guess stay focused and keep pushing
>
> through regardless of race or our home scenario. Just to keep going
>
> and focus on getting into a good American school like we both
>
> wanted to study in the states not in Canada…So our focus was
>
> pretty much like work hard, get a high score on the SAT, get a good
>
> GPA, and like becoming involved as much as possible so you can
>
> get into a good school.

When asked what her experiences have led her to believe about being a Black woman, Michelle reported, "That it is very unfair and unfair treatment, but it is what it is because it's really not going to change."

Once she started attending college, Michelle continued to hold the belief that Black women must be strong and work hard. When reflecting on her experiences, Michelle reported,

> Another thing for me is just like remembering and this might sound cynical
>
> but, really you're the only person who knows you and who knows what's
>
> going on with you. And you kind of just have to be strong enough to face
>
> the truth like what's going on with you and then taking the courage to try to
>
> fix that, or work with yourself… So you just have to have your back and

you have to be strong enough to deal with that. Unfortunately, that's the

case.

In acknowledging how difficult is it to be a Black woman and how challenging her

life has been, Michelle also described finding pride in the strength she has demonstrated.

Michelle reported,

I am stronger than I give myself credit for. I have dealt with a lot of crap

and the fact that I'm still here and I'm still alive and thriving is crazy to me.

But also very empowering I can do whatever I set my mind to and I have

proven that to myself many times… So I guess giving credit where it's due.

So, yeah, I guess I know that I'm strong and I know that I can overcome

whatever I'm given because I've always done that.

Coping Strategies

Michelle described a number of coping tools that she has employed to support her

emotional health including meditation, communication with others, journaling, yoga,

music, and engagement in Black support systems. When speaking about the coping tools

she has been advised to use and those she has ultimately come to use, Michelle shared,

I have been told meditation helps, communication with people, being aware

of triggers, journaling and doing yoga. Yoga is something that I've liked

taking on and it's actually very beneficial. Then just doing things that I

want to do. If I want to go for a walk, then you go for a walk. If I want to

talk to someone, I'm going to talk to that person. If I want to buy a

chocolate bar, I'll buy a chocolate bar. I think it's just ultimately realizing

that yes, there are standards every day that you do need to do, but you're

always in control of your life. If you want to do something, you can do it

regardless of what others are going to say or not going to say.

Michelle described how she has benefitted from engaging in journaling,

specifically. Michelle stated,

Well, as you know, people can question how they feel and say, "Oh, I feel

well. I feel this. I feel that way." It is helpful to acknowledge, "You know, I

actually feel good." Something that helps with that is documenting how

you're feeling. So journaling or getting an app that you can record how

you're feeling every day –it's very important.

Furthermore, Michelle identified music as a valuable coping tool for supporting

herself emotionally. Michelle shared, "For me, another coping mechanism is music, which

is heavily rooted in Black Culture… It definitely has given me an outlet to let out my

anger."

Additionally, Michelle shared that communication with others has been a

helpful coping tool in supporting her emotional health. She shared,

Also with mental health, just as a human, it's important to

communicate with others and if you can't accept it on your own,

find someone who you can work with to come to an

understanding… Making sure that you're being heard and being

understood.

Experiences with Mental Health Treatment. Michelle presented mixed

perspectives when it came to mental health treatment. Generally, she reported her

experiences in therapy with White clinicians as being unhelpful. When describing White therapists' reactions to her telling them about her life, Michelle stated,

"I can't believe that they were so racist" or "I can't believe she said that to you" or "You're a perfectionist and you need to deal with it." Yeah, this one lady tried to say I was a perfectionist, which is like, no. Just because I'm a good student because I have to be because I have to do above and beyond to get anywhere, that doesn't mean that I'm a perfectionist. Don't get confused because I have to work twice as hard to get some kind of recognition. That doesn't equate me as being a perfectionist. Nobody's perfect and I know that. So, it was just kind of like it either being mislabeled, misdiagnosed, or "Oh my God. She really said that you got like this when you really didn't get that mark or when you had like [a] 95 average?" I get it. I get that as a White therapist you've never experienced this, but these are my circumstances. Are you supposed to be able to help me?

When elaborating on her experiences with White therapists, Michelle stated,

Racism follows [me] everywhere pretty much, as much as you try to be like, "I see you as a person" but you know, it's hard to if you're raised like given all those stereotypes, I guess it's hard to separate them or realize that you even have those paradigms to begin with.

Despite Michelle having largely negative experiences in therapy with White clinicians, she noted that her experiences in therapy with one mixed-race therapist were more positive. Michelle reported,

> I did have one good therapist and she was like, okay. She gave me
>
> like -– when there was tension between me and my mom one
>
> summer, she gave me a way to verbalize how I wanted to say
>
> things, which did kind of help but not really. But she actually gave
>
> me some constructive feedback that actually kind of worked which
>
> was more promising than the others ever had given me, which was
>
> good.

Later, when Michelle continued to speak about Black women being in therapy, she asserted,

> At least as a Black woman, finding someone who's not your family
>
> and who is actually a certified therapist… someone who's going to
>
> really understand what you went through? The odds of me finding
>
> those people are very slim.

Michelle also spoke about psychiatric medication and her belief that it is not an ideal option for her or many other Black women. She reported,

> I guess some people told me that medication doesn't even help…
>
> Medication kind of just, it puts different chemicals in your body
>
> that aren't necessarily good for you. So, I've heard that. I've heard
>
> the opposite side of the coin. Medication is going to help. But I
>
> think for me, there's a difference, at least that's how I see it, like

some people are treated medically but for other people, it is

behavioral. So, no matter what you take, no matter what you do,

what you know you are diagnosed with, are you going to have the

willingness to change behavioral issues too? Because not really

everything is or can be treated with medication.

Black Support Systems as Coping Strategies. Michelle described Black support systems as being very important to her coping and emotional health. Michelle shared that the first Black support system she engaged in was her relationship with her mother. Michelle reported,

My mom has played like a really important role in our both of our lives.

She kind of was the grounding person and helped us to my keep our vision

on what we wanted to achieve like both me and my sister have big goals

and big dreams… So having her in our life was like very important because

she like kind of kept our heads on straight. "You can do this, you can do

whatever you want" and she sacrificed so much money and time and she

would do whatever it took for me and my sister.

Michelle also emphasized that university programs for students of Color, such as the Thrive retreat she attended before coming to her university, were very helpful in forming a Black support system. When speaking of the retreat, Michelle described,

I think it's very important finding a community within my school. I

attended a move-in retreat, which was for students of color, and that's

pretty much where I met all my friends, which have been crucial during my

first year…Those people have really shaped me into the person I am today,

and it's only been like half a year.

Michelle went into detail concerning the ways that she had benefitted from the

sense of community she shared with other Black students on campus. Michelle reported,

Going to college kind of helps me to manage it and meeting people

who actually see me for who I am and share similar experiences to

me has been really crucial to my development and my happiness.

It's so different when you have Black friends who actually see like

what you're experiencing on a daily basis and that has really helped

me a lot in college…Yeah, I think that a strong point before coming

to college was feeling misunderstood by like my school community

or even friends, but going to college allowed me to feel more

understood by my Black peers and like that sense of community

really helps.

Shame and Stigmatization

Michelle reported feeling ashamed and stigmatized for experiencing the

emotional struggles that she has been through. Michelle reported,

In the Black community it is not really talked about much. So, there was

definitely shame and stigma. Knowing or feeling like there's something

wrong with you because this isn't normal, when it's like everybody is

dealing with something at the end of the day. Depression, anxiety, eating

disorders –people are dealing with their own crap every day. I heard this

message of "You shouldn't feel sad" or whatever, but I definitely did feel

that in my own community in Canada…Yeah, I did feel stigmatized for

"Oh, wait, what's wrong? Why do you feel like this?" Why am I supposed

to know? How am I supposed to know?

Michelle also spoke of shame and stigma communicated towards her by her family. When asked how her family and friends have responded to the knowledge that she has struggled with emotional issues, Michelle responded,

I think my sister and my mom know and I mean that it's like it is what it is.

It's not like there's no there's no longer any shame or stigma. I don't know

if my dad knows to be honest. But here in school yeah, there's no need to

walk around eggshells on them or like around them because like I said,

everyone's dealing with their own crap, whether they want to admit it or

not. Everyone knows that they've got their own crap to deal with.

Although Michelle reported feeling shame and stigmatization internally, as well as experiencing it from her family, she also described challenging this stigma by engaging in coping skills that are often thought of as foreign in the Black community. Michelle shared,

Yoga, you don't really see many Black women doing it and there is a lack

of representation in that sector. I feel like mental health is not really talked

about much in the Black community so it's important to like push yourself

regardless of how, I guess, "I'm not Black enough cuz I'm doing yoga" or

"I guess this isn't Black cuz I'm journaling," to just have to step out of that

stereotype in a way and just do what is best for you regardless of if it is

what a Black woman should be doing.

Summary

Michelle described experiencing racism/sexism while growing up in Canada, as well as during college in the US, particularly in the classroom. Michelle disclosed experiencing emotional problems such as depression, largely as a result of dealing with family problems and academic pressure. Michelle's ways of coping with her emotional struggles included meditation, communication with others, journaling, yoga, music, and engagement in Black support systems. Generally, Michelle did not have positive experiences with mental health treatment, referencing White clinicians as being unhelpful. Rather, Michelle found greater support in community engagement. Although Michelle indicated that she has felt ashamed for experiencing her mental health symptoms and has witnessed stigma towards mental illness amongst her family and in the Black community, she also emphasized the importance of disregarding stigma in finding ways to manage her mental health.

Robyn

Background

Robyn was an 18-year-old, African American, heterosexual woman and first year undergraduate student at a private university in Philadelphia, majoring in entertainment arts management. Robyn was born and raised in Philadelphia, PA. Robyn indicated that she has not experienced very much blatant racism while at college, but that she has felt uncomfortable as one of few Black women students in one of her classes. Robyn also referenced the inherent challenges of being a Black woman. Robyn shared that she struggled with identity issues growing up. Robyn also reported feeling alone much of her life because she felt that she did not fit into her various environments. Her misfit led Robyn to fear being along and to question her friendships.

Robyn experienced identity confusion and emphasized the importance of getting to know oneself. She described several coping mechanisms that she employs to support her emotional health, including creating visual art and talking out her feelings to people who can understand where she's coming from –namely, other Black women. Furthermore, Robyn emphasized that importance of finding Black community as a means of coping.

Robyn mentioned not feeling comfortable enough to seek out mental health counseling, as well as lacking knowledge of how to do so and lacking the support of her parent. Robyn reported sometimes feeling shame for experiencing the emotional problems that she experiences. She agreed that there is stigma towards and lack of knowledge about mental health in the Black community. However, Robyn reported receiving some positive messages about mental health. Nevertheless, most of these messages came from White

spaces. Robyn mentioned that her parents have always said that they are open to mental health issues and yet, when Robyn encountered some mental health problems, they were somewhat dismissive.

Experiences of Racism/Sexism

Robyn largely denied experiencing racism/sexism during college, with the exception of experiencing microaggressions here and there, often concerning her hair. However, Robyn did speak to her experiences as a Black woman and the challenges that she has faced as a result of her race/gender identity. Robyn mentioned feeling uncomfortable as a Black woman in one of her classes. Robyn reported,

> I will say, the one thing I've noticed with myself is I even though I've not –I haven't always known my identity, I've always been comfortable enough in myself to speak up and to talk in class and like, participate. And I've never struggled in that. And I felt like this was the first time I've ever been, like, so uncomfortable in a classroom. So it only happened in one class.

She described why being the only "American Black [woman] student" in her class was problematic for her:

> So I took social psychology this term and I was one of the three Black people in a 30 person class. And the two other people were international. They were like, I think they were both from Nigeria. So I was the only American Black student in the classroom. And also, the classroom was not majority girls. It was a lot of boys in the class and I had never really had a majority boy class environment. I went to an all-girls school, so I never had boys. And then to go from that to being one of like, 10 to seven, I think

> maybe it was 10. I'm just gonna round up. Yeah, and then also, I was the
>
> only freshman in my class.

Due to being one of few Black women in her class and the only first-year student in her class, Robyn indicated that she felt intimidated about participating.

> So I found myself very, very intimidated in the classroom. And it took me,
>
> it took me like three weeks, three or four weeks to like, feel comfortable
>
> enough in my answers to respond to his [the professor's] questions and just
>
> to participate in class, and I never found myself in that position. So that
>
> alone was just different for me.

Robyn stated that aside from her discomfort in her social psychology class, she has not had any racist experiences in college.

> But I never felt like I needed to be –well, I never felt any legit racist
>
> experiences. But, I'm only –this is only my first –I've only had two terms in
>
> college, so I have an open mind that it will happen at some point. And I do
>
> keep, like a lot of the company that I keep are Black. I don't really hang out
>
> with a lot of White people. I only have one White friend. And so I don't put
>
> –I'm not in the position on a daily basis to be treated that way.
>
> Although Robyn largely denied experiencing racism/sexism, she did mention the

challenges that she faces as a Black woman. When asked what her experiences have led her to understand about being a Black woman, Robyn replied,

> Everybody wants to be us. But no one wants to be us when the cops come.
>
> I just think that everyone, everyone wants to emulate the Black woman. I
>
> really do. And I strongly believe that. I think if anyone was to ask me that

that would be my answer. Because I just think, just like the trends, every

trend is something that like Black women have been doing since in the

beginning of time. I just have noticed that and so I just, I think I went from

being someone who wished they were White so bad to being absolutely

grateful that I am Black. That's probably one of the biggest blessings in my

life because now I don't have to spend all this money to try and look like

one. I'm just very grateful that I'm Black. And so I just think society tried to

show me that I shouldn't be one [a Black woman], but then they [are] trying

to look like one. So, I don't know.

Experiencing Emotional Struggles

Robyn described experiencing a number of emotional issues throughout her life

which seemed to start when she shifted from a school which was predominantly Black to

one in which she was only one of five Blacks. Robyn reported often feeling uncomfortable

in many of the spaces she inhabited afterwards, saying,

So, I definitely had a big switch out when it came to going to a school

where there was only one White person in my grade to being one of the

five Black people in my grade. And that definitely took a toll on me

subconsciously because I never felt comfortable anywhere really after that.

Robyn shared that she did not feel like she was [good] enough because of the ways her

peers labeled her as either being "too White" or "too Black."

Because, I –so, my grandmother lives on 52nd, well, she lives near 52nd

and Race [West Philadelphia –a predominantly Black area of the city]. She

lives on Willing Street, but I was there almost like every single day every

night, everywhere. So a lot of my friends, like my neighborhood friends, I

would count on them because I didn't really hang out with people where I

lived. I was always at my grandma's house. And so when I would hang out

with them, I was like "the White girl." I was the girl who talked properly. I

was the girl who had to wear a uniform to school. So I never felt

comfortable with them either because I never really felt that I was enough.

So, there wasn't, for a very long time, I didn't have a place where I felt like

I was Black enough or even White enough honestly because even some of

the Black kids at [my high school], weren't really that Black. So I didn't

feel like I connected with anyone for a really long time.

Robyn further described feeling uncomfortable within herself and having a hard

time making friends. She reported,

But I would definitely say it took me a long time to feel comfortable within

myself and feel and know myself because I was put I was in so many

environments where I felt like I needed to reach the expectation that was

set of how I should be acting, how I should be. And, um, and I didn't get

out of that honestly until 11th grade. So even though I was in Jack and Jill,

I'm not a huge like, "Let's go make friends. Let's go be nice to everyone.

Let's go." So like that. When I when I first joined Jack and Jill, that was

probably one of the hardest things for me was to open up and try to get to

know people. So I would say like 11th grade was when I felt like I knew a

lot of people. I was comfortable within myself so.

Unfortunately, another emotional problem Robyn encountered was being rejected from Howard University and subsequently feeling like she was not Black enough. Robyn shared,

> Going back to my Blackness and stuff like that, I felt that when I didn't get
>
> into Howard, I felt like I wasn't Black enough. Like I didn't exemplify what
>
> they were trying to get. And because SAT scores were there, my grades
>
> were there, everything was there. And it just like really messed up my
>
> identity. And I had just done all this work and feeling like myself again,
>
> between the past years of going through this and then just being told, "No."
>
> That took a toll on me a lot.

Robyn indicated that she continued to struggle with her feelings of loneliness and her problems with questioning friendships continued into college. Robyn shared,

> So, going back to me never feeling really comfortable in a lot of spaces in
>
> high school, I definitely felt alone the majority of my time in grade school.
>
> Like, I just never felt like I had a real friend, someone who I could, like,
>
> tell anything to. I had thought I did and then in the end, it was just me
>
> assuming my position in someone else's life when it really was never that
>
> deep, because I just wanted someone like that. And I found myself –I had
>
> those tendencies to like, try and prove a friendship in my mind, so I can
>
> feel like it's something real, and I've noticed that I've done that in college
>
> too and I've slowed it down because I understand that they're my friends
>
> just as much as I'm their friend. And I feel like it's very reciprocated. But in
>
> the beginning, I was kind of struggling on that, like friendly friend basis,

because I just could not pick up like, "Are we really friends? Like, is this person...?" If I was like, "If they were to do something would they invite me? Do they want me to come to the cafeteria with them?"

Robyn indicated that she struggles with being alone as a choice versus being alone because she fears not being accepted. She described the coping mechanisms she developed to tolerate being alone. She said,

And so I kind of just have a problem with being alone. And I've noticed that, I'll be like, I sometimes –in the beginning, I couldn't even go to the cafeteria by myself. I would just be like, "Hey, does anyone want to come? Does anyone want to meet me here? Does anyone ever want to go to the library?" And I found that even taking the toll on my grades because I'm asking people to go to the library, and then I'm not getting work done because we're all joking around, having fun. And so just like, being alone is something I had to learn how to do. Even because in the beginning, I was forced to be alone. And I didn't like that. So I tried to avoid at all stakes at all, like, any possibility. So, I just had to learn how to be by myself. I'm at a point where I'm like, I need to try and be alone. I can't. So, that was something. I just had to find ways to be alone in public spaces. Put my headphones in and just like, relax.

Despite sometimes having a hard time being alone, Robyn also shared that she experiences conflict because of the constant social interaction involved with being a college student. She said,

I also found myself having, like FOMO, fear of missing out, on everything

because the one thing I feel like people don't tell you when you go to

college is that even though school is constant, the social aspect of it is

constant. There is no point in time where your friends are going to be like,

"Okay, I have to go home now." If it's two in the morning, we're just going

to keep hanging out to one person finally says, "Alright, I'm going to go to

bed." It's just so constant. So, that is something I wish someone told me

because that took a toll on me a lot. Just like, needing to be alone.

Coping Strategies

Robyn described coping mechanisms she uses to manage her emotional health,

including creating visual art and talking to others about what she is experiencing. When

asked what primary coping skills she uses to support herself emotionally, Robyn

emphasized that creating visual art is helpful for her coping. She stated,

Yeah. One, drawing because if I can't talk it out, I just draw it out to

something, anything. So, I didn't really –well, I guess I did it

subconsciously when I was younger and I never really paid much attention

to it. But now I actually spend the time out and just like, drawing and

getting that out, and I never realized how important it was until I wasn't

doing it anymore… For me, I'm a very, very big artist. I love drawing. I

love painting. I love just any of that, like, I absolutely love it… I started to

miss doing art because I was constantly doing work or I was constantly

hanging out with my friends. So, I realized I needed to scope out time to

just sit down and like draw and just sketch or something and keep my

phone away from me because even though it's only 30 minutes, that 30

minutes will get me through the whole day. Just focusing on something

that's not going to affect my grades and that's not going to affect my

relationships. That's just only going to help me. So, I found that to be like

the thing that I like to do.

Robyn indicated that she did not make the time to create art during her first term and that

the negative impact that had on her mental health emphasized the importance of the arts in

her coping. She said,

Yeah. And I found it pulling on me like when I wasn't because they like for

at least for the whole first term, I was solely focused on my books, and I

was a political science major. So I just –all my creativity was just drained

out of me and I just felt gray. But I had to figure it out. And like, I ended up

switching to an arts major anyway. So I mean, I just realized that I can't

live a life without it.

Another coping tool that Robyn endorsed using is talking about what she is

experiencing with others, particularly her friends and her parents. Robyn shared,

Then yeah, just really talking it out with my friends. And talking with my

dad too, because he's very, I would say he's very like wise and understands

a lot of situations. And I feel like my thing is sometimes I'll talk to

someone looking for a response that I want to hear. And I know my dad or

my mom, they're not just going to give me what I want to hear. And so I

always talked to them about like, everything. But um, and so like that's

sometimes that'll make me veer off from telling my friends. But I've

noticed that –my mom told me this before I was even, before I even went to

school. Like, "You're gonna meet some of the realest friends that you're

ever gonna have in college. They're going to be some of the best friends

that you're ever going to have." And I've found that the people that I'm

friends with aren't just going to, are not just telling you what I want to hear.

And I've been put in situations where after talking to them, and they give

me real advice and real responses, like that really helps me a lot.

Experiences with Mental Health Treatment. Robyn denied having experience

with mental health treatment, owing to her parents' lack of support, her lack of knowledge

concerning how to become connected to a therapist, and her lack of time to pursue

therapy. Robyn described suffering from depression as the impetus for her wanting to seek

treatment. Robyn stated,

When I was in high school, I definitely was going through like a

serious depression. And I never went to a doctor about it, but I

knew there was something wrong with myself. I wasn't myself at

all.

When asked if anyone has ever suggested that she seek mental health treatment for the

symptoms she experiences, Robyn replied,

My aunt did. My aunt did. Or she was just like, "Just see if you can do

something like talk to your parents or something like that." And nothing

was ever like really done. And I don't know the process of getting a

therapist or if that's covered by insurance. I don't know anything about that

at all. So I just found myself talking to my aunt about it because she

seemed to be the only one that I could talk to.

When asked if she would ever consider seeking mental health services if she felt

that she needed them, Robyn replied,

Yeah, I will, I would, but I just don't know the process of that. And I know

[my university] will actually, has therapy and stuff like that. But I've just

never gotten around to it. Like, I've just had so much on my plate when it

comes to school that I just, I don't think about it. I don't. I just don't think

about it that often.

Black Support Systems as Coping Strategies. Throughout her narrative, Robyn

indicated that various Black support systems she had engaged in had been helpful in

coping with her emotional challenges. For instance, Robyn shared that joining a Black

organization called Jack and Jill provided a useful support system for her. Robyn reported,

When I was in ninth grade, my mom had us join Jack and Jill, which is an

organization. Yeah, a mother's organization that helps African American

kids and stuff like that we do a lot of charity work. Um, and I feel like that

is where I found kids who had similar experiences as me and like though

there were Black kids who weren't, who like, had never seen anybody

really struggle like this. They still were very privileged kids in there. There

were people who I felt like shared –have similar backgrounds as me. And I

actually met my best, my closest friend through that, just from us having

gone through the same things.

Prior to college, meeting kids with whom she shared similar experiences, including her best friend, helped Robyn break her isolation. Robyn disclosed that before entering college, she had feared that she would not encounter other Black students to become friends with.

> And so my biggest fear as someone who wanted to go to Howard –that was
>
> my number one choice, like, was that I just was not gonna find the Black
>
> people. I just, they weren't gonna be there. I was like terrified out of my
>
> mind. And my mom went to [my university]. And I remember her telling
>
> me about how like, it wasn't that diverse. And like all of her best friends
>
> from college are Black. So that was like, like, it did shine a light, like
>
> "Maybe I'll find them. It just might not be immediate, but I'll find them."

During college, Robyn described a diversity program at her university for students of color called Thrive that acted as a source of Black support. Robyn shared,

> [My university] did a Thrive program, which was a –it was a diversity
>
> program that wasn't –it wasn't necessarily like only Black kids, but it was
>
> just like, "If you're not White, you just sign up so you can get in" because,
>
> it was selective, like, they did pick people to go and I got into that program
>
> and I met every single one of my close friends from that program.

Robyn explained that being in the Thrive program introduced her to the Black friends she had been seeking and that she got to engage with a group of Black friends. She said,

> And I was lucky enough to get into that program… And then my closest
>
> friends on campus are from that program. And I never had a large group of
>
> Black friends like, and we were all friends. Like, I've had multiple people

who are Black that we were friends with. But they didn't all know each

other. Like it just happened. Like, "Oh yeah, I've heard of her." This is my

first time having a large group of friends who were Black and we all knew

each other. We all hung out. It was like and I feel like that was my, my

opening up to being a Black girl in college.

Robyn also spoke to the support that her Black women friends provide her

emotionally. When asked if choosing and employing coping mechanisms has been

influenced by being a Black woman, Robyn described why White friendships were not

supportive:

Yeah. I feel like it's been influenced by being a Black woman because I

find myself, I only talk to Black women about these issues. Because to a

PWI, I've had close friends who are White and I've tried to express some

issues that I've had. Because I have had microaggressions happen at school.

And when I tried to explain it, they're like, "It's not that big of a deal."

Robyn provided details to explain why she is irritated when she has had to cope with the

microaggressions of "close friends who are White." She finds herself reflected in her

Black women friends who have shared similar microaggressions related to their hair.

For example, every Black woman has gone through someone wanting to

touch their hair and I am very impulsive. And I change my hair constantly.

Like, I would do braids, Afro, straight, weaves, everything. And I found

myself at school, everyone wanted to touch my hair. They'd be like, "Oh,

what's next?" And I'm like, "You think that's funny but it's not." Like, "I'm

not laughing." I don't say anything when you switch up your headbands. So

please don't talk to me about when I switch up my hair."

Robyn indicated that she prefers to seek support from people who look like her and can

better understand her experiences because in the instances in which she has tried to talk to

her White peers about the microaggressions she has experienced, she has found that these

White peers to be dismissive.

And I found myself talking to them about it and they're like, "Okay, big

deal." What? "What did you hear because I didn't hear that?" So, I just

think that what I would say, would be taken with a grain of salt if I was

talking to someone who was not a Black woman. And who did not even

share my appearance too because I'm more on the thicker side. And even if

I talk to someone who's a lot smaller than me, they don't even sometimes

understand the issues that I go through with myself. I'm so I've just noticed

that I like to talk to people who look like me, because I feel like they go

through the same things as me.

Shame and Stigmatization

Robyn endorsed receiving some degree of shame and stigmatization messages

about emotional health issues from her family. When I told her that some research has

found that Black communities demonstrate stigma towards mental illness at a greater rate

than their White counterparts and I asked her what she would say about this claim, Robyn

agreed wholeheartedly:

Oh, that is 100% true. 100% true. My dad actually works for a mental

health nonprofit thing in Philly. I think it's called West Health System, I

think. So, I've been lucky enough within my household, we have people a little bit more open minded about that. But I will say, when I was in high school, I definitely was going through like a serious depression… And I found myself –when I would try and talk to my parents about it, my mom would joke and be like, "Oh, she's being so mean right now. I don't know what's wrong with you." So weirdly, we [Black people] see it as a joke - and everyone's laughing and I'm not laughing.

Robyn reported that when she experienced a depressive episode during her senior year of high school and reached out to her parents for help, her parents acknowledged her feelings but did not take the steps to get her the treatment she requested. They viewed her concerns as normal developmental issues. She said,

I just found myself wanting health really bad. And when I went to ask my parents about it, like, "I want to talk to someone or I want to go do something about it." It was just like, "Oh, you're going through a lot right now. So it only makes sense that you should be feeling this way." And [they would] feel like that was the right answer. And when I went to them, it was senior year. And I recently didn't get into Howard. And that took such a toll on me. And plus what I was already going through. And so, I just found myself in the gutter. And when I would try and talk about it, it was just like, "You should be feeling this way." So they acknowledged that I felt this way, but the steps that I wanted to take weren't taken.

Robyn illustrated that other members of her family were not very open to mental health

treatment by describing her cousin's refusal to accept that she was dealing with a mental

health issue. She stated,

> And then I've seen the same things happening to my cousins who are even
>
> older than me, and don't even think that they should talk about anything
>
> that's going on with them. They don't even think going to a therapist is
>
> even an idea. My cousin recently went through something and she went to
>
> a neurologist, she got her brain scanned, everything. And I'm talking to her
>
> and I'm like "This isn't a physical issue. This is mental health. You need to
>
> talk to someone."

Robyn indicated that her parents have always expressed openness towards mental health

and that they are much more open-minded than stereotypical Black parents. However, she

shared that she has come to realize that her parents are only so open to mental health and

that her family does not adequately consider mental health concerns.

> And so I never noticed it being that deep, because my parents have always
>
> been very open to me about that. And then as we are getting older, I
>
> realized that they were only so open to it. I don't know, I think they're
>
> extraordinary in comparison to a regular [Black family] in comparison to
>
> stereotypes. They didn't just bulldoze over me and ignore my feelings. So,
>
> I definitely do applaud them for that. But I've seen it in my family,
>
> especially within the past recent months. It's just not a thought.

When asked what happened in her various environments that helped form her opinions about mental health treatment, Robyn elaborated more on the role of shame and stigmatization towards mental health in her family. Although Robyn conceded that her parents always kept mental health treatment open as an option for her, telling her that it was okay to ask for help, ultimately, when she did ask to engage in mental health treatment, her parents did not do anything to fulfill her request. Robyn explained,

> Now, when I did finally ask them about it and not much was done, I feel
> like that kind of made me take a step back on that because it was just like,
> "What have we been talking about for years?" And then now it's me and it
> didn't seem like it was taken seriously. But that message is always being
> pushed on to me, but I found myself when I talked about it to my extended
> family, my cousins, they don't share that. That's not, once again, that's not a
> thought. So the only message that I was getting was from my parents.

Robyn contrasted her family environment and her White high school environment. She reported that her predominantly White high school was an environment in which she frequently received messages to talk about and seek help for mental health issues. Despite her high school providing students with guidance counselors and therapists, Robyn expressed that she never felt comfortable enough to go and talk to these clinicians.

> And then going to a predominately White school, they're really open
> talking about all that stuff –about like what medications they're on, what
> they've gone through. One of my closest friends from school, she left
> school for months to go to a mental health retreat thing. And during that
> same time I was going through things and I just felt like, "Why? How come

her parents are taking her stuff so seriously?" I didn't understand it at the time. So, I definitely got a really extreme message from my White school of like, "Something is wrong, you need to talk, you need to do [something]" -because we've always had therapists, you always had counselors, I think at one point, we had like three at the same time. So, yeah. And I never felt –but I will say I never felt comfortable enough to talk to those counselors because I felt, I just never felt comfortable enough.

Summary

Robyn described herself as being a Black woman who has struggled to find her identity and her place in her communities. For the most part, Robyn denied experiencing racism/sexism during college, with the exception of feeling uncomfortable as a Black woman in one of her classes. Yet she described experiencing emotional challenges throughout her life, including others' questioning her identity, not fitting in and questioning her friendships, and experiencing depression. Many of these challenges stemmed from race-gender microaggressions that caused her to need affirmation of her Black identity.

Robyn described coping mechanisms that she used to manage her emotional health, including creating visual art and talking to others (especially Black women) about what she is experiencing. Robyn indicated that various Black support systems she has engaged in have been helpful in coping with her emotional challenges. Robyn attributed her lack of experience with mental health treatment primarily to her parent's lack of support and secondarily to her lack of knowledge concerning how to become connected to a therapist and her lack of time to pursue therapy. Robyn agreed that shame and

stigmatization towards emotional health issues are a problem in the Black community;

however, she mostly used her family as evidence supportive of her belief.

Jill

Background

Jill was a 22-year-old, African American, pansexual woman and senior

undergraduate student at a public university in Philadelphia, majoring in sociology and

women and gender studies. Jill was born and raised in Philadelphia, PA. Jill reported

experiencing and witnessing racism/sexism, often in the form of Black women being put

under a spotlight or being made to be invisible. Experiencing invisibility made it difficult

for Jill to be vulnerable with others. Jill described dealing with a number of emotional

challenges throughout her life, including family issues, an abusive relationship,

depression, anxiety, and identity development issues related to her endorsement of the

SBW stereotype. Jill also described coping mechanisms she uses to cope with her

emotional challenges, including talking to others with similar experiences, engaging in

forms of self-care, advocating for other Black women, and engaging in community

support systems. Jill shared her perspectives on mental health treatment, which were

largely negative and highlighted that mental health treatment is often inaccessible to Black

women. Jill also emphasized the importance of developing community as a Black woman

in college, particularly with other Black women. Furthermore, Jill confirmed feeling

shame for experiencing the emotional struggles that she experiences, making note that

Black women are rarely in positions to make themselves vulnerable.

Experiences of Racism/Sexism

Jill described being exposed to and experiencing racism/sexism during her time in

college. When speaking to the experience of being a Black woman on a PWI campus, Jill

shared her experiences within the classroom, reporting:

Overall being Black on a PWI was an experience all in itself. Because you

might feel as though you have a couple [of] people who you're really close

to and you're tight knitted with. You might feel like you can handle a lot of

stuff at the university. But once you step into those classes of 200 people

plus and notice that it's only about five other people who look like you, it

starts to become a little harder to navigate without feeling as though you're

on the spotlight or you're completely overlooked in general.

Jill went on to describe experiencing microaggressions from her professors and peers in

the classroom, saying,

Even within the classrooms, there's constantly times professors would put

you on the spot. And it will either be because you're Black or because

you're a woman. That says that Black women speaking out is such an issue.

You would say something in defense to a lecture and then someone will

feel the need to hop in. And it would kind of feel like you're constantly

getting ganged up [on], which is why I picked the major like gender studies

because yeah. I had these conversations and discussions about race, about

sex, about all those topics that I'm passionate about, where at the same

time, I don't feel like I have to be in such a hostile environment.

Jill also described being on campus during the candidacy and election of President

Trump and the racism/sexism she witnessed on campus during this time. She reported,

I was here when Trump was running for president so that is when our

campus was at its worst. That's when people truly showed their colors. So,

me, personally, I haven't gotten into any disagreements with people, but

I've had friends who have been called the "n-word" to their faces, who had

to deal with very pro-Trump people in their dormitories, who will go

around with the "Make America Great Again" hats and pretty much say a

lot of terrible things to them. And it was very difficult because when we

were in the dorms, there's no space but your room and a lot of times your

roommate was not of color. So, it became an awkward rift on campus.

Jill also spoke about structural and systemic racism/sexism and its impact on her

college experience. When describing the reasons why she is sometimes hesitant to share

herself with others, Jill shared,

So, when we're out here dealing with police violence and we're out here

dealing with communities and the gentrification and then you have

classmates or peers who tend to make everything feel like, "What's the big

deal?" it's hard for you to feel as though you can be genuine outside of

yourself…I knew, all in all, there wasn't much consideration for how I was,

being a Black woman. Learning that Black women are constantly murdered

by the police, but it had no coverage at all in the media or had no coverage

in books.

Experiencing Emotional Struggles

Jill shared that she has faced numerous emotional challenges in her life, including

family issues, an abusive relationship, depression, anxiety, and identity development

issues. Jill painted the picture that during her upbringing, she encountered a number of

problems with her family. Some of her challenges centered around her father as an

inadequate gender-role model in her early life. When describing her father, Jill reported,

So, around high school when my dad, he was physically there, but he

wasn't there mentally… He didn't know me. He could barely tell the high

school [I] went to, but he cast himself as a provider because he made the

most income. So, as he lived that role, he figured that just keeping a roof

over our heads was enough, compared to being a good husband and a good

father. So, eventually my parents did end up getting a divorce due to him

engaging in infidelity twice.

Jill describes the divorce as stimulating unacknowledged feelings of emotional

abandonment and triggering a wild spree when she entered college.

And from that divorce, I personally don't believe I was affected until I came to

school and had all this alone time and I got to think about stuff. I personally don't

think I was affected at the moment. But with infidelity and my dad believing that

only physically being there was enough, I did go out a lot. Nobody really checked

in on me because my mom was more focused on her marriage falling apart. And,

you know, when you have a Transpass (Philadelphia public transit pass), you could

just go out until 7pm, you could do whatever you wanted. So, I took advantage of

it completely and ran into a lot of the wrong crowds. I've gained a lot of

experiences.

Jill attributes her relationship difficulties mostly to her mother, who she viewed as

neglecting her sex education.

And in between that I was also in my first relationship. And that

relationship was absolutely horrid…I didn't really get the support from my

parents only because my mother didn't really care. She never had a

conversation with me about sex… So, that led me to explore those

parallels with my ex-boyfriend and I was angry, as well as my dad also not

really caring. So that's led to a lot of heartbreak, a lot of distress, just

really pretty much a lot of stress…They are great parents, but at the same

time, on an emotional level, we were never able to connect and do that. I

feel like I carried a lot of that into my college experience today.

As a result of the lack of emotional connection with her parents and her involvement in an

abusive relationship, Jill reported that she still carries the scars from these emotional

wounds. Jill described experiencing depression and anxiety:

Once I went into my junior year, I realized I was depressed. I realized that

because I didn't want to do anything that I used to do. I had a lot of fall-out

in my friendships because of stuff they're going through… So, I felt at my

most lonely at that point, because if I went back home, I had to battle

between two houses and neither one of them honestly having the space for

me.

Identity Development. Throughout her narrative, Jill emphasized how difficult it

is for her and other Black women to be vulnerable and ask for help. Jill suggests that the

need to be a strong Black woman is at the core of these difficulties with vulnerability.

When discussing her relationships with her Black women friends, Jill shared,

We can support each other, but we weren't good at communicating to each

other that we needed help. And I feel like that's a reflection of being a

Black woman because we tend to hold this composure. We feel like we

don't have to ask for help. And that is what I went through a lot. We have a

very strong independent mindset… And I realized being a Black woman

that I didn't see that in a lot of other different races, like friendships,

because they can be more vulnerable and open to each other. And my

friendships, because I have majority Black friends, we weren't at that point

of getting vulnerable without feeling like we can't handle it ourselves… So,

the intersection of being a woman was, it was hard for me to ask for help. I

didn't know how to properly ask for help.

Jill also expressed regret for the ways in which her fear of vulnerability has kept her from exploring new things during college. Jill reported,

I decided to try to stay with people who were like minded, which I think

really messed up my college experience because instead of going to

certain events that I know could end up potentially being awkward, I

decided to stay more in my dorm and just stay more to my studies. And

I'm not doing the greatest school but it's what helped me cope with being

here all these years, just minding my business and just staying in my

books.

Coping Strategies

In addition to "staying in her books," Jill described various ways that she has learned to cope with the emotional challenges that she faces. Jill reported that one of the ways that she has learned to cope with her emotional struggles is talking to people in her life who can understand her experience. When asked to describe her coping mechanisms, Jill replied,

Number one has to be the people who I do continue to talk to. I have

friends in my life now who understand that depression isn't something for

quote unquote White people. It's real. It can run through your family. So, I

think me surrounding myself with people who have also experienced it, as

well having family members who experience it, helps me feel like I'm not

alone in a sense.

Jill also described transforming from a fun, carefree person into someone who is

more serious and stoic, perhaps as a way of protecting herself from the dangers of

racism/sexism on her campus and in the world. Jill shared,

I am a tad bit more standoffish when it comes to meeting people. And at

the same time, I wouldn't consider myself close to nowhere near as light

hearted and goofy as I was. And while I was in school, it's hard to keep a

nice goofy, light-hearted exterior when you have stuff going on around you

in the world.

Jill indicated that she designates days for self-care, during which she distracts

herself from the challenges she faces. As one of her coping tools, Jill shared, "I have my

self-care days. I try twisting my hair. I do whatever I can to distract myself."

However, Jill expressed that engaging in causes she cares about is a more

significant coping skill for her. She reported,

As well as coping, I chose gender studies and sociology because I want to

do work within it. So, instead of me focusing on myself and what I need to

do, which I do… I want to get into the nitty gritty of this –something that's

important to me. So, how can I put myself out there? And I feel like that's

another thing as a Black woman, we tend to be very compassionate about other people and their situation. So, I put where my passion was and where my heart was and I laid it out there so I can pull other people into that same circle. And I'm hoping once I graduate from here, I can get into work where I can definitely help Black woman and particularly, community engagement…And put my heart out there for other women to also realize they don't have to hold this facade.

Experiences with Mental Health Treatment. Jill shared her perceptions of mental health treatment and her experiences seeking and engaging in mental health treatment. She indicated that she was largely ignorant about therapy before coming to college, stating,

I didn't know much about therapy at all until my freshman year when they were pushing us to go to the counseling center, only because our class was smaller. So, they still had a lot of room. But other than that, I had no experience with counseling… There's never been a push in my household. There wasn't really a push for me to go seek help until around last year when things got really bad with my depression.

Jill described frequently talking about therapy with her Black women friends about the benefits of therapy. She said,

My close friends, we often talk about therapy, but not in a sense of them actually going to therapy but rather, talking about how therapy is beneficial. But when it comes to taking that next step into therapy, it's kind

of like a big pause in the conversation like, "Okay, well, are we really

going to do this?"

Jill's depression eventually led her to seek therapy from her university's

counseling center. However, she was unable to receive services. When describing the

inaccessibility of mental health treatment, Jill stated,

So, I go to a predominately White school. There's not much support. So

when I did try to seek help at a counseling center, they were all booked up,

as well as there was no representation of anyone who looked like me to

begin with… And also the issue of insurance and the rates. It's hard to

access.

When Jill was finally able to begin meeting with a therapist, she had mixed

experiences in therapy. Jill reported,

I had my first therapist, her name was Rachel, and she was a White woman.

But I wanted to take the chance of getting therapy. And within that, I have

grown to like her. But I feel as though she only touched the surface of who

I was. Like, you know, "School is overwhelming. I have a bad boyfriend. I

need to let it go." But she never really got into the nitty gritty of why I

behaved a certain way based on the past. It was very surface level. Yeah, it

was just very surface level.

Jill reflected that she wanted to engage in therapy and came to like her therapist, but that

her treatment with this therapist was surface level in that they did not explore her

behaviors and their connections to her past.

I had her for a whole year and within that whole year, we've never really

had a conversation deep within a lot of the troubling things. It was like,

"Yeah, you have some issues going to class. You should work on that." It

was never anything.

Jill explained that during the year she worked with this therapist, they did not investigate

the issues that Jill found to be most troubling. Jill stated that poor communication may

have been responsible for the therapeutic relationship remaining surface level.

I don't think it was a problem necessarily with her. I just think there's a

disconnect between our communication. Maybe she wasn't taking my hints

that we should go a little deeper. And maybe she was uncomfortable, or I

was uncomfortable, but as far as that, that's really what it was.

Additionally, Jill shared her experience of going to see a psychiatrist when she had

an anxiety attack. Jill, who felt unseen during the interaction, reported

Once I finally went to the doctor because I had an anxiety attack, I

immediately was thrown medication. And I don't like taking Aleve when I

have my cramps. So, I never once took the pill, but it was more like "My

chest hurts, I'm not feeling happy." And he was like, "Okay, you might

have depression or you have depression." I was like, "Okay, that's fine. Is

there anything I can do to help that?" He was like, "Okay, well, we can

prescribe you medication." And I was like, "Is there anything that I can do

physically to combat that?" And it was pretty much short. It was quick, you

know, they don't really take the time to talk to you. It was an Asian man. Of

course, he didn't really want to wait and take that second to figure out what

was really going on with me.

After reflecting on her disappointing experiences with mental health treatment, Jill

described feeling like she must cope with her emotional issues independently. She said,

I realized either I have to push through by myself, figure out some

YouTube videos that's going to help me deal with these [issues], because

counseling ain't gonna work. And even when I go off campus to a doctor,

I'm just gonna get medication. There's no programs to offer. It's hard to talk

to other people about it. So, when you deal with the mental health and the

psychological trips, we're told to communicate with others about it but it's

really a battle within you. It's always just going to really be you. And until

you find that right program or treatment for you, it's really hard. So, it's

really just something you have to internally deal with. But that's what I had

to deal with. I had to figure it all out on my own.

Black Support Systems as Coping Strategies. Jill indicated that her engagement

in various support systems has been important to her emotional health. For example, a Jill

disclosed that she has developed "issues with men," related to whether she gets support

from them. However, she described engaging in relationships with Black women as being

an important source of support, reporting,

When it came to women, I was much more comfortable because I felt like

we kind of had a connection, even if we didn't vocalize what we went

through in life. A lot of the women I became friends with, we knew that

there were things happening…It was a good support system.

When asked what conclusions or forms of truth her narratives reflect, Jill reported,

> As you continue to grow into the adults we all become, you definitely need
> a tight knitted support system, even if it takes you years to find and if
> you're still going to do ups and downs in your friendships. I feel like
> finding a tight knit community as well is important. Yeah, it's nice to meet
> different people.

Shame and Stigmatization

Jill reported feeling shame for experiencing the emotional challenges she has faced. Her shame is reflected in her efforts to hide her symptoms and treatment from her parents to avoid disappointing them. Jill stated,

> I definitely feel shame. I still have issues today. My mom found my pills
> that they prescribed me. And even though it had my name, I completely
> denied, denied, denied. So, I'm definitely not at the point where I will
> openly tell somebody who -I value everyone of course, but I don't want to
> leave disappointment to my parents. So, I feel like if I were to be open
> about something like that it will leave room for disappointment, as well as I
> know they've never shared their experiences with me… And so, with that
> being said, I one thousand percent feel shame.

Jill's shame about her symptoms also extended to non-family members. She was more explicit about externalized stigma as an explanation for her reluctance to reveal her symptoms.

A lot of people who I consider very close to me don't know about my

depression. Don't know how bad it will get or also anxiety as well. So, I

don't really know how to change how I feel. It's the stigma of media and the

stigma of my household. And I know I should know at this point with my

studies that it's okay to talk about it. But at the same time when it's about

you, personally, and your experiences, it tends to get harder to actually

open up about it. So, I'm working on it every day.

When asked what she thinks about the claim that Black people tend to stigmatize

mental illness at a rate greater than their White counterparts, Jill responded,

I definitely agree. I feel like I've heard my White peers mention mental

health from as young as middle school and I feel like within our

communities that is nowhere near the same amount. I feel like in our

communities, it's definitely not close to the same discussion. Being

depressed could be like you're just sad for today. Being anxious can be like

you're nervous. So, we definitely associate those diseases with something

that's very light. And I can't stand the way we do it, but I definitely agree.

Jill agreed that Black people tend to stigmatize mental illness more than White people and

suggested that Black people need to progress in their awareness of mental health issues.

I'm not sure how long this progression of awareness will take but even with

people I meet with my studies, there's people who don't believe that you

can honestly be anxious or depressed at our ages. It's the truth, honestly.

And it definitely is an issue in the Black community where we don't want

to talk about it.

Summary

Jill reported experiencing and witnessing racism/sexism, often in the form of Black women being put under a spotlight or being made to be invisible. Jill described dealing with a number of emotional challenges throughout her life, including family issues, an abusive relationship, depression, anxiety, and identity development issues. Jill also described coping mechanisms she uses to cope with her emotional challenges, including talking to others with similar experiences, engaging in forms of self-care, advocating for other Black women, and engaging in community support systems. Jill shared her perspectives on mental health treatment, which were largely negative and highlighted that mental health treatment is often inaccessible to Black women. Jill also emphasized the importance of developing community as a Black woman in college, particularly with other Black women. Furthermore, Jill expressed feeling shame for experiencing the symptoms that she experiences, choosing not to disclose to many people that she struggles with depression.

Erica

Background

Erica was a 22-year-old, African American, queer, woman from Philadelphia who used she/they pronouns. Erica was senior student at a public university in Philadelphia majoring in English and minoring in African American literature studies. Erica reported experiencing racism and sexism at her university, both in social situations and in classes. Erica also disclosed that she and many of her Black women friends have been victims of sexual assault on campus. Erica indicated that during her childhood and adolescence, she experienced emotional issues including depression, bullying, and identity issues. Erica emphasized that she was often made to feel different from other Black kids because she was always labeled as a "White" Black girl because of the way she carried herself, leading to problems with her identity. Additionally, Erica described her coping mechanisms, including expressing her feelings, reading Black women writers' work, and writing. Erica also shared her experiences with mental health treatment. Erica emphasized the importance of developing Black women support systems. Furthermore, Erica described experiencing shame and stigmatization for the emotional problems that she faces.

Experiencing Racism/Sexism

Erica described a myriad of experiences with racism/sexism while she has been at college. For example, Erica spoke to her social experiences on campus and the ways in which racism/sexism lies underneath many of her interactions. Erica described,

> Oh my God, my freshman year, my friend convinced me to go to a frat and
>
> that was awful. I was just in a gross wet basement with a lot of White kids
>
> yelling, "Megan, Megan Megan" and I'm like, "This, isn't it." It's almost,

it's violent. It's violent without the intention of hitting you or being physical

with you. But I was standing in a violent environment where I was like "I'm

not appreciated here. I am not liked here. I am not loved here. I can't be

here." And I found that especially being on a PWI, that's everywhere.

Erica also reported experiencing interpersonal racism/sexism in her social

interactions with White students. Erica reported,

I feel like as a Black woman, another experience I had was my friend, she's

a White girl, and she started dating a [White] guy who was very

problematic. And every time I'm like, "Yo, this is problematic." I'm trying

to tell her and because of the fact that she's not Black or she's not trying to

see it from my perspective, it's like, she can ignore that and I can't so she's

invited me to hang out with this guy. And I'm like, "I don't want to hang

out with your boyfriend. I think he is awful. I can't." I don't want to have to

be in a situation every time I have to correct what you say because it like,

affects my safety or because I just know it's misinformation that you're

spreading. So I'm like, I don't think –it's not my job to educate, to be your

boyfriend's educator every time we hang out. I'm not looking to do that.

That's exhausting.

Erica spoke to experiencing racism/sexism while walking through her campus.

Erica shared,

The school being a public institution, they –I don't know if you've ever

seen those protesters who go in and scream, "Gay marriage is bad" and

have the picket signs and just go out there just being awful. And I've had,

you know, I've had conversations with people when I'm just walking to

class and I'm getting called out for being Black. But not in a way that's

like, "Hey, that's [a] Black girl." It was like, "No, that's a nigger." And I'm

like, "Damn, there's hostility in this."

Erica also described experiencing racism/sexism in her college classrooms. She reported,

I'm like, okay, being a Black woman I'm either looked at as this educator

or, you know, I have to inform everybody in every classroom on what it is

like to be a Black woman and why, you know, problematic statements can't

be always said. And then I'm like, "Okay, so I'm an educator" or "I'm not

walking in the space. I'm not welcomed in spaces. I go to parties, and I'm

like, "Okay, y'all don't want me here." I'll go to the bars. I'm like, "Y'all

don't want me here." It's just very apparent.

Erica spoke about her conflicting roles of educator-student when racism/sexism

occurred in her classroom:

I've had faculty who have like, really, really said some problematic things.

And then when I question them and I'm saying, "Hey, you can't really put

that idea out there." I'm being told, "Well, you're the student. So, you have

to listen to me because I'm right." I'm like, "No, what you're saying is

dangerous and you're letting kids know that prejudice and bias is okay, if

it's hidden under a veil of academia." And I'm like, that's not okay. And I'm

like, "Yes, I am your student, but I'm not afraid to say that that is wrong

and what you're doing -you're perpetuating violence. You're perpetuating

bad ideas that people have ingrained in them because of the fact that you

are an educator."

Additionally, Erica described being harassed by her neighbors in her [off-campus] housing because she and her roommates are predominantly people of Color. Erica reported:

So, recently, me and my house –so my house is like predominantly people

of color. There's one White woman and she's lived in this house before.

And we recently had our neighbors call a complaint to the city on us for no

reason. We've never thrown a party. We are not loud. Most of us don't even

really live here. My friend has her boyfriend and she goes home. So it's like

we weren't here. And last summer last year, when there was other people

living in this house -it was everyone was White. Not a single complaint.

Her description indicates that the harassment was not limited to neighbors' unfounded complaints, but became a matter of systemic racism/sexism as the landlord and the city became involved in the harassment.

But the one year people of color move in, now the city is investigating our

house. The city is like calling us saying, "We might come to your home.

We have to double check this." We're getting our landlord saying someone

might have to move out and I'm like, "What have we done? What have we

done but come in and been like, 'I'm going to bed." So, I that for me was

like the big -this year alone has been the biggest thing that I'm noticing,

like, "Wow, you guys just don't want Black kids living next door to you.

That's why you want to call the city because we have not done anything."

But last year when there was a party thrown and there was actively things

going on in this household, it was like, "No." There was not a word.

Additionally, Erica specifically described the differences in experiences of

racism/sexism between Black men and Black women students on campus. She described

the invisibility of Black women:

Women on this campus –if you're a Black man, you might do very well.

You might do outstandingly well. You might have all the friends

everywhere. You might be ready for every party. For Black women, it's

like, "Who are you? Do you go to school here? I did not know you were a

student."

Furthermore, Erica reported that she and many of the Black women on her campus

have experienced sexual violence while at college. When addressing Black women college

students' high rates of sexual assault experiences and correspondingly low levels of

response by the university, Erica described literal and figurative invisibility of Black

women with respect to violence,

[Being] in those circles (fellow Black women college students), I've heard a

lot of experiences, my friends and myself included, have been –a lot of

sexual misconduct and sexual aggression happens on campuses and one of

the biggest groups who I've come to learn has been affected is Black

women and we don't get the same respect. You know, when it talks about,

when we talk about all like "safety first," it's almost like they're only

referring to White women. I've learned on campuses, I've heard it, you

know, it's almost like we can't be attacked because who would deem us

beautiful enough. We can't be attacked. And now I'm like, "That's not a real thing." Black women are attacked on a daily basis and we're not addressing that. And there was a time that there was a Black woman who was attacked on my campus, and no alert went out. But when a White girl had this happen, every email, phone message. But my friend was like, "Yo, this [Black] girl did not get a single alert. She reported it to [the] college, to college campus authority and they did nothing."

Erica linked the college's neglect of Black women's sexual safety on campus to mental health issues and why she depends on herself and her community to deal with them:

So, for me, I think that adds to the whole aspect of mental health and making sure you're okay because if no one else is going to make sure you're okay, you have to do it. It's on you and it's on the people around you and your community to be like, "Yo, Are you good? Do you need to talk to me?"

She elaborated on the contrast between how the college responds to sexual abuse and how her friends or community would react.

So, I think that having been sexually abused before, and then talking about it with others and hearing that what happened to me is not okay, out of their mouths – not faculty or campus because I know they might say, "Fine, okay." But what's being done afterwards? What are the repercussions? For my friends, it's like, "Who are we jumping? Who are we fighting? We will protect you wholeheartedly to the nail. School, it's like, "Hey, you know, what happens happens." So, I feel like talking about that in correlation to

Black women is so important because I want Black women to know that if

this happens, you feel, you need to say something. You need to feel like

someone will listen to you because I feel like too often we're made to feel

like no one's gonna care.

Experiencing Emotional Struggles

Erica described facing a number of emotional challenges from childhood through

college. Many of her emotional issues stemmed from others challenging aspects of her

Black identity. Erica described being bullied because of her physical appearance.

So, growing up, I was bullied [by my peers]. I have a big nose. I have - I

got a Negro nose. I love it, but not everyone else does. And I was straight

ridiculed for it. So, I had really low self-esteem issues growing up.

Erica links her lifetime of coping with others' questioning of various aspects of her Black

identity with the development of symptoms of mental illness including depression and no

sense of self.

And then when I came to college, I was diagnosed with clinical depression.

And I think a lot of that had to do not only with my low self- esteem, but I

had –like I said, going through my whole life being told I was not Black

enough when that's all I could present myself as was so hard. I had really

bad identity issues where I was finding people and I would take parts of

their personality and I would adapt them onto my own. Or, I would

completely adopt their personalities to my own.

Erica traced her lack of identity to her childhood and thought it might be the reason why

she became depressed.

You know, I remember in first and fifth grade, one of my best friends only

wore basketball shorts, so I only wore basketball shorts. And then, after

that, I was like, "Who else am I gonna follow?" It wasn't even like "Who

am I gonna follow." It was like, "Who else am I almost adapting onto

myself?" And so I feel like identity for me has always been such a big thing

that may have been one of the catalysts to being diagnosed with depression.

Erica described how her identity struggles caused her to distrust others and to

engage in self-destructive behaviors during college. She reported:

It was my sophomore year, I was just struggling again with identity. The

whole "not Black enough" issue was coming up. I felt anxious around a

group of people that said they were my friends but really just again, I feel

anxious around people that say they're my friends -"Are you really my

friends?" And I was putting myself in situations where I was just being so

unhealthy and reckless with my mind and my mentality and my body and

just not caring about myself. And I thought it was fine.

She described how she discovered that she was depressed and what it felt like to

her.

And I thought I was actually happy and I didn't realize until after I'd gone

skydiving my sophomore year, and I had landed and I said, "That was that

was fun while I was in the air. And now that I'm on the ground, I have no

recollection of what happened." It's almost like it didn't happen. I was back

to being in that state of "I'm just not happy. I'm not okay right now…"

Erica traces the reason(s) for her being "not happy" and "not okay" to her childhood racial experiences.

> So, I think growing up and being picked on, and I have thick skin, I have an older brother so not everything got through me. But definitely when kids were like, especially Black kids were like, "Yo, you are not Black enough." I'm like, "You are just so rude. Why would you say that to me?" I wanted to say that but I had to brush it off my shoulder, like "Ha, ha. That's funny." Like, "Nah, I'm Black and everything." But it's like, no that really hurt. And then I got to school and being on a predominantly White campus did not help. And even though I had to make these relationships, I'm still like, "Wow, I'm struggling with my identity. I'm struggling with my Blackness. I am struggling to say that I am happy."

Coping Strategies

Erica reported that taking the advice of others to talk to people about how she is feeling initially was difficult because she considers herself to be a strong woman who does not disclose her feelings to others. Erica described her self-protective coping strategy:

> I was advised by a few people, I was always advised to talk to somebody. I am not someone who will openly divulge about my feelings. Those are my feelings. I don't like to do that. I do not. I am not comfortable being vulnerable. And that is something my friends always get mad at me about, you know, they want to know what's going on with me and I hate telling them…You know, that is a little bit of a tag. I am a stoic person. You don't choose to be that way though. You don't have to be.

Erica credited a few different people's advice with helping her to talk about her feelings to others, but it was not a process that came easily for her. She said:

> So, I was advised by a lot of people to start talking to somebody. And when I did, it was painful. It was hard. It was almost like you had to pull something out of me because I don't like talking about my feelings. And that's something that I've had to really develop a strength for and just a capability to do.

Another coping mechanism that Erica reported using to help her manage her emotional health issues was writing about herself and reading about Black women.

> And the way I want to cope with it by myself is I love writing. I've loved writing since I was a little kid. I'm an English major because I knew I can't do anything else but write and read. That was the only thing that was in the world for me and I knew that. So, I was writing how I genuinely feel and leaving it. And just leave. "Write it and burn it." Like no, "I want to know how I was feeling a day later. I want to be able to look back and say, 'Wow, okay, I was in this place and I'm not here now. While I'm still in this place, how do I keep moving?" So, for me, it's been about writing and reading about other [Black] women who have experienced what I have.

Reading about other Black women helped Erica realize that her experiences were not deviant. She focused on the experience of becoming invisible:

> And as much as I like to say that experience is not universal, I know too many women who have said, "I have felt out of place in my own body because of external factors." I am a competent Black woman, but going to a

predominately White campus, then I'm like, 'Wow, okay, I'm shrinking. I'm made to feel small. So naturally, I'm going to start feeling a little bit smaller about myself or not having as much confidence in myself."

Reading Black women authors gave Erica permission to have feelings. She noted:

So, reading women –bell hooks has always been someone for me that really just says, "Hold me. Feel what I'm feeling and those feelings are valid." She was the first one to kind of say, "I'm allowed to be upset. I'm allowed to feel vulnerable and I'm allowed to feel these ways and that's fine." That's beautiful. That's what makes me so multifaceted and so well versed and just myself. Because I have to be able to feel these things. And so reading and writing has allowed me to do that.

Erica was able to describe a transition in how she formerly coped with her emotions and how she was coping with them at the time of the interview.

Because talking is just sometimes harder for me. I'm getting better at it. But I think before, it was almost like if I said it out loud, it might sound stupid or it might not be validated or it might be like, "Well, that's not a real problem." So, writing it and finding that my words and my feelings are valid and that they are, you know –- it's okay to feel the way that I do. That has been my biggest coping mechanism and just allowing myself to feel the way that I do. And then exploring those feelings further if it's something worth being explored.

Experiences with Mental Health Treatment. Erica reported that she has had some positive and some negative experiences with mental health treatment. One of Erica's

more positive experiences was when she went to see a White woman therapist at her university's counseling center. Erica reported,

> Therapy on campus was actually really –I had a White woman when I first
> started and at first I was like, "I would love to talk to a Black woman. I
> want that shared experience." But for some reason talking to her, she was
> so monotone and almost boring and for me, that was so easy. I was like
> talking to a blank –It was like talking to a wall. And I feel like that, for me,
> was so helpful because she wasn't saying much. She was taking a note
> every now and then but she would just [speak in] so quiet monotone. I was
> like, "I can talk to you easily."

When Erica's therapist referred her to see a psychiatrist, she had a more negative experience. She described her experience of invisibility with the psychiatrist. When describing this experience, Erica reported,

> But then when she [the referring therapist] was like, "Okay" –after I told
> about my skydiving and she was like, "Let me send you to the psychiatric
> people." You know, this dude didn't look at me. He was just checking
> boxes. Like, "She doesn't qualify for schizophrenia, she is not bipolar. Not
> this, not that." I wasn't a person to him. I was just a box that was about to
> be filled. So for me, it wasn't the most positive experience. And I was like,
> sitting in there when this guy is asking me about very intimate details of
> my life. Like "What are you going through up here? What has happened to
> you?" And I had a sexual assault and I told him I was I was sexually
> assaulted on campus. I'm telling him and dude didn't look at me once. Just

checked another box. I said, "Wow." For me, that was probably one of the biggest turnoffs to wanting to take meds. "If you're gonna give me something to take, look at me. Let me know this is for you. I care about you and I want you to feel better." And for him, that's all I got. "I'm writing a prescription. I've written eight of these this week. Let me know if you need to refill." It didn't feel like I needed to be taking it. It just felt like something that would get me out of his office faster. So, when it comes to how I've been addressed, I've had positive and negative experiences.

Erica reported that recently, she has started seeing a Black woman therapist who has been very helpful and supportive. Erica described how the therapist made her feel visible and introduced her to spirituality as a coping strategy.

Recently, I've started seeing a Black woman who has very much made me feel seen and has started doing different practices. And I'm someone who, I grew up in a religious household. I went to Catholic school so I have a religious background but I've never been someone who's like, "I'm a religious person." But my therapist has opened me up to the ideas of spirituality rather than religion and kind of finding peace in myself and just my environment and things around me. Not even just nature but the idea that everything is –"everything is everything," if I'm going to call Lauryn [Hill].

Erica reported how working with her Black woman therapist introduced her to helpful practices, including recognizing the limits of her control.

She's kind of just made me –it really got me out of my head. Like, "You can't control everything." And sometimes you have to be comfortable

knowing that control is an illusion and that we are just, we have to do what

we can for ourselves in that moment that make us feel good. And that we

can't control everything. And for me, talking to her has been so much more

helpful than even talking to the woman on my campus who was very

monotone, who I enjoyed, but because of the fact that when I would tell her

something, it was almost like, "I've heard it. I've heard that before." This

therapist is more like, "I see that in you. Let's talk about it. Let's talk about

you." And that was really wonderful. I'm saying, "I wasn't feeling good

today." I could hear the care in her voice saying, "Why? What's going on?

Tell me everything."

Black Support Systems as Coping Strategies. Erica indicated the importance of

developing a support system of other Black women to navigate the college experience.

She described creating a Black women's book club with a friend because they wanted to

be heard and supported by other Black women on campus.

I have to really make my own, like me and my friend created a book club

that is literally called "Black Women's Book Club" because we want to be

supported and heard and listened to by other women and other Black

women or other Black people that care about us –like genuinely care about.

It's not like, "Oh, you know, how's it going? How's your class?" and then

moving on. It's like, no, I genuinely care about your well-being and I want

to know how you're doing. I want to know what you're interested in. And

for me, being a Black woman on campus, I did not get to experience that

outside of the relationships and the circles I had to cultivate with other

Black people on my own.

Erica also considered the importance of relationships with other Black women in light of the very little support that Black students received from the university. Erica asserted:

I've had to cultivate spaces where I am seen and I am heard and I am loved

with other Black women because they have the same experience. You

could probably ask any Black woman on campus and they will tell you,

"I've had to go out of my way to make these spaces because the college

isn't doing it." The BSU [Black Student Union] is very small. And then the

men in that, I've had problems with like, strong problems with, so it's like,

the campus isn't supporting you. The school isn't supporting you. We've

had to support ourselves and that's what I feel my experience being up here

as a Black woman is really just like you have to do it for yourself… I feel

like it's almost –it's not an option on campuses like this. One of my best

friends checks in with me regularly and is just like "How are you doing

mentally?" Because I know she'll go to a class and be like, "Look, this

professor was problematic." And she knows that was for her, but she knows

what the rest of us are going through. Send out a mass-text like, "Hey, I

have [a] problematic teacher. I know y'all have had the same. How's

everyone doing it?" It's a necessity.

Erica described some ways in which her Black women friends have been supportive in her managing of her mental health symptoms. She focused on how her friends insisted that she not her hide her feelings from them when she was distressed.

> My friends have been, to start with positives, my friends have been the
> kind of the light through it all. I told my friends when I was diagnosed,
> and they were like, "Just tell me." My friends know me as someone who is
> a little bit more stoic, but I'm also so very, you know, I'm a jokester. I love
> to joke with people and I love to make you laugh. And my friend who's
> always kind of on me, she's like, "Look, I know you're joking to deflect so
> don't try it anymore with me because I can see through that. Please tell me
> how you're feeling so that I can help you or do what I can so that you're
> not alone in this."

Again Erica revealed that she is most comfortable sharing her feelings when she believes that other Black women have had similar experiences. Their nurturing her helps her feel visible. She continued:

> So, my friends have always been, especially because a lot of my friends
> have also been dealing with their own mental health problems, it is a circle
> of –it is a community of help. And like, "Look, I'm not feeling good today,
> please bring me soup. Please bring me ginger ale, my mind hurts. My
> stomach hurts, I am not doing well." Again, that has come from Black
> women supporting me and saying, "I see you and your experience is
> valid."

Shame and Stigmatization

Erica reported that she has felt shame for experiencing the symptoms that she experiences and that she has witnessed the stigma towards mental illness in the Black community. However, her shame seems to have be initiated by internal voices that invalidated her feelings. When speaking to her experience of shame, Erica confessed,

I used to feel shame all the time whenever I was alone. Whenever I got real low, I'd be like, "This is not real. This is not a real thing. You're just upset today." I don't know why I couldn't –it was almost like a voice in my head saying, again, invalidating you while I'm trying to validate myself. If I'm sad today and I didn't know why, there would be a voice that's like, "You're not really sad. Get over it. It'll be fine." And I'm like, "Okay…"

She reported that she is much better at nurturing others' feelings than she is her own. Accordingly,

When it's someone else, I'm like "Do you talk to someone? Do you need my help? What can I do for you to get through this one?" [When it comes to my own need for support] it's like, "Nah, that's not a real thing." So, it's like that is not real. So, I've definitely felt that kind of shame.

Although Erica attributed her shame to the Black community, she did not describe the community as engaging in active shaming practices. Instead, she inferred shame from the absence of conversations about mental health symptoms in the Black community.

And I definitely feel like growing up, we hear about mental health, we don't really hear about it in the Black community. So, part of me is always like, "You don't have mental health issues because no one else that is Black has

mental health issues." I know that's a lie. Because after everything, I'm

someone who's a firm believer in trans-generational pain. There's no way

that other people don't have those issues. But it's just because of the fact

that it's so taboo in the Black community that I'm like, "Maybe I don't feel

this way."

Erica reported experiencing active stigmatization from her mother because of the

emotional health problems that Erica experienced. However, in the event she describes her

mother seemed to be trying to be supportive of her seeking therapy. Erica shared,

My mom, I remember one time, she almost called me crazy. I told her I was

going to therapy and she was, you know, she tries to be sensitive sometimes.

But I can tell that it's new to her because she's like, "Next time you want to

have a breakdown, talk to your therapist about it before" and I'm like,

"You're getting an attitude with someone who genuinely is not okay

sometimes." And it's hard for me to tell my mom and feel comfortable

talking to her about therapy when I know that she has those reservations.

Erica described a duality in her mother's reactions to her mental illness—love for her

child versus incapacity to help her.

She's looking at me almost from –I'm still her daughter. I'm still her kid that

she loves. But she's looking at me through the lens of "This is my kid who

almost needs help. My kid is broken. I don't know what to do with them to

fix them." So she's looking at me from a distance and she's trying to help me

from a distance because she wants to keep that "I don't understand you right

now." And it's almost like, "Fix it and then we can get back to where we are

or continue to be broken and I'm still gonna look at you this way."

Even though Erica perceived her mother as distant and unwilling to help her, she

acknowledged that her mother encouraged her to seek therapy.

So, for my mom, even though she's the one who's like, "Go to therapy and

talk. You need to talk to them. Do what you need to do" is still

there…There's a duality there that is so weird and so contradictory that you

want to help me but you don't."

Erica shared an interaction with a Black male friend as evidence that his denial of

his feelings was reflective of the Black community's stigmatization of symptoms of

mental illness and denial of oppression. She reported,

I just feel like when Black people talk about it [mental health] like it

doesn't apply to us. And that, for me, is like mind boggling. I'm like, "How

do y'all not feel like every single –My friend who is a Black man and he

will talk about it like it is so third world. And I'm like, "Bro, Black men

constantly being looked at by the police, constantly being judged in every

room you walk [into] and you don't feel any type of mental stuff?" And he's

like, "Nah, that's not for me. I'm not crazy." I don't get that. You go through

so much and how do you not think that affects your mental health?

The community's unwillingness to discuss symptoms causes Erica to recognize another

duality—White people are permitted to have symptoms, but Black people do not permit

themselves to have symptoms. She shared this perspective:

So, I definitely feel like the stigma is nothing, yet the stigma is very real.

And people do not want to address that fact that, yes, you may have mental

health problems or you may be going through something because it's taboo.

We don't want to talk about it like it affects us. But when it's White kids,

it's like, that's something they get. That's for them. And it's like, this is not a

party that you didn't get an invite to. Everyone may suffer through this.

Everyone may have some problems. It is not a he or she or Black and

White, it is very much a "we" can have these problems…

Erica described ostracism as the consequences of revealing mental health symptoms in her

community:

So for me, I feel like the stigma is there and it's not addressed. And if you

are in the Black community, and you say, "Oh, I have mental health

problems," you are looked at as crazy or you are looked at as –you become

the pariah. "I don't really, you know, mess with them anymore because they

got all this mental stuff and they're crazy." And like, "No, I am just not

feeling like up to today."

Summary

Erica shared that both before and during college, she had experienced

racism/sexism in a number of manifestations, including in social settings and classes.

Invisibility and over-coming invisibility were general themes in her narrative. Her early

racism experiences, focused on invalidating her as a Black person, were so severe that she

gradually lost a sense of herself as a person with legitimate feelings. On campus, she was

treated worse than White women and Black men. She spoke to her experience of sexual

assault and the racism/sexism inherent in the invisibility of sexual violence towards Black

women, whereas White women were attended to with great care. Black men were

welcomed on campus, whereas she and other Black women were invisible. Erica

acknowledged "clinical depression" and "panic attacks" as reactions to her experiences of

racism. She sought to reclaim and validate her feelings through coping mechanisms,

which included reading Black women writers' work, writing, therapy, and developing

Black women support systems. She fought against feelings of shame and stigmatization

for experiencing her emotional challenges by acknowledging them even when others did

not.

Whitney

Background

Whitney was a 20-year-old, African American, heterosexual, woman and sophomore student at a private university in Philadelphia, majoring in English. Whitney is from Philadelphia, PA. Whitney indicated that she has witnessed and experienced racism/sexism throughout her life in a number of manifestations but that she often speaks up and challenges racism/sexism when she sees it. Whitney also described facing a number of emotional struggles, including struggling to understand her identity and to fit in as a Black girl in her schools, facing the absence of her father, and coping with anxiety and depression. However, Whitney also described coping mechanisms that she uses to manage her emotional issues, including speaking to others about her feelings, writing, reading Black writers, and making art. Whitney reported having mixed experiences with mental health treatment. Additionally, Whitney spoke to the benefits of having community, whether from her mom, programs or centers for students with diverse identities, or organizations she has created. Whitney emphasized that engagement in diversity work has been incredibly supportive to her. Whitney also admitted to experiencing shame and stigmatization for the emotional issues that she has faced.

Experiencing Racism/Sexism

When asked if she has experienced racism/sexism, Whitney confirmed that she has experienced racism/sexism and described it being present in many of the environments she has inhabited throughout her life.

Grade School. Whitney recalled that the first time she can remember discussing race in her classroom was in 5th grade when her class started studying slavery and her teacher distorted African American history. Whitney reported,

> They didn't really encourage us to talk about it until I think it's actually one of the first experiences that I remember talking about like slavery and racism was in 5th grade and our teacher said like the main reason why people are enslaved was just because other Black people other were enslaving Black people and we were just like, "No they were stolen from their homeland. That was definitely not the main reason." My mom told me this is what you need to tell your teacher and writing your paper and stop and talk to her about this. So, I did. So, that was really interesting for me to have that be one of the first conversations that I specifically had about race in the school setting. My mom always taught me to be proud of myself and proud of my hair and where I came from.

High School. Whitney also described high school as an environment in which she experienced racism/sexism. Whitney explained that during high school, teachers often overlooked her because she was a Black girl, reporting,

> I wasn't put as a priority over other students that I could be just as good as and because they're a man or because she's White, she's automatically better than me and she's just more nurtured by the teacher, I guess sort of in a way. Like I said, in high school, I never got encouragement for my writing. It was like me having to encourage myself and I didn't get encouragement until I really came to college and I had teachers who saw

something in me and said that my writing was good. So, I feel like just

having that experience in high school is really just negative.

College. Whitney indicated that when she came to college, she continued to experience racism/sexism. Whitney reported that co-op interviews, her jobs, social interactions, and parties have all been environments at college where she has experienced racism sexism. Whitney reflected that when she was interviewing for co-op positions, many potential employers assumed that she is a White woman because she has a name that is often affiliated with White women, stating,

I think I have definitely faced like some racism and sexism. When I started

doing like my co-op interviews this year, I feel like my name, you're just

like, "Oh, she's probably White." And then when I talk to people and I

speak to them and I speaking like this kind of way, I speak in a way that

they're not expecting me to speak, specifically White people, White

interviewers that are probably upper-middle-class. They're just very

shocked from my name and the way I speak and the way I present myself

and I've just felt like it was pretty offensive and rude.

Whitney described her first job working at Kohls department store and encountering White people who asked her questions about her hair, including if they could touch her hair.

Also, my first job that I had in college. I started working at Kohl's and I've

experienced racism also there with my hair styles. I change my hair a lot

into a lot of different hairstyles sometimes it is natural and sometimes I do

dreads and stuff like that or braids. I have like a lot of people just like ask

me like things like offensive questions about my hair like they say can I

touch it and they just touch my hair and I say that's not okay. It's just like

kind of like puts me off. So I've had that happen a lot in college and at jobs

that I've had recently.

Whitney also spoke about the racism/sexism she has experienced in social settings,

such as campus parties. Whitney reported,

I've also had -if I like hang-out or go with my friends to a party, it's just

been like really weird. It's kind of just like a weird setting for me. I feel like

if I have like a more natural hairstyle like curls or dreads or something,

they're all just feel like they attract guys and they'll be like, "Hey, you look

so exotic" and that's uncomfortable and offensive.

Additionally, Whitney described experiencing racism/sexism from professors

during college. Whitney shared,

I definitely feel like I've had professors felt like I couldn't do certain work

because I was a woman, so that's definitely made things difficult,

specifically, them saying there are things that I can't do because I am girl. I

had a paper that I wanted to do for a specific class that I just took. I was

like "I'm going to do this artist" and he was like, "There's not enough

information on that" and he's just like, "I'm not sure, you're just not really

an art history major, you're just an English major and I am not really sure

this would be a good topic for you." Then another kid who was doing kind

of like a similar topic, and just because he was a man, our teacher was like

"That's such a great topic" and I was just like that's really unfair of you.

Whitney went on to describe further racism/sexism that she experienced in the classroom. Whitney shared,

I feel like in some of my classes some of the teachers were just kind of tone deaf about like what was actually racist or cultural appropriation and stuff like that and I felt like I had to be the person that was like, "That's actually not right" and "You can't say stuff like that and it's just not appropriate and it's actually offensive." One of my experiences at college was I had a White teacher who kept saying the "n-word" in class and we were just like "It's not appropriate for you to say that" and we tried to explain to her why it wasn't and she was just like, "Well, I felt like I could because it's in the book and it's just in historical context." That still doesn't make it really appropriate. You can't say it.

When Whitney encountered racism/sexism from a White male student, she demonstrated a value that seems to be central to Whitney –spreading awareness about cultural diversity is important. Whitney shared,

I had another experience with this kid who told me that he thought the Black Lives Matter movement was a hate group and I was just like, "Oh, gosh." I told him this is about Black people trying to bring about equality because we're being killed in the streets and nobody cares, and this is a very important topic. I tried to come from the perspective of why it was important to me and my community and why it matters to me and he like

started to understand it more and he was like, "Okay, now I see where

you're coming from."

Experiencing Emotional Struggles

Whitney described facing a number of emotional struggles, including finding her

identity and fitting in, dealing with the absence of her father, and experiencing anxiety and

depression.

Identity Development. When asked what her major life challenges have been,

Whitney replied,

My major life challenges have been like, probably one of them is just me

trying to like keep and celebrate my identity. I feel like my schools didn't

necessarily also always want me to celebrate my identity. I feel like

especially in elementary school, because I was like one of the only Black

kids in my grade, I feel like that was very hard, trying to figure out who I

was and who I wanted to be and how I felt like I should act to present

myself just because of how other people were in my school. And I didn't

have someone to connect with that had the same identity and values as I

did.

Whitney expounded on her experience of feeling like she did not fit in within the

environments she occupied. Whitney reported,

I moved around a lot as a kid. I was in a lot of different ZIP codes in a lot

of different places. In the beginning of my childhood I went to the YMCA

and then I started going to private schools for the rest of my life so that was

really different for me because I had to try to figure out my own identity

because most of the time I was the only like Black kid in my grade and the

only Black kid in my old school.

Whitney reflected that her difficulty fitting in during elementary school contributed to her

development of confidence issues and sadness during middle school.

In elementary school, because I was so different from a lot of the other

people, I had a lot of trouble fitting in. It wasn't until like middle school

that I was like able to find a place to fit in but I feel like I'd already had so

much trouble that I was feeling very like down and very sad by the time I

got into middle school and I just lost a lot of confidence in myself and who

I was and I just didn't really feel good about myself anymore and good

about who I was and I just wanted to be somebody else and not be me

anymore. So that was really difficult.

Challenges. An additional emotional struggle Whitney reported facing was the

absence of her father in her life. Whitney shared,

I feel like another thing is probably that I've had with mental health is like

probably my dad not being in my life and seeing other kids who have their

dads in their life. That was like really hard just not having that figure in my

life. Just wondering why my dad couldn't be the person that I wanted him

to be.

Furthermore, Whitney indicated that she has struggled with anxiety. Whitney

shared,

Since high school, I have had of trouble with anxiety and I've had more of

it in college because the workload is very stressful. So, I feel like I've had a

lot of problems with anxiety and like having trouble like falling asleep at

night just feeling like I have so much to do in so little time and different

panic attacks that I've had during high school and a little bit in college, but

it's not as bad. I noticed that I'm anxious but I haven't had panic attacks like

I had when I younger.

Coping Strategies

Whitney described the coping mechanisms she uses to support herself

emotionally. Whitney reported that initially, she did not speak to others about her mental

health issues but starting to work at the Student Center for Diversity and Inclusion

(SCDI) caused Whitney to open herself up to sharing about her experiences. Ultimately,

speaking to others and building community became a major coping mechanism for

Whitney. When asked how she has been socialized to cope and how she ultimately copes

with her challenges, Whitney replied,

> I feel the Student Center for Diversity and Inclusion helped me to be more
>
> open with my friends specifically about my mental health. Before, I would
>
> not really talk to other people about my mental health stuff except for a
>
> counselor or therapist or my mom. But now I've been able to talk to my
>
> friends a little bit more about my mental health. So that's been like really
>
> helpful if I'm just like not having a good day or I just need to talk to
>
> somebody about it, then I know that I can talk to my friends or talk to
>
> someone like at the Student Center for Diversity and Inclusion that I do
>
> work study with. They're all like a really nice and open to talking to you
>
> about that kind of stuff. So it's like a really good community for me.

Whitney went on to further emphasize the importance of opening up to community as a major coping mechanism she has learned to employ. She stated,

> I feel like my experiences have taught me that it's okay to have these kinds
> of symptoms and that it's actually good to be open about it. Cuz I feel like
> it's brought me closer with a lot of people in college that have had similar
> experiences and I'm able to be friends with more people because I'm so
> open about my experiences now. I feel like it's not and negative thing. I feel
> like it shows everybody has bad mental health days or has this really rough
> spot in their lives, but that you can definitely get past it. And I feel like in
> high school, I thought I was never going to get past it and that it was
> always going to be like this and now, I realize like it's not always going to
> be like this, especially if I have a community that can help me get through
> it.

Whitney identified that writing is also an important coping mechanisms for her, saying,

> Other coping mechanisms I've learned is writing, which is really helpful for
> me to have an artistic outlet and is something that I'm really grateful for.
> I've been writing poetry and stories since I was little so that's just really
> helpful for me to kind of like get everything out on the page and try to see
> my emotions there and work through it on the page. I feel like that helps
> me put my emotions into something that's a not as overwhelming because
> now they're words on a page that I can work with because I'm like
> analyzing it and analyzing my thoughts on the page. So that helps me a

little bit more to come back and think about it, like "Why was I so upset

that day?" and figure out my triggers and what makes me upset and what

doesn't.

Whitney also shared that creating visual art has been a helpful coping skill for her.

I've also had a lot of people tell me that I should also do it through art. I

didn't know that art therapy was a thing until ninth grade. In 9th grade, I

was hospitalized because I was sick. So, they gave me some art therapy to

do while I was there, and I learned how to tell different emotions that I was

feeling through pictures. So that's also been really helpful for me,

specifically chalk pastels. I think they're really fun.

Experiences with Mental Health Treatment. Whitney reported having some

positive and some negative experiences with mental health treatment. Whitney described

her experience with her high school counselor as positive, saying,

I feel like probably like the best story that I have is a really good counselor

was my high school counselor. I feel like he helped me understand that my

feelings were valid no matter what anyone else said. I feel like that was the

thing that I was missing in past times where I talk to mental health

professionals. He was like "Your feelings are valid and they are important

and you shouldn't feel like 'Oh, I'm crazy and this isn't really happening"

because it is and if it's affecting your well-being then it definitely is

something that's happening."

Whitney compared her positive relationship with her high school counselor to her more

negative relationship with her first therapist, whom she felt did not listen well.

I feel like a lot of other people that I had gone to, like one of my first

therapists, I feel like she wasn't that good at like, I don't know, listening

exactly. I didn't feel like she was a good listener and I felt like some of the

coping mechanisms she would give me were not ones that I felt to be

extremely helpful and I was like trying to tell her that but she wouldn't

understand or get it.

Whitney made note that many mental health clinicians, particularly those who are

White men, may not have an understanding of who she is and what she has been through.

Whitney stated,

I feel like certain counselors, like if I talk to them about certain

experiences, they won't get it, specifically a White man. I feel like

sometimes they just won't get if I'm talking about how I just felt sometimes

going private school, how I wasn't necessarily put as a priority, just being a

Black woman.

Black Support Systems as Coping Strategies. Throughout her narrative,

Whitney emphasized the importance of having community, particularly diverse

community that includes other Black people. Whitney spoke to the benefits of engaging

in diverse community when she was in high school, saying,

When I got into high school, I went to a high school that was actually

pretty racially diverse and also very diverse in terms of like a lot of my

friends came from a lot of different backgrounds and a lot of them were

LGBTQ. It was very encouraged at my school to be open about who we

were and like where you came from and we did diversity workshops at my

school and I helped out with a lot of those and I did a lot of clubs having to

deal with mental health as well. So I had like a group where people could

come during the week and have lunch and sit with us and we could just talk

about like what we are going through and just affirm that person's feelings

or give them advice if they needed it. So that was also really nice. So I feel

like that was a really nurturing environment for me to celebrate my identity

and look so proud of myself.

Whitney explained that the impetus for the creation of her mental health club was

the lack of consideration for cultural diversity in the mental health discussions at her

school. She said,

I feel like just having like these kinds of environments where sometimes

the mental health focus was more on at the White communities and not

African American communities because they don't get how hard it is in our

communities. It was harder to speak up and just tell your parents this is

what I've been going through. So, I feel like even at my school sometimes

it was hard to have those kinds of conversations. So, that's why I started my

mental health group with my other friend my senior year. We could have

those kinds of conversations and be like, "Yeah, this is how it actually is

and this is how hard it is and we're here for you. We support you even if

you feel like your parents don't or this is how we can try to help you figure

out how to talk to your parents cuz we've been through it before." So, I feel

like it was more open to being like a little bit more diverse with the

conversation rather than the other mental health panels that I have been to

in my high school.

Whitney indicated that when she came to college, she found sources of

community, such as the SCDI, to support her through her challenges. Whitney shared,

Some people were really like "This is what I've gone through and this is

something that I had experienced before" or they were open to giving me

suggestions of people that I could talk to you if I was like feeling down or

like coping mechanisms that I could do. So that happened like a lot in the

Student Center for Diversity and Inclusion. When I talk to people about

different stuff, they gave me different coping mechanisms that I could do if

mine weren't working or they were like, "Oh, you should go see the

therapist that I've seen before and they're really nice and this is the cost."

Whitney indicated that specific Black women in her life have provided her with a

Black support system that has been helpful in coping with her mental health challenges.

Whitney shared that her mother has been a particularly strong source of support, saying,

I feel like my mom is like really supportive so she's like there for me and

she's like supportive when I'm going through a hard time. So she'll like

listen to what I have to say or like say maybe just as a coping mechanism

you could use so my mom is always been there for me and been helpful.

Whitney also indicated that her friends, particularly her roommate, have also been a

source of support.

My friends, specifically my roommate, that I've had since freshman year,

she has always really been there for me if I'm going through a hard time

and she'll help me or take care of me. So, she's a good person to rely on when I've gone through bad experiences. I feel like the way that she supports me is talking or trying to get me to go out, get up, and go out someplace, because sometimes I'm just like "I just want to lay in bed." She's like "No, we're going to take a shower and let's go someplace" and that always makes me feel better. She'll take me to the movies or Panera or whatever, get tacos and I'll feel a lot better that she made me get up and go do something.

After being asked what important conclusions stand out to her after telling her stories, Whitney emphasized the importance of finding strength in herself and her communities. Whitney shared,

I think one of the most important messages of my story is probably to find strength within yourself and strength in community. I feel like, and maybe like to go against the grain, sometimes I feel like that's fixing that I tried to do. And I think also if people aren't giving you opportunities to see voices from your community, to go out there and look for them. And that's what I did was looking for different Black writers. And I feel like that's helped me so much to feel like I have that community when I didn't have it in-person at school. I had that community in both some different writing that I was doing and someone that I could relate to. I felt like that was helpful.

Shame and Stigmatization

Whitney endorsed feeling shame and stigmatization for experiencing the emotional struggles that she experiences. Whitney pointed towards her upbringing when explaining the origins of this shame, saying,

So, I feel like when I was like growing up, I feel like it's just a thing you don't really like to talk about in my family. We don't really talk about that kind of stuff like with mental health. So I had to really push the kind of talk about that because in my high school because it was like so open.

Whitney described her cousin's experience with mental health problems and her family's reluctance to acknowledge these problems until they became severe.

My cousin was going through a lot senior year and she felt like she couldn't talk to me about it or like her mom and her mom didn't understand that. She was having really severe anxiety until she showed her because she was like pulling her hair out. So, that's when her mom realized this is a serious issue. So just something that we didn't really talk about in my family, but I feel like I'm lucky to have grown up in like the places that I've grown up like gone to the schools I've gone too because they've been really open about mental health and like talking to other people about mental health.

Whitney went on to further describe the negative attitude towards mental health that she was socialized with during her upbringing. When told that some research has shown that Black communities demonstrated a stigma towards mental illness at a greater rate than their White counterparts and asked what she would say about this, Whitney replied,

> That's definitely true. I feel like even when I talk to my roommate sometimes like it's hard for her to like open up to me about certain things. And when we talked about how our parents grew up or our grandparents grew up, you can tell that some people in our community and in our family specifically have gone through a lot and have mental health issues that they don't want to talk about and that it's like it's just not something that you bring up or talk about, especially with men.

Whitney described endorsing elements of the Strong Black Woman (SBW) stereotype due to her mother socializing her to "just get past it." However, Whitney also shared that she came to learn that she needs to validate her emotions before moving past them. She said,

> I feel like you have to be strong because of everything that's coming at us all at once like racism and oppression that you're not supposed to break down and like let people see you break down and I've had that like a lot. I feel like I've also had that like when I'd talk to my mom when I was first talking to her about my mental health stuff before she like really understood she was like, "You know, she was like you just have to get past it. You can't be sad and sit there. You just have to get past it and keep going on." But for me, that's like how my feelings built up. So I need to have that minute to be like your feelings are valid. It's okay to be sad and then like figure out a solution. So, I feel like there's very much that mentality of like "You just have to keep going on."

Whitney referenced her roommate's parents arguing that her roommate is too privileged to
be experiencing mental health symptoms.

> Or sometimes I know that my roommate has gotten from her parents is
> they're like, "Oh look, you're too privileged for you to even be this upset
> about this" and they're like "Your grandparents with slavery" and stuff like
> that. And you're like, "I understand that but like, you know, we're still
> allowed to have bad mental health days and feel this type of way." So I feel
> like there's definitely a stigma around that yeah.

Whitney also spoke to shame and stigmatization that she experienced as a result of
interpersonal interactions concerning her emotional health symptoms. Whitney shared,

> I have had people that made me feel bad, like some friends that I've had. I
> feel like they've said "I don't really want to talk about that." I've had
> friends that are not like good with talking about emotional kind of things.
> So, they're just like kind of awkward about it. They're like, "I don't really
> want to talk about it."

Whitney described an instance in which she tried to talk to a friend about her great-uncle's
recent death and did not receive what she perceived to be adequate validation or support
from that friend. She said,

> Yeah, like I have like some friends -my uncle died a few, my great-uncle
> died a few years ago and I was just like going through a really hard time
> and I told one of my friends about it and they were like "Yikes, that really
> sucks" and I kind of gave me a pat on the back and walked away and it was
> like really awkward because I was like crying and I was like this like made

me feel like really bad for crying because it just reacting in such a negative

way and kind of walked away when I was trying to tell them about what I

was going through.

Whitney also described some people invalidating her feelings by claiming that they have experienced worse hardships in life.

Some others that have responded negatively about my feelings have said,

"Oh, well I've experienced this and it's like worse" and I'm like, "Okay, not

all experiences are equal, we both have valid experiences." So yeah, I have

people that reacted like very negative ways to what I'm going through and

said it is just not equal to mine. So therefore, your feelings are like not

valid because you haven't gone through as much as I have?

Despite Whitney encountering some people who made her feel bad for experiencing the mental health problems that she experiences, Whitney asserted that during high school and college, she has been able to engage in environments in which mental health is a topic people feel less shame around. Whitney shared,

I feel like before I felt really shameful about them just because like we

didn't talk about it a lot of my family and because like I didn't know that

other people felt that way too and then elementary school, just being

ashamed for like for my identity. It was hard. But once I got to high school

and then like being at [my university] and the Student Center for Diversity

and Inclusion and seeing other people go through the symptoms now, I

know that it's okay.

Whitney emphasized that she feels less ashamed to talk about her mental health issues because her generation is more open to talking about these issues. Whitney came to realize that everyone struggles with some sort of emotional issues at one point or another.

> So, I feel like less ashamed to talk about them because I feel like with my
> generation people are so open about their mental health now that I feel
> okay talking about it. Now, I feel a lot better talking about it before I think
> I felt like it was something shameful and something that you didn't talk
> about and something that not a lot of people experience, but now I realize
> that everybody has experienced like some form of that in their lives.

Summary

Whitney reported facing various forms of racism and sexism and her tendency to speak out in these instances. Whitney also described emotional struggles she has faced throughout her life, such as developing her identity, dealing with her father's absence, and managing anxiety and depression. Although Whitney was initially hesitant to talk to others about her feelings, she found that talking out her feelings with others is a good coping mechanism for her to manage her emotional health symptoms. Whitney shared that she also copes with her emotional health problems through writing, reading Black writers, making art, and engaging in community. Although Whitney found mental health treatment to be largely unhelpful, she described having a positive and helpful relationship with her high school counselor. Whitney endorsed initially experiencing shame and stigma for experiencing her emotional health symptoms but explained that as she meets more people who also struggle with mental health issues, she feels less alone and less ashamed.

Giselle

Background

Giselle was a 22-year-old, African American, heterosexual woman and senior

student at a public university in Philadelphia, majoring in media studies and production.

She is originally from Bloomfield, New Jersey. Bloomfield is a relatively wealthy

township, as the cost of living there is an average 20% higher than the U.S. average (U.S.

Census Bureau). Bloomfield is also a predominantly White township in that the racial

makeup was 59.61% (28,205) White, 18.51% (8,757) Black or African American, 0.41%

(193) Native American, 8.22% (3,891) Asian, 0.04% (21) Pacific Islander, 9.35% (4,423)

from other races, and 3.86% (1,825) from two or more races (U.S. Census Bureau).

Giselle indicated that she has experienced some racism/sexism during college, mostly in

the form of institutional racism. Giselle described being very family oriented and growing

up in a family that stressed the importance of family. Unfortunately, Giselle's

prioritization of her family and her need to make them proud led her to experience some

emotional struggles, such as worrying about not becoming successful and disappointing

her parents. Giselle also reported struggling with identity development concerns and her

body image. Giselle indicated that she has largely developed coping tools to manage her

emotional issues independently and that her coping tools include talking to her family and

her friends, engaging in mindfulness and mental health oriented practices, writing,

listening to podcasts, and reading for pleasure. Giselle shared that she sometimes feels

ashamed for experiencing mental health symptoms and that she believes that mental health

is not adequately addressed in the Black community.

Experiencing Racism/Sexism

Giselle communicated that most of the racism/sexism that she has experienced during college has been institutional racism that occurred when she tried to charter a new organization on her campus. Giselle stated,

I can see, as far as resources, as far as my involvement on campus, I can

tell that it's just, it's not an HBCU at all… But as far as resources, I'm a

student leader at [my university]. I chartered an organization there and I

can just tell from being a student or leader and the president and founder of

a organization on campus, I don't receive the same quality assistance that a

lot of other students, who a lot of the White students who charter or bring

an organization or club to campus. They receive a lot more just funding,

attention, or urgency than I did.

Giselle reflected on the birth of her natural hair organization on campus. She explained that when a supportive Black woman administrator was fired and replaced with a White woman, her organization did not reach out for support because members assumed the new White woman administrator would not be as supportive as her Black woman predecessor had been. Giselle elaborated,

So, I brought my –it was a natural hair organization I brought it to [my

university] in 2017. I was lucky because the student leader administrator

who helped bring in different orgs, she was also Black. So, I got lucky

because when I brought it in, at that time, she really saw my vision and she

helped me get things through. But literally the year after, she was fired, so

then a White person came in and took her place and like, I have not been

back to the Student Activities Office since her being fired because we don't

have that open relationship with the other [person] as the Black woman

who used to work there. She made sure that she created with us –it's not an

open door policy, it's not an open office policy.

Giselle reported that the White woman administrator responded to her natural hair

organization with less urgency than she demonstrated for other organizations and was less

timely with securing funding and booking rooms for events. She talked about the various

aspects of the administrator's resistance to her organization quite extensively. Giselle

complained about her lack of caring:

She [the White woman] didn't treat my organization with urgency the way

that the other woman did in just as far as us getting funding for different

programs, like booking rooms for different programs or events. I know for

the past two years, I've either had to cancel things or like play phone tag

with the office to make sure that our bookings were actually booked.

Giselle referenced an instance in which her natural hair organization had a big event for

which they booked a room months in advance, only to lose their room to a White

organization at the last minute–a situation she feels sure would never occur at an HBCU.

Giselle shared,

There was even one, before COVID-19, we had a big event to put on and

we solidified our room like months in advance. And then a month before,

we get a call saying, "Oh, yeah, you guys don't have a room" and I'm just

[saying] we definitely booked this room and you are giving it to some

people who had to do something for the school, but they were not a

minority organization. So, they gave our room to someone and things like

that just shows that, I don't think that that would happen at an HBCU. I feel

that you would definitely get just more care and attention because that's

what the school is built on, is the foundation of the school. So obviously, I

expect that from someone who didn't go to an HBCU.

Giselle spoke to her experience in the classroom, indicating that most of the professors at

her university are White. Despite having White professors, Giselle denied having any

racial encounters with her White professors, placing greater emphasis on the systemic

racism students of Color experience in terms of the resources they access. Giselle said,

As far as in the classroom at [my university], I mean, most of our

professors are White and were White. I didn't really get into any racial

encounters with them at all. It's just like, the whole systemic thing that I

realized as far as resources for minorities that go to school.

Experiencing Emotional Struggles

Giselle disclosed that she has struggled with a number of emotional problems,

including identity issues, such as her peers questioning her Blackness, fear of not being

successful after college, fear or disappointing her parents, and body image issues. Yet she

did not seem to recognize reactions to her race-gender as a source of her struggles.

Identity Development. Giselle shared that she struggled with identity issues

during grade school as well as during college. In middle school, Giselle's peers made

judgments about her Blackness. She discussed how she came to question her Blackness,

I would say that in my middle school years, I've gotten comments and stuff

from outside sources, not really so my family, who would question my

Blackness or the type of Black person that I am. I know I was called bougie [pretentious or acting rich] and stuff in school and people made assumptions because I care for my grades or carry myself a certain way. I wasn't trying to be less Black than they were.

The label of being different apparently followed her from fourth grade into college:

I remember that [being labeled as different] happened or started in fourth grade. I just know that that stuck with me for a while even into high school. People would say that –I'm really not sure why but I guess I've gotten used to that so I'm not fazed by it as much but like when it first happened, it first happened in fourth grade.

Giselle stated that she is no longer phased by the "bougie" label. Yet she seemed confused about why being academically successful and carrying herself in a certain manner meant that she was "less Black" than her peers. She carried worries about her Blackness into high school.

Giselle also shared that during college, she has been in the process of trying to understand her identity. Giselle reported,

Another [challenge] is just finding out who I am and just my identity as a person, as a woman, just as me. Trying to find who I am and what I am in this world and my purpose. And I feel that I've definitely navigated that well. I'm not going to say, "Oh, I know exactly who I am right now" because I feel like no one ever knows exactly who they are because you're someone different as you get older, you're going to transition and transform into a different person with age and with experience. So, I have come to a

conclusion that I'm never gonna initially find exactly who I am as a total

person, but I'll find who I am in that moment at that time. And thinking

about it that way, I feel that I found comfort in that.

Challenges. Giselle shared that one of the challenges she has faced during college

is her fear that afterwards, she will not be successful. Giselle reported,

I would say two of the most prominent challenges of college is just the fear

of not being successful after it all because coming from a Black

background, coming from where I do come from, I see people who don't

make it. And having that around us just sometimes it makes me think,

"Why? What's different about me?" Just because I'm going to college, just

because at the end of the day, I'm still from where I'm from. And so, does

me going to college change that?

Despite Giselle coming from a somewhat wealthy background, she often compared herself

to other Black people from her neighborhood who have gone to college and have not

found fulfilling careers afterwards. Although she feels confident that she will not become

victim to the "traps" of where she is from, she worries that college may not lead her to a

successful career. Giselle stated,

Am I really going to graduate from college and would it be what I have in

my mind that it'll be? That one really was something that I still even think

about today as a senior and I've put my time in and I've put my work in and

so I know that I'm definitely very capable of not falling into the traps of

where I'm from. But that's still a question that comes to mind because I've

seen people who have went to college and are still doing things that they

hate doing and they're not happy with their careers. They barely even have

a career or they're just doing a job to still make ends meet, but they spent

four years in college. So, just to me it's like, "Is this really something that

was necessary or is it a game changer for me?" So, that's one of the things

is just the fear of success.

Giselle also shared her fears of disappointing her parents. She reported:

Going back to discipline and my parents, that's just something that I've

definitely grown more in control of that. But at the end of the day, that'll

always in the back of my mind because that's the way I was raised. I don't

like to disappoint my parents. Not to say that I'm perfect or that I didn't do

anything that has disappointed them. But I know school is something that

I'm very good at and I have complete control over. So, I know that if all

else fails, I can't disappoint them with school because that's something that

I've always excelled in.

In addition to fear of disappointing her parents, Giselle shared that body image has

been an emotional challenge she has faced –possibly constituting an eating disorder. She

described her internal struggle to match her physical body to her beauty ideal:

Another thing that I struggle with is just image or body image. There's like,

the freshman years you don't want to be like, "Oh yeah, I've gained

freshman 15." Things like that. I don't think that I experienced that. But

because I was just so adamant on, "I'm just not gaining too much weight

during college," that was one of my biggest things. It was like, "Okay, I'm

gonna go to college but I will not gain the freshman 15." And I don't really

know where that thought even lies or why that was one of my focuses going

to college but I just knew that I've been having this internal battle of just

what I want my life to look like, what is my definition of beauty.

Giselle expressed that she has become more comfortable in her body and in her definition

of beauty, feeling that she is an over-all healthy person. She said,

And I feel that now, I am more comfortable into who I am and what I am as

far as body image and my definition of beauty and I think it came from me

having those insecurities and those self-esteem issues back then because me

trying to avoid that weight gain, I had actually transformed the way I live

my life. I am an overall healthy person. This is more so of my lifestyle and

not like me dieting and things like that. It has become a lifestyle because I

guess I was trying to avoid going the opposite route.

When reflecting on her fear of not being successful in work and her body image

issues, Giselle shared,

Those are the two main things that I could remember that lasted the longest

through my college, as far as internal issues with myself and emotionally. I

just feel like both of them [fear of not being successful in work and body

image issues] were issues of self-doubt. I feel like maybe both of those play

into how I just think of myself and me needing to just get over that. I'm not

sure how. That's still a process that I'm figuring out at this moment. But I do

know that I'm very much more secure in how I go about thinking. I don't

think to shame myself anymore. I've kind of like gotten over that phase,

thankfully. But it's not something that has completely gone away from my mind.

Coping Strategies

Giselle reported developing a number of coping tools to manage her emotional challenges, including talking to family and friends, engaging in mindfulness and mental health oriented practices, writing, listening to podcasts, and reading for pleasure. When asked how she has been advised or socialized to cope with her challenges and if this currently differs from the ways in which she has ultimately chosen to cope with these challenges, Giselle replied by describing her relationship with her family members, saying,

> I feel that a lot of times I was self-advised. I don't know. I mean, I didn't
> open up to people about it a lot besides my sister, my older sister. She's
> been very helpful in my whole entire college journey just because like she
> graduated college when I basically graduated high school to go into
> college. So, a lot of what I've gone through in college, I've been able to
> share with her and get advice and different experiences on how to tackle
> certain things. Even as far as my transition in my journey to become
> healthier, she's supported that and she's joined me in that. So, she's
> changing her lifestyle a lot more to health wise. And I feel that because of
> that that just made me feel more secure and supported just because I had
> people to physically be there and support and give those tips along the way.

Giselle explained that she sometimes goes to her parents for support, but that there are occasions in which she does not turn to her parents because they did not go to college and,

therefore, may not have a background of knowledge related to some of Giselle's current challenges as a college student. She said,

> In addition to my sisters, I would say my parents to an extent. My parents didn't go to college. A lot of the things I feel that they won't understand as college students because they have never been to college. My mom went but didn't finish. But I still feel that yes, she wouldn't understand certain things. So, a lot of the things I did not share with them not because I want to keep secrets but just because I didn't know that it takes a certain level of experience or a certain experiences to help be able to help me do mine. I know that they don't have that. So, I mostly just go to my older sister. I do talk to her about like general things. So I think a lot of my coping mechanisms, which is being around family and talking to them.

Giselle also described her friends as people she can talk to as a means to cope with her challenges, saying,

> Also, my friends, a good amount of my friends are in college as well with me. So, I know I have a support. I have a community of people who are going through the same things as me at the same time. So of course, my sister is a help, but she graduated four years before me. So, yes, she has college experience but she had a college experience of four years ago. So now, I have my peers who I've been long-time friends with since middle school and high school who are in college now and I just ask them "How is this type of thing happening on your university?" So having friends who are also in college that you trust, that has been a good thing for me.

Furthermore, Giselle mentioned developing a growing interest in mindfulness and mental health as a means to cope with her emotional challenges, saying,

I've also just gotten more into mindfulness and mental health. And just figuring out what that means in general, what it means for me. So again, this is now a new lifestyle change where it's like I'm writing up things more instead of keeping things in my head because I don't like talking to people about a lot of things. So, instead of talking to people that I don't want to talk to, I just write it down and maybe it gives me time to reflect.

Giselle shared that she enjoys podcasts because she loves hearing people's perspectives and allowing those perspectives to inform her own. She said,

I get into podcasts. And I love perspective for some reason…It's because I value perspective and I learned that from finding my love for listening to podcasts. I like to experience. I like to hear opinions and thoughts because it helps me shape mine.

Giselle also reported that she has come to engage in reading for pleasure as a coping mechanism, saying,

That's one thing that I found myself doing. I read a lot more, leisure read. Because in college, I hate when the professors assign readings that I do not connect with. I don't like it. It makes me not want to read and honestly, my whole freshman year and going well into my sophomore year, I just didn't read. I stopped reading. And I realized I'm just like, well, because going from like the schools that I went to… we were required to independently read and it was a requirement and became a part of our lives because we

were so used to it. So, I was used to having my independent reading book

on me. I already made sure I chose a new book a month. So, I was used to

reading when I got to college, it was like I had for like, a year and a half. I

completely stopped and like, I think getting back to that, that's me. So like

then I started to you know, collect books again and started to read more.

So, I think like just finding new ways of just like, just growing like more

mindfulness and mental health and talking in just different tactics like that.

Those were my coping mechanisms for my emotions.

Experiences with Mental Health Treatment

When asked if she has or would ever consider seeking mental health services if she

felt she needed them, Giselle indicated that she was receptive to seeking services. She

seemed uncertain about what kinds of issues merited therapy. Giselle shared,

I feel that if I got to a point where I needed it, then I definitely will because

even now, when I found myself thinking about a certain topic or something

for too long, as far as relationships and how you know when relationships

fail and you have this question about "Okay, how do they [her relational

partners] feel about you even considering going to a therapist?"

Nevertheless, she seemed to have a reasonable idea about what would happen in therapy.

Because I know that in doing so [going to therapy], talking to a

professional, they can [help] fix things but they just help you dive into your

thoughts more and help you come to understand your own thoughts. I'm

open to doing that. So, I feel that if it got to a point where I needed

psychiatric help, that I would. Yeah.

Giselle's knowledge of the therapy process seems to come from her own therapy experience. When asked if she had received mental health treatment before, Giselle responded that she had. She described her experience:

No, I have. [My university] has a counseling center. It was actually recently, but because of COVID-19, that kind of all got messed up. But I was definitely –I wrote an email to them. It was actually because one of my classes, I was having trouble with my class and I felt like my professor was not being receptive to me asking for support and help in this class. And so, I more so reached out just because I wanted to understand if I was misreading. "Am I just going through a nervous breakdown because of just what's going on?" Or like, "Am I not being communicative enough to this professor?"

Shame and Stigmatization

When asked if she ever feels ashamed or stigmatized for experiencing the emotional challenges that she experiences, Giselle confirmed that she does experience feelings of shame or stigmatization. Most of the feelings seem to occur in response to internalized parental messages of strength and independence. She reported,

Yes. So, I guess some of these are recent too because whenever, in general, whenever the thoughts come, I do feel ashamed at first because I feel that like, "Oh, you were raised better than this. Like, you're stronger than this. You're smarter than this. So why are you allowing these thoughts to really affect you in that way or get you upset or make you think poorly or doubt about yourself when you know what you can accomplish?" I think that

stemmed from the pedestal that our parents put us on. You would think that

that's like "Oh yeah, your parents put you on a pedestal?" But it really more

so was a lot of pressure. I'm not blaming my parents for it at all because I

actually thank them for pushing us like that because I think that it made me

a great student and independent woman. I'm thankful for the way that they

raised us.

Despite Giselle's gratitude for her parents helping her to become a great student and an

independent woman, she also felt like her parents put a lot of pressure on her to succeed.

She stated,

However, I know that it [parental pressure] did take an emotional effect on

me because if I did that in the class or I did that on the exam or quiz, I

would beat myself up for maybe that whole day because I'm just like,

"Damn, you know you can't be out here failing or you can't be out here not

getting higher than a B. So, I just don't have those standards for myself that

when the thoughts came in made me think but I wasn't reaching my full

potential and each aspect, whether it was something socially or regular, or

if it was academically, I just thought that I was raised better than that.

Despite initially chastising herself for having doubts about her own capability, as she has

grown and experienced more, she has come to learn that everybody doubts themselves

sometimes. She said,

So, I shouldn't be thinking those things. I shouldn't feel that way. But like I

said, I'm just growing more and experiencing more. I realized that even the

most successful people have those doubts. They have those moments

because everyone's human and you're gonna think of the worst case

scenario or those are experiences that you're going to have as a human

being. So, I feel that I'm not completely down with filling a shoebox or

anything.

Giselle predicted that there will be times in the future when she doubts herself but that she

will be better prepared for those moments because she has developed ways of coping with

her feelings. She said,

I'm quite sure it may come up again, but I just thought that I'm better

equipped to deal with it when it does come out now because I know that it's

just a phase and it's just a reaction to me being disappointed about

something or just a reaction to me not getting what I expected. And so I'm

more so okay with it when those feelings come on, I know how to navigate

and pick myself up faster before I plummet down into some type of deep

depression or things like that.

When I told her that some research has shown that Black communities demonstrate

a stigma towards mental illness at a rate that is greater than their White counterparts and

asked what she would say about this claim, Giselle confirmed the claim. Giselle stated,

I believe it. I do see that being true. I feel that my honest opinion of it now

is that I feel that the Black community still thinks that mental health is a

joke and that it doesn't touch our community. I feel like that plays into so

many different aspects of the Black community. In the levels like going

back, all the way to, you know, to slavery and things like that. That was the

foundation of the way that people feel now. I just don't think it's taken as
serious.

Giselle compared the response that White people get from other White people when they are having emotional problems to the response that Black people get from White people when they are having emotional problems, noting that White people's psychiatric concerns are taken more seriously than Black people's. Giselle argued,

And in comparison to our White counterparts, if they [White people] were having an anxiety attack or a mental breakdown during class, I feel like they would receive more attention or more serious attention to it rather than a Black person having anxiety or mental breakdown. We will be seen as probably like, "Oh, she's just being defiant, please don't do anything dramatic," versus a White person who is having that same type of anxiety attack or something. They would be like, "Okay, we need to get her help. We need to get him help because they actually need help." Whereas for us, we're just finding an excuse to get out of something or we're just being lazy or things like that. So, I feel that is not taken seriously by even other White counterparts.

Giselle also indicated the belief that Black families do not take mental health seriously, saying,

If we're in public and then as far as family issues, families want to I feel –a lot of them, not all, because I know there are some people who are well versed in mental health and supportive of it in Black communities, but as a

majority, families don't take it seriously either. They also find it as a drama, theatrical type of thing or an excuse.

Giselle demonstrated her belief that Black families do not take mental health seriously by describing an instance in which her father had an anxiety attack and she responded with shock and disbelief. She said,

I know this is even recent, where I was talking to my parents the other day, and my dad came to us and was letting us know that he had an anxiety attack because of the whole COVID-19 and the way that his job is. He's actually on edge because all he hears about the virus is death. And he was driving, he said that he had one thought that –Not about if I die because of it right here, but he's like, "Oh yeah, I have family back home, what are they gonna think if no one's here to let them know that something happened to me?" So, he was just saying like he had a panic attack about that. And I even caught myself like as he's saying a panic attack, I was just like looking at him. I'm shocked and kind of in disbelief and I was like, "Dad, a panic attack? You're having an anxiety attack?"

Giselle reported that despite having experiences that have taught her how serious mental health problems can be, when her father disclosed that he had had an anxiety attack, it took her a moment to realize that her father is capable of having mental health problems. Giselle indicated that she thought of her dad as being too strong to have anxiety attacks or being unable to have anxiety attacks because he is a man and her dad. She stated,

Even me knowing the level of how serious mental health is, now me knowing that from you know, just having my experience again, like I say

college is one of the best experiences because you're away from family and
get to experience things on a different level. And so, you get to just grow
this endless knowledge and so I feel that I'm very, very quick to I know
these things, but even in that instance, when my dad said that, I looked at
him as a usual Black family member will look at you and just be like,
"You're serious?" Mine was not more of making it a mockery, but I was in
true disbelief because my dad has never shown any type of thing like that.
Like, "Oh no, he's too strong to do that or like, he's a man, he's my dad, he
can have anxiety attacks." So, me hearing him say that those are things that
I was thinking, I was like, wow, and it took an extra second, that extra
minute for me to think "No, he's a human. We're going through a global
pandemic. He has every right to be feeling the things that he's feeling." And
that right there just shows how detached mental health is in our community.

Giselle argued that the way one is raised, the people one is surrounded by, and the ways in
which mental health is discussed in one's community can greatly impact how receptive
one is to supporting others with mental health problems, saying,

Yeah, you can still know about it but the way that you are raised, the
people that you're around, the way that it is talked about in your community
has a big impact on how you are receptive to people who need that type of
support with mental health and things like that. So, I feel that overall it's
very detached from our community, especially in comparison to our White
counterparts. It is not taken that serious and it seems to not really exist

unless it's being a part of a theatric type of excuse for us. That's how I feel about it.

Summary

Giselle's emotional struggles are centered around her search for identity. The search has three components, (a) how to be an accepted Black person, (b) who she is as a woman, and (c) whether she will find satisfactory work to replace her identity as an academic achiever when that option is no longer available for defining herself after she graduates. Giselle perceived one incidence of institutional racism on her campus in Philadelphia –the institution's non-support of her efforts to establish a Black hair organization on campus. Considering that she described the related incidents extensively, it possibly had implications for her Black woman identity. Interestingly, she did not perceive the lack of Black professors or the absence of relevant reading materials in her courses as institutional racism. Giselle indicated that she manages her emotional issues largely independently and her coping tools included talking to her college educated sisters and friends, engaging in mindfulness and mental health oriented practices, writing, listening to podcasts, and reading for pleasure. She described being receptive to therapy for herself and had sought therapy, but was distressed by her father's perceived need for such services.

Chapter 5

Discussion

The present study used narrative inquiry to investigate race-gender stories from Black women college students at predominantly White institutions (PWIs) to determine whether they experienced racism-sexism in a manner consistent with intersectional and or invisibility theories and, if so, how they coped with it. Intersectional theory (Crenshaw, 1991) proposes that Black women college students at PWI colleges and universities experience intersectional racism-sexism in the form of hostile climate factors. Invisibility theory (Helms, 2017), particularly the invisibility syndrome, suggests that Black women college students may feel invisible because they experience racist-sexist, hostile climate factors and, as a result, may be at risk for developing mental health issues.

Participants in the present study were college students aged 18-22 years, who identified as Black women with a range of sexual orientations, locations of origin, and academic interests, attending universities that differed in terms of prestige and costs (University of Pennsylvania, Drexel University, and Temple University). Several research themes directed this inquiry. Consistent with intersectionality theory, some themes and related questions addressed the extent to which Black women college students perceived racist-sexist, hostile climate factors at their PWI colleges and universities and, if so, how the factors were manifested. A second set of questions and related themes examined Black women college students' perceptions of the extent to which their experiences with racism/sexism influenced their emotional or mental health, as invisibility theory postulates. Another theme and third set of questions asked what services or activities Black women college students used to cope with emotional issues if they occurred. A

fourth set of questions pertained to whether or not Back women college students sought

formal mental health treatment to cope and what their perspectives on their experiences

with mental health treatment were. A fifth set of questions considered whether or not

Black women college students, who reported emotional health problems, experienced

shame and stigmatization. .

Perceptions of Racist/Sexist, Hostile Climate Factors

Intersectional theory proposes and literature on Black women college students

suggests that these women face a number of racist-sexist, hostile climate factors, such as

hate crimes (FBI, 2016; JBHE, 2019), microaggressions (Solorzano, et al., 2000), and

sexual assault (Gross at al., 2006; Krebs et al., 2011). Thus, I expected the participants in

the present study to contend with these racist-sexist, hostile climate factors. The results of

the present study demonstrated that most of the Black women college student participants

perceived racist/sexist, hostile climate factors. Four participants, Kelly, Michelle,

Whitney, and Aaliyah, identified racist-sexist, hostile climate factors present during grade

school and high school, and all but one participant, Robyn, reported perceiving racism-

sexism during college.

Grade School and High School

For Kelly, Michelle, Whitney, and Aaliyah, the racist-sexist trauma they

experienced before college was more salient to them than the racism they experienced

during college. Their experiences were so traumatic that several of the women

experienced the equivalent of post-traumatic stress symptoms well into college, although

they did not necessarily recognize their symptoms as such. Some of their experiences

involved their educators perceived biases. Racial bias in course content and extracurricular

activities was a common theme. Whitney reported that her teacher presented a racist interpretation of slavery to her fifth grade class, whereas Kelly reported that she was over-looked and under-supported by teachers during high school as did Aaliyah with respect to her swim coach.   Discouragement and devaluing of their academic competence and accomplishments were also shared themes. For example, Kelly felt discouraged by her high school counselor not helping her apply to college because she was a Black girl, whereas Michelle, described Black girls' being over-looked for academic awards as evidence of the devaluation of her intelligence. Peer racial bullying was a theme for Erica, who was racially bullied for having a large nose, and for Aaliyah, who was bullied for not being "Black enough."

For Kelly, Michelle, Whitney, Erica, and Aaliyah, the trauma that they experienced in middle school and high school had emotional consequences for them later during college. Their experiences demonstrate that middle and high school years are important developmental periods for Black girls during which they may be at greater risk of being harmed psychologically by hostile racist/sexist climate factors. Regardless of the type of racism/sexism that they described or did not recognize as racism, when they entered college, virtually all of the women were seeking a Black identity and support for strengthening that identity.

College

Consistent with intersectional theory (Crenshaw, 1991), all participants, excepting Robyn, reported experiencing racism-sexism during college. Six of the participants, Whitney, Kelly, Jill, Erica, Aaliyah, and Michelle, claimed that they had experienced racism/sexism in their social interactions with White peers during college, such as at

parties and in their dormitories. Whitney and Kelly noted that their White peers said microaggressive comments about their hair in these settings. Whitney also reported feeling fetishized by White male peers, whereas Erica argued that as a Black woman, she was seen as a permanent outsider on her campus.

Solorzano et al. (2000) found that Black women college students experience interpersonal microaggressions in the classroom, such as professors often ignoring them and their concerns in class, professors' omissions, distortions, and stereotyping of Black Americans in course curriculums, and faculty members' demonstrating low expectations of Black students. The results of the present study provide some insight into how Black women might experience and interpret classroom racism/sexism microaggressions, as well as how professors facilitate microaggressions.

Classroom Microaggressions

The majority of participants (Kelly, Jill, Giselle, Whitney, Erica, and Aaliyah) experienced classroom racism-sexism, often in ways that made them feel invisible or hypervisible. Jill, Whitney, Michelle, Erica, and Aaliyah suggested that when they were in class, they felt like they were either put under a spotlight (i.e., hypervisible) or made to feel invisible by not being called on. Sometimes the bias was structural or involved classroom dynamics. For example, despite denying experiencing racism during college, Robyn indicated that she often felt invisible/hypervisible in that there were few, if any, other Black women in one of her classes, which made her feel uncomfortable participating. She also indicated that she had only had White professors. As a more direct example of hypervisibility, Erica described feeling angry because her professors and peers burdened her by calling upon her to educate them about the Black experience.

Avoiding unspoken Black women stereotypes was a theme for three participants. Michelle and Aaliyah indicated that they spent class time worried about not fulfilling the negative stereotypes about Black women being overly aggressive. Jill indicated that other students in her classes ganged up on her when she made comments in class, leading her to choose gender studies as her major because she did not feel attacked in her gender studies classes. None of the women reported that the institution helped them cope with such situations.

Professors as Microaggressors

Similar to Black women college student participants in Solorzano et al.'s (2000) study, Whitney, Giselle, and Michelle identified actions taken by their professors as being responsible for the invisibility/hypervisibility they experienced. Invisibility-making occurred when professors ignored the women, asked for their perspective when there were few Black women in the class, or made overtly racist statements.

Whitney, Erica, and Aaliyah referenced their professors making racist statements or assigning racist assignments during class. Giselle, Whitney, and Aaliyah shared the perception that their professors have had low expectations for them because they are Black women. Aaliyah indicated that she had professors who evaluated her negatively because her mental health concerns warranted that she miss some classes and ask for extensions on some assignments. Kelly described having a professor who recorded the wrong grade for her term grade and then refused to answer her emails. These microaggressions contributed to these women's feelings of invisibility, and according to literature (Helms, 2017; Wun, 2014), potentially, may have negatively influenced their mental health (Slavin, et al., 1991; Torres, et al., 2010; Williams & Mohammed, 2009).

Hostile Climate

Literature suggests that Black women college students experience hate crimes on their campuses that constitute racist/sexist, hostile climate factors (JBHE, 2019). In the present study, Jill, Aaliyah, and Erica mentioned experiencing or witnessing hate crimes on campus involving racial slurs, one of whom, Aaliyah, had the word "nigger" written on her dormitory door. Jill's friends encountered students who were Trump supporters verbally harassing them, including calling them the "n-word." Another participant, Erica, was called the "n-word" by right-wing protesters on her campus. Therefore, the narratives of the participants in this study support claims that hate crimes are a hostile climate factor that Black women college students experience. Hate crimes contribute to Black women college students' feeling threatened and unwelcomed on their campuses.

Research has demonstrated that sexual violence is another racist/sexist, hostile climate factor that Black women college students contend with (Koss, et al., 1987; Sanday, 1996). In the present study, Erica, spoke about being sexually assaulted herself and having many Black women friends who had been assaulted on campus. Erica reported that little was done on their campus in response to these sexual assaults, constituting institutional racism and making her feel abandoned by her university in a time of need.

Intersectional theory posits (Crenshaw, 1991) and some researchers suggest that Black women experience systemic and/or structural racism-sexism and are undervalued in society by being denied access to resources more available to others (Crenshaw, 1991; Helms, 2017). For example, housing discrimination affects Black women to a greater degree than it does Black men or White women, and yet housing discrimination towards Black women is rarely recognized (Helms, 2017; Roscigno, et al., 2009).

In the present study, half of the participants, Jill, Giselle, Michelle, and Robyn, described experiencing various types of structural and systemic racism. Erica indicated that she had experienced housing discrimination; Michelle and Robyn spoke to Black women being generally undervalued in society and being systemically disadvantaged when it comes to access to resources. Although Robyn was aware of institutional racism towards Black women, she failed to recognize that having almost exclusively White college professors constituted institutional racism. One participant, Erica, indicated that she and many of her Black women friends have experienced sexual violence on campus and that the university responds in a less urgent manner when sexual violence victims are Black women rather than White women. Giselle, spoke to institutional racism at her university by explaining that when she chartered a natural hair care organization on her campus, she received less funding, attention, and urgency from the university than White presidents of organizations at her university.

These forms of structural racism-sexism, in combination with the interpersonal microaggressions, hate crimes, and sexual assault that many Black women college students experience, contribute to their feelings of invisibility and subsequently, may have a negative impact on their mental health (Slavin, et al., 1991; Torres, et al., 2010; Williams & Mohammed, 2009). Nevertheless, although participants in the present study experienced the hardships involved in racist/sexist, hostile climate factors, such as feeling excluded on campus, three participants, Kelly, Giselle, and Whitney, expressed that these racist/sexist, hostile climate factors provided them with opportunities to speak up in instances of injustice. Michelle reported finding clarity, pride, and strength in her Black women identity as a result of experiencing racist/sexist, hostile climate factors.

Some women seemed to notice the intersectionality involved in their experiences of racism/sexism. For example, Erica noted that Black men have the ability to do well at her university, but that Black women are seen as permanent outsiders. Whitney recalled having professors who believed she could not do certain work because she is a woman. Jill mentioned being put on the spot by professors either because she is Black or because she is a woman. Some women, including Aaliyah, focused more on their racial experiences than their experiences of gendered racism.

Emotional Challenges

Invisibility theory suggests that as a result of their exposure to racist/sexist, hostile climate factors, Black women college students are at risk of developing invisibility syndrome and subsequent mental health issues (Helms, 2017). The *Invisibility Syndrome* (IS) refers to the mental health consequences that are a product of being viewed through stereotypes to such a degree that the women themselves may not have awareness of the variety and degree of racism/sexism to which they are frequently exposed (Helms, 2017). As a result of their invisibility and related race/gender discrimination, Black women are placed at higher risk than other groups in the US for developing mental health issues (Slavin, et al., 1991; Torres, et al., 2010; Williams & Mohammed, 2009).

Participants in the present study reported experiencing a variety of emotional challenges, some of which they attributed to experiencing racist/sexist, hostile climate factors. Some researchers have found depression to be a mental health symptom resulting from invisibility syndrome among Black women (Helms, 2017; Wun, 2014). In the present study, one of the most common emotional challenges that participants faced was depression, with six out of eight participants (Kelly, Jill, Michelle, Robyn, Erica, and

Aaliyah) reporting that they had experienced depression. Some of the participants (Kelly, Erica, and Whitney) explicitly connected experiencing racist/sexist, hostile climate factors to their subsequently suffering from depression.

Kelly associated her high school counselor's racist/sexist views towards her college application process as a contributing experience. Erica connected her lifetime of coping with others' questioning of various aspects of her Black identity with the development of symptoms of mental illness including depression and no sense of self. For Whitney, being one of the few Black students at her school and being less financially privileged than many of her peers led her to struggle with her identity and her confidence, leading her to want to be "somebody else." Four participants, Jill, Whitney, Erica, and Aaliyah reported experiencing anxiety.

Identity development issues were also common among participants, with every participant reporting experiencing identity development issues of some kind. Considering that Black women college students are often young adults in a period of developing their adult identities, this finding is not surprising. Yet about half of participants, Giselle, Robyn, Erica, and Aaliyah, struggled with their racial identity development. Specifically, these participants either felt or were perceived by others as not being Black enough – responses directly related to experiencing internalized racism/sexism.

Social isolation, loneliness, or hostile climates also accounted for development of some women's emotional symptoms. Giselle, Robyn, Erica, and Aaliyah each reported not fitting in in their environments, Robyn and Aaliyah experienced social isolation and Erica experienced racial bullying. Whitney, Michelle, and Robyn indicated that they were one of few Black students at their schools. It appears likely that this isolation and bullying may

have had racial motivations and thus, racist/sexist, hostile climate factors may have contributed to these women's suffering. Three participants, Giselle, Whitney, and Robyn, mentioned their struggle to come into their true selves.

Black Woman Stereotype

Literature suggests that Black women college students may be at risk of trying to fulfill the strong *Black woman stereotype* (SBW), the belief that Black women are naturally strong, resilient, self-contained, and self-sacrificing, as well as caring and communal (Donovan, 2011; Donovan & West, 2015; Romero, 2000). Donovan and West (2015) linked moderate to high endorsement of the SBW stereotype to stress and depression among Black women college students. In the present study, Jill, Kelly, and Michelle's identity development issues consisted of them trying to fulfill the SBW stereotype -–a form of racism/sexism that caused them to neglect their emotional needs. For example, Jill and Kelly found it difficult to be vulnerable and ask for help from others because of their need to appear strong. Thus, participants' narratives were aligned with literature that links negative mental health outcomes to endorsement of the SBW stereotype.

Unexpected Emotional Challenges

Participants shared a number of other emotional challenges that are not mentioned in the literature. For example, family issues were common among participants, with five out of eight of the women (Kelly, Jill, Whitney, Giselle, Michelle, and Aaliyah) reporting that they experienced family issues of some kind. Two participants, Kelly and Jill, endured their parents' divorces. Jill and Whitney both dealt with the mental or physical absence of their fathers. Kelly dealt with a family member's medical illness. Giselle

worried about disappointing her parents. Aaliyah lacked family support concerning her mental health issues. Also, Aaliyah's family argued often. These findings suggest the need for more research on the impact of family issues on Black women of college age and the need for clinicians to screen Black women for family issues.

Two participants, Kelly and Robyn, described struggling to adapt to transitions in their residential and school environments. Both of them discussed the ways in which race complicated their transitions between environments. For example, both Kelly and Robyn transitioned into predominately White schools in which they were one of few Black students –a context that both found to be difficult because it made it more challenging to create social connections.

Additional miscellaneous emotional challenges that the participants faced included Jill dealing with an abusive relationship, Aaliyah dealing with childhood trauma, and Giselle struggling with body image. Aaliyah experienced a convergence of depression, anxiety, academic stress, and physical illness during her first year of college, leading her to make a suicide attempt. Giselle worried that she would not be successful after college because so many Black people from her neighborhood went to college and had not found success and because she will lose her identity as an academic achiever once she leaves college. It seems rational to suggest that Giselle's awareness of the ways in which racism/sexism can limit one's life has contributed to her worry.

Coping Strategies

Research has identified several themes concerning the ways in which Black women and, in some cases, Black women college students, support themselves emotionally in the face of racist-sexist, hostile climate factors, including (a) formal and

informal help-seeking (Jones & Guy- Sheftall, 2015), (b) engagement with spirituality (Watt, 1997), (c) engagement with activism (Solorzano et al., 2000), and (d) participation in creative expression (Helms, 2017; hooks, 2015). In order to cope with the emotional challenges in their lives, the Black women in the present study identified many diverse means of coping, including talking to others about what they are feeling, seeking formal mental health treatment, cultivating Black support systems, engaging in the arts (i.e., writing, reading Black writers, creating visual art, engaging with music, etc.), using mindfulness techniques, engaging in self-care, and advocating for other Black women. Interestingly, only Aaliyah mentioned religion as a coping mechanism, but it was one that she rejected.

Research demonstrates that many Black women reportedly struggle to ask for help (Nadeem, et al., 2009). Kelly, Whitney, and Erica initially coped with their emotional issues by internalizing their emotions. Kelly explained that she did so because she initially thought that her emotions were not valid and because she did not want to disappoint her parents. However, all three ultimately came to identify talking to others as a more useful means by which to cope.

Some research has found informal help-seeking, involving seeking help from individuals in participants' lives, such as family, friends, and clergy, is one way that Black women support themselves emotionally (Jones & Guy- Sheftall, 2015). Informal help-seeking was also a major coping mechanism among the Black women in the present study, with seven out of eight participants (Kelly, Jill, Giselle, Whitney, Michelle, Robyn, and Erica) indicating that talking to others about what they were feeling –particularly other

Black women who could understand where they were coming from –had been a useful coping mechanism for them.

Most of the women, Kelly, Jill, Giselle, Whitney, Michelle, and Robyn, reported that they talk to their friends about what they are feeling. Robyn and Giselle described talking to their parents about their feelings, whereas Whitney reported that talking to others made her feel less alone and less ashamed of her experiences.

Factors Contributing to Use or Non-Use of Therapy

According to research, Black women have been shown to be less likely than other groups to seek out formal mental health services (Fiscella, et al., 2002; Hatzenbuehler, et al., 2008; Jackson et al., 2007; Jones, et al., 2015). Furthermore, the negative stigma associated with mental illness and mental health services within many Black communities (Laumann & Youm, 1999; Matthews, et al., 2006; Thompson, Bazile, & Akbar, 2004; Ward, Wiltshire, Detry, & Brown, 2013) has been demonstrated to act as a barrier to Black women's treatment seeking for mental health services (Jones et al., 2015; Ward et al., 2013).

A smaller portion of literature suggests that some Black women seek formal mental health treatment as a means to cope (Jones & Guy- Sheftall, 2015; Valentine, et al., 2016; Ward, et al., 2013). Consistent with the literature suggesting that Black women do seek treatment, in the present study, seven out of eight participants (Whitney, Jill, Michelle, Kelly, Giselle, Whitney, and Erica) reported having sought formal mental health treatment as a way to cope with their emotional health issues. Most of the participants may have chosen to engage in formal mental health treatment either because their symptoms were so severe that they were willing to try formal mental health treatment as a means of

coping with symptoms or because participants' generation (generation Z) has been more exposed to positive messages about mental health and mental health treatment than former generations.

In general, the women's reactions to therapy were more positive than negative. Kelly, Whitney, Michelle, and Erica tried therapy and found it to be helpful in coping with their problems, while Giselle tried therapy and did not find it to be helpful. Kelly expressed that initially she was not sure about therapy and was slow to open up in therapy because it required her to be more emotionally open with the therapist than she was comfortable with. However, Kelly kept attending therapy and eventually, found it helpful. Eventually, Kelly felt so rewarded by therapy that she felt inspired to encourage other Black people to seek therapy. Jill sought out counseling from her university counseling center but was unable to be seen due to COVID-19. The one participant who had not sought formal mental health counseling, Robyn, indicated that she had not sought out treatment because of lack of time.

Nevertheless, despite the eventually positive experiences of therapy for most of the women, some had negative beliefs about and/or experiences with formal mental health treatment, such as complaints about treatment not being accessible and/or experiences with White therapists that made them feel like the therapist could not relate to or understand the issues they presented. Some research indicates that lack of information about mental illness and mental health treatment may act as barriers that prevent some Black women from seeking mental health services (Jones et al., 2015; Matthews et al., 2006).

Overcoming structural barriers was a concern for Jill, Michelle, and Robyn, whose dissatisfaction with therapy was attributed to their experiencing confusion over the processes of finding a therapist, using insurance, and determining session rates. These women complained that therapy was inaccessible, either because their counseling center was always full, their counseling center lacked Black representation among clinicians, or their parents provided little to no support in finding a therapist. Jill and Michelle eventually found therapists, but Robyn did not seek out therapy.

Research demonstrates that some Black women experience treatment barriers within medical systems in the form of cultural and language differences between themselves and clinicians (Jones et al., 2015; Manns, 2017) –differences that may be responsible for Black women being more likely to be misdiagnosed than other groups (Adebimpe, 1981; Carrington, 2006).

The findings of the present study support this literature in that most of the women, who sought formal mental health treatment (Jill, Michelle, Whitney, Aaliyah and Kelly) reported experiences with White therapists that made them feel like the therapist could not relate to or understand the issues they presented. The women seemed to feel misperceived by their clinicians because the clinicians did not consider the contextual factors that affected the women's lives as Black women.

More specifically, Aaliyah's White clinician minimized her experiences of racism-sexism, dissuading her from continuing therapy. Another participant, Michelle, reported that her White woman therapist labeled her as a perfectionist rather than acknowledging that racism-sexism requires her to go above and beyond. Jill found treatment with her White therapist was very surface level.

Moreover, some of the women described negative perceptions and/or experiences seeking help from psychiatrists. Both Jill and Erica expressed that they felt unseen by their psychiatrists, who did not take the time to truly determine what was going on with them. Each contended that the psychiatrist treated them like "checking off a box," which led Erica to mistrust the psychiatrist enough to not take the medication he prescribed. A third woman, Michelle, expressed the opinion that psychiatric medication is not a good mental health option because not everything can be treated with medication (i.e. behavioral disorders/issues). Yet, Aaliyah reported using psychiatric medication as a means of coping and found it helpful.

Two participants, Kelly and Erica, reported that they found that working with a Black or mixed-race clinician was more helpful than working with White clinicians. Kelly reported that her Black therapist better related to the information she presented. Erica shared that her mixed-race therapist communicated more concern and inquisitiveness towards her experience than a White therapist that she saw.

Black Support Systems and Counter-Spaces

In Solorzano et al.'s (2000) qualitative analyses of focus groups, Black women college student participants discussed developing academic and social counter-spaces in which deficit notions of people of Color could be challenged, a positive collegiate racial climate could be enjoyed, and students could meet others who also had experienced the frustrations of racism. Similarly, developing Black support systems or Black counter-spaces was a common coping method among participants in this study, with six participants, Kelly, Jill, Whitney, Michelle, Robyn, and Erica, emphasizing the importance of cultivating Black support systems in coping with their emotional health problems. Four

of these women, Jill, Whitney, Michelle, and Erica, said developing community among other Black women students was particularly important to their coping. Erica reported that spaces dedicated to Black women have made her feel seen, heard, and loved and that her Black women friends have been supportive figures in helping her cope with her mental health issues.

In addition to Black women support groups, interviewees also described a number of organizations from which they received nurturance. One such organization was an African American student club to which Kelly belonged. Another organization was Thrive, a precollege retreat for students of color, that Michelle and Robyn also attended. For Whitney, the Student Center for Diversity and Inclusion (SCDI), where she worked, was a counter-space. Whitney also started an inclusive mental health club that acted as a counter-space. Jack and Jill, a Black mothers' and children's organization, was an organization where Robyn developed a sense of Black community. Finally, the Black woman's book club that Erica created also constituted a counter-space. Whitney and Michelle described Black women in their families as providing them with a Black support system.

The findings that the women joined or initiated their own counter-spaces is consistent with Solorzano et al.'s (2000) qualitative analyses of focus groups in which Black women college students discussed developing academic and social counter-spaces to challenge deficit notions of people of Color, enjoy a positive collegiate racial climate, and meet other students who also had experienced the frustrations of racism.

Engagement in the Arts

Engaging in the arts has been found to be a practice that Black women use to create positive images and representations of themselves and other Black women (hooks, 2015) as a counter-narrative to media images of Black women as negative stereotypes (Helms, 2017). Four participants, Giselle, Whitney, Michelle, and Erica, engaged in creativity and self-expression as a means of coping. All of these women described writing, particularly journaling, as one of their coping mechanisms. Three women, Giselle, Erica, and Whitney, indicated that reading, particularly reading the experiences of other Black women, was inspiring and made them feel less alone. Two participants, Whitney and Robyn, shared that creating visual art helped them cope with their mental health problems. Also, Michelle indicated that music is a way that she copes.

Miscellaneous Coping Tools

Some women used nontraditional coping strategies that had not been reported in the literature as characterizing Black women. Most involved greater focus on themselves. Two participants, Giselle and Michelle, used mindfulness techniques, such as meditation and yoga, to cope. Jill reported engaging in forms of self-care, such as twisting her hair and immersing herself in her schoolwork as means of coping. However, Jill also described focusing less on herself and more on advocating for Black women and the impact she could make on their lives.

Shame and Stigmatization

Some literature suggests that Black women college students may endorse stigma towards mental illness (Ward, et al., 2013). While the women in the present study largely did not experience stigma from others for their emotional health symptoms, all of them

confirmed feelings of shame for experiencing their emotional struggles, and they

stigmatized themselves for their mental health problems. Some Black women in this study

thought about stigma at the level of their families and tended to generalize the stigma they

experienced in their families to the larger Black community.

Sometimes stigma was presumed from the lack of family/community discussions

about mental health (Whitney, Michelle, and Erica) or because they (e.g., Erica) had

never known Black people who struggled with mental health issues, to avoid worrying

parents (Jill). Whitney, Michelle, Robyn, and Erica did indicate that others have made

them feel bad for experiencing emotional health symptoms. For instance, Robyn, Erica,

and Whitney expressed that they experienced stigma from their families for experiencing

the mental health issues in the forms of minimizing their symptoms or not providing them

with requested mental health services. Only Michelle experienced stigma from peers, who

minimized her mental health challenges and/or expressed that they did not feel

comfortable talking about her mental health.

Other Black women in this study thought about stigma on the level of society, and

particularly, White society. For example, Erica claimed that White people are permitted to

have mental health symptoms, but Black people do not permit themselves to have

symptoms because they would not be taken seriously by White people.

 For other participants, stigma was an internalized phenomenon in which their need

to be strong conflicted with their mental health struggles, leading to shame. For instance,

in alignment with invisibility theory, three participants, Jill, Giselle, and Whitney,

indicated that their belief in their need to be "strong Black women" made them feel

ashamed for experiencing mental health issues. This finding supports research that

suggests that striving to endorse the SBW stereotype may be detrimental to Black women's mental health (Donovan & West, 2015). One participant, Erica, reported experiencing shame because she invalidated her feelings and experiences. Another participant, Kelly, reported experiencing shame for not being able to control her feelings.

Ward et al. (2013) found that while some Black women are open to therapy, other Black women may endorse a stigma towards mental illness and mental health treatment that may prevent them from seeking formal mental health treatment. In the present study, Kelly, Jill, and Whitney acknowledged that stigma towards mental illness in the Black community has deterred them from being open with others about their emotional health issues. Kelly was initially deterred from seeking formal mental health services because she worried about what other Black people might think of her if they knew she engaged in formal mental health treatment.

Many Black communities have been shown to endorse a negative stigma towards mental illness and mental health services (Laumann & Youm, 1999; Matthews, et al., 2006; Thompson, Bazile, & Akbar, 2004; Ward, Wiltshire, Detry, & Brown, 2013). When asked what they think about the claim that Black people tend to stigmatize mental illness at a rate greater than their White counterparts, most participants (Kelly, Jill, Giselle, Whitney, Robyn, and Erica) agreed with this claim. Giselle and Erica argued that Black people do not take mental health seriously. Kelly, Giselle, and Robyn provided an analysis in which they indicated that stigma towards mental illness exists in some, but not all Black families and communities.

Furthermore, two participants, Whitney and Michelle, reported challenging stigma towards mental illness. Michelle did so by engaging in coping tools that are not often

associated with Black people, such as yoga. Whitney did so by creating an inclusive mental health club at her school.

<div align="center">**Strengths and Limitations**</div>

There are several ways in which the development and implementation of this study went well and several changes I would make to the study if given the opportunity to conduct further research.

Strengths

The present study had a number of strengths. Concerning sample size, my choice to recruit a moderate sample size of eight participants was well informed. According to Creswell (2007), in narrative research, smaller samples are preferable to larger samples because the researcher is presenting her or his theory of the cases. If the sample size if too large, there may be such a large quantity of data that the researcher is not capable of providing an intensive analysis. Eight participants seemed small enough to be able to conduct a thorough analysis, while being large enough to capture the complexity of the topic.

In terms of recruitment and participant selection, the choice to recruit participants from universities that varied in terms of prestige, academic difficulty, and price resulted in the recruitment of participants with nuanced experiences. For example, participants varied in terms of their presumed socioeconomic status, their location of origin, and their academic interests, which provided varying perspectives. Also, participant recruitment and selection were successful in that almost all of the participants I recruited ended up identifying ethnically as African American, meaning that they are the descendants of African slaves in the US, rather than being Black African, Black Caribbean, or Afro-

Latinx. Recruiting so many African American women was a positive aspect of the study. Often, studies of Black communities focus on Black people who are not African American but rather are of different ethnicities within the African diaspora whose experiences of racism-sexism likely differ from those of African Americans. . Hearing from African American women fills a gap in the literature.

Concerning methodological design, using narrative inquiry was successful in that its orientation was well fitted to examine the experiences of Black women college students. Lieblich et al. (1998) argue that narrative inquiry produces unique and rich data that cannot be captured by observations, experiments, or questionnaires, as even a single interview potentially can yield extensive material. In alignment with this argument, using narrative inquiry to investigate the coping skills of Black women college students produced rich, detailed data that allowed me to identify patterns among participants, while also highlighting their individual experiences. Seeing as there is a lack of research on Black women's emotional coping, using narrative inquiry to investigate Black women's coping was useful in that it provided relatively large quantities of rich and detailed data.

Specifically, I used holistic-content reading to analyze the data in the present study-– a form of narrative analysis that takes into consideration the entire story and focuses on the content of the story (Lieblich et al., 1998). Holistic-content reading asks the researcher to combine the stories of participants and to discover similarities and differences between the narratives of the participants. During the process, I initially read the material several times until a pattern emerged, and then wrote out my initial and global impressions of the case. While reviewing each transcript, I followed the five interview questions/themes in the story as it unfolded from beginning to end, and I used different

colors to mark the various themes in the written stories, reading separately and repeatedly for each one. I then wrote descriptions of each participant, responding to the five interview questions/themes.

Holistic-content reading was an ideal methodology to use to investigate Black women college students' ways of supporting themselves emotionally in the face of racist-sexist, hostile climate factors in that it made inferences about the overall stories participants tell, revealing the depth of participants' experiences (Lieblich et al., 1998). I could have chosen a categorical rather than a holistic analysis. However, Lieblich et al. (1998) argue that the categorical approach may be used when the goal of the study is primarily interested in a problem or phenomenon shared by a group of people, while the holistic approach is best suited for studies interested in the person as a whole and his or her progression to the current position. Seeing as the present study was focused on the ways in which race/gender oppression may influence mental health and mental health coping, the holistic approach was best for reflecting Black women's potential development of mental health problems and coping methods. Using more structured qualitative methodologies, such as a categorical approach, which often focus on restricted phrases and chunks of text, might not have conveyed the richness of participants' narratives. Also, the reading and re-reading involved in holistic-content reading helped me develop a deep familiarity with each of the participants' stories.

When considering data collection, this study was successful in that the interview protocol addressed the research questions. Participants' responses to the interview questions provided relevant data that answered the research questions. The interview

questions also seemed to resonate with participants in that they gave rich responses to each of the questions.

Furthermore, using Black women clinicians as auditors was a useful step in the analysis process. Four Black women clinicians read over my coding of transcripts, as well as my write-ups on each participant, and provided comments and critiques on the ways that I analyzed the data. Their expertise as Black women clinicians provided them with backgrounds of knowledge that contributed to their ability to critique my interpretations of participants' experiences.

The auditors' critiques identified my blind spots and insured that I reflected on my areas of bias. As a result, I was able to make adaptive changes to my descriptions of each participant's narrative, correcting areas in which my blind spots may have augmented the ways in which I interpreted the data. For example, because of the challenges I have experienced as a Black woman, I sometimes interpreted participants' experiences as challenges or hardships when participants may not have viewed their experiences as such. When auditors pointed out this interpretation, I was able to better assess whether or not participants' experiences constituted challenges.

Limitations

Despite its strengths, this study also had several limitations. In terms of data collection, conducting in-person interviews, as opposed to online interviews, may have been advantageous, as doing so might have provided a more trusting environment for participants to share. Although it was my initial intention to conduct all interviews in-person, quarantining because of the COVID-19 pandemic necessitated doing online interviews. Although participants did not appear to feel inhibited or uncomfortable, I

imagine in-person interviews would have created greater intimacy in the interview process, perhaps capturing more intimate details of the women's lives.

Also concerning data collection, I made the mistake of not explicitly asking my participants for indicators of their socioeconomic status. Although I was somewhat able to gauge participants' socioeconomic status due to the narratives they told about themselves, asking participants explicitly for their perceptions of their socioeconomic status would have provided greater context in which to place participants' perspectives and experiences. I may have also been able to make inferences about the ways in which these women's socioeconomic statuses may have impacted their feelings of belonging in their various environments.

Additionally, I should have asked participants to share their perspectives on and experiences of intersectionality more explicitly. Although I did ask them to describe their experiences of racism/sexism, I could have asked participants whether or not they noticed ways in which their racial and gender identities intersected and/or their experiences of racism and sexism intersected. Asking such questions may have provided greater information on the ways in which race and gender intersected for these women.

Furthermore, it was a mistake not to ask participants explicitly whether or not racist/sexist climate factors influenced their development of emotional challenges. Rather than asking this question explicitly during the interviews, I asked questions that acted as openings for participants to speak to this relationship. Although I was able to infer from participants' narratives that racist/sexist climate factors did influence their emotional challenges, it would have been fruitful to hear participants' explicit perceptions of such relationships. More explicit answers may have provided me with more evidence to support

a link between racist/sexist hostile climate factors and Black women college students'
development of mental health issues.

Implications for Research

The results of the present study support the use of intersectional theory to
understand the racist-sexist, hostile climate factors that Black women college students
experience. They also suggest how Black women's emotional or mental health might be
influenced by others' reactions to their gender identities.

Hostile Climate Factors. The finding that the majority of the women perceived
and endured racist-sexist hostile climate factors during college because of their
marginalized race/gender identities supports the use of intersectional theory to
conceptualize Black women's experiences. The theory is well applied when investigating
hostile climate factors that Black women college students' experience.

Based on the findings of the present study, I recommend that future researchers
conduct further research on Black women college students and the racist/sexist, hostile
climate factors that they face at PWI colleges and universities. Considering that seven out
of eight of the Black women college students indicated having experiences of
racism/sexism during college, there needs to be further research on the ways in which
racism/sexism affect this population.

I also recommend that researchers ask Black women explicitly about their
perceptions of their intersecting identities and the ways that they experience intersectional
racism/sexism. Furthermore, the classroom appears to be an arena in which most Black
women college students experience racist/sexist, hostile climate factors. Researchers

should consider further investigating college classrooms as environments that foster racist-sexist, climate factors for Black women college students.

Furthermore, I recommend that researchers conduct further research that investigates the relationship between the racist-sexist climate factors that Black women experience due to their intersecting marginalized identities and the mental health concerns they develop. Although I was able to infer that for many participants, racism/sexism and their development of mental health concerns were linked, further research could ask more explicit questions about the nature of these relationships.

Emotional Health. The results of the present study also support the use of invisibility theory to understand the impact that racist-sexist, hostile climate factors have on the mental health of Black women college students. One finding was that many participants felt invisible in response to facing racist-sexist, hostile climate factors and developed emotional challenges at least in part as a result of this invisibility. Invisibility theory and invisibility syndrome in particular seem to be appropriate theories for describing the impact of racist-sexist, hostile climate factors on Black women college students' mental health. Although previous studies have demonstrated the suitability of applying invisibility theory to Black women generally (Helms, 2017), this study demonstrates that invisibility theory is specifically relevant to Black women college students.

I also recommend that researchers conduct further research on Black women college students' emotional health challenges. Results from the study suggest that Black women college students are at risk for developing a range of mental health concerns which are worthy of further investigation. Very little research has examined Black women

college students' mental health. Therefore, there is a need for more robust evidence on the mental health problems that Black women college students experience.

Furthermore, the most common emotional challenges that participants faced were depression and identity development issues. Thus, researchers should further investigate depression and identity development issues among Black women college students and their influence on their mental health journeys. Some participants' identity development issues centered on their trying to fulfill the SBW stereotype. Other identity issues focused on how to be a Black woman. Therefore, there is a need for further research on how the SBW stereotype is endorsed by Black women college students, as well as how challenges to their Blackness affects their wellbeing.

Another finding from this study is that participants had mixed experiences with mental health treatment. Researchers studying Black women college students may want to further examine the factors that determine whether or not Black women college students perceive their treatment to be helpful.

Shame and Stigmatization. Shame and self-stigmatization towards mental illness were pervasive among participants, with every participant confirming feeling shame for experiencing the emotional struggles that they experience. Researchers should further investigate the role of shame and stigmatization towards mental health and mental health treatment among Black women college students. In particular, researchers may want to examine if, like many participants in this study, Black women college students stigmatize themselves for experiencing mental health problems, as opposed to experiencing stigmatization from others. As some participants indicated that the stigma towards mental illness and mental health treatment in the Black community initially deterred them from

seeking formal mental health treatment, researchers should also explore the relationship between endorsing mental health stigma and whether or not Black women college students seek treatment.

Narrative Inquiry. Another recommendation to researchers is to use narrative inquiry when doing qualitative research with Black women college students, given that the research questions are appropriate for this methodology. Using narrative inquiry in the present study made sense because the kinds of questions that I had for participants were well-suited for narratives. Using narrative inquiry produced data of a rich and detailed quality that addressed the nuances involve in the topic (Lieblich et al., 1998). Researchers who are interested in gaining nuanced perspectives and stories from Black women college students should consider narrative inquiry as their methodology.

Implications for Practice

Based on the results of this study, there are several implications for clinical practice. Here I discuss practice implications with respect to (a) effects of hostile climates, (b) emotional issues specific to Black college women, and (c) coping tools for reacting to emotional issues.

Addressing Racist-Sexist Hostile Climate Factors. Consistent with intersectionality theory, the results of the current study suggest that most Black women college students faced racist-sexist, hostile climates before and/or during college. For half of the women (Kelly, Michelle, Whitney, and Aaliyah), the race/gender trauma that they experienced during grade school and high school was more influential than the race/gender trauma they experienced during college. Often, these women's traumas from grade school and high school influenced them emotionally during college. Thus, for

Black girls, the middle and high school years may be quite important developmental periods because they may be at greater risk of experiencing hostile racist/sexist climate factors with no outlets for resisting them.

Thus, I recommend that mental health interventions for Black women occur during middle school and high school, as this is a developmental period that seems to be influential in Black women's mental health later in life. Furthermore, seeing as nearly all participants experienced racism/sexism during college, I recommend that clinicians treating Black women college student inquire about and address the racist/sexist, hostile climate factors these women experience during their lifespan in their sessions. The need for clinicians to address racist/sexist, hostile climate factors emphasizes the importance of clinicians being trained in and gaining a competency in counseling orientations that consider the role of oppression in clients' lives, such as feminist theory (Comstock et al., 2008). Additionally, college counseling centers should partner with campus offices and organizations for Black students to address the racist/sexist realities that Black women college students face.

Addressing Emotional Health Problems. The most common emotional challenges that Black women college students experienced in this study were depression and i defining a Black identity for themselves. Both types of issues might have resulted from not being viewed as "Black enough" or striving to fulfill the SBW stereotype. I recommend that clinicians screen Black women college students for depression symptoms. I also recommend that clinicians make space for exploring identity development issues in their treatment with Black women college students. Because racial identity development issues were salient to many participants in this study, clinicians should become familiar

with racial identity development models (Helms, 1990) and engage in discussions about race with their Black women college student clients.

Clinical Training. Considering that six out of eight participants had sought formal mental health treatment and considering that five out of these six participants reported experiences with White therapists that made them feel like the therapist could not relate to or understand the issues they presented, all clinicians, but particularly White clinicians, need to consider the perspectives of Black women college students when engaging in treatment with them. The Black women in the present study, who felt their White therapists could not understand them or the challenges that they face as Black women, felt misperceived by their clinicians because the clinicians did not consider the contextual factors that affected their lives. This finding emphasizes the importance of clinicians' contextualizing clients through the lens of structural and systemic racism-sexism and engaging in deep listening with clients, so as to make the client feel heard and seen.

Additionally, several participants described negative perceptions and/or experiences with psychiatrists. Some of these participants expressed that they felt unseen by their psychiatrists, who did not take the time to truly determine what was going on with them and rather, treated them like "checking off a box." Psychiatrists need to be trained in and employ relational techniques (Jordan, 2008) to make Black women college students feel seen and heard.

Furthermore, some participants benefitted from being paired with Black or mixed-race clinicians, suggesting that some Black women college students may feel best served by Black clinicians or clinicians of color. Some participants also complained about the lack of Black clinicians in their university's counseling centers, explaining that the lack of

Black clinicians deterred them from seeking services. Seeing as Black clinicians and clinicians of color may be valuable resources to Black women college students, college counseling centers should prioritize hiring and retaining Black clinicians and clinicians of color on their staff.

Offering Coping Tools. Participants reported developing and using a variety of coping mechanisms that clinicians should consider for their Black women college student clients. Clinicians may consider encouraging Black women college students to use coping mechanisms such as talking to others about what they are feeling, cultivating Black support systems, engaging in creativity and self-expression (writing, reading Black writers, creating visual art, engaging with music, etc.), using mindfulness techniques, engaging in self-care, and advocating for other Black women.

Programs. Developing Black support systems or Black counter-spaces was a common coping method among participants in this study. Therefore, universities, their counseling centers, and their clinicians should support Black women students in creating and maintaining community through Black programs and counter-spaces. These programs and counter-spaces should be provided with adequate funding and institutional support so that Black women students may experience the benefits of engaging in Black support systems and counter-spaces. Student activism by Black women college students should be encouraged and supported.

Considering Shame. Furthermore, this study found that shame and self-stigmatization towards mental illness were common among participants, with every participant in this study confirming feeling shame for experiencing the emotional struggles that they experienced. Clinicians should be aware of Black women college students

potentially experiencing shame and self-stigmatization, which may impact treatment. Clinicians should also help Black women college students address the shame they feel (Lancaster, 2011).

Conclusions

Intersectionality theory posits that Black women college students at PWIs experience racist-sexist, hostile climate factors and invisibility theory suggests that these racist-sexist hostile climate factors lead Black women college students to feel invisible and subsequently, suffer from emotional health issues. Results demonstrated that most Black women college student participants perceived racist-sexist, hostile climate factors during college in the form of microaggressions and stereotypes, often taking place in the classroom, as well as hate crimes and sexual violence. Participants' narratives led me to infer that these racist-sexist, hostile climate factors made them feel invisible and potentially contributed to their emotional challenges, which included depression, struggles with identity development, anxiety, stress, and academic pressure. To cope with these mental health issues, participants used a variety of coping tools, including talking to others about what they were feeling, seeking formal mental health treatment, cultivating Black support systems, engaging in the arts (writing, reading Black writers, creating visual art, engaging with music, etc.), using mindfulness techniques, engaging in self-care, and advocating for other Black women. Most participants had sought formal mental health treatment and the majority of these participants reported mixed feelings concerning treatment. Participants largely denied being stigmatized by others because of their mental health problems, but more often, participants stigmatized themselves for experiencing the mental health problems they experience, leading them to feel ashamed.

References

Adebimpe, V. R. (1981). Overview: white norms and psychiatric diagnosis of black patients. *The American Journal of Psychiatry*.

Alegria, M., Canino, G., Ríos, R., Vera, M., Calderón, J., Rusch, D., & Ortega, A. N. (2002). Mental health care for Latinos: Inequalities in use of specialty mental health services among Latinos, African Americans, and non-Latino Whites. *Psychiatric Services*, 53(12), 1547-1555.

Allison, K. W., Crawford, I., Echemendia, R., Robinson, L., & Knepp, D. (1994). Human diversity and professional competence: Training in clinical and counseling psychology revisited. *American Psychologist*, *49*(9), 792.

Axtell, B. (2012, April 25). Black Women, Sexual Assault and the Art of Resistance. *Forbes*. Retrieved from https://www.forbes.com/sites/shenegotiates/2012/04/25/black-women-sexual-assault-and-the-art-of-resistance/#322625937469

Barnshaw, J. (2008). Race. In Schaefer, Richard t. (ed.) *Encyclopedia of Race, Ethnicity, and Society*, Volume 1. Sage Publications. Pp. 1091-1093. ISBN 978-1-45-226586-5.

Bernard, H. R. (2002). Research methods in anthropology: Qualitative and quantitative approaches (3rd ed.). Walnut Creek, CA:Alta Mira Press.

Black Artists Alliance. (n.d.). In *Facebook* [Page type] Retrieved February 20, 2019, from https://www.facebook.com/Black-Artists-Alliance-554132961418967/

Blazer, D., Hybels, C., Simonsick, E., & Hanlon, J. T. (2000). Sedative, hypnotic, and antianxiety medication use in an aging cohort over ten years: A racial

comparison. *Journal of the American Geriatrics Society, 48*(9), 1073-1079. doi:http://dx.doi.org.proxy.bc.edu/10.1111/j.1532-5415.2000.tb04782.x

Blustein, D. L., Kozan, S., & Connors-Kellgren, A. (2013). Unemployment and underemployment: A narrative analysis about loss. *Journal of Vocational Behavior, 82*(3), 256-265.

Broman, C. L. (2012). Race differences in the receipt of mental health services among young adults. *Psychological Services*, 9(1), 38.

Brown, C., & Palenchar, D. R. (2004). Treatment of depression in African American primary care patients. *African American Research Perspectives*, *10*(1), 55-65.

Brown, C., Schulberg, H. C., & Madonia, M. J. (1996). Clinical presentations of major depression by African Americans and whites in primary medical care practice. *Journal of Affective Disorders*, *41*(3), 181-191.

Brown, L., Argyris, D., Attanucci, J., Bardige, B., Gilligan, C., Johnston, D., & Miller, B. (1988). *A guide to reading narratives of conflict and choice for self and moral voice.* Cambridge MA: Harvard University Press.

Carrington, C. H. (2006). Clinical depression in African American women: Diagnoses, treatment, and research. *Journal of Clinical Psychology*, *62*(7), 779-791.

CDC. (2016). *Summary Health Statistics: National Health Interview Survey: 2014*. Table A-7. Retrieved from http://www.cdc.gov/nchs/nhis/shs/tables.htm

Cho, S., Crenshaw, K. W., & McCall, L. (2013). Toward a field of intersectionality studies: Theory, applications, and praxis. *Signs: Journal of Women in Culture and Society*, *38*(4), 785-810.

Clandinin, D. J. (Ed.). (2006). Handbook of narrative inquiry: Mapping a methodology. Sage Publications.

Clandinin, D. J., & Connelly, F. M. (2000). Narrative inquiry.

Collins, P. H. (2002). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Routledge.

Collective, C. R. (1977). The Combahee river collective: A black feminist statement. *Capitalist patriarchy and the case for socialist feminism*, 362-372.

Columbia Black Theater Ensemble. (2013). *Columbia Black Theater Ensemble*. Retrieved from http://cubte.synthasite.com/

Comas-Díaz, L. E., & Greene, B. E. (1994). *Women of color: Integrating ethnic and gender identities in psychotherapy*. Guilford Press.

Comstock, D. L., Hammer, T. R., Strentzsch, J., Cannon, K., Parsons, J., & II, G. S. (2008). Relational-cultural theory: A framework for bridging relational, multicultural, and social justice competencies. *Journal of Counseling & Development*, *86*(3), 279-287.

Connelly, F. M., & Clandinin, D. J. (1990). Stories of experience and narrative inquiry. *Educational researcher*, *19*(5), 2-14.

Cornell, S. & Hartman, D. (2007). *Ethnicity and Race: Making Identities in a Changing World*. Thousand Oaks, CA: Pine Forge Press.

Crenshaw, K. (1991). Race, gender, and sexual harassment. *S. Cal. L. Rev.*, *65*, 1467.

Creswell, J. W. (2007). Qualitative inquiry and research design: Choosing among five traditions (2nd ed.). Thousand Oaks, CA: Sage Publications. A key text on

qualitative research, it introduces narrative research, phenomenology, grounded theory, ethnography, and case study in a very thorough manner.

Creswell, J. W. (Ed.). (2009). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches (3rd ed.). Los Angeles: Sage.

Davis, A. (1981). Reflections on the Black Woman's Role in the Community of Slaves. *The Black Scholar*, *12*(6), 2-15.

Davis, T. A., & Ancis, J. (2012). Look to the relationship: A review of African American women substance users' poor treatment retention and working alliance development. *Substance Use & Misuse*, *47*(6), 662-672.

Donovan, R. A. (2011). Tough or Tender: (Dis) Similarities in White College Students' Perceptions of Black and White Women. *Psychology of Women Quarterly*, *35*(3), 458-468.

Donovan, R. A., & West, L. M. (2015). Stress and mental health: Moderating role of the strong Black woman stereotype. *Journal of Black Psychology*, *41*(4), 384-396.

Donovan, R., & Williams, M. (2002). Living at the intersection: The effects of racism and sexism on Black rape survivors. *Women & Therapy*, *25*(3-4), 95-105.

Du Bois, W. E. B, 1903 [1994]. *The Souls of Black Folk*.

Eliezer, D., Major, B., & Mendes, W. B. (2010). The costs of caring: Gender identification increases threat following exposure to sexism. *Journal of Experimental Social Psychology*, 46(1), 159-165.

End Rape On Campus. (2019). *Prevalence*. Retrieved from http://endrapeoncampus.org/new-page-3/

Evans-Winters, V. E. (Ed.). (2015). *Black feminism in education: Black women speak back, up, and out*. Peter Lang.

Fanon, F., & Farrington, C. (1965). *The Wretched of the Earth. Preface by Jean-Paul Sartre. Translated... by Constance Farrington*. London; printed in USA.

Federal Bureau of Investigations. (2016). *About hate crime statistics, 2016.* Retrieved from https://ucr.fbi.gov/hate-crime/2016**.**

Fine, M. (1994). Dis-stance and other stances: Negotiations of power inside feminist research. *Power and method: Political activism and educational research*, 13-35.

Fine, M. (1992). *Disruptive voices: The possibilities of feminist research*. University of Michigan Press.

Fiscella, K., Franks, P., Doescher, M. P., & Saver, B. G. (2002). Disparities in health care by race, ethnicity, and language among the insured: findings from a national sample. *Medical care*, 52-59.

Fischer, A. R., & Holz, K. B. (2007). Perceived discrimination and women's psychological distress: The roles of collective and personal self-esteem. *Journal of Counseling Psychology*, 54(2), 154.

Fitz, C. C., & Zucker, A. N. (2015). Everyday exposure to benevolent sexism and condom use among college women. *Women & health*, *55*(3), 245-262.

Franklin, A. J. (1999). Invisibility syndrome and racial identity development in psychotherapy and counseling African American men. *The Counseling Psychologist*, *27*(6), 761-793.

Georgetown University. (2019). *Black Theater Ensemble Season 2018-2019*. Retrieved from https://performingarts.georgetown.edu/BTE_2018-19_season

Giroux, H. A. (1991). *Postmodernism, feminism, and cultural politics: Redrawing educational boundaries*. Suny Press.

Gómez, J. M. (2016). Black, raped, shamed, and supported: Our responses to rape can build or destroy our community. *The Black Commentator, 659*.

Greene, B. (2000). African American lesbian and bisexual women. *Journal of Social Issues*, *56*(2), 239-249.

Gross, A. M., Winslett, A., Roberts, M., & Gohm, C. L. (2006). An examination of sexual violence against college women. *Violence against women*, *12*(3), 288-300.

Grzanka, P. R., Santos, C. E., & Moradi, B. (2017). Intersectionality research in counseling psychology. *Journal of counseling psychology*, *64*(5), 453.

Guerra, N. G. (2013). Macroeconomic factors, youth violence, and the developing child. *Economics and youth violence: Crime, disadvantage, and community*, 255-277.

Hamm, N. (2014). High rates of depression among African American women, low rates of treatment. *Huffington Post*.

Harrington, E. F., Crowther, J. H., & Shipherd, J. C. (2010). Trauma, binge eating, and the "strong Black woman". *Journal of Consulting and Clinical Psychology*, *78*(4), 469.

Hatzenbuehler, M. L., Keyes, K. M., Narrow, W. E., Grant, B. F., & Hasin, D. S. (2008). Racial/ethnic disparities in service utilization for individuals with co-occurring mental health and substance use disorders in the general population. *The journal of clinical psychiatry*, *69*(7), 1112.

Haynes, C., Stewart, S., & Allen, E. (2016). Three paths, one struggle: Black women and girls battling invisibility in U.S. classrooms. *Journal of Negro Education, 85*(3), 380-391. doi: http://dx.doi.org.proxy.bc.edu/10.7709/jnegroeducation.85.3.0380

Helms, J. E. (2017). Counseling black women: Understanding the effects of multilevel invisibility. In M. Kopala, & M. Keitel (Eds.), *2nd ed.; handbook of counseling women (2nd ed.)* (2nd ed. ed., pp. 219-233, Chapter xii, 684 Pages) Sage Publications, Inc, Thousand Oaks, CA. Retrieved from https://proxy.bc.edu/login?qurl=https%3A%2F%2Fsearch.proquest.com%2Fdocview%2F2160910747%3Faccountid%3D9673

Helms, J. E. (1992) *A Race is a Nice Thing to Have: A Guide to Being a White Person or Understanding the White Persons in Your Life*. Microtraining Associates, Inc. Hanover, MA.

Helms, J. E. (1990). *Black and White racial identity: Theory, research, and practice*. Greenwood Press.

Hess, C., Milli, J., Hayes, J., Hegewisch, A., Mayayeva, Y., Roman, S., & Augeri, J. (2015). The status of women in the states: 2015. *Institute for Washington, DC: Women's Policy Research. Retrieved from http://www. iwpr. org/publications/pubs/the-status-of-women-in-the-states-2015-full-report/at_download/file*.

hooks. B. (2015). *Sisters of the Yam: Black Women and Self-recovery*. Routledge.

hooks, B. (1989). *Talking back: Thinking feminist, thinking black*. South End Press.

Hurston, Z. N. (1990). Their Eyes Were Watching God. 1937. *New York: Perennial*, 15-16.

Killerman, S. (2018). *The Genderbread Person Version 4*. Retrieved from

    https://www.itspronouncedmetrosexual.com/2018/10/the-genderbread-person-v4/

Jackson, J. S., Neighbors, H. W., Torres, M., Martin, L. A., Williams, D. R., & Baser, R.

    (2007). Use of mental health services and subjective satisfaction with treatment

    among Black Caribbean immigrants: Results from the national survey of American

    life. *American Journal of Public Health, 97*(1), 60-67. Retrieved from

    https://proxy.bc.edu/login?qurl=https%3A%2F%2Fsearch.proquest.com%2Fdocvi

    ew%2F68390736%3Faccoun

Jackson, J. S., Torres, M., Caldwell, C. H., Neighbors, H. W., Nesse, R. M., Taylor, R. J.,

    & Williams, D. R. (2004). The national survey of American life: A study of racial,

    ethnic and cultural influences on mental disorders and mental health. *International*

    Journal of Methods in Psychiatric Research, 13(4), 196-207. Retrieved from

    https://proxy.bc.edu/login?qurl=https%3A%2F%2Fsearch.proquest.com%2Fdocvi

    ew%2F67279718%3Faccountid%3D9673

Jones, L. V., & Guy-Sheftall, B. (2015). Conquering the Black Girl Blues. *Social*

    work, *60*(4), 343-350.

Jones, L. V., Hopson, L., Warner, L., Hardiman, E. R., & James, T. (2015). A qualitative

    study of black women's experiences in drug abuse and mental health

    services. *Affilia*, *30*(1), 68-82.

Jones, L. V., & Warner, L. A. (2011). Evaluating culturally responsive group work with

    black women. *Research on Social Work Practice*, *21*(6), 737-746.

Jordan, J. V. (2008) Recent Developments in Relational-Cultural Theory. *Women &*

    Therapy, 31:2-4, 1-4, DOI: 10.1080/02703140802145540

Journal of Blacks in Higher Education. (2019). *Campus Racial Incidents*. Retrieved from

    https://www.jbhe.com/incidents/

The Journal of Blacks in Higher Education. (2017). *Black Women Students Far*

    Outnumber Black Men at the Nation's Highest-Ranked Universities. Retrieved

    from http://www.jbhe.com/news_views/51_gendergap_universities.html

Kemper, P., Blumenthal, D., Corrigan, J. M., Cunningham, P. J., Felt, S. M., Grossman, J.

    M., ... & Ginsburg, P. B. (1996). The design of the community tracking study: a

    longitudinal study of health system change and its effects on people. *Inquiry*, 195-

    206.

Kessler, R.C., Nelson, C.B., McGonagle, K.A., Edlund, M.J., Frank, R.G., Leaf, P.J.

    (1996) The epidemiology of co-occurring addictive and mental disorders:

    implications for prevention and service utilization. *American Journal of*

    Orthopsychiatry 66: 17±31.

Koss, M. P., Gidycz, C. A., & Wisniewski, N. (1987). The scope of rape: incidence and

    prevalence of sexual aggression and victimization in a national sample of higher

    education students. Journal of consulting and clinical psychology, 55(2), 162.

Krebs, C. P., Barrick, K., Lindquist, C. H., Crosby, C. M., Boyd, C., & Bogan, Y. (2011).

    The sexual assault of undergraduate women at Historically Black Colleges and

    Universities (HBCUs). *Journal of interpersonal violence*, *26*(18), 3640-3666.

Lancaster, J. M. (2011). Examining shame from a relational-cultural perspective.

    Retrieved from https://hdl.handle.net/11244/319303

Landrine, H., & Klonoff, E. A. (1997). *Discrimination against Women: Prevalence, Consequences, Remedies*. Sage Publications, 2455 Teller Road, Thousand Oaks, CA 91320.

Landrine, H., Klonoff, E. A., Gibbs, J., Manning, V., & Lund, M. (1995). Physical and psychiatric correlates of gender discrimination: An application of the Schedule of Sexist Events. Psychology of women quarterly, 19(4), 473-492.

Laumann, E. O., & Youm, Y. (1999). Racial/ethnic group differences in the prevalence of sexually transmitted diseases in the United States: a network explanation. *Sexually transmitted diseases*, *26*(5), 250-261.

Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suárez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board task force report. *American Psychologist*, *73*(1), 26.

Lewis, J. A., & Neville, H. A. (2015). Construction and initial validation of the Gendered Racial Microaggressions Scale for Black women. *Journal of counseling psychology*, *62*(2), 289.

Lewis, J. A., Williams, M. G., Peppers, E. J., & Gadson, C. A. (2017). Applying intersectionality to explore the relations between gendered racism and health among Black women. *Journal of Counseling Psychology, 64*(5), 475–486. https://doi.org/10.1037/cou0000231

Lieblich, A., Tuval-Mashiach, R., & Zilber, T. (1998). *Narrative research: Reading, analysis, and interpretation* (Vol. 47). Sage.

Manns, C. L. (2017). *Minority access to health care the social construction of health care disparities: Giving voice to the experiences of women of color* (Order No. AAI10108909). Available from PsycINFO. (1881316802; 2016-53061-074). Retrieved from https://proxy.bc.edu/login?qurl=https%3A%2F%2Fsearch.proquest.com%2Fdocview%2F1881316802%3Faccountid%3D9673

Matthews, A. K., Corrigan, P. W., Smith, B. M., & Aranda, F. (2006). A Qualitative Exploration of African-Americans' Attitudes Toward Mental Illness and Mental Illness Treatment Seeking. *Rehabilitation Education*, *20*(4).

McIntosh, P. (1995). White privilege: Unpacking the invisible backpack. *Women: images and realities: A multicultural anthology*, 264-267.

Mengesha, M., & Ward, E. C. (2012). Psychotherapy with African American women with depression: Is it okay to talk about their religious/spiritual beliefs?. *Religions*, *3*(1), 19-36.

Miller, B., & Marshall, J. C. (1987). Coercive sex on the university campus. *Journal of College Student Personnel*.

Miranda, J., & Cooper, L. A. (2004). Disparities in care for depression among primary care patients. *Journal of General Internal Medicine*, *19*(2), 120-126.

Morris, E. W. (2007). "Ladies" or "loudies"? Perceptions and experiences of black girls in classrooms. *Youth & Society*, *38*(4), 490-515.

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of counseling psychology*, *52*(2), 250.

Myers, L. J. (1993). *Understanding an Afrocentric world view: Introduction to an optimal psychology*. Kendall/Hunt Publishing Company.

Nadeem, E., Lange, J. M., & Miranda, J. (2009). Perceived need for care among low-income immigrant and US-born black and Latina women with depression. *Journal of Women's Health*, *18*(3), 369-375.

National Alliance on Mental Illness. (2019). *African American Mental Health*. Retrieved from https://www.nami.org/find-support/diverse-communities/african-americans

National Domestic Workers Alliance, 2018. *The status of black women in the United States*. Retrieved from https://www.domesticworkers.org/status-black-women-united-states

Neighbors, H. W., Caldwell, C., Williams, D. R., Nesse, R., Taylor, R. J., Bullard, K. M., ... & Jackson, J. S. (2007). Race, ethnicity, and the use of services for mental disorders: results from the National Survey of American Life. *Archives of general psychiatry*, *64*(4), 485-494.

Nyamathi, A. M. (1992). Relationship of resources to emotional distress, somatic complaints, and high-risk behaviors in drug recovery and homeless minority women. *Journal of Health Care for the Poor and Underserved, 3*(1), 93-106. doi:http://dx.doi.org.proxy.bc.edu/10.1353/hpu.2010.0489

Patton, M. Q. (2002). Qualitative research and evaluation methods 3rd ed. Thousand Oaks, CA: Sage.

Perry, T., Steele, C., & Hillard, A. G. (2003). Young, gifted, and Black: Promoting high achievement among African- American students.

Pickering, R. P., Grant, B. F., Chou, S. P., & Compton, W. M. (2007). Are Overweight, Obesity, and Extreme Obesity Associated With Psychopathology? Results From the National Epidemiologic Survey on Alcohol and Related Conditions.(CME). *Journal of Clinical Psychiatry*, *68*(7), 998-1009.

Rodgers, A. G. (2007) The Unsayable, Lacanian Psychoanalysis, and the Art of Narrative Interviewing. In D. J. Clandinin (Ed.), *Handbook of Narrative Inquiry: Mapping a Methodology* (pp. 99-119). Thousand Oaks, CA: Sage Publications, Inc.

Romero, R. E. (2000). The icon of the strong black woman: The paradox of strength. In L. C. Jackson, & B. Greene (Eds.), *Psychotherapy with african american women: Innovations in psychodynamic perspective and practice; psychotherapy with african american women: Innovations in psychodynamic perspective and practice* (pp. 225-238, Chapter xxii, 298 Pages) Guilford Press, New York, NY. Retrieved from https://proxy.bc.edu/login?qurl=https%3A%2F%2Fsearch.proquest.com%2Fdocview%2F619461238%3Faccountid%3D9673

Roscigno, V. J., Karafin, D. L., & Tester, G. (2009). The complexities and processes of racial housing discrimination. *Social Problems*, *56*(1), 49-69.

Sanday, P. R. (1996). Rape-prone versus rape-free campus cultures. *Violence Against Women*, 2(2), 191-208.

Schmitt, M. T., Branscombe, N. R., & Postmes, T. (2003). Women's emotional responses to the pervasiveness of gender discrimination. *European Journal of Social Psychology,* 33(3), 297-312.

Shah, B. V., Barnwell, B. G., & Bieler, G. S. (1997). *SUDAAN, software for the statistical analysis of correlated data: User's manual, release 7.5, 1997*. Research Triangle Institute.

Singer, J. (1999). Why can't you be normal for once in your life? From a problem with no name to the emergence of a new category of difference. *Disability discourse*, 59-70.

Slavin, L. A., Rainer, K. L., McCreary, M. L., & Gowda, K. K. (1991). Toward a multicultural model of the stress process. *Journal of Counseling & Development*, *70*(1), 156-163.

Smedley, B. D., Stith, A. Y., & Nelson, A. R. (Eds.). (2003). Unequal treatment: Confronting racial and ethnic disparities in health care. Washington, DC: The National Academies.

Snowden, L. R. (2001). Barriers to effective mental health services for African Americans. *Mental Health Services Research*, *3*(4), 181-187.

Snowden, L. R. (1999). African American service use for mental health problems. *Journal of Community Psychology*, *27*(3), 303-313.

Stewart, D. L. (2002). The role of faith in the development of an integrated identity: A qualitative study of black students at a white college. *Journal of College Student Development, 43*(4), 579-596. Retrieved from

https://proxy.bc.edu/login?qurl=https%3A%2F%2Fsearch.proquest.com%2Fdocvi
ew%2F619922393%3Faccountid%3D9673

Stewart, D. L. (2010). Knowing God, knowing self. *The evolving challenges of Black
college students: New insights for policy, practice, and research*, 9-25.

Solorzano, D., Ceja, M., & Yosso, T. (2000). Critical race theory, racial microaggressions,
and campus racial climate: The experiences of African American college
students. *Journal of Negro Education*, 60-73.

Solórzano, D. G., & Villalpando, O. (1998). Critical race theory, marginality, and the
experience of students of color in higher education. *Sociology of education:
Emerging perspectives*, *21*.

Spade, D. (2013). Intersectional resistance and law reform. *Signs: Journal of Women in
Culture and Society*, *38*(4), 1031-1055.

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A., Nadal, K. L., &
Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for
clinical practice. *American psychologist*, *62*(4), 271.

Suyemoto, K. L., & Donovan, R. A. (2015). Exploring intersections of privilege and
oppression for Black and Asian immigrant and US born women: Reaching across
the imposed divide. In *Gendered journeys: Women, migration and feminist
psychology* (pp. 54-75). Palgrave Macmillan, London.

Thomas, A. J., Witherspoon, K. M., & Speight, S. L. (2008). Gendered racism,
psychological distress, and coping styles of African American women. *Cultural
Diversity and Ethnic Minority Psychology*, *14*(4), 307.

Thompson, V. L. S., Bazile, A., & Akbar, M. (2004). African Americans' perceptions of

    psychotherapy and psychotherapists. *Professional psychology: Research and*

    practice, *35*(1), 19.

Torres, L., Driscoll, M. W., & Burrow, A. L. (2010). Racial microaggressions and

    psychological functioning among highly achieving African-Americans: A mixed-

    methods approach. *Journal of Social and Clinical Psychology*, *29*(10), 1074-1099.

Townsend, T. G., Neilands, T. B., Thomas, A. J., & Jackson, T. R. (2010). I'm no Jezebel;

    I am young, gifted, and Black: Identity, sexuality, and Black girls. *Psychology of*

    Women Quarterly, *34*(3), 273-285.

U.S. Department of Health and Human Services. (2001). Mental health: Culture, race, and

    ethnicity—A supplement to Mental health: A report of the surgeon general.

    Rockville, MD: Author.

U.S. News and World Report. (2019). Best Colleges U.S. News and World Report

    Rankings: Drexel University. *U.S. News and World Report.* Retrieved from

    https://www.usnews.com/best-colleges/drexel-university-3256

U.S. News and World Report. (2019). Best Colleges U.S. News and World Report

    Rankings: Temple University. *U.S. News and World Report.* Retrieved from

    https://www.usnews.com/best-colleges/temple-university-3371

U.S. News and World Report. (2019). Best Colleges U.S. News and World Report

    Rankings: University of Pennsylvania. *U.S. News and World Report.* Retrieved

    from https://www.usnews.com/best-colleges/university-of-pennsylvania-3378

Valentine, S. E., Dixon, L., Borba, C. P., Shtasel, D. L., & Marques, L. (2016). Mental

    illness stigma and engagement in an implementation trial for Cognitive Processing

Therapy at a diverse community health center: a qualitative investigation. *International journal of culture and mental health*, *9*(2), 139-150.

Van Dyke, N. (1998). Hotbeds of activism: Locations of student protest. *Social Problems*, *45*(2), 205-220.

Ward, E., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research*, *62*(3), 185.

Watson, J. (2006). CUNY retention programs for African American males under fire. Diverse Issues in Higher Education, 23(9), p. 7.

Watt, S. K. (2003). Come to the river: Using spirituality to cope, resist, and develop identity. In M. F. Howard-Hamilton (Ed.), Meeting the needs of African American women (pp. 29-40). New Directions for Student Services, No. 104. San Francisco: Jossey-Bass.

Way, D. E. (2017). *Segregated student housing: Exclusion in the name of inclusion.* Retrieved from https://www.jamesgmartin.center/2017/09/segregated-student-housing-exclusion-name-inclusion/

West, C. M., & Johnson, K. (2013). Sexual violence in the lives of African American women: Risk, response, and resilience. *National Online Resource Center on Violence Against Women*.

West, C. M. (2012). Mammy, Jezebel, Sapphire, and their homegirls: Developing an" oppositional gaze" toward the images of Black women.

Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: evidence and needed research. *Journal of behavioral medicine*, *32*(1), 20-47.

Williamson, J. A. (2008). *Radicalizing the Ebony Tower: Black Colleges and the Black Freedom Struggle in Mississippi. Reflective History*. Teachers College Press. 1234 Amsterdam Avenue, New York, NY 10027.

Woods, K. C., Buchanan, N. T., & Settles, I. H. (2009). Sexual harassment across the color line: Experiences and outcomes of cross-versus intraracial sexual harassment among Black women. *Cultural Diversity and Ethnic Minority Psychology*, *15*(1), 67.

Woods-Giscombé, C. L. (2010). Superwoman schema: African American women's views on stress, strength, and health. *Qualitative health research*, *20*(5), 668-683.

Wun, C. (2014). Unaccounted foundations: Black girls, anti-Black racism, and punishment in schools. Critical Sociology, 42(4-5), 737-750.

Zucker, A. N., & Landry, L. J. (2007). Embodied discrimination: The relation of sexism and distress to women's drinking and smoking behaviors. Sex Roles, 56(3-4), 193-203.

Appendices

Table 1

	Erica	Jill	Whitney	Kelly	Michelle	Giselle	Aaliyah	Robyn
Age	22	22	20	19	19	22	19	18
Gender	"She/her/ They/them"	Cis-woman	Cis-woman	Cis-woman	Cis-woman	Cis-woman	Cis-woman	Cis-woman
Ethnicity	African American	African American	African American	African American	Jamaican & Canadian	African American	African American	African American
Sexual Orientation	Queer	Pansexual	Heterosexual	Hetero-sexual	Heterosexual	Heterosexual	Heterosexual	Heterosexual
Year	Senior	Senior	Sophomore	First-year	First-year	Senior	Junior	First-year
Major	English	Sociology; Women & Gender Studies	English	Music Industry	Global Studies major; Human Rights & Social Justice concentration	Media Studies & Production	Exercise & Sports Science	Entertainment & Arts Management
Hometown	Philadelphia, PA	Philadelphia, PA	Philadelphia, PA	Richmond, VA	Toronto, ON	Bloomfield, NJ	Philadelphia, PA	Philadelphia, PA

Interview Protocol

Introduction

Hello. Thank you so much for agreeing to participate in an interview today and for contributing to this research and the people whose lives are influenced by it. I will be using narrative inquiry, "the study of experience as story," in conducting this interview and therefore, I am interested in hearing stories or narratives about your life that relate to the topics I introduce (Clandinin, 2006, p. 375). Our interview will be structured as a dialogue between the two of us, which will focus on the stories or narratives you have developed to describe yourself, your lived experiences, your perspectives, and your values/understandings of reality, particularly as they relate to your identities as a Black woman college student, as well as the topics of mental illness and mental health treatment.

Sharing my Positionality

As is encouraged in narrative inquiry, I would like to begin by sharing with you some of the identities, experiences, and perspectives I possess that contribute to my positionality in our discussion and in this research endeavor.

Social identities. I am a Black, ethnically African American and Native American, queer, cis-gender woman, and doctoral candidate in counseling psychology at Boston College. My political identity is leftist, feminist, womanist, and social justice oriented. I continually strive to use an intersectional lens when considering issues of power and oppression. I was raised with a great deal of socioeconomic, class, and educational privilege in mostly predominately white educational and residential environments. However, from an economic standpoint, I have spent my adult life identifying as working class.

As a result of my socioeconomic and class privilege, as well as my location in safe, resource-laden, environments and institutions, I have had easy access to quality education, health, and mental health resources.

I have engaged in formal mental health treatment and have used it in combination with other coping techniques.

I have made sense of my stigmatized Black identity by engaging in anti-racist social justice and activism and by employing a feminist lens in my understanding of reality.

Relationship to the mental health field. I first attended individual talk psychotherapy at the age of 17 and have been in and out of psychotherapy for the past thirteen years. I am currently working and training as a mental health professional. I have worked as a mental health caseworker in New York City, seeing mostly socioeconomically disadvantaged clients of Color with severe mental illnesses such as mood disorders, psychotic disorders, personality disorders, and developmental disabilities and who face a number of structural challenges and forms of oppression. I have also focused my clinical expertise on college counseling, working primarily with young adult students with diverse social identities and presenting issues. After completing my doctorate, I plan to work as a psychotherapist in either private practice or college counseling settings, specializing in work with people who possess marginalized social identities. I utilize a feminist, relational-cultural therapeutic orientation in my clinical work.

Interview

On Upbringing and Race/Gender Socialization

1. Please tell me the story of your upbringing using your most important identity/ies, values, perspectives, and experiences to direct the focus of your story. What is the setting? Who are the central characters? Which relationships have been central to your story? What events or experiences are central to the plot?

    a. Probe: Please describe the major messages you have received from your surroundings and upbringing.

        i. What was the role of race and gender in the messages you received growing up and how did being a Black woman influence the messages you received growing up?

    b. Probe: What communities are central to your story and what kind of impact have they had on you an your developing identity?

        i. What values, understandings, and goals were important to these communities? How was this demonstrated or communicated?

2. Which stories have shaped your understanding of your experience as a Black woman college student?

    a. Probe: Has being a Black woman college student been important to your story/(ies)? How has it been or not been important?

        i. In telling your story, are there other social identities or societal structures that intersect with your racial and gender identities in important ways? What are they and what is their influence on your story?

      b. What challenges have you faced in connection with being a Black woman

         college student at a PWI?

            i. Have you faced racism or sexism as a Black woman college student

              at a PWI? In what forms did this racism/sexism take?

On Emotional & Psychological Symptoms, Mental Health Treatment, and Being a Black Woman College Student

      Now, I would like to hear about the ways in which your emotional challenges or symptoms have been involved in your story/(ies).

1. What have been the major life challenges in your story, both before and during college, and how have they impacted your emotional, psychological, and physical health?

      a. Probe: In which ways has it been evident that you have had a problem or were experiencing a challenge?

      b. Probe: What constitutes mental health and mental illness and how have you come to this understanding? What factors, contexts, identities, and relationships have influenced this understanding?

2. How have you been advised and/or socialized to cope with these challenges? Did this or does this currently differ from the ways in which you ultimately have chosen to cope with these challenges and if so, how?

      a. Probe: What are the primary coping skills you have used to support yourself emotionally?

      b. Probe: In choosing and employing coping mechanisms, has this process been influenced by being a Black woman and if so, how?

    c. Probe: Were the forms of coping you have chosen to employ been influenced by your access to resources? Which resources did you have access to and which did you not have access to before college and during college? What factors, structures, or identities dictated your access to these resources?

3. How do you feel about experiencing the symptoms that you experience?

    a. Probe: Do you ever feel shame for experiencing your symptoms? Do you ever feel stigmatized for experiencing your symptoms?

4. How do your family and your friends and/or partner(s) feel about your symptoms? How have they communicated how they feel?

    a. Probe: Has anyone ever made you feel bad about experiencing your symptoms?

        i. Some research has shown that Black communities demonstrate a stigma toward mental illness at a rate greater than their white counterparts. Based on your experience, what would you say about that claim?

        ii. Has anyone ever suggested that you need help for your symptoms?

        iii. Has anyone ever suggested you seek mental health treatment for your symptoms?

5. What happened in your various environments that helped form your opinions on mental health treatment (psychotherapy, psychiatric medication, etc.)? What kinds of messages have you been exposed to regarding seeking mental health treatment for emotional or psychological symptoms?

a. Probe: Which factors, contexts, identities, interactions, and/or relationships have been central to your perspective on mental health treatment?

    i. Has being a Black woman influenced your perspectives on mental health treatment or your experiences with mental health treatment? If so, how?

        1. Are there any other social identities that intersect or are considered in combination with being Black that have influenced your perspectives on or experiences with mental health treatment? If so, please speak to this.

6. Have you or would you ever consider seeking mental health services if you felt you needed them**?**

a. Probe: Which factors, contexts, identities, experiences, and relationships influence this choice?

b. Probe: If you have received mental health treatment of any kind, which stories reflect/exemplify your experience with the treatment?

    i. Which factors, contexts, identities, experiences, and relationships influenced this experience?

        1. Did being a Black woman influence this experience and if so, how?

            a. Are there any other social identities that intersect or are considered in combination with being Black that influenced this experience?

    ii. How did others react to the knowledge that you engaged in mental health treatment? Which factors, contexts, identities, and relational dynamics influenced the interactions?

7. After telling these stories about your life and reflecting on them, what stands out to you as being the important conclusions, messages, or forms of truth that the stories reflect?

    a. Probe: What do your stories lead you to understand about yourself?

    b. Probe: What do your stories lead you to understand about being a Black woman?

    c. Probe: What do your stories lead you to understand about having emotional or psychological symptoms?

    d. Probe: What do your stories lead you to understand about mental health treatment?

    e. Probe: What do your stories lead you to understand about life?

        i. About being human?

        ii. About the world?

        iii. About reality?

Conclusion

Those are all of the questions I have prepared. Is there anything else that you'd like to add or that you think I should know? That concludes our interview for today. Thank you so much for participating!