Black Women and Mental Health: Establishing Effective and Culturally Supportive Therapeutic Relationships

by

Astra Barkley

A dissertation submitted to the Graduate Faculty of
Auburn University
In partial fulfillment of the
Requirements for the Degree of
Doctor of Philosophy

Auburn, Alabama
August 3, 2024

Keywords: Black women/African American women, people of color, mental health utilization, culturally supportive, barriers, therapy

Approved by

Margie Taylor, Assistant Clinical Professor of Special Education, Rehabilitation, & Counseling
Jamie Carney, Humana Germany Sherman Distinguished Professor of Special Education, Rehabilitation, & Counseling
Evelyn Hunter, Associate Professor of Special Education, Rehabilitation, & Counseling
Sarah Flint, Assistant Professor of Special Education, Rehabilitation, & Counseling

Abstract

This phenomenological study sought to examine the lived experience of Black women who received mental health counseling. Literature has long focused on the barriers and attitudes that attributes to Black women help seeking behavior, while vaguely focusing on the experiences in the counseling process. This study was guided by the hermeneutic phenomenological and critical race feminist theoretical approach. Using this approach, the research sought to understand the unique experiences and challenges faced by Black women that influenced the counseling process and provide knowledge to improve culturally responsive therapy. Through semi-structured interviews with ten participants, the research found that despite the barriers and attitudes, the Black women in this study desired to improve their mental health through culturally supportive therapeutic care. The findings unpacked seven themes that captured the essence of Black women experiences in counseling. The overarching themes were (1) Readiness and Rationale, ((2) Challenges to the counseling process, (3) Cultural Impact on the Counseling Process, (4) Education and Conversation, (5) Culturally Identified Skills that Enhance the Therapeutic Alliance, (6) Personal Experience as an Advocacy Strategy, and (7) Improved Mental Health. Amidst the themes are implications for counselors, counselor trainees, counselor educators, and supervisors. Further, the results indicated limitations and future recommendations for research.

Acknowledgements

As I'm writing in this moment, the tears just keep flowing. I want to sincerely thank God for His faithfulness and giving me the strength to push pass the obstacles presented. I'm overwhelmed with gratitude and appreciation for the many people that were impactful during my journey and when I say it was a journey, it was truly a journey that taught many life lessons that are imprinted on my heart. I'm reminded of this quote by Dr. Martin Luther King, Jr. If you can't fly then run. If you can't run then walk. If you can't walk then crawl, but whatever you do, you have to keep moving forward. There were many days it felt like I was barely moving, but I kept going.

Dr. Chippewa M. Thomas, thank you for believing in me and pushing me to be my best. I appreciate you presenting with me nationally and regionally. Dr. Heather Delgado, thank you for your yes and guidance. Dr. Jinhee Park, thank you for giving me the opportunity to be a part of your research team and getting my first publication. Dr. Lindsay Portela, thank you for believing in me. Your guidance allowed me to grow as a supervisor and a teacher.

To my committee, I am forever grateful for your help navigating this process, without you…well I do not want to think about that. To my chair, Dr. Margie Taylor, you have been one of the most encouraging and supportive people I know. When I was on the brink of giving up, you always said, "I understand, however, you can do this". Fast forward, you became my chair with short notice and immediately stepped up and filled the role seamlessly. I will never have enough words to express my gratitude. Dr. Jamie Carney, I could write a book about you but I will just say thank you, thank you, thank you. From day one to the end you have been there to answer every question, provide guidance, and push me to my full potential. It is an honor to have

you on my committee and it's your very last one. We are both just getting started. Dr. Evelyn Hunter, I appreciate your time and guidance. I have watched you lead for the last four years and your leadership has been infectious. Dr. Sarah Flint, thank you for jumping in when I needed you without hesitation. I appreciate your leadership in teaching and allowing me the opportunity to grow as a teacher. Dr. Ivan Watts, thank you for being a part of the committee as my outside reader. I have a grateful heart.

To my cohort, I appreciate each of you, it has been a privilege to have such wonderful people on this journey. Joanna Collins, thank you for always being encouraging and supportive. Kaycee Roberts, thank you for always having my back. You are a true gem. To my friend, Andrea Douglas, girl thank you for the constant reminder that I was so close when I wanted to stop. Amber Richardson, thank you for your support and extra eyes. To the many that gave encouraging words or told me you were proud of me, thank you.

To my participants that made this study possible, thank you. Thank you for taking the time to interview and contribute your insight and experiences. This could not have been done without you.

Last but definitely not least, my family. To my mom Edith, girl where would I be without you. The taxi for the kids, getting them on and off the bus, to appointments, activities, and so much more. Did I mention she retired so I could do this, oh yeah, she did. To my bonus dad, Lawrence, thanks for always being there. To my dad, Edward and bonus mom, Jurilyn, thank you for sharing your home with me many nights to study or sleep before I headed back to Auburn. Thank you for always making sure I had a great dinner, that was my favorite. Thank you for always stepping up to help out wherever you could. To my prayer partner and best friends James and Elisa, thank you for covering me in prayer and the constant encouragement. Thank

you Mom and Dad Seals for your love and encouragement. Thank you to my siblings, Ken, Jailyn, and Jerron for the laughs and support. To my children, Steven, Aniya, Ava, Aden, Ky, Chloe, and Jaden, I love you all so much. Thank you for understanding and sharing your mom. I know it was not easy, but you all are my 'Why'. I can only hope and pray that this accomplishment fuels you to reach beyond the stars and know all things are possible with God. To my husband, Alonzo, I do not have adequate words to describe how grateful I am for you and your yes. I'm not sure that either of us knew the sacrifice we were making but we found out quickly. You encouraged me to follow my dreams, without your support and sacrifice this was not possible. I appreciate you praying for me, loving me, and encouraging me when the storms came from every direction. Family, we did it! Love you, big.

I dedicate this study to my late grandmother, Josephine Butler and late grandfather, Robert L. Butler. I know you both would be so proud. I did it.

Table of Contents

Chapter 1: Introduction and Literature Review

Introduction

"Caring for myself is not self-indulgence, it is self-preservation, and that is an act of political warfare"- Audre Lord

The words of Malcolm X's (1962) speech, "the black woman is the most neglected, disrespected, and unprotected person" echoes in her mind as she struggles to deal with the issues of being a Black woman in America. Desiring to heal from past traumas while experiencing microaggressions in the future damages her soul. Warring with the voices of criticism, attitudes, beliefs, and barriers that refute her desire to seek therapy and heal her troubled heart. What would therapy look like? Will it work? What if people think I am crazy? Will the counselor understand the challenges unique to her experience? These questions plague her mind frequently.

Historically, people of color have been subjected to oppressive and suppressive conditions illustrated by microaggressions in workplace, educational, public, and political settings that contribute to the nuances of firsthand trauma, as well as intergenerational experiences (Blakely and Grocher, 2020). Furthermore, social injustice and racial discrimination continue to impact all people of color. The cost of trauma to people of color is taxing and gives rise to stress (Calabrese et al., 2015). According to Mental Health America (n.d.), the percentage of Black or African Americans in the United States experiencing a mental health issue, most commonly due to racial trauma is 13.4% and 16% of the population reported. Despite these numbers, they do not receive consistent care, are less likely to appear in a research study, and are

more likely to frequently visit the emergency room than visit a mental health professional for their mental health (National Alliance on Mental Illness [NAMI], 2023).

Black People and Mental Health

There are an estimated 46 million Black Americans in the United States. This accounts for 13% of the population. Of those numbers, 16% of Black Americans have reported experiencing a mental health issue, with only 39 % seeking treatment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). The Center for Behavioral Health Statistics and Quality (2021) reported this utilization of mental health services is approximately twice as low as that of white people or people who report more than one race. Moreover, in 2021, the Center for Disease Control and Prevention reported that suicide among Black Americans increased at an alarming rate. From 2018 to 2021, there was approximately a 19 % increase overall, with ages 10-24 seeing a 36% increase and ages 25-44 soaring to almost 23%. Paralleling this, the CDC reported a decrease in suicide-related deaths among white persons by approximately 4% (Stone et al., 2023). While Black people admit to experiencing emotional distress and symptoms of depression at a slightly higher rate, their perception of mental illness and treatment deters them from acknowledging that treatment is needed (Alvidre et al., 2010). Despite the higher rates of depression, Mays et al. (2017) reported of the 39% Black Americans who seek treatment, 25 % found the treatment "not helpful at all," while only 7% of non-Blacks found this to be true.

The literature suggests that there are numerous barriers that contribute to disparities in mental health usage for Black Americans compared to White persons (U.S. Department of Health and Human Services of Office of Minority Health, 2019). The following barriers are linked to the reduction of black people's desire to seek mental health treatment: perceived

stigmas, cultural factors, racial discrimination/biases, intergenerational trauma, inequality of care/mistrust, and a lack of culturally competent providers (Substance Abuse and Mental Health Services Administration (SAMHSA, 2017; National Alliance Mental Institute [NAMI] 2015). As a result, these barriers heavily impact the lens through which black people see and experience mental health despite the possible benefits of mental health treatment (Jimenez et al., 2022).

Stigmas and Barriers

In the literature, it is generally agreed that people of color experience higher levels of stress and depression related to microaggressions, including discrimination and racism, and rarely seek mental health treatment because of these barriers (Williams, 2018). Gary (2005) considered it a "double stigma" when Black people face racial discrimination and there is a possibility of rejection from the community for seeking mental health treatment. He indicated that this "double stigma" will most likely deter black persons from seeking mental health treatment, contributing to the negative beliefs and attitudes of treatment for mental illnesses. The perception of mental health by the Black community is plagued by stigmas and is considered the largest barrier to black people's help-seeking behaviors and attitudes. The way black people experience mental health is also influenced by the attitudes of their family members and close friends (Barksdale & Molock, 2009; Fripp & Carlson, 2017). It should be noted that in the Black community, seeking mental health treatment was taboo and could lead to public ridicule, shame, and embarrassment for the community because it signaled one was weak minded. As a result, many choose to rely on faith (Holden & Xanthos, 2009).

Cultural Barriers

Many sociocultural factors determine how marginalized populations perceive their mental health. Black Americans' decisions to seek mental health services are linked to their

historical roots. Historically, Black Americans have experienced grave discrimination and have been subjected to cruelty and forced to serve European Americans (Perzichilli, 2020). As a result, they have had to overcome massive adversity and hardships, leading to resiliency and loyalty. Black Americans are known for their strength and adaptive nature (Office of the Surgeon General, Center for Mental Health Services, National Institute of Mental Health, 2001). Faith is commonly identified as the first weapon of defense to overcome trials and tribulations among Black Americans (Office of the Surgeon General, Center for Mental Health Services, National Institute of Mental Health, 2001). Evans and Sheu (2019) argue that the lens through which people of color experience discrimination reduces their desire to utilize services. Although women are more likely to seek treatment than men (Terlizzi and Norris, 2021). Furthermore, it is important to note that people of color prefer seeking help from the church. (Wharton et al., 2018). Ormond et al. (2019) explored the historical black church and its community, and found that people with a color perspective on mental health were largely shaped by their faith and community. Reporting that it is not a mental illness, it is normal to feel sad and hopeless in difficult situations. Specifically, they found that people of color felt that depression is not a thing with black people, and if sadness appears be normal, they just pray about it. Furthermore, religious practices were more likely to be seen as needed versus mental health. Finally, Campbell et al. (2014) also found that cultural beliefs and attitudes shape black people's overall perspectives and outlook of mental illness.

Racial Discrimination/Bias

To further illustrate these barriers, it has been shown that racial discrimination also serves as a significant deterrent for people of color utilizing mental health services. Racial discrimination experienced by people of color can influence the development of internalized

negative mental health beliefs, which in turn become a barrier to seeking mental health care (Williston et al., 2019). More recently, the impact of racism on mental health was insufficient, it was further exacerbated by the COVID-19 pandemic. Specifically, people of color consistently face structural barriers to accessing mental health care, and the pandemic only increased and the perceived risk of adverse mental health outcomes (Muzik et al., 2023). Moreover, discrimination and collective racism during the pandemic have been associated with negative mental and physical health outcomes (McGarity-Palmer et al., 2023). Efforts to address racial discrimination as a barrier to mental health should be multifaceted. It is crucial to reduce racism as a central strategy to improve mental health outcomes in marginalized communities (Ziersch et al., 2011). There is a critical need for mental health professionals to receive systemic guidance to address racism through practice (Miller et al. 2018).

Intergenerational Trauma

Intergenerational trauma refers to the transmission of trauma from one generation to another, resulting in long-lasting effects on mental health (Maina et al., 2020). This phenomenon has been observed in various populations, including people of color (Josiah et al., 2023). For people of color, the experience of racial trauma contributes to negative mental health outcomes, including anxiety, depression, and post-traumatic stress disorder (Josiah et al., 2023). Systemic racism and intergenerational transmission of anxiety further exacerbate these mental health disparities (Josiah et al., 2023). The impact of intergenerational trauma on mental health differs among the Black Indigenous people of color populations, highlighting the importance of considering community-specific factors (Marsh et al., 2015). Overall, intergenerational trauma has significant implications for the mental health of people of color, further, attributing the transmission of trauma across generations to higher levels of mental health symptoms, including

depression and post-traumatic stress, among people of color (Andrews et al., 2015). These

findings highlight the need for culturally sensitive interventions and increased access to mental

health services to address the effects of intergenerational trauma on mental health outcomes.

Inequality of care/mistrust

Studies have consistently shown racial-ethnic inequalities in mental healthcare access in

the United States (Cook et al., 2017; Cook et al., 2013; Jimenez et al., 2015; Kim et al., 2012).

While barriers to accessing mental health services for people of color extend beyond racial

discrimination, it is worth noting that structural barriers, such as affordability and practical

challenges, can also hinder access and engagement with mental health services (Ellinghaus et al.,

2020; Corscadden et al., 2019). To effectively address these barriers to mental health care, it is

imperative to ensure equitable access for all individuals (Corscadden et al., 2019; Ellinghaus et

al., 2020). The trauma and victimization people of color have experienced, in addition to the lack

of access to quality healthcare, may give rise to mistrust and skepticism in the mental health

system. Nicolaidis et al. (2010) argued that a lack of trust might cause people to see the therapist

as a threat and fear that they may be invalidated and misunderstood. This lack of trust dates back

to the Tuskegee experiment (Carrol, 2016). The outcomes of this incident further supported and

intensified a distrust of all healthcare systems. The researchers suggested that it is vital to

understand where this perspective stems from before we can seek to remove barriers for people

of color (Carrol, 2016). This can include addressing the barriers of having culturally competent

mental health counselors. A lack of culturally competent providers is disadvantageous,

contributing to a lack of vulnerability in the therapy room, fear, and mistrust, similar to that for

limited access to mental health care. Specifically, a lack of culturally competent services

disregards the unique needs and experiences of people of color and fails to understand the

importance of reducing disparities in mental healthcare access (Knott & Balcazar, 2020; Knott & Giwa, 2012).

Black women and mental health outcomes

While people of color suffer a plethora of complex issues around mental health, Moore III and Madison-Colmore (2005) suggest that women of color are a misunderstood population, and many experience numerous micro-aggressions due to the intersectionality of gender and race. Such microaggressions place women of color at a higher risk of experiencing depressive symptoms, such as feelings of sadness and hopelessness, due to their experience with trauma and other psychological effects (Giscombe-Woods, 2019). According to a national study conducted by the California Black Women's Health Project (2003), 60% of African American women have experienced depressive symptoms, but only 12% seek professional help. Green (2019) indicated that women of color who frequently attend treatment will halt therapy abruptly and strongly oppose antidepressants. The researcher linked distrust of the therapist and a lack of understanding of 'strength' that women of color possess for the abrupt termination of services and opposition to medications. Green (2019) indicated that therapist should be willing to increase their knowledge about sociocultural factors and genetics that plague Black women to improve their encounter in therapy. Specifically, mental health providers should focus on providing culturally relevant interventions for Black women and be more transparent about the process to improve the relationship between the provider and Black woman (Green, 2019).

Mental health in black women is a complex issue that is influenced by many factors. Research has shown that stigma, particularly the negative perceptions of seeking help for mental health needs, is a significant sociocultural barrier that contributes to the underutilization of mental health services among Black women (Parker, 2021). This stigma is compounded by the

experience of racism, sexism, and ageism, which further complicates access to mental health services for young black women of Caribbean descent (Taylor & Richards, 2019). Additionally, the cultural obligation to manifest strength can make it difficult for black women to prevent or treat mental health issues, leading to the underutilization of psychological services (Abram et al., 2018). Furthermore, there are systemic obstacles that contribute to the gap in the mental health of Black women. The disproportionate burden faced by black cisgender women in terms of maternal and mental health disparities highlights the need for culturally responsive care and support from black women providers (Matthew et al., 2021). Likewise, social context can also play an important role in the mental health of black women. Everyday discrimination and neighborhood drug problems have been associated with various mental health disorders among black women, including anxiety, eating, mood, and substance-related disorders (Lacey et al., 2015). Therefore, the social determinants of mental health, such as discrimination and cultural factors, must be addressed to promote mental well-being among black women. Addressing these issues requires culturally responsive care, support from Black women providers, community-based organizations, and interventions that consider the unique needs and experiences of Black women.

Barriers to treatment for Black women

Perceived Stigmas

Ricks (2018) argues that women of color have been taught how to accept the views of strength as a defense mechanism by their ancestors, and he calls this "normalized chaos." The concept of holding onto your trauma and allowing your strength to heal you. This perspective forces women to accept the strong black-woman paradigm. Hall (2018) acknowledged that daughters grow up watching how their mothers cope with stress and follow the same pattern of

coping from generation to generation. Therefore, the pattern of coping mechanisms instilled by

past generations may be a barrier to women's color-seeking treatment for life stressors. Watson

and Hunter (2016) found that women of color felt they had to be strong because they were told

that or they witnessed their elders carry the weight of the world and get through it, masking their

hurts. Therefore, women of color have been programmed to see mental illness as weak or

shameful and embarrassing. Black women believed that an individual develops depression due to

having a "weak mind, poor health, a troubled spirit, and lack of self-love' (Woods-Giscomb et

al., 2016). It should be noted that for many years, women of color have relied on faith as a

coping mechanism when life appears difficult. Previous research supports the notion that women

of color beliefs and attitudes determine their coping mechanisms, particularly when it comes to

the stigma of mental illness in their culture (Ward and Heidrich, 2009).

Strong Black woman schema

Many scholars have argued that the Strong Black Woman Schema (SBWS) has long been

considered a coping mechanism for women of color because of the historic background of

slavery. Although the concepts of strength, resilience, independence, and emotional restraint

have been known to have a positive connection, Green (2019) shares another perspective. This

perspective refutes the coping mechanism and suggests that SBWS is harmful to the mental well-

being of women of color. Donovan and West (2015) supported the idea that the Strong Black

Woman (SBW) phenomenon contributes to depression in black women and further hinders their

help-seeking behaviors. Nelson et al. (2016) outlined how some women support the SBW role,

while others look at it as harmful. While this can be confusing given its historical perspective, it

is important when considering women of color hesitancy for mental health treatment that the

SBW perspective is taken into consideration. Liao et al. (2020) recognized that there are positive

benefits of SBW, however, the positives are not great enough to overcome the negative implications. Moreover, Woods-Giscomb et al. (2016) suggested that understanding SBW can lead to effective mental healthcare.

Lack of trust/mistrust

Ormond (2014) suggested that negative stereotypes of women of color affect the way they experience mental health treatment, suggesting that counselors may come into the process with formed perceptions. The way women of color perceive negative stereotypes may also have a direct effect on their mental and physical well-being leading to increased depression and anxiety (Jerald et al., 2017). Nelson et al. (2020) noted that women of color do not always see mental health treatment in a negative light but feel that therapy is not for them. In addition, literature indicates that even when women of color are aware of a mental illness, they may choose to deny professional help and seek other support (Sosulski and Woodward, 2013) from other sources. Considering the implications of the cultural expectations of women of color to be resilient, this provides an explanation for their hesitation to ask for or seek help (Abrams et al., 2018).

Therapeutic relationship

Research has shown that women of color experience numerous microaggressions depending on their race and gender. These microaggressions cause considerable harm to mental health but may also be present in the therapeutic relationship. Cuevas et al. (2016) reported that due to perceived discriminatory treatment, women of color are less trusting in therapeutic relationships if they seek treatment. They also recommend these issues should be explored to improve the therapeutic relationship. In the research, Cuevas et al. (2016) noted that until recently therapists were taught one way, and it was not until the last 10 years, when we begin to

explore that one course was not enough and that the one size fit all is a mistruth. Furthermore, to work with women of color, counselors must acknowledge the impact of social injustice and racial injustice, while also seeing the strengths of women of color (Anderson and Jackson, 2019). Green's (2019) research recommends that the therapeutic relationship cannot be one-dimensional but multi-dimensional for the therapeutic relationship experience to be culturally supportive of women of color. This was further supported by Davis and Ancis (2012) who sought to understand why women of color did not continue treatment after they started. Therefore, they turned their attention to women of color who attended substance abuse treatment and found that many did not return because of the lack of a positive therapeutic relationship. This included the lack of a relationship that reflected cultural competence and supported a strong alliance. Moreover, Anderson and Jackson (2019) stressed that clinicians add to the mistrust of people of color when they lack culturally relevant experience; therefore, reinforcing that it is imperative for clinicians to have more than one class in preparation to become culturally competent clinicians.

Importance of culturally supportive therapy

Current mental health support for black women often fails to address the nuances of their intersectionality, most commonly the impact of racism and sexism, on their mental well-being (McLean Hospital, n.d). Addressing the various mental health issues that black women are plagued by is crucial to their holistic well-being. While there are many proven therapies, most traditional therapeutic approaches do not adequately recognize the cultural barriers that contribute to the mental health struggles of black women, resulting in a lack of mental health service utilization (Ward, 2009; Substance Abuse and Mental Health Administration, 2016). Moreover, research indicates that implementing culturally supportive strategies may lead to improved mental health outcomes in black women (Sperry, 2010). Furthermore, culturally

supportive therapy seeks to address the gaps in mental health utilization by providing a culturally responsive and supportive space for black women by acknowledging the impact of systemic oppression, racism, and cultural stigma on mental wellness (Substance Abuse and Mental Health Administration, 2016; McLean Hospital, n.d).

Summary

The literature provided an overview of previous and current research relating to issues of women of color help seeking behaviors. The research identified critical issues that deter women of color from seeking treatment, as they experience racial and gender related trauma immensely greater than their counterparts. A combination of cultural factors, systemic barriers, and social determinants influenced the gap in mental health for Black women. The identified stigmas, compounded by racism and sexism contributes to the underutilization of mental health services among Black women. Most of the literature focused on the challenges and barriers related to seeking counseling but failed to examine the perspective of effective and culturally supportive therapeutic relationships for women of color. Therefore, a study that explored the identified dynamics and components of supportive therapeutic relationships for women of color would expand the current research components. Further emphasizing the importance of addressing social determinants of mental health, providing tailored interventions that are culturally supportive, and clinical services that meet the needs of Black women from diverse ethnic and cultural backgrounds.

Theoretical Framework

For this study, the critical race feminist theoretical approach (Hilal, 1998; Wing, 1997) will be utilized to address the distinctive issues of Black women mental health experiences and utilization of counseling services. By applying a critical race feminist theoretical approach, the research delved into the intersectionality of race and gender, acknowledging the unique experiences and challenges faced by Black women seeking mental health treatment. This framework recognizes that Black women's experiences are shaped by systems of oppression and privilege based on race, gender, and other intersecting identities (Carbado & Gulati, 2013). Black feminist thought is a key component of this framework and emphasizes the importance of centering the experiences and perspectives of Black women in theorizing and activism (Collins, 1989). The critical race feminist theoretical framework acknowledges the impact of oppression and discrimination on the mental health and well-being of Black women. It calls for the validation of Black women's experiences and the provision of resources to cope with racial microaggressions (Lewis et al., 2016). To further explore Black women experiences in therapy, it was important for the researcher to adopt an intersectional perspective that considered the overlap of identities, such as race, gender, class, and sexuality (Williams, 2005). Furthermore, this framework provided a lens for understanding the unique experiences and needs of Black women in the counseling settings (Grzanka et al., 2017). This framework guided the study in exploring the specific dynamics and components of supportive therapeutic relationships for women of color. This approach enabled a comprehensive understanding of the social factors that influence mental health outcomes for Black women and the development of tailored interventions that are culturally supportive (Wade et al., 2022)**.** Moreover, it emphasized the importance of centering the experiences and perspectives of Black women, ultimately

21

contributing to the advancement of culturally responsive mental health services for Black women.

Definition of Terms

Throughout the current literature search on Black women mental health and culturally supportive strategies in therapy several terms were used, some interchangeably. For the purpose of this study the following terms have been identified:

Black women/African American women: Women who self-identify as having a heritage within the sub-Saharan African and Afro-diasporic descent; racial classification of people (Jones, T., 2023; IGI Global).

Black people/People of color: The term refers to African Americans who a descended from the historical African diaspora (UCI office of Inclusive Excellence, retrieved November 7, 2023).

Mental health utilization: The measurement summarizes the number and percentage of members receiving the following mental health services during the measurement year: Any mental health service (Substance Abuse and Mental Health Services Administration, 2016).

Culturally supportive: Cultural inclusiveness addresses and supports the needs of people from diverse cultures and values their unique contribution (University of the Sunshine Coast, retrieved November 7, 2023).

Barriers: an obstacle the impedes separates (Merriam-Webster dictionary, 2023)

Therapy: Also known as 'psychotherapy', a variety of treatments that aim to help a person identify and change troubling emotions, thoughts, and behaviors (National Institute of Mental Health, 2023).

Statement of the Problem

Previous literature has focused on the barriers, beliefs, and attitudes surrounding counseling for people of color and little is known about their experience when attending counseling. However, this study will explore the experiences of Black women who do seek counseling and their decision to continue or terminate therapy. The lack of utilization of mental health services for people of color due to barriers is not foreign, therefore, it is important to examine the experiences of Black women that utilize services and understand what goes on in counseling that is supportive and leads Black women to establish an effective therapeutic relationship and continue attending counseling.

Importance of Study

For this study it was advantageous to know that many black women do not attend therapy, or they do not return after the first session for a lack of relatability (Moore III and Madison-Colmore, 2005). Furthermore, Green (2019) argued that when working with Black women it is important to be culturally responsive and utilize appropriate word choice in an effort to relate and build a strong alliance. While the research has established some of the barriers or concerns about seeking counseling services, we have a paucity of research that fully examines the lived experiences of Women of Color counseling experience from the perspective of effective and culturally supportive therapeutic relationships.

Purpose of Study

The purpose of this phenomenological study examined the lived experiences of Women of Color in the counseling process. This included a specific focus on the identified dynamics and components of supportive therapeutic relationships, challenges in establishing or maintaining therapeutic relationships, and the counselor dynamics that provide a culturally supportive therapeutic relationship.

Research Questions

The study was guided by the following questions:

1) What are the lived experiences of Black women who have received mental health counseling?

Chapter 2: Research Methods

Description and Rationale of a Qualitative Design

A qualitative design is broad and relies heavily on the understanding and meaning of human nature (Schwandt, 2015). Furthermore, it is descriptive and guided by the utilization of personal experiences and self-reflection. It allowed the researcher to capture the purity of each participant experience in the counseling process which would otherwise be viewed as complex and challenging (Creswell & Poth, 2018). Additionally, qualitative research explores and investigates the impact of the experience, as well as the attitudes associated with the experience to give a deeper level of insight to the phenomenon (Foley & Timonen, 2015). Furthermore, it integrates inductive and deductive strategies drawn from the lens of the participant and researcher to further develop a phenomenon for future studies (Creswell & Creswell, 2020).

This study aligned with qualitative research design as it sought to examine the lived experiences of Black Women in the counseling process. This included a specific focus on the identified dynamics and components of supportive therapeutic relationships, challenges in establishing or maintaining therapeutic relationships, and the counselor dynamics that provide a culturally supportive therapeutic relationship. While the research has established some of the barriers or concerns about seeking counseling services, there is a lack of research that examines the lived experiences of Black women's counseling from the perspective of effective and culturally supportive therapeutic relationships. With the understanding that Black women who attend therapy cancel prematurely, it is equally important for clinicians to understand their experiences in therapy to be more responsive to their needs. Employing a qualitative research

design, this study was guided by the following research question: What are the lived experiences of Black women who receive mental health counseling?

Phenomenology

A phenomenological approach was utilized for this study. Phenomenology seeks to understand the phenomenon through everyday experiences of people by providing meaning. This design is descriptive, and the aim was to investigate the experience of participants and how they perceive the experiences (Creswell & Poth, 2018). This approach guided the research by allowing the participants to share their experiences of the counseling process. The phenomenological approach is unique in that it explores and describes experiences of individuals at a deeper level (Neubauer et al., 2019). Researchers are able to convey the participants' feelings and perceptions by thoroughly examining the phenomenon. By using the hermeneutic phenomenology approach, the researcher hoped to understand the lived experiences of Black women in the counseling process and their decision to attend counseling. In addition, this approach allowed Black women to share their stories about their counseling experiences and reveal common themes for the purpose of increasing awareness surrounding the importance of culturally supportive therapy.

Hermeneutic Phenomenology

The researcher selected hermeneutic phenomenology for this study due to its interpretive nature and ability to gain a deeper level of understanding and its emphasis on subjective interpretations (Sloan & Bowe, 2014). This method allowed the researcher the ability to self-reflect and draw from their past experiences during data analysis. Further, it implored that individual's unique life experiences are theirs to share for further understanding and interpretation. By adopting the hermeneutic approach and Critical Race Feminist framework, the

researcher hoped to obtain a better understanding and deeper insight of the experiences and perceptions of Black women mental health utilization, therapeutic relationship, and culturally supportive strategies (Barriers to Mental Health Treatment for Black Americans, n.d). The use of a hermeneutic approach allowed for the exploration of how participants understood and interpret their experiences in therapy, while the Critical Race Feminist theoretical framework specifically addressed the intersection of race and gender, acknowledging the unique challenges faced by Black women in therapy. The researcher felt it was beneficial to advance this study from this framework because it acknowledged the participant's experiences in depth, while also holding space for them to connect with the values and perspectives that shaped their beliefs and experiences about mental health utilization.

Paradigmatic Commitments

Creswell and Poth (2017) and Merten (2010) suggest that paradigms play a vital role in philosophical assumptions in the research which leads the researcher to their theoretical orientation. The authors indicate that philosophical assumptions explain how the researcher formulate their approach to research and seek to help researchers with this process by explaining the process of the key assumptions and its framework.

For this study, the philosophical assumptions that informed the research are epistemology, ontology, and axiology. The researcher used a social constructivist view. This epistemology view seeks to take an interpretive point of view constructed by the participant and the researcher through their experiences of the phenomenon (Creswell, 2017). The study was interpreted by the lived experiences of the participants and the meaning making of these experiences which further aligned with the hermeneutic approach. Further, the ontology the researcher employed was subjective to reality and the personal knowledge of the participant

played a key role in the study. The sum of the information was to gain meaningful description from multiple participants. The researcher was hopeful that the lived experiences of Black women who attended therapy would provide helpful knowledge to improve culturally supportive strategies in the therapy session. Lastly, the axiology ensured the researcher emphasized the importance of making clear and precise interpretations and meaning of the participants experiences to avoid preconceptions or bias (Creswell & Creswell, 2020). The researcher was aware that not all Black women that attended counseling lived experiences would be the same. Some of the women may have experienced difficulties in therapy and others may not have those challenges and expressed that they are receiving culturally supportive therapy. The researcher investigated the strategies that are currently advantageous in the counseling sessions.

Epoché

"Epoche" is a term used in philosophy, also known as "bracketing", specifically in phenomenology, and it refers to the process where philosophers suspend their judgment about the natural world to better understand the phenomena of consciousness (Moustakas, 1974; Tufford & Newman, 2010). The term originated from Ancient Greek skepticism where it denotes a suspension of judgment. Edmund Husserl, father of phenomenology, later adopted and expanded the concept. For Husserl, "epoche" is the method of leading phenomenological vision from the natural attitude of life to pure phenomenology. This process of epoché was essential for phenomenological reflection, as it allowed the researcher to approach the phenomenon without biases and preconceived notions, enabling a deeper understanding of the participants' experiences (Neubauer et al., 2019). Furthermore, epoché is a fundamental aspect of phenomenological analysis, as it creates an open space for reflection and insight, contributing to

the of original thoughts and creative insights revealed by the experience of the participants directly in consciousness (Ashworth, 1996).

For the purpose of this study, the researcher was engaged in self-reflexivity, reflexive journaling, member checking, and triangulation to preserve the integrity of the study. These methods ensured that the experiences and perspectives of the participants were accurately reflected. The researcher practiced self-reflexivity, being open and honest about one's personal biases and judgements throughout the process of the research. Additionally, the researcher utilized reflexive journaling to record the personal reactions and thoughts that may influence the research in hopes of removing subjective inclinations that might compromise the credibility and trustworthiness of the research (Tracy, 2010; Creswell, 2014). Member checking is the most common used method. It involved the participants to make certain the accuracy of their voices was reflected in the findings (Birt et al, 2016). Lastly, the researcher employed triangulation by providing thick rich description of the participant interviews. Triangulation helped increase the validity of the study and understanding of the phenomenon (Carter et al., 2014).

Reflexivity Statement

To provide the two most valuable assets in research, reflexivity and transparency, (Tracy, 2010), it was important for the researcher to acknowledge and indicate their position as it related to the study. I embarked upon this study as a licensed professional counselor who identifies as a Black woman. I am the owner of a clinical private practice where I provide counseling to clients of diverse backgrounds. As a Black woman who has attended counseling, I was aware of the unique experiences and challenges faced in therapy. After the decision to attend therapy, I knew it was near impossible to find a therapist of color considering I was one of few Black licensed therapists in the area. While my challenges were unique because I am a therapist, my intent was

to fully engage in the therapy process. My experience was neutral. The therapist was inviting, knowledgeable, and intentional, however the interventions were seldom relatable or relevant. I continued attending considering the sessions afforded me the opportunity to vent my frustrations. Due to the possibility of shared experiences with the participants, I continuously reflected on my own experiences and bias throughout the study. Increasing the intensity of reflexivity in the study reduced personal bias that may have arose that would negatively affect the study. Implementing this protected the integrity of the researcher and the research study

Procedures

Participants

For this study the target population was selected utilizing criterion sampling and snowball sampling. Criterion sample allowed participants in this study to be restricted, while snowball sampling allowed participants to refer possible participants who fit the criteria for the study. Participants completed a questionnaire in which they provided information about their demographics and mental health service utilization to determine their eligibility for the study. The inclusion criteria for the participants included the following: (1) Identified as a Black woman, (2) Had attended one or more counseling sessions with a licensed counselor, and (3) were 18 years of age or older. Creswell & Poth (2018) recommends 3 to 15 participants for a phenomenological study. However, the researcher aimed to recruit two groups obtained from the Qualtrics demographic questionnaire. Group A was to have a minimum of five participants with fewer than ten counseling sessions and Group B was to have a minimum of ten participants with ten or more counseling sessions. The Qualtrics questionnaire included queries such as, ethnic background of participant, socioeconomic status, education level, age, counseling experience, ethnic background preference of counselor, and insured or private pay. The total number of

participants interviewed were ten. The ten participants confirmed attending 10 or more sessions with their most current counselor, although, several of the participants reported attending less than ten sessions with their first counselor. Qualtrics survey revealed participants that attended fewer than ten sessions, however, they did not continue with the study or possibly missed their scheduled interviews. Saturation was met when no new information surfaced from the interviews and the participants information was repetitive.

Participant Recruitment

After receiving approval from the Auburn University Institutional Review Board for research with Human Subjects for this study, the researcher utilized a number of recruitment methods. The researcher shared the flyer off campus and through email with people who service this population throughout the United States. Recruitment continued with contacting professional counseling organizations such as the Alabama Counseling Association and American Counseling Association listserv to recruit participants. These organizations included counselors, counselor educators and supervisors who worked with the population and could share the information with potential participants. Additionally, the researcher utilized social media platforms, Facebook and LinkedIn to recruit participants.

The recruitment flier included a QR code with a direct link to the Qualtrics demographic survey for interested participants to complete to verify eligibility. Criterion sampling was most effective when trying to reach Black women that fit the criteria for the study. Simultaneously, the researcher used the snowball sampling method for recruitment. This involved requesting participants to share the information with other potential participants. Snowball sampling was particularly useful for recruiting black women who attend counseling by word of mouth or

sharing the information on social media platforms. Tracy (2020) indicated that snowball

sampling is useful in identifying populations that would otherwise be difficult to identify.

Data Collection

Data was obtained by administering semi-structured interviews. The participants

completed a demographic questionnaire that included screening questions to ensure they qualify

for the study. Participants was provided an information letter electronically. It was attached to

the invitation email sent to potential participants. Furthermore, the information letter was shown

and acknowledged by the potential participants before preceding to the demographic

questionnaire. The participants had the ability to consent to participate in the demographic

survey by clicking yes, they consent or no, they do not consent. If the participate click no, the

survey ended immediately. The potential participants needed approximately 10 to 15 minutes to

complete the questionnaire. Eligible participants was sent an external link to their email directing

them to schedule their one-on-one interview through the Google calendar. Immediately

following the section of a date and time, the participant received a Zoom link. A confirmation

was sent to the interviewer and the participant. The participants were given the option to select a

pseudonym of their choice to secure anonymity or the interviewer chose the pseudonym and the

cameras during the zoom recording will remain off for the duration of the interview to provide

extra precaution. Emails provided for the purpose of scheduling and incentive was not connected

to the information provided to maintain privacy.

The interview consisted of 8 questions with follow up questions to obtain rich discussion

from the participants. The interviews were structured face-to-face, utilizing online format. The

interview questions elicited responses from participants about their needs in counseling and their

experience in the therapeutic relationship. The questions were open-ended in hopes of eliciting

deeper dialogue within the interview with participants about their therapeutic experiences. The interview ranged from 45 to 60 minutes and was digitally recorded utilizing the cloud-based video conferencing platform Zoom. The participants were chosen based on the responses given about their demographics and mental health utilization after completing the Qualtrics demographic questionnaire. The questions were related to their most recent experience in counseling and the counselor/client relationship.

The data collected was transcribed verbatim utilizing Zoom's encrypted online service and analyzed by the interviewer and a peer reviewer to enhance data integrity and accuracy. Memoeing was employed by the researcher. Birks et al. (2008) suggest memoeing is fluid and effective for beginner or experienced researchers. Memoeing allowed the interviewer to document and interpret their reflections throughout the interview process to increase the understanding of the participant's narrative. The researcher encouraged participants to use headphone devices or choose a private location to conduct the interview. The researcher conducted interviews in a private office and ensured measures were taken to minimize any noise interference with the use of headphones or noise cancellation machine. The data was locked, stored and password protected on the researcher's personal computer with locked folders. After completion of the interview, the participants were allowed an opportunity to review their responses for accuracy and provide any changes they deemed necessary. The participants received a $15 amazon e-gift card incentive 2 to 4 weeks after their completed participation.

Data Analysis

For the purpose of this study, the researcher utilized qualitative data analysis method to analyze the findings from the study. This included thematic analysis to code participants responses. Thematic analysis are common themes and patterns in the data that are identified and

examined from the transcripts of the interviews (Braun, V. & Clarke, V. 2012). The researcher

engaged in a phenomenological approach and reflexive thematic analysis throughout the study to

obtain deeper insight and understanding of the experiences and perceptions of (a) Black women

mental health, (b) therapeutic relationship, (c) culturally supportive strategies. While

simultaneously recognizing the biases and perspectives that may influence the interpretation of

the data. The researcher employed Braun and Clarke (2021) six phases of thematic analysis when

interpreting and coding the data. The phases include familiarization, coding, generating initial

themes, developing and reviewing the themes, refining, defining, and naming themes, and

writing it all up (telling a story). The Zoom online platform was utilized for audio recording and

transcribing the interview. The transcripts were downloaded and checked for accuracy by

listening to each transcript after the interview to become familiar with the information. The

researcher took notes and listened for repeated phrases from the interviews to code them

accordingly. This phase was repeated as precaution to avoid overlooking valuable information

for the study. The researcher hand coded initially, identifying potential themes for the study.

After themes were identified, the researcher used Quirkos software to organize the data and

begin creating the codebook. The themes were chosen and supported by the participants own

words. The researcher identified a peer reviewer and sent the themes and codes for further

review to ensure the accuracy and remove any potential bias. Additionally, the researcher

engaged triangulation and reflexivity to ensure validity and trustworthiness of the study.

Triangulation continued until no new themes were identified in the data, indicating saturation is

complete. Reflexivity allowed the researcher to approach the data analysis process from a

culturally responsive lens, acknowledging the importance of data interpretation in a way that

recognized and respected the context of the participants experiences and their own experiences.

Lastly, the researcher employed member checking to increase the trustworthiness of the data. Member checking allowed the participates to validate the information transcribed to identify themes for accuracy of the descriptions. A copy of the identified themes was emailed to participants at the email address given at the time the interview was scheduled. The participants was given one week to reply with feedback. After the deadline for feedback, all participants received a $15 amazon e-gift card incentive to the email address provided.

Chapter 3: Findings

"I think you definitely have to understand the culture, be culturally competent when it comes to women of color and understand the stereotypes that are put out there before us where we have to always be strong, or we're not allowed to have an opposing opinion because that means we're angry. So I think you have to be aware of these things and I also think that you can't just give us the same advice that you give a non-person of color because it's almost like the same rules don't apply."-Andi, Participant

"I don't think the first counselor addressed it at all. I mean she was a white woman. It was like stockpile, like what she suggested would have probably been something she would suggested for the next person. You know what I mean, like I don't think it was personal at all. Like at the time she was like, well, if you're having these fears, when you feel them coming on, think of a stop sign and tell yourself to stop. That was her advice, so it was general. Make me feel like I'm your only client, and that you understand me and what my issues are and also being available."-Ramanda, Participant

Critical race feminist theoretical approach informs the concerns and distinct experiences Black women face as a result of their intersectionality (Hilal, 1998; Wing, 1997). The framework of CRFT provided a lens for Black women to share their lived experiences of their mental health treatment. The purpose of this study was to examine the lived experiences of Black Women in the counseling process, to include a specific focus on identified dynamics and components of supportive therapeutic relationships, challenges in establishing or maintaining therapeutic relationships, and the counselor dynamics that provided a culturally supportive therapeutic relationship. The following research question guided this qualitative study: What are the lived

experiences of Black women who have received mental health counseling? The semi-structured interviews presented thick descriptions from the participants. The participants' interviews outlined considerable factors that impacted their journey with mental health treatment. These factors included personal perceptions, counselor preference, cultural support, challenges, external factors, race discussions, therapeutic alliance, culturally identified skills, interventions, improved mental health, and recommendations for counselors and peers.

This chapter highlights the key components compiled from ten participants who participated in semi-structured interviews that explored their lived experiences with the mental health process. The essence of the findings were categorized in seven themes. The themes included: 1) Readiness and Rationale, 2) Challenges to the counseling process, 3) Cultural Impact on the Counseling Process, 4) Education and Conversation 5) Culturally Identified Skills that Enhance the Therapeutic Alliance, 6) Personal Experience as an Advocacy Strategy, and 7) Improved Mental Health.

This study included ten women who identified as Black, cisgender, over the age of 18 and had at least one counseling session with a licensed professional counselor. Each of the participants engaged in a counseling session via in-person or virtually. All participants engaged in at least 10 counseling sessions. Length of time in counseling varied from one to seven years.

Table 1

Participant Demographics

Participant	Age Range	Length of time in counseling	Number of sessions	Number of counselors
Penny	18-29	2-3 years	10+	1

Barbara	30-39	1-2 years	10+	2
Linda	40-49	4-5 years	10+	2
Savvy	50-59	2-3 years	10+	3
Andi	40-49	2-3 years	10+	2
Ramanda	40-49	1-2 years	10+	2
Nautica	30-39	6-7 years	10+	3
Jabra	60-69	1-2 years	10+	2
Candace	18-29	3-4 years	10+	3
Anne	40-49	3-4 years	10+	3

Themes

Theme I: Readiness and Rationale

When asked to talk about their experiences with mental health counseling, participants interviewed focused discussion on their reason for seeking counseling and readiness for help. While the determinants for seeking counseling present differently for the participants, the similarity that emerged was their readiness for seeking counseling. One of the participants emphasized just needing *to get it out and talk to someone other than family or friends.* Jabra stated the following when expressing why she started counseling:

The reason for me going to counseling is because I am raising two grandchildren and, in this day, and age of children that I'm dealing with now is a lot different than it was when I raised my children. I wanted to make sure that I could have a resource to talk too, just to

get, I guess my frustration out or to get my stress out. To talk with someone who is not

bias. I talked to my family, but I really don't want them to be involved with my problems.

Linda mentioned her ongoing struggle with lost, grief, and anxiety that contributed to her seeking

counseling:

Like, I had a lot of issues at one time, like my mom died and my daddy died. Then my

husband died and father-in-law. After my parents died, me and both my girls went to

counseling and so you know, just the grief. Just kind of to get through, you know, to wrap

your head around the grief, and to kind of deal with that kind of stuff. So that's why I

went initially now, recently, anxiety. I have anxiety. So just you know, I'm empty. I'm

fixing to be an empty nester and I'm just having some anxiety about what's next for me.

Similar to Linda, another participant, Candace also indicated her purpose for attending

counseling was grief related:

My first time going to counseling was actually for grief counseling because I lost a

friend, a close friend in a traumatic way. And that counselor kind of helped

me, you know, change my perspective on counseling and realize like, okay, it's not just

when things are bad like you should talk to a counselor all the time, even when things are

good.

Savvy talks about her desperation for help and reaching out to the right person at the right time

paved the way for her mental health journey:

I was really struggling mentally at the time when I went in. How I found this person is I

reached out to a person in my school district because I work in the district and we

contract with a mental health facility agency. I reached out to them and I was like hey, I

really want an evaluation, do you have somebody in mind? They gave me the name of

the person, and just by God's grace, I was able to get in that day. Somebody had canceled

right before I called... So my counseling sessions were very needed at the time cause like

I said, I was in a bad place. I was just struggling mentally, emotionally, spiritually.

For Penny, another participant, she was in need of guidance and direction during a transitional

period in her life:

It was at a time where I like needed it and so for me I felt like I was just getting out the

military and didn't know what my next move was, what I was going to do or should

do…I was in a space, like a negative head space.

Anne frankly spoke about her rationale for attending counseling:

Like I was in a horrible, horrible state, like terrible state and during that particular time

you know, it had got to that point.

Barbara expressed:

I went because of my mother. Yeah, this is why I first started. And so I started because

my mom and my mom is still kind of say an issue. But you know what I mean. Like, she

is still one of the main focuses. But it's in how I react or don't react, which is really how

counseling is for me… I now mainly go for interpersonal. When I started back up I was

like low key afraid to open the garage door, because you know the way of the world is, it

was like I was hesitating to open it because I'm like what's on the other side. Now it's

like hard pause. We need to see someone. So now it's mainly like interpersonal

relationships.

The participants reflected on their individual paths to mental health counseling while recalling

the intricate details of their experience. Some participants recall the journey as one with few

hurdles, while others described more complex hurdles influencing the counseling process such as

financial cost, accessibility, and viewpoints. Therefore, the following theme emerged from the participant interviews.

Theme II: Challenges Influencing the Counseling Experience

Many factors influenced the way the participants experienced counseling and the counseling process. Throughout the interviews some participants shared nuances they experienced. Insurance, accessibility, and family were of significant relevance for most participants.

Candace shared the horrifying moments with insurance and accessing a counselor of color. She expressed her concerns for others that may give up because the task is daunting and even discouraging at times:

> Then kind of going through the insurance process to see if my insurance will pay for telehealth. And you know what were my options there to where I wasn't having to, you know pay therapy cost out of pocket, because we know it can be kind of expensive and at the time, like I wasn't making the type of money to where I could afford, you know, a hundred or a hundred and fifty dollars per visit every week. And so kind of working through all of that where I could see how people can kind of get discouraged in that process because it was a lot. I had to jump through some hoops and then, like, I said, trying to find a therapist who look like me in my area was a challenge. And then when I did get a counselor, now it's like well, do you take my insurance. Do you do telehealth? Or do you do in-person and things like that? So yeah, that was a challenging.

Anne found herself without insurance and she remembered needing to find a solution:

> Well, I had insurance originally when I first started, but then something happened with counseling, I wasn't working at the time, and then something happened with the insurance

being exhausted. So then I no longer had insurance, and I wasn't working, and I have minimum income coming in. So you know so of course, then the man needs to be paid regardless. And so we had the conversation about me not being able to you know that I wouldn't have the coverage any longer, and so on, and so forth, and the man's words was, I cannot leave you like this.

Ramanda expresses similar sentiments with cost and accessibility. She further shares the limitations of location:

I loved her but she was covered under my partner insurance and he didn't want to go anymore so I couldn't because her fees were $200 to $300…There are so many private counselors that charge so much and they're not necessarily covered under my insurance plan so cost was tough for me... I went through my insurance and they had a provider at our local clinic. I live in a really small town. Well it's about 25000 people here but it's still small. So, there aren't a lot of providers necessarily in this area that are licensed that are covered through my insurance. So, in that I think we definitely need more black counselors right. It would be good if we can find counselors that are trained for women in I guess the C-suite per se. I work at a university, so I say that can understand the unique experiences of the being the only black woman being pushed over or you know just all of the stuff would be amazing cause that plays into even us going home. I'm saying how we react to our spouses and whoever. But it's just tough. Sometimes finding the right counselor. We are in a rural town, so finding one in person, and especially there aren't a lot of black people here so even the counselor I had she was the sister in law to my hair stylist.

Some of the participants were not affected by insurance, however, accessibility was a factor for them. Savy further explains her position on accessibility:

> This is the reason I did online because I did not want to drive to the city, I live in a rural area and the city is like 30 minutes away and that would be two hours out my day. 30 minutes there, an hour for session and 30 minutes back. So like that's why I opted for the online and it was okay for a little while(...) Okay, so that's one thing I struggled with from the beginning, because I wanted a black counselor, that was my thing, I wanted a Black counselor.

Similar to the other participants, Nautica indicated she experienced the effects of accessibility:

> Also that there are I think there's maybe 2 others in my city but living in a smaller city that I live in I knew one of them, and so I was like, well, that's awkward. So that's when I found my therapist thankfully. She is here. And so yeah, those are biggest hurdles, I think cost and then just the access if you want in-person here in my city.

Penny, another participant, expressed similar sentiments as others, however, she spoke highly of virtual counseling:

> To this day we have a problem in our area but the only good thing is like, you know, online and stuff that you know you can do virtual. It opens a lot of stuff up. It's like we just have to do it in our area…we wanted to find that in a male counselor not just any male counselor, a black male counselor. It was like we couldn't find one.

Another aspect of nuances that influenced the counseling experience was family. Some of the participants opened up about their family's view of counseling.

Penny recalled the conversations that rung aloud in her head when she decided to seek a counselor.

Yeah. I remember always hearing from my mom, what goes on in this house, stays in this house. So just like, you know, we don't go telling outside people what's going on in here and that's just how I was raised you know, my mentality and just what I thought. So it was, you know going to counseling, like talk to somebody else, and let alone you know, especially like you know we didn't see counselors and you know we've never really seen like a lot of black counselors let alone, you definitely don't want to talk to no white person about what we got going on, alright. That was just, you know just that was just common. And, as I said, it was definitely a barrier. That was just my thought process. It's like, especially if you're looking for counselors. It's like that. It's like, oh, no, you know. Yeah, you probably want a black person… my mom she asked, why do you need it? Why are you're paying for this, and you know, to like I said, in the black community stuff that it isn't really talked about.

Similar to Penny, Candace shared she experienced the same conversation growing up:

Some of the older members of my family were like, oh, she don't need to be talking about that out like in public like that, or she needs to take that off social media talking about that because, you know, they grew up in that. What happens in our house, stays in our house type thing.

Barbara expressed her experience with close family:

My mother, however, the first time she made a side comment like, Well, you need it. And I was like, Wow, you said that. Okay, but Yeah, or like she would, she would suggest it, like she would like weaponize it, I guess, in a sense. Like my room would need cleaning, and she was like, I think you need to see someone about that. I think at first, she would

ask me, I would never tell when the appointments were happening. Cause that's like none

of her business.

As participants recalled their memories about the challenges in the counseling process, they

jointly expressed the impact that culture had on the counseling process, birthing the theme

cultural impact on the counseling process.

Theme III: Cultural Impact on the Counseling Process

Cultural impact on the counseling process emerged as a theme as participants elaborated

on their experiences with being a Black woman and attending counseling. Most participants

echoed the words such as identify, relatable, race, and cultural in their responses during the

interview when inquired about the importance of the counselor addressing their needs as a Black

woman. Subsequently, participants discussed counselor preferences and cultural responsiveness

relevant to the therapeutic relationship.

Savy shared while her counselor was unable to identify with her as a Black woman she was

pleased with her initiative to connect with her other identities and her as an individual:

> I just be honest, she is not a black woman so she cannot identify with my Black struggle.
>
> I mean she tries but our conversations focus on me as an individual, not as a Black
>
> woman but you know me as an individual, or me as a wife, or me as a mother or
>
> grandmother, caregiver so we don't really get directly into the black stuff. Now she did
>
> ask me because I was having some issues with some of the people at my job and she said,
>
> well do you think it's because you're an African American woman and I said you bet that
>
> it's because I'm an African American woman. So you know she knows some, but she
>
> can't walk the valleys with me… I can share some of my grievances with some of my

experiences and what not and she can support me the best way she can but I mean there are limitations to it and I knew that going into it because when I went in and I was looking at the site and I was like yall aint got no black counselors.

Linda, another participant expressed similar thoughts:

I think to a certain degree. If you were my counselor and I'm telling you about some of the microaggressions I'm experiencing in the workplace, you would be able to identify and relate on some level but I don't think that she can to that degree.

Andi shared:

I definitely feel she does address me being a black woman. I feel she takes that into consideration with some of the things that she says to me she understands the idea of how we can be looked at as angry and how we are always having to be strong and she helps to break down that stereotype you know so I can also see that my needs and things in my life have to be met. And it's okay for me to put me first.

Candace was very candid as she expressed her thoughts, she was forthright about her desire for a Black counselor. As she indicated:

She is black, and I feel like I don't have to dress it up with her like we are real with each other like we talk, like our language is very similar, and I don't feel like I have to kind of hold back at all like I can just say how I feel, and you know she's like, yep, I know what that means. I can, you know, use slang that maybe someone else might not know what I'm talking about. So I feel like I can just go in and be like my full self.

Barbara shared her sentiments:

So I feel like, it's very much addressed, because, you know, not to make everything about race. But you know, I think they're just some black experiences, and it's not a monolith in any form or fashion. But I do think black moms from an older generation do kind of all operate in the same manner to an extent and there's a lot of learning and unlearning that has to be done.

Anne shared her perspective of addressing the needs of Black women with a slightly different twist, but the idea of the other participants was very similar:

I don't feel that it should come from the counselor. I think any of that, as far when race is brought into it, it should be from the perspective of the person who's receiving the counseling. And then the counselor be culturally aware and culturally sensitive to those needs and have the tools, then to kind of help.

When discussing the impact of culturally responsiveness, a few participants like Penny addressed her experience with great conviction:

I think that when you are working with different ethnic backgrounds or races especially with you being a white woman and we are from two totally different spectrums and was raised different then there are a lot of things you can't be relatable then don't try to be relatable when it comes to certain situations. I have had counselors like that and I'm like do you really, like you know have you really felt that way and that is like a turn off and then I'm like ummm I don't know about this counselor….It's good to be able to connect with somebody who been through what you've been through, but if I'm talking to someone, and it's I feel like it's working, and you haven't been through what I've been

through, I don't want you to try to act like you been through what I've been through

because I'm like everything we do is a lie.

Candace emphasized the impact of culturally responsive therapy during her sessions, stating:

So you know, whereas I feel like a counselor who isn't familiar with that would have

been like, oh, man, that's just unfortunate… So, I think, not having to explain those

cultural things to someone on top of trying to explain how I feel has just been refreshing

to have someone who kind of gets it and can validate those experiences without me

having to explain that.

Additionally, counselor preference was a motivating factor among many of the

participants during the counseling process. Participants felt strongly that their preference

contributes to a positive counseling experience, simultaneously with cultural awareness.

Andi shared her heart's desire when she sought a counselor. She was adamant during the

interview that her preference is not an option but an absolute for her to attend counseling:

I think when I first sought counseling, it was finding a person of color to provide therapy

for me was difficult because telehealth wasn't as accessible as it is now for counseling

because that was back in 2012. For me a person of color is important. I wanted a black

female because I probably wouldn't even mind a male but I wanted a black female,

because I felt like I had to have someone who could understand what the daily struggles

may be for a black woman in her work environment just navigating through the world.

Someone who maybe experienced some of the same things that I have, and they can

understand it is on a deeper level than us just having a conversation about it is their experience as well.

Barbara shared her experience, describing as unique because she did not start out with a preference:

> So when I originally started, I didn't necessarily have a problem. I think I it was just at a point where I was like. I need to do something now. I'll take whoever. But they do a whole intake form right? And they match you with who they would think works best. So they match me with a black female counselor, and that works really well, and all the ones I've had, and I don't know if this is just what they've got, have been black females, and I've liked it. I've come to be like, Yeah, this is who I would prefer. But I haven't had any other experience.

Ramanda added:

> The second one I think because she was a black woman, and she knew how to speak to me and she was a Christian, and I was too, so it was just like the way she spoke. She spoke to me in a way that I could understand.

Penny explained her preferences differ after attending counseling, although her preference was a Black counselor at the beginning of her counseling process. The counselor's specialization is her priority. However, she highlighted having a preference for her children:

> I feel like you know, a lot of time the preference is like, you know, a black counselor. Now I will say for me now that I've really done counseling, and I've had, you know different experiences, good experiences and bad experiences, the race doesn't matter to

me as much, maybe for my, you know, for my kids but for me, you know about, like what are your credentials, what do you specialize in, things of that nature.

Savvy, another participant explained the encouragement she received from an office manager assisted in her decision to try a white female. She expressed her doubt:

Okay, so that's one thing I struggled with from the beginning, because I wanted a black counselor, that was my thing, I wanted a Black counselor… And it was a black lady that was like yeah you will like Miss Ivory, she is good. So, I said yeah, I will try it but I'm going to be honest, if I don't feel right, I'm moving, I'm leaving. That's why I have had 3.

Theme IV: Education and Conversations

Reflections on counselor's capacity to address Black women needs in the therapeutic setting were discussed during the interviews. The women echoed many of the same sentiments, a deeper fundamental understanding of Black women experiences through engaging in cultural awareness activities, education, and difficult but meaningful conversations with Black women. One participant spoke on a lack of connection and dismissiveness of the issues and experience Black women face. Nautica expressed:

I think outside of just like listening. I think a lot of people don't unless you were raised or born in a specific time with black people. A lot of people don't naturally just have conversation with black people. They like us for our trends and our sayings, and actually having relationships with black people, black women, and being intentional about those and getting to know, outside of even like the trauma, and like microaggressions and things that we live with, just how we are happy and

living our lives, I think, is important. And then, just reading, read, watch whatever

you can educate yourself on the black woman experience because it's not a

monolith like we all live a different life. And so I think just overarching just like

education and conversation… And go on that journey with us of healing and

getting better, and understanding sometimes how our lived experiences and things

shaped our perspective and viewpoints and thing.

Savvy was very expressive with her thoughts on counselor's training and their need for in depth
dialogue with Black women:

So if you are a white woman or white man working with a black woman or either black

man I think that probably have some training when dealing with people of different

ethnicities but I know for us in education we have to have CEUs and I'm not really sure

about the counseling world but I'm sure that they have to you know have training as well

but I think you know more cultural based training on black women and I mean you can't

go get training on black women out of a book from 1980 or even 2000, it needs to be

something that is current I think they need to participate in hands on trainings that's

delivered from Black women to tell this is how we feel or this is what you look for.

Andi was straightforward and shared:

So I think you need to be aware of the things and I also think that you can't just give us

the same advice that you give a non-person of color because it's almost like the same

rules don't apply… I think it will help you if you have some certain level of compassion

when you're working with women of color. It will just help you have a better

understanding of how we take up space as a black woman and empower the black

women.

Anne added to the sentiments of the other women stating:

Be aware of the you know, the cultural nuances for black women in society as a whole.

Just those general norms. They should be conscious of those things, you know. But at the

same time not make it the focal point of counseling.

Jabra's considered her role as a grandparent and an advocate as she recommended:

Encourage other resources because they have more connection with more community

partners that can help with grandparents raising grandchildren. I would think, if they can

research something like that for us.

Theme V: Culturally Identified Skills that Enhance the Therapeutic Alliance
Participants expressed the importance of counselors' understanding, awareness, and

insight into Black women experiences. Furthermore, the women expounded on the counselor

skills needed and the needs of their population to bridge the gap of the knowledge learned

transferred to application in the counseling room. The interviews revealed culturally identified

skills that enhance the therapeutic alliance. The women discussed the importance of the

counselor's attitudes and beliefs toward the population set the atmosphere for a positive or

negative experience for Black women. Andi shared how compassion would benefit the

therapeutic relationship:

I think it will help you if you have some certain level of compassion when you're

working with women of color. It will just help you have a better understanding they, how

we take up space as a black woman and empower the black women to do that you know.

Linda discussed allowing the session to flow naturally was beneficial:

> Just let it be free and flow and you know, and not you know, cause when I go, you know,
> it's just like sitting down talking to you. It's not like, Oh, my gosh! I'm going to therapy,
> and they're trying to pick my brain and all that kind of stuff.

Anne shared similar thoughts about the therapeutic process and the importance of listening to
establish a mutually effective relationship:

> And so I think that is critical you know, in dealing with a black woman that decides to get
> off the fence and actually have therapy is that you know you just allow her to speak, you
> know, and sometimes allowing her to speak, you know you don't have to say nothing,
> you know, that's just an effective listener, and I think that's important.

Savvy sentiments parallel with the two previous participants, sharing her experience in the
therapeutic process:

> Just to listen, just to let me get it off my chest, cause I was carrying it and she let me get it
> off and then give me a different perspective on things, some things that I did not really
> realize about myself like from my childhood and what not

Candace added, "just be careful about being dismissive and projecting your own kind of ideas or
experiences onto the client". To sum it up, Ramanda stated "make me feel like I'm your only
client almost and that you understand me and what my issues are and also being available".

Participants mirrored similar responses when asked 'what worked for them or did not
work for them' in the therapeutic relationship. Most of the participants identified skills and
interventions that contributed to a supportive therapeutic relationship. Words that rang out

among most of the participants were safe space, listening, talking through, individualized, non-judgmental, authenticity, and guidance. Andi expressed that she feels safe and not judged with her current counselor:

I feel that I can be open with her without worrying about any judgement or ideas of how I am supposed to be… I think what works for me with my current therapist is her allowing me to express my feelings of what I'm going through and then her validating that it's okay to feel what I do. She really challenges me. Yeah, she shows the compassion but she challenges me.

Many of the participants shared similar feelings about a non-judgmental environment and a safe space. Savvy stated about her sessions with her counselor:

That's what I like about it, I like that she's not judgmental because you know I judge myself so harshly, I think I'm my biggest critic. I condemn myself with a lot of things and a lot of decisions that I made as a kid, as a teenager, and as a young adult and it still you know in my mind I was allowing it to pretty much rule my present life.

Candace express the same sentiment:

Not feel like judged or like, you know they're like you're younger, you know and it just be able to kind of talk through like my real feelings rather its jacked up or not, and have someone that can work through those with me… And I can be real and not feel like I have to be. I don't want to say like on, but like on to a certain extent, because you know. I also work in an environment with majority, white people like there's only me and one other black person in my office. And so, if I feel like I have to also go to therapy, and I

don't say like, watch my words, but be mindful kind of like what I'm saying or like, I said, going back to like having to explain things. I just feel like I can just say what I want to say and keep going.

Participants also felt strongly about a therapist that not only listens, but furthermore, hold space for them. Anne discussed the experiences of Black women being silenced and how this can harm the therapeutic relationship if not allowed the space to talk experiences through. She shared:

And so you know. So in in a culture, in a society where you know, black women have been silenced or what not, or feeling unseen or unheard for you to be able to allow a space to, you know, like my counselor.

Savvy expressed when space is held properly it can enhance the therapeutic process as she experienced:

I've gone there and I have balled and I've cried, and she has allowed me to do that and she didn't allow me to leave in that emotional state..but I love the way that she allows me to share that emotion, but she uses it as a teachable moment for me and I think I have grown stronger over the last few months because I am more self-aware.

Nautica also shared the experience that helped her therapeutic relationship:

And so then, after the last two, and then finding her she's very intentional, our relationship and understanding that like she's a safe space. But she also holds me accountable and believes in home and checking in with me. She has a couple of different check ins that she does that I can appreciate.

Ramanda, like many of the other participants expressed the desire for a personable therapist, someone she could connect with:

> So it definitely was, it was more personable and maybe I reacted differently because she was a black woman who knows. I don't know but she definitely more personable and was able to speak to me differently than the first counselor. I don't like to feel rushed. It didn't feel necessarily like the other counselor had unique advice for lack of a better word to me and my situation. I think if I had been a different person, it would have been the same. It would have been the same thing you got on me. I don't know if she necessarily took the time.

Linda did not hesitate to share her experience and needs for counseling:

> I felt accomplished because you know, I think the accountability having somebody to hold me accountable because I will come home and sit in this recliner, and just stay so, having somebody who's holding me accountable to, you know, doing it, or, you know. Going through the list, the pros and cons, and helping me kind of weigh things out. Challenging and being direct with me… She helps me to see it from a different perspective, and she'll ask the hard questions and so then I have to, you know, kind of shift and think about things in a different way.

Anne's response parallels with some of the participates as she expresses her thoughts on the therapeutic relationship:

> If I feel abandoned or neglected or not seen or not heard, and then I'm gonna sit there and be with a therapist who's reinforcing those things that I have an issue with. I'm just gonna

be more screwed up as I leave. So you know, So I think that's really important to with the therapist that that I've had. You know most recently that they see me. They hear me, and I feel validated in those sessions, without feel validated without being, you know, with, while still being held accountable. If that is, you know, like, if I'm wrong, I'm wrong. You know what I'm saying, but you really see something from a different perspective, but at least you hear and see me, and why I may be doing such a such a thing, and then being able to get to the root of that.

Theme VI: Personal Experience as an Advocacy strategy
As the participants shared their experiences, many of them had such great convictions to advocate for Black women mental health through their journeys with mental health. Some had stories of their current personal advocacy for Black women to be more open to receiving mental health treatment.

Ramanda stated:

Your experience, of course is unique to you but you to be able to get it out. I think the most therapeutic thing for me is being able to vent, because then I'm not in my own head, the worst critic that I have is for me, the worst advice giver that I give to myself is me, you understand, like I need to be able to talk it out with somebody, and its good to be able to talk it out with a professional that has the training to be able to listen an give you sound advice if necessary.

Anne shared that her hopes is to dismantle any negative beliefs about counseling through advocating:

You have the right to choose or change the therapist, you know. If you go one to 2 times. You don't like it. You have the right to change, you know, and you know, and give it. Give it time. Don't just come in there with a thought process of like this is gonna suck. So I don't want to do it, or just whatever belief system that you may have had previously; and just being able to find someone who you can feel safe with and connect with and be able to share. So if you're on the fence, you know, get off the fence, you know. You got to make a decision with, you know, with therapists. Well, anybody who is on the fence of going to therapy, or I feel could benefit from therapy. I am a big advocate of therapy. If you're on the fence, I always say, listen, you know I'll offer a list of resources for therapists, or tell you how to do it.

Linda expressed her personal advocacy journey through the lens of a parent, as well as her own journey with therapy.

Then for me also being a parent who has children who have been to a counselor. So I kind of see, I kind of have a unique view of mental health counseling. I think more black women should try it. I think that and I think it would tone down that angry black woman persona because you don't feel like you have to carry it all by yourself. Because yeah, it's a lot. And especially like, you know, we all, everybody has an issue and everybody's issue is heavy. But to find somebody to say, you know what you don't really have to carry it, you and some things we carry because we are just used to carrying it, or we just want to carry it, like you can lay that down. It is okay. It is okay. Go somewhere and scream and jump up and down. That's okay. But you know we are not taught to express emotions

in that way. We have to be strong. We're taught to be bold, we're taught to be caretakers. But we have to take care of ourselves too.

Candace also shared:

I mean, I think like I said, after I started going and seeing how helpful it was for me, and kind of how it changed me. I've been just super vocal about it and like I highly encourage everybody like I said, whether you're going through some good or bad like it doesn't matter. I think everybody should have a counselor that they talk to at least once a month.

Additionally, savvy explained her journey:

I wrote a grant… We have established a collaboration with a local mental health group and they come to the schools and provide therapy to our students and now there are no excuses for them not being able to go to therapy because they come to the school. I'm an advocate…I was the rebel of the group that started counseling because a lot of people in the group are like No, they can't do more for you than what God can do and you know so that was like in our little church community therapy was and still is for some a stigma and I started going and I've been telling them, listen you need therapy and I'm not being funny and I said the best thing I have ever done for me was get into therapy and once I started my mom and friends started and I mean it was a triple effect. I told them guess what I'm still saved.

Theme VIII: Improved Mental Health

The participants were candid about their counseling process journey. While the participants have experienced some challenges, they spoke highly of the wins experienced in therapy. Most of the women gave their own personal testimony of how therapy enhanced their lives.

Savvy expressed:

> I am so much better today Now I'm not saying I am great or I am not 100% but I am so
> much better and emotionally intelligent today than I was 6 months ago when I started.
> Some things that I did not really realize about myself like from my childhood and what
> not. And I never really thought about it or looked at it in a certain way and she
> highlighted those things, so you know, now I give myself grace for things that I
> condemned myself for but it has definitely been a help like I said.

Candace shared how her perspective changed:

> Me, you know, change my perspective on counseling and realize like, okay, it's not just
> when things are bad like you should talk to a counselor all the time, even when things are
> good.

Linda indicated her experience was positive, "I have had a positive experience with counseling. I
went, and then, you know, things got better".

Jabra also shared her, "counseling experience has been very helpful.

Penny contributes her counseling experience to bringing her out of a bad place:

> I kind of started to go to counseling and seeing how helpful and beneficial it was. Things
> that I've never really thought about, you really kind of like, open my eyes and I was like
> hum that's probably why I think this way, you know things of that nature. But I feel like
> it was time where I feel I really needed it. I just feel like it was a good experience. I had
> good rapport with her, she seen me getting out more after just being so negative…but my
> counselor was very good. She really helped me through like the darkest times in my life.

Anne echoed similar sentiments:

> I have dug deep and, like, I said, I have had the support from, you know from the
> counselors that I've had to really, really, kind of you know, do what needed to be done.
> Nowhere near where I would like to be. But every day is a better day, you know, and I'm
> just grateful.

Chapter Summary

This chapter shared the results from the core experiences depicted by the ten Black women who participated in this study. Narrated are the experiences Black women reported on their mental health counseling journey. This study was guided by one main research question: What are the lived experiences of Black women who received mental health counseling? The data obtained from the semi-structured interviews emerged six significant themes to this qualitative study. The first theme, "Readiness and Rationale", the participants shared their reasoning for seeking counseling. In the second theme, "Challenges to the Counseling Process" emerged from the shared barriers that resonated with most participants throughout the interview process. The third theme, "Cultural Impact on the Counseling Process" allowed the participants an opportunity to process and share how they felt their issues as a Black woman were being addressed or not addressed in the process. In the fourth theme, "Education and Conversation", the participants recommendations for counselors to become culturally competent and aware. The fifth theme, "Culturally Identified Skills that Enhance the Therapeutic Alliance", derived from the women expression of needs to build and support the therapeutic alliance. The sixth theme, "Personal Experience as an Advocacy Strategy", was common among the participants as they shared their desire to advocate for Black women mental health through their own experiences.

The seventh theme, "Improved Mental Health", the participants were hopeful and expressed the impact of mental health counseling in their life.

Chapter 4: Discussion

The purpose of this phenomenological study was to examine the lived experiences of Black women in the counseling process. This included a specific focus on the identified dynamics and components of supportive therapeutic relationships, challenges in establishing or maintaining therapeutic relationships, and the counselor dynamics that provide a culturally supportive therapeutic relationship. Previous literature has focused on barriers, attitudes, and beliefs that hinder mental health help seeking for persons of color, but more important for this study, Black women. With a paucity in the research pertaining to Black women experiences in counseling, this study sought to explore the understanding of what goes on in the counseling process that supports culturally supportive therapy for Black women and leads to an effective therapeutic relationship. Through the critical race feminist theory lens, coupled with the hermeneutic approach the researcher examined the participants experiences in the counseling process to unlock the essence of their journey.

Through semi structured interviews, ten Black women unpacked their journeys through the counseling process. Participants responded to eight open ended questions sharing their experience of choosing therapy, challenges in the counseling process, cultural impact on therapeutic process, education for counselors, advocacy, and the benefits of mental health therapy.

Readiness and Rationale

Participants were asked about their most recent counseling experience, which prompted many participants to share their rationale for beginning counseling. Participants echoed reasons such as grief, anxiety, depression, and family issues. Overall, the participants expressed it was the right time to seek mental health treatment. One participant sentiment was "it is time to put me first". She, like many of the other participants had previously not made their mental health a priority. This parallel previous research findings indicating that Black women often do not prioritize their mental health. This is concerning because the rate of depression is slightly increased compared to their white counterparts. Moreover, when they do attend counseling it is not consistent (Moore III and Madison-Colmore, 2005; Green 2019). Contrary to past findings, the Black women in this study expressed a readiness to attend therapy. The data provides preliminary evidence that Black women will attend therapy, and stay in therapy if the right conditions are in place. Participants contributed their experience to continue in therapy was related to the right counselor. The findings also suggested that the participants readiness to be in therapy was one of the key components of successful therapy.

Challenges to the counseling process

Black women have faced issues for many years that may hinder their mental health help seeking. These issues were also reflected in the participants in this study. One participant identified several challenges that negatively impacted their seeking counseling or staying in counseling. This included difficulty getting an appointment, how they were received when starting counseling and identifying with the other counselor. The other challenges that emerged from the data were insurance, accessibility, and family's perception. Although the participants

reported being insured, the type of coverage and limits on the coverage had a direct influence on platform choice, counselor preference, and number of sessions.

When considering the impact of family perceptions, prior research has demonstrated that people of color perception of mental health was largely determined by the attitudes of family members and the black community (Barksdale and Molock, 2009; Fripp and Carlson, 2017). While, family perception of counseling was present when making the decision, many of the participants found the voice to be distant and made a decision to seek counseling even when negative attitudes were present. Overall, family attitudes was not a significant variable or deterrent to enter counseling.

The results of this study demonstrated that accessibility to counseling is a significant barrier to entering counseling and staying in counseling. Participants discussed living in small towns, limiting the access to counseling. They also suggested that in these smaller communities they were also more likely to know the counselor or someone connected to you may be very familiar with the counselor. This highlighted concerns about privacy. Though some participants indicated that how the handled this dynamic could be a factor in their decision to enter and stay in counseling. Specifically, if the counselor respected their privacy especially in public settings This paralleled participants findings it reassuring when trust and confidence was established during the counseling session, noting their desire as Black women is to have a safe place to talk things through.

These factors were also present in another dominant area, counselor preference. Many participants identified finding a counselor that reflected their preferences a challenging process. As previous research has pointed out, there is a lack of culturally competent counselors, and furthermore a lack of Black counselors (SAMHSA, 2017; National Alliance Mental Institute

[NAMI] 2015). The participants in this study discussed preferring a Black female counselor with the idea of relatedness and connectedness being essential. Although participants found there was a shortage of Black female counselors, few participants were steadfast and unmovable in their decision, while others decided to attempt a non-person of color. One participant stated she would give it a try but if she did not like it she would discontinue attending. Most Participants felt very strongly that having a counselor that reflected their preference contributed to a positive counseling experience. The virtual platform provides more opportunity for counselor preferences but there still remain limitations.

Overall, this provides preliminary evidence to suggest that among Black women in counseling or seeking counseling, there may be a desire to identify a counselor who reflects their identity. That even if that is not possible, it is essential to have a counselor they feel a connection to and who may respect and understand their experiences. For example, the Black women who went with a white counselor indicated their satisfaction with the white counselor's ability to meet their unique needs as a Black woman, indicating they had good therapeutic relationships because when race did not connect them, a meaningful connection remained important. Additionally, participants acknowledged that not all persons of color counselors are competent to treat Black women and their experience with understanding the culture may differ. This finding demonstrates the need for more culturally competent identifiable counselors beyond race.

Cultural Impact on the Counseling Processing

Previous research largely focuses on the cultural impact on the counseling process. The research states in order to provide adequate mental care for Black women it is important you have to consider the cultural factors and address the client's unique needs from a culturally responsive lens (Parker, 2021; Matthew et al., 2021; Lacey et al., 2015). The findings of this

study support that there is significant evidence that Black women counseling sessions can be impacted by a counseling process that uses this a cultural lens. Participants discussed the relevance of the therapist understanding their experience, suggesting a link between the understanding the issues Black women face and its impact on the therapeutic process. A possible interpretation of this finding is that to give a Black woman the support she needs in therapy, it is necessary to understand the cultural impact to a certain extent. As in previous studies, Cuevas et al. (2016) confirm the findings with their recommendation that it is critical to integrate not only the counseling issues but also the cultural impact.

Education and Conversation

In the previous research, Green (2019) suggested therapist increase their knowledge of the sociocultural factors and genetic predisposition of Black women to improve their mental health counseling sessions. Further, the research suggests the critical need for mental health professionals to receive systemic guidance to address the needs of person of color through practice (Miller et al., 2018). Participants mirrored this by suggesting counselors should go above and beyond to understand the unique experiences of Black women. The question as prompted, what would you recommend to counselors working with Black women, and education and conversation emerged from the data. For years, therapy has been one size fit; however more recently, there has evolved an understanding that therapy cannot be one dimensional, it needs to be multi-dimensional (Cuevas et al., 2016; Green, 2019). When considering the preparation of counselors, participants suggested that they find ways to have direct conversations with Black women to understand their personal experiences. They also conveyed that cultural awareness activities could be an effective tool to increase cultural humility. Additionally, participants encouraged counselors to remain current on cultural changes and seek yearly continuing

education units directly related to working with people of color. These suggestions reflect research that has suggested that counselors need to increase and maintain their training related to being a culturally competent counselor (Anderson, 2019).

Culturally Identified Skills that Enhance the Therapeutic Alliance

The desire of Black women in counseling is to be understood and heard without judgment was prevalent in the findings. The importance of addressing the individual increases the likelihood that counseling process may be productive (Sperry, 2010). Participants felt that understanding the issues of Black women will allow counselors to connect with them on a deeper level. As one participant explained, "understanding how we take up space" conveys the message that Black women are important like their white counterparts. Participants further identified six skills they deemed necessary to enhance the therapeutic alliance. First, the therapist showing compassion for their journey. Second, allowing free flow talk without interruptions, followed by listening. Next, providing a safe space. Then, participants desire their treatment be individualized, one participant summed this up, let me feel like I'm your only client. Finally, a resounding skill the participants shared was to be non-judgmental. A possible interpretation is be a genuine therapist. As a participant boldly stated, "get to know us, like the positive aspects and what we bring to the table…Get to know the true us, not what your preconceived ideas about us are".

Personal Experience as an Advocacy strategy

When participants were asked, what else would you like me to know about your experience? The answers were overwhelmingly positive. While participants admitted that attending was not always easy, the data provided convincing evidence in favor of seeking therapy. The participants shared, if one therapist is not for you, find another one, but do not stop.

One therapist compared it to dating, sharing that finding a counselor can be like dating but do not give up on the process because your culturally competent therapist can be found. The findings suggest that once participant's need were addressed and they experienced positive results, they were inclined to share their experience with everyone around them. Encouraging their family and peers alike to experience unlocking their healing on this journey to rediscovery through culturally responsive therapy.

Improved Mental Health

Black women who participated in the study indicated counseling was truly beneficial and most participants wished they would have started sooner. The findings suggest that satisfaction with the counselor determines the success of the therapeutic relationship. This satisfaction is measured by the quality of the counselor's ability to address the unique needs of Black women.

Implications for Counselors

Results obtained by this study informs counselor educators, professional counselors, and supervisors of the significance of education, practice, and advocacy when working with Black women in the counseling process. Multicultural diversity plays a significant role in the counseling field. The American Counseling Association (ACA) calls for counselors to be culturally skilled and able to engage with clients in an effective way with consideration to their culture and values. Furthermore, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) highlights social and cultural diversity components emphasizing the obligation of counselor educators to provide tools for future counselors to dismantle oppression for diverse populations and understand the unique experiences that impact

marginalized populations. The data provided demonstrates that a multicultural course is not

sufficient enough to work with this population. Further, the implications from this study can

increase the skills of counselors working with Black women, while improving their cultural

humility. Yeager and Bauer-Wu (2013) define cultural humility as:

> Involved ongoing process of self-exploration and self-critique combined with entering a
>
> relationship with another person with the intention of honoring their beliefs, customs, and
>
> values. It means acknowledging differences and accepting that person for who they are.

Counselor educators and supervisors may utilize the information provided in addition to the core

course to expand the knowledge of counselors in training and advocate for this population.

When working with Black women, it may be helpful for counselors to understand the

nuances experienced by Black women that could impact their counseling process (Cuevas et al.,

2016). Understanding their unique experiences with microaggressions, cultural values, family

dynamics, and how they hold space may lead to a supportive therapeutic relationship. Due to the

prevalence of mistrust with this population, a strong connection with this population is

considered important when building the therapeutic relationship. A strong connection provides

the opportunity for Black women to be authentic, showing up themselves without fear of

judgment. Because all experiences are not the same, counselors should not make the mistake of

generalizing Black women, but furthermore, inquire to seek further understanding before

providing interventions or solutions. It is important to note, the counseling skills utilized with

this population can influence the counseling process and therapeutic relationship. The findings

suggest culturally effective skills for counselors to consider developing, while not encompassing

all skills, are expressing compassion, listening, creating a safe space to talk freely, and

collaborative individualized treatment. Building a connection coupled with effective counseling skills for this population may provide culturally relevant therapy for Black women.

Moreover, the findings infer counselor educators should go beyond textbook and engage counselors-in-training in practical exercises, hands-on education, and broach meaningful conversations with Black women that can best serve this population. Both counselors and counselor educators can unite to serve as advocates to increase awareness about the importance of effective culturally supportive therapy for Black women.

Limitations of the Study

With qualitative research studies there are limitations due subjectivity of the research and the small participant size. However, the study reached saturation as necessary for a qualitative study. The study is influenced by the perceptions of the researcher's subjectivity. My journey as a Black woman who has attended counseling and is a professional counselor may have impacted the interpretation of the results of the study. In hopes of reducing the subjectivity of the study, I employed member checking and a peer check to increase trustworthiness and validity,

Further, the findings are not generalizable beyond the Black women studied and may not represent all Black women, therefore the study may have limitations. Additionally, the study does not represent Black women who attended fewer than ten sessions, but not due to a lack of recruitment for participants. Several participants completed the Qualtrics survey with fewer than ten sessions, but did not choose to participate in the study. Participants were recruited through a variety of avenues; email, social media platforms, state counseling listserv, and word of mouth.

Recommendations for Future Studies

This study was focused on culturally supportive therapy and therapeutic relationships for Black women. Future studies can explore the treatment modalities best suited for Black women in the therapy sessions. To further expand this study, compare and contrast Black women and Black men counseling experience, concentrating on further expanding how Black men experience and perceive culturally supportive care. Lastly, recommendations for future studies can explore the experiences of counselors when working with people of color and their experience providing culturally responsive therapist.

Summary

In researching the lived experiences of Black women who have attended mental health counseling an array of findings were revealed through the study. The analysis addressed the gaps of previous studies that focused on the barriers of mental health seeking. The findings in this study indicated a positive counseling experience and improved mental health when Black women issues are addressed in the counseling process and support is felt from the counselor. Black women in this study required a culturally supportive setting and a culturally responsive counselor to build an effective therapeutic alliance. While there are limitations surrounding the study, it may also empower counseling professionals to better serve Black women in the counseling process. Further, the results give a voice to the lived experiences of Black women attending counseling and serves to empower other Black women on their mental health journey.

Chapter 5: Manuscript

Abstract

This phenomenological study sought to examine the lived experience of Black women who received mental health counseling. Literature has long focused on the barriers and attitudes that attributes to Black women help seeking behavior, while vaguely focusing on the experiences in the counseling process. This study was guided by the hermeneutic phenomenological and critical race feminist theoretical approach. Using this approach, the research sought to understand the unique experiences and challenges faced by Black women that influenced the counseling process and provide knowledge to improve culturally responsive therapy. Through semi-structured interviews with ten participants, the research found that despite the barriers and attitudes, the Black women in this study desired to improve their mental health through culturally supportive therapeutic care. The findings unpacked seven themes that captured the essence of Black women experiences in counseling. The overarching themes were (1) Readiness and Rationale, ((2) Challenges to the counseling process, (3) Cultural Impact on the Counseling Process, (4) Education and Conversation, (5) Culturally Identified Skills that Enhance the Therapeutic Alliance, (6) Personal Experience as an Advocacy Strategy, and (7) Improved Mental Health. Amidst the themes are implications for counselors, counselor trainees, counselor educators, and supervisors. Further, the results indicated limitations and further research.

Introduction

Historically, people of color have been subjected to oppressive and suppressive conditions illustrated by microaggressions in workplace, educational, public, and political settings that contribute to the nuances of firsthand trauma, as well as intergenerational experiences (Blakely and Grocher, 2020). Furthermore, social injustice and racial discrimination continue to impact all people of color. The cost of trauma to people of color is taxing and gives rise to stress (Calabrese et al., 2015). According to Mental Health America (n.d.), the percentage of Black or African Americans in the United States experiencing a mental health issue, most commonly due to racial trauma is 13.4% and 16% of the population reported. Despite these numbers, they do not receive consistent care, are less likely to appear in a research study, and are more likely to frequently visit the emergency room than visit a mental health professional for their mental health (National Alliance on Mental Illness [NAMI], 2023).

Furthermore, the Center for Behavioral Health Statistics and Quality (2021) reported this utilization of mental health services is approximately twice as low as that of white people or people who report more than one race. Moreover, in 2021, the Center for Disease Control and Prevention reported that suicide among Black Americans increased at an alarming rate. From 2018 to 2021, there was approximately a 19 % increase overall, with ages 10-24 seeing a 36% increase and ages 25-44 soaring to almost 23%. Paralleling this, the CDC reported a decrease in suicide-related deaths among white persons by approximately 4% (Stone et al., 2023). While Black people admit to experiencing emotional distress and symptoms of depression at a slightly higher rate, their perception of mental illness and treatment deters them from acknowledging that treatment is needed (Alvidre et al., 2010). Despite the higher rates of depression, Mays et al.

(2017) reported of the 39% Black Americans who seek treatment, 25 % found the treatment "not helpful at all," while only 7% of non-Blacks found this to be true.

The literature suggests that there are numerous barriers that contribute to disparities in mental health usage for Black Americans compared to White persons (U.S. Department of Health and Human Services of Office of Minority Health, 2019). The following barriers are linked to the reduction of black people's desire to seek mental health treatment: perceived stigmas, cultural factors, racial discrimination/biases, intergenerational trauma, inequality of care/mistrust, and a lack of culturally competent providers (Substance Abuse and Mental Health Services Administration (SAMHSA, 2017; National Alliance Mental Institute [NAMI] 2015). As a result, these barriers heavily impact the lens through which black people see and experience mental health despite the possible benefits of mental health treatment (Jimenez et al., 2022).

While people of color suffer a plethora of complex issues around mental health, Moore III and Madison-Colmore (2005) suggest that women of color are a misunderstood population, and many experience numerous micro-aggressions due to the intersectionality of gender and race. Such microaggressions place women of color at a higher risk of experiencing depressive symptoms, such as feelings of sadness and hopelessness, due to their experience with trauma and other psychological effects (Giscombe-Woods, 2019). According to a national study conducted by the California Black Women's Health Project (2003), 60% of African American women have experienced depressive symptoms, but only 12% seek professional help. Green (2019) indicated that women of color who frequently attend treatment will halt therapy abruptly and strongly oppose antidepressants. The researcher linked distrust of the therapist and a lack of understanding of 'strength' that women of color possess for the abrupt termination of services and opposition to medications. Green (2019) indicated that therapist should be willing to increase

their knowledge about sociocultural factors and genetics that plague Black women to improve their encounter in therapy. Specifically, mental health providers should focus on providing culturally relevant interventions for Black women and be more transparent about the process to improve the relationship between the provider and Black woman (Green, 2019).

Mental health in black women is a complex issue that is influenced by many factors. Research has shown that stigma, particularly the negative perceptions of seeking help for mental health needs, is a significant sociocultural barrier that contributes to the underutilization of mental health services among Black women (Parker, 2021). This stigma is compounded by the experience of racism, sexism, and ageism, which further complicates access to mental health services for young black women of Caribbean descent (Taylor & Richards, 2019). Additionally, the cultural obligation to manifest strength can make it difficult for black women to prevent or treat mental health issues, leading to the underutilization of psychological services (Abram et al., 2018).

Furthermore, there are systemic obstacles that contribute to the gap in the mental health of Black women. The disproportionate burden faced by black cisgender women in terms of maternal and mental health disparities highlights the need for culturally responsive care and support from black women providers (Matthew et al., 2021). Likewise, social context can also play an important role in the mental health of black women. Everyday discrimination and neighborhood drug problems have been associated with various mental health disorders among black women, including anxiety, eating, mood, and substance-related disorders (Lacey et al., 2015). Therefore, the social determinants of mental health, such as discrimination and cultural factors, must be addressed to promote mental well-being among black women. Addressing these issues requires culturally responsive care, support from Black women providers, community-

based organizations, and interventions that consider the unique needs and experiences of Black women.

Ricks (2018) argues that women of color have been taught how to accept the views of strength as a defense mechanism by their ancestors, and he calls this "normalized chaos." The concept of holding onto your trauma and allowing your strength to heal you. This perspective forces women to accept the strong black-woman paradigm. Hall (2018) acknowledged that daughters grow up watching how their mothers cope with stress and follow the same pattern of coping from generation to generation. Therefore, the pattern of coping mechanisms instilled by past generations may be a barrier to women's color-seeking treatment for life stressors. Watson and Hunter (2016) found that women of color felt they had to be strong because they were told that or they witnessed their elders carry the weight of the world and get through it, masking their hurts. Therefore, women of color have been programmed to see mental illness as weak or shameful and embarrassing. Black women believed that an individual develops depression due to having a "weak mind, poor health, a troubled spirit, and lack of self-love' (Woods-Giscomb et al., 2016). It should be noted that for many years, women of color have relied on faith as a coping mechanism when life appears difficult. Previous research supports the notion that women of color beliefs and attitudes determine their coping mechanisms, particularly when it comes to the stigma of mental illness in their culture (Ward and Heidrich, 2009).

Many scholars have argued that the Strong Black Woman Schema (SBWS) has long been considered a coping mechanism for women of color because of the historic background of slavery. Although the concepts of strength, resilience, independence, and emotional restraint have been known to have a positive connection, Green (2019) shares another perspective. This perspective refutes the coping mechanism and suggests that SBWS is harmful to the mental well-

being of women of color. Donovan and West (2015) supported the idea that the Strong Black Woman (SBW) phenomenon contributes to depression in black women and further hinders their help-seeking behaviors. Nelson et al. (2016) outlined how some women support the SBW role, while others look at it as harmful. While this can be confusing given its historical perspective, it is important when considering women of color hesitancy for mental health treatment that the SBW perspective is taken into consideration. Liao et al. (2020) recognized that there are positive benefits of SBW, however, the positives are not great enough to overcome the negative implications. Moreover, Woods-Giscomb et al. (2016) suggested that understanding SBW can lead to effective mental healthcare.

Ormond (2014) suggested that negative stereotypes of women of color affect the way they experience mental health treatment, suggesting that counselors may come into the process with formed perceptions. The way women of color perceive negative stereotypes may also have a direct effect on their mental and physical well-being leading to increased depression and anxiety (Jerald et al., 2017). Nelson et al. (2020) noted that women of color do not always see mental health treatment in a negative light but feel that therapy is not for them. In addition, literature indicates that even when women of color are aware of a mental illness, they may choose to deny professional help and seek other support (Sosulski and Woodward, 2013) from other sources. Considering the implications of the cultural expectations of women of color to be resilient, this provides an explanation for their hesitation to ask for or seek help (Abrams et al., 2018).

Research has shown that women of color experience numerous microaggressions depending on their race and gender. These microaggressions cause considerable harm to mental health but may also be present in the therapeutic relationship. Cuevas et al. (2016) reported that

due to perceived discriminatory treatment, women of color are less trusting in therapeutic relationships if they seek treatment. They also recommend these issues should be explored to improve the therapeutic relationship. In the research, Cuevas et al. (2016) noted that until recently therapists were taught one way, and it was not until the last 10 years, when we begin to explore that one course was not enough and that the one size fit all is a mistruth. Furthermore, to work with women of color, counselors must acknowledge the impact of social injustice and racial injustice, while also seeing the strengths of women of color (Anderson and Jackson, 2019). Green's (2019) research recommends that the therapeutic relationship cannot be one-dimensional but multi-dimensional for the therapeutic relationship experience to be culturally supportive of women of color. Moreover, Anderson and Jackson (2019) stressed that clinicians add to the mistrust of people of color when they lack culturally relevant experience; therefore, reinforcing that it is imperative for clinicians to have more than one class in preparation to become culturally competent clinicians.

Current mental health support for black women often fails to address the nuances of their intersectionality, most commonly the impact of racism and sexism, on their mental well-being (McLean Hospital, n.d). Addressing the various mental health issues that black women are plagued by is crucial to their holistic well-being. While there are many proven therapies, most traditional therapeutic approaches do not adequately recognize the cultural barriers that contribute to the mental health struggles of black women, resulting in a lack of mental health service utilization (Ward, 2009; Substance Abuse and Mental Health Administration, 2016). Moreover, research indicates that implementing culturally supportive strategies may lead to improved mental health outcomes in black women (Sperry, 2010). Furthermore, culturally supportive therapy seeks to address the gaps in mental health utilization by providing a culturally

responsive and supportive space for black women by acknowledging the impact of systemic oppression, racism, and cultural stigma on mental wellness (Substance Abuse and Mental Health Administration, 2016; McLean Hospital, n.d).

The literature provides an overview of previous and current research relating to issues of women of color help seeking behaviors. The research identifies critical issues that deter women of color from seeking treatment, as they experience racial and gender related trauma immensely greater than their counterparts. A combination of cultural factors, systemic barriers, and social determinants influences the gap in mental health for Black women. The identified stigmas, compounded by racism and sexism contributes to the underutilization of mental health services among Black women. Most of the literature focuses on the challenges and barriers related to seeking counseling but fail to examine the perspective of effective and culturally supportive therapeutic relationships for women of color. Therefore, a study that explores the identified dynamics and components of supportive therapeutic relationships for women of color would expand the current research components. Further emphasizing the importance of addressing social determinants of mental health, providing tailored interventions that are culturally supportive, and clinical services that meet the needs of Black women from diverse ethnic and cultural backgrounds.

Theoretical Framework

For this study, the critical race feminist theoretical approach (Hilal, 1998; Wing, 1997) will be utilized to address the distinctive issues of Black women mental health experiences and utilization of counseling services. By applying a critical race feminist theoretical approach, the research will delve into the intersectionality of race and gender, acknowledging the unique experiences and challenges faced by Black women seeking mental health treatment. This

framework recognizes that Black women's experiences are shaped by systems of oppression and privilege based on race, gender, and other intersecting identities (Carbado & Gulati, 2013). The critical race feminist theoretical framework acknowledges the impact of oppression and discrimination on the mental health and well-being of Black women. It calls for the validation of Black women's experiences and the provision of resources to cope with racial microaggressions (Lewis et al., 2016). To further explore Black women experiences in therapy, it is important for the researcher to adopt an intersectional perspective that considers the overlap of identities, such as race, gender, class, and sexuality (Williams, 2005). This framework will guide the study in exploring the specific dynamics and components of supportive therapeutic relationships for women of color. The purpose of this phenomenological study will be to examine the lived experiences of Women of Color in the counseling process. This will include a specific focus on the identified dynamics and components of supportive therapeutic relationships, challenges in establishing or maintaining therapeutic relationships, and the counselor dynamics that provide a culturally supportive therapeutic relationship.

The study will be guided by the following questions:

1) What are the lived experiences of Black women who have received mental health counseling?

Description and Rationale of a Qualitative Design

A qualitative design is broad and relies heavily on the understanding and meaning of human nature (Schwandt, 2015). Furthermore, it is descriptive and guided by the utilization of personal experiences and self-reflection. This study aligns with qualitative research design as it will seek to examine the lived experiences of Black Women in the counseling process. This will include a specific focus on the identified dynamics and components of supportive therapeutic relationships, challenges in establishing or maintaining therapeutic relationships, and the

counselor dynamics that provide a culturally supportive therapeutic relationship. While the research has established some of the barriers or concerns about seeking counseling services, there is a lack of research that examines the lived experiences of Black women's counseling from the perspective of effective and culturally supportive therapeutic relationships. With the understanding that Black women who attend therapy cancel prematurely, it is equally important for clinicians to understand their experiences in therapy to be more responsive to their needs. Employing a qualitative research design, this study will be guided by the following research question: What are the lived experiences of Black women who receive mental health counseling?

A phenomenological approach was utilized for this study by allowing the participants to share their experiences of the counseling process. The phenomenological approach is unique in that it explores and describes experiences of individuals at a deeper level (Neubauer et al., 2019). Researchers are able to convey the participants' feelings and perceptions by thoroughly examining the phenomenon. By using the hermeneutic phenomenology approach, the researcher was able to understand the lived experiences of Black women in the counseling process and their decision to attend counseling. In addition, this approach allowed Black women to share their stories about their counseling experiences and reveal common themes for the purpose of increasing awareness surrounding the importance of culturally supportive therapy.

The researcher selected hermeneutic phenomenology for this study due to its interpretive nature and ability to gain a deeper level of understanding and its emphasis on subjective interpretations (Sloan & Bowe, 2014). This method allowed the researcher the ability to self-reflect and draw from their past experiences during data analysis. Further, it implored that individual's unique life experiences are theirs to share for further understanding and interpretation. By adopting the hermeneutic approach and Critical Race Feminist framework, the

researcher obtained a better understanding and deeper insight of the experiences and perceptions of Black women mental health utilization, therapeutic relationship, and culturally supportive strategies (Barriers to Mental Health Treatment for Black Americans, n.d). The use of a hermeneutic approach allowed for the exploration of how participants understood and interpret their experiences in therapy, while the Critical Race Feminist theoretical framework specifically addressed the intersection of race and gender, acknowledging the unique challenges faced by Black women in therapy.

Creswell and Poth (2017) and Merten (2010) suggest that paradigms play a vital role in philosophical assumptions in the research which leads the researcher to their theoretical orientation. For this study, the philosophical assumptions that informed the research are epistemology, ontology, and axiology. The researcher used a social constructivist view. This epistemology view seeks to take an interpretive point of view constructed by the participant and the researcher through their experiences of the phenomenon (Creswell, 2017). The study was interpreted by the lived experiences of the participants and the meaning making of these experiences which further aligned with the hermeneutic approach. Further, the ontology the researcher employed was subjective to reality and the personal knowledge of the participant played a key role in the study. The sum of the information was to gain meaningful description from multiple participants. The researcher hoped that the lived experiences of Black women who attended therapy would provide helpful knowledge to improve culturally supportive strategies in the therapy session. Lastly, the axiology ensured the researcher emphasized the importance of making clear and precise interpretations and meaning of the participants experiences to avoid preconceptions or bias (Creswell & Creswell, 2020). The researcher was aware that not all Black women that attended counseling lived experiences would be the same. Some of the women

may have experienced difficulties in therapy and others may not have those challenges and expressed that they are receiving culturally supportive therapy. The researcher investigated the strategies that are currently advantageous in the counseling sessions. "Epoche" is a term used in philosophy, also known as "bracketing", specifically in phenomenology, and it refers to the process where philosophers suspend their judgment about the natural world to better understand the phenomena of consciousness (Moustakas, 1974; Tufford & Newman, 2010). This process of epoché was essential for phenomenological reflection, as it allowed the researcher to approach the phenomenon without biases and preconceived notions, enabling a deeper understanding of the participants' experiences (Neubauer et al., 2019).

For the purpose of this study, the researcher was engaged in self-reflexivity, reflexive journaling, member checking, and triangulation to preserve the integrity of the study. These methods ensured that the experiences and perspectives of the participants were accurately reflected. The researcher practiced self-reflexivity, being open and honest about one's personal biases and judgements throughout the process of the research. Additionally, the researcher utilized reflexive journaling to record the personal reactions and thoughts that may influence the research in hopes of removing subjective inclinations that might compromise the credibility and trustworthiness of the research (Tracy, 2010; Creswell, 2014). Member checking is the most common used method. It involved the participants to make certain the accuracy of their voices was reflected in the findings (Birt et al, 2016). Lastly, the researcher employed triangulation by providing thick rich description of the participant interviews. Triangulation helped increase the validity of the study and understanding of the phenomenon (Carter et al., 2014).

To provide the two most valuable assets in research, reflexivity and transparency, (Tracy, 2010), it was important for the researcher to acknowledge and indicate their position as it related

to the study. Due to the possibility of shared experiences with the participants, I continuously reflected on my own experiences and bias throughout the study. Increasing the intensity of reflexivity in the study reduced personal bias that may have arose that would negatively affect the study. Implementing this protected the integrity of the researcher and the research study.

Procedures

For this study the target population was selected utilizing criterion sampling and snowball sampling. Criterion sample allowed participants in this study to be restricted, while snowball sampling allowed participants to refer possible participants who fit the criteria for the study. Participants completed a questionnaire in which they provided information about their demographics and mental health service utilization to determine their eligibility for the study. The inclusion criteria for the participants included the following: (1) Identified as a Black woman, (2) Had attended one or more counseling sessions with a licensed counselor, and (3) were 18 years of age or older. Creswell & Poth (2018) recommends 3 to 15 participants for a phenomenological study. However, the researcher aimed to recruit two groups obtained from the Qualtrics demographic questionnaire. Group A was to have a minimum of five participants with fewer than ten counseling sessions and Group B was to have a minimum of ten participants with ten or more counseling sessions. The Qualtrics questionnaire included queries such as, ethnic background of participant, socioeconomic status, education level, age, counseling experience, ethnic background preference of counselor, and insured or private pay. The total number of participants interviewed were ten. The ten participants confirmed attending 10 or more sessions with their most current counselor, although, several of the participants reported attending less than ten sessions with their first counselor. Qualtrics survey revealed participants that attended fewer than ten sessions, however, they did not continue with the study or possibly missed their

scheduled interviews. Saturation was met when no new information surfaced from the interviews and the participants information was repetitive.

After receiving approval from the Institutional Review Board for research with Human Subjects for this study, the researcher utilized a number of recruitment methods. The researcher shared the flyer off campus and through email with people who service this population throughout the United States. Recruitment continued with contacting professional counseling organizations such as the State Counseling Association and American Counseling Association listserv to recruit participants. Additionally, the researcher utilized social media platforms, Facebook and LinkedIn to recruit participants. The recruitment flier included a QR code with a direct link to the Qualtrics demographic survey for interested participants to complete to verify eligibility. Criterion sampling was most effective when trying to reach Black women that fit the criteria for the study. Simultaneously, the researcher used the snowball sampling method for recruitment.

Data was obtained by administering semi-structured interviews. The participants completed a demographic questionnaire that included screening questions to ensure they qualify for the study. Participants were provided an information letter electronically, attached to the invitation email sent to potential participants. Furthermore, the information letter was shown and acknowledged by the potential participants before preceding to the demographic questionnaire. The participants had the ability to consent to participate in the demographic survey by clicking yes, they consent or no, they do not consent. If the participate click no, the survey ended immediately. The potential participants needed approximately 10 to 15 minutes to complete the questionnaire. Eligible participants were sent an external link to their email directing them to schedule their one-on-one interview through the Google calendar. Immediately following the

85

section of a date and time, the participant received a Zoom link. A confirmation was sent to the interviewer and the participant. The participants were given the option to select a pseudonym of their choice to secure anonymity or the interviewer chose the pseudonym and the cameras during the zoom recording will remain off for the duration of the interview to provide extra precaution. Emails provided for the purpose of scheduling and incentive was not connected to the information provided to maintain privacy.

The interview consisted of 8 questions with follow up questions to obtain rich discussion from the participants. The interview questions elicited responses from participants about their needs in counseling and their experience in the therapeutic relationship. The questions were open-ended in hopes of eliciting deeper dialogue within the interview with participants about their therapeutic experiences. The interview ranged from 45 to 60 minutes and was digitally recorded utilizing the cloud-based video conferencing platform Zoom. The participants were chosen based on the responses given about their demographics and mental health utilization after completing the Qualtrics demographic questionnaire. The questions were related to their most recent experience in counseling and the counselor/client relationship.

The data collected was transcribed verbatim utilizing Zoom's encrypted online service and analyzed by the interviewer and a peer reviewer to enhance data integrity and accuracy. Memoeing was employed by the researcher. The researcher encouraged participants to use headphone devices or choose a private location to conduct the interview. The researcher conducted interviews in a private office and ensured measures were taken to minimize any noise interference with the use of headphones or noise cancellation machine. The data was locked, stored and password protected on the researcher's personal computer with locked folders.

Data Analysis

For the purpose of this study, the researcher utilized qualitative data analysis method to analyze the findings from the study. This included thematic analysis to code participants responses. The researcher engaged in a phenomenological approach and reflexive thematic analysis throughout the study to obtain deeper insight and understanding of the experiences and perceptions of (a) Black women mental health, (b) therapeutic relationship, (c) culturally supportive strategies. While simultaneously recognizing the biases and perspectives that may influence the interpretation of the data. The researcher employed Braun and Clarke (2021) six phases of thematic analysis when interpreting and coding the data. The phases include familiarization, coding, generating initial themes, developing and reviewing the themes, refining, defining, and naming themes, and writing it all up (telling a story). The Zoom online platform was utilized for audio recording and transcribing the interview. The transcripts were downloaded and checked for accuracy by listening to each transcript after the interview to become familiar with the information. The researcher took notes and listened for repeated phrases from the interviews to code them accordingly. This phase was repeated as precaution to avoid overlooking valuable information for the study. The researcher hand coded initially, identifying potential themes for the study. After themes were identified, the researcher used software to organize the data and begin creating the codebook. The themes were chosen and supported by the participants own words. The researcher identified a peer reviewer and sent the themes and codes for further review to ensure the accuracy and remove any potential bias. Additionally, the researcher engaged triangulation and reflexivity to ensure validity and trustworthiness of the study. Triangulation continued until no new themes were identified in the data, indicating saturation is complete. Reflexivity allowed the researcher to approach the data analysis process from a

87

culturally responsive lens, acknowledging the importance of data interpretation in a way that recognized and respected the context of the participants experiences and their own experiences. Lastly, the researcher employed member checking to increase the trustworthiness of the data. Member checking allowed the participates to validate the information transcribed to identify themes for accuracy of the descriptions.

Findings

The essence of the findings were categorized in seven themes. The themes included: 1) Readiness and Rationale, 2) Challenges to the counseling process, 3) Cultural Impact on the Counseling Process, 4) Education and Conversation 5) Culturally Identified Skills that Enhance the Therapeutic Alliance, 6) Personal Experience as an Advocacy Strategy, and 7) Improved Mental Health.

This study included ten women who identified as Black, cisgender, over the age of 18 and had at least one counseling session with a licensed professional counselor. Each of the participants engaged in a counseling session via in-person or virtually. All participants engaged in at least 10 counseling sessions. Length of time in counseling varied from one to seven years.

Table 1: Participant Demographics

Participant	Age Range	Length of time in counseling	Number of sessions	Number of counselors
Penny	18-29	2-3 years	10+	1
Barbara	30-39	1-2 years	10+	2
Linda	40-49	4-5 years	10+	2
Savvy	50-59	2-3 years	10+	3

Andi	40-49	2-3 years	10+	2
Ramanda	40-49	1-2 years	10+	2
Nautica	30-39	6-7 years	10+	3
Jabra	60-69	1-2 years	10+	2
Candace	18-29	3-4 years	10+	3
Anne	40-49	3-4 years	10+	3

Theme I: Readiness and Rationale

When asked to talk about their experiences with mental health counseling, participants interviewed focused discussion on their reason for seeking counseling and readiness for help. While the determinants for seeking counseling present differently for the participants, the similarity that emerged was their readiness for seeking counseling. One of the participants emphasized just needing *to get it out and talk to someone other than family or friends.* Jabra stated the following when expressing why she started counseling:

The reason for me going to counseling is because I am raising two grandchildren and, in this day, and age of children that I'm dealing with now is a lot different than it was when I raised my children. I wanted to make sure that I could have a resource to talk too, just to get, I guess my frustration out or to get my stress out. To talk with someone who is not bias. I talked to my family, but I really don't want them to be involved with my problems.

Linda mentioned her ongoing struggle with lost, grief, and anxiety that contributed to her seeking counseling:

Like, I had a lot of issues at one time, like my mom died and my daddy died. Then my

husband died and father-in-law. After my parents died, me and both my girls went to

counseling and so you know, just the grief. Just kind of to get through, you know, to wrap

your head around the grief, and to kind of deal with that kind of stuff. So that's why I

went initially now, recently, anxiety. I have anxiety. So just you know, I'm empty. I'm

fixing to be an empty nester and I'm just having some anxiety about what's next for me.

Similar to Linda, another participant, Candace also indicated her purpose for attending

counseling was grief related:

My first time going to counseling was actually for grief counseling because I lost a

friend, a close friend in a traumatic way. And that counselor kind of helped

me, you know, change my perspective on counseling and realize like, okay, it's not just

when things are bad like you should talk to a counselor all the time, even when things are

good.

Savvy talks about her desperation for help and reaching out to the right person at the right time

paved the way for her mental health journey:

I was really struggling mentally at the time when I went in. How I found this person is I

reached out to a person in my school district because I work in the district and we

contract with a mental health facility agency. I reached out to them and I was like hey, I

really want an evaluation, do you have somebody in mind? They gave me the name of

the person, and just by God's grace, I was able to get in that day. Somebody had canceled

right before I called... So my counseling sessions were very needed at the time cause like

I said, I was in a bad place. I was just struggling mentally, emotionally, spiritually.

For Penny, another participant, she was in need of guidance and direction during a transitional period in her life:

> It was at a time where I like needed it and so for me I felt like I was just getting out the military and didn't know what my next move was, what I was going to do or should do…I was in a space, like a negative head space.

Anne frankly spoke about her rationale for attending counseling:

> Like I was in a horrible, horrible state, like terrible state and during that particular time you know, it had got to that point.

Barbara expressed:

> I went because of my mother. Yeah, this is why I first started. And so I started because my mom and my mom is still kind of say an issue. But you know what I mean. Like, she is still one of the main focuses. But it's in how I react or don't react, which is really how counseling is for me… I now mainly go for interpersonal. When I started backup I was like low key afraid to open the garage door, because you know the way of the world is, it was like I was hesitating to open it because I'm like what's on the other side. Now it's like hard pause. We need to see someone. So now it's mainly like interpersonal relationships.

The participants reflected on their individual paths to mental health counseling while recalling the intricate details of their experience. Some participants recall the journey as one with few hurdles, while others described more complex hurdles influencing the counseling process such as financial cost, accessibility, and viewpoints. Therefore, the following theme emerged from the participant interviews.

Theme II: Challenges Influencing the Counseling Experience

Many factors influenced the way the participants experienced counseling and the counseling process. Throughout the interviews some participants shared nuances they experienced. Insurance, accessibility, and family were of significant relevance for most participants.

Candace shared the horrifying moments with insurance and accessing a counselor of color. She expressed her concerns for others that may give up because the task is daunting and even discouraging at times:

> Then kind of going through the insurance process to see if my insurance will pay for telehealth. And you know what were my options there to where I wasn't having to, you know pay therapy cost out of pocket, because we know it can be kind of expensive and at the time, like I wasn't making the type of money to where I could afford, you know, a hundred or a hundred and fifty dollars per visit every week. And so kind of working through all of that where I could see how people can kind of get discouraged in that process because it was a lot. I had to jump through some hoops and then, like, I said, trying to find a therapist who look like me in my area was a challenge. And then when I did get a counselor, now it's like well, do you take my insurance. Do you do telehealth? Or do you do in-person and things like that? So yeah, that was a challenging.

Anne found herself without insurance and she remembered needing to find a solution:

> Well, I had insurance originally when I first started, but then something happened with counseling, I wasn't working at the time, and then something happened with the insurance being exhausted. So then I no longer had insurance, and I wasn't working, and I have minimum income coming in. So you know so of course, then the man needs to be paid

regardless. And so we had the conversation about me not being able to you know that I wouldn't have the coverage any longer, and so on, and so forth, and the man's words was, I cannot leave you like this.

Ramanda expresses similar sentiments with cost and accessibility. She further shares the limitations of location:

I loved her but she was covered under my partner insurance and he didn't want to go anymore so I couldn't because her fees were $200 to $300…There are so many private counselors that charge so much and they're not necessarily covered under my insurance plan so cost was tough for me... I went through my insurance and they had a provider at our local clinic. I live in a really small town. Well it's about 25000 people here but it's still small. So, there aren't a lot of providers necessarily in this area that are licensed that are covered through my insurance. So, in that I think we definitely need more black counselors right. It would be good if we can find counselors that are trained for women in I guess the C-suite per se. I work at a university, so I say that can understand the unique experiences of the being the only black woman being pushed over or you know just all of the stuff would be amazing cause that plays into even us going home. I'm saying how we react to our spouses and whoever. But it's just tough. Sometimes finding the right counselor. We are in a rural town, so finding one in person, and especially there aren't a lot of black people here so even the counselor I had she was the sister in law to my hair stylist.

Some of the participants were not affected by insurance, however, accessibility was a factor for them. Savy further explains her position on accessibility:

This is the reason I did online because I did not want to drive to the city, I live in a rural area and the city is like 30 minutes away and that would be two hours out my day. 30 minutes there, an hour for session and 30 minutes back. So like that's why I opted for the online and it was okay for a little while(...) Okay, so that's one thing I struggled with from the beginning, because I wanted a black counselor, that was my thing, I wanted a Black counselor.

Similar to the other participants, Nautica indicated she experienced the effects of accessibility:

Also that there are I think there's maybe 2 others in my city but living in a smaller city that I live in I knew one of them, and so I was like, well, that's awkward. So that's when I found my therapist thankfully. She is here. And so yeah, those are biggest hurdles, I think cost and then just the access if you want in-person here in my city.

Penny, another participant, expressed similar sentiments as others, however, she spoke highly of virtual counseling:

To this day we have a problem in our area but the only good thing is like, you know, online and stuff that you know you can do virtual. It opens a lot of stuff up. It's like we just have to do it in our area…we wanted to find that in a male counselor not just any male counselor, a black male counselor. It was like we couldn't find one.

Another aspect of nuances that influenced the counseling experience was family. Some of the participants opened up about their family's view of counseling.

Penny recalled the conversations that rung aloud in her head when she decided to seek a counselor.

Yeah. I remember always hearing from my mom, what goes on in this house, stays in this house. So just like, you know, we don't go telling outside people what's going on in here

and that's just how I was raised you know, my mentality and just what I thought. So it was, you know going to counseling, like talk to somebody else, and let alone you know, especially like you know we didn't see counselors and you know we've never really seen like a lot of black counselors let alone, you definitely don't want to talk to no white person about what we got going on, alright. That was just, you know just that was just common. And, as I said, it was definitely a barrier. That was just my thought process. It's like, especially if you're looking for counselors. It's like that. It's like, oh, no, you know. Yeah, you probably want a black person… my mom she asked, why do you need it? Why are you're paying for this, and you know, to like I said, in the black community stuff that it isn't really talked about.

Similar to Penny, Candace shared she experienced the same conversation growing up:

Some of the older members of my family were like, oh, she don't need to be talking about that out like in public like that, or she needs to take that off social media talking about that because, you know, they grew up in that. What happens in our house, stays in our house type thing.

Barbara expressed her experience with close family:

My mother, however, the first time she made a side comment like, well, you need it. And I was like, Wow, you said that. Okay, but yeah, or like she would, she would suggest it, like she would like weaponize it, I guess, in a sense. Like my room would need cleaning, and she was like, I think you need to see someone about that. I think at first, she would ask me, I would never tell when the appointments were happening. Cause that's like none of her business.

As participants recalled their memories about the challenges in the counseling process, they jointly expressed the impact that culture had on the counseling process, birthing the theme cultural impact on the counseling process.

Theme III: Cultural Impact on the Counseling Process

Cultural impact on the counseling process emerged as a theme as participants elaborated on their experiences with being a Black woman and attending counseling. Most participants echoed the words such as identify, relatable, race, and cultural in their responses during the interview when inquired about the importance of the counselor addressing their needs as a Black woman. Subsequently, participants discussed counselor preferences and cultural responsiveness relevant to the therapeutic relationship.

Savy shared while her counselor was unable to identify with her as a Black woman she was pleased with her initiative to connect with her other identities and her as an individual:

> I just be honest, she is not a black woman so she cannot identify with my Black struggle. I mean she tries but our conversations focus on me as an individual, not as a Black woman but you know me as an individual, or me as a wife, or me as a mother or grandmother, caregiver so we don't really get directly into the black stuff. Now she did ask me because I was having some issues with some of the people at my job and she said, well do you think it's because you're an African American woman and I said you bet that it's because I'm an African American woman. So you know she knows some, but she can't walk the valleys with me… I can share some of my grievances with some of my experiences and what not and she can support me the best way she can but I mean there

are limitations to it and I knew that going into it because when I went in and I was looking at the site and I was like yall aint got no black counselors.

Linda, another participant expressed similar thoughts:

I think to a certain degree. If you were my counselor and I'm telling you about some of the microaggressions I'm experiencing in the workplace, you would be able to identify and relate on some level but I don't think that she can to that degree.

Andi shared:

I definitely feel she does address me being a black woman. I feel she takes that into consideration with some of the things that she says to me she understands the idea of how we can be looked at as angry and how we are always having to be strong and she helps to break down that stereotype you know so I can also see that my needs and things in my life have to be met. And it's okay for me to put me first.

Candace was very candid as she expressed her thoughts, she was forthright about her desire for a Black counselor. As she indicated:

She is black, and I feel like I don't have to dress it up with her like we are real with each other like we talk, like our language is very similar, and I don't feel like I have to kind of hold back at all like I can just say how I feel, and you know she's like, yep, I know what that means. I can, you know, use slang that maybe someone else might not know what I'm talking about. So I feel like I can just go in and be like my full self.

Barbara shared her sentiments:

So I feel like, it's very much addressed, because, you know, not to make everything about

race. But you know, I think they're just some black experiences, and it's not a monolith in

any form or fashion. But I do think black moms from an older generation do kind of all

operate in the same manner to an extent and there's a lot of learning and unlearning that

has to be done.

Anne shared her perspective of addressing the needs of Black women with a slightly different

twist, but the idea of the other participants was very similar:

I don't feel that it should come from the counselor. I think any of that, as far when race is

brought into it, it should be from the perspective of the person who's receiving the

counseling. And then the counselor be culturally aware and culturally sensitive to those

needs and have the tools, then to kind of help.

When discussing the impact of culturally responsiveness, a few participants like Penny addressed

her experience with great conviction:

I think that when you are working with different ethnic backgrounds or races especially

with you being a white woman and we are from two totally different spectrums and was

raised different then there are a lot of things you can't be relatable then don't try to be

relatable when it comes to certain situations. I have had counselors like that and I'm like

do you really, like you know have you really felt that way and that is like a turn off and

then I'm like ummm I don't know about this counselor….It's good to be able to connect

with somebody who been through what you've been through, but if I'm talking to

someone, and it's I feel like it's working, and you haven't been through what I've been

through, I don't want you to try to act like you been through what I've been through because I'm like everything we do is a lie.

Candace emphasized the impact of culturally responsive therapy during her sessions, stating:

So you know, whereas I feel like a counselor who isn't familiar with that would have been like, oh, man, that's just unfortunate… So, I think, not having to explain those cultural things to someone on top of trying to explain how I feel has just been refreshing to have someone who kind of gets it and can validate those experiences without me having to explain that.

Additionally, counselor preference was a motivating factor among many of the participants during the counseling process. Participants felt strongly that their preference contributes to a positive counseling experience, simultaneously with cultural awareness.

Andi shared her heart's desire when she sought a counselor. She was adamant during the interview that her preference is not an option but an absolute for her to attend counseling:

I think when I first sought counseling, it was finding a person of color to provide therapy for me was difficult because telehealth wasn't as accessible as it is now for counseling because that was back in 2012. For me a person of color is important. I wanted a black female because I probably wouldn't even mind a male but I wanted a black female, because I felt like I had to have someone who could understand what the daily struggles may be for a black woman in her work environment just navigating through the world. Someone who maybe experienced some of the same things that I have, and they can

understand it is on a deeper level than us just having a conversation about it is their experience as well.

Barbara shared her experience, describing as unique because she did not start out with a preference:

> So when I originally started, I didn't necessarily have a problem. I think I it was just at a point where I was like. I need to do something now. I'll take whoever. But they do a whole intake form right? And they match you with who they would think works best. So they match me with a black female counselor, and that works really well, and all the ones I've had, and I don't know if this is just what they've got, have been black females, and I've liked it. I've come to be like, Yeah, this is who I would prefer. But I haven't had any other experience.

Ramanda added:

> The second one I think because she was a black woman, and she knew how to speak to me and she was a Christian, and I was too, so it was just like the way she spoke. She spoke to me in a way that I could understand.

Penny explained her preferences differ after attending counseling, although her preference was a Black counselor at the beginning of her counseling process. The counselor's specialization is her priority. However, she highlighted having a preference for her children:

> I feel like you know, a lot of time the preference is like, you know, a black counselor. Now I will say for me now that I've really done counseling, and I've had, you know different experiences, good experiences and bad experiences, the race doesn't matter to

me as much, maybe for my, you know, for my kids but for me, you know about, like what are your credentials, what do you specialize in, things of that nature.

Savvy, another participant explained the encouragement she received from an office manager assisted in her decision to try a white female. She expressed her doubt:

Okay, so that's one thing I struggled with from the beginning, because I wanted a black counselor, that was my thing, I wanted a Black counselor… And it was a black lady that was like yeah you will like Miss Ivory, she is good. So, I said yeah, I will try it but I'm going to be honest, if I don't feel right, I'm moving, I'm leaving. That why I have had 3.

Theme IV: Education and Conversations

Reflections on counselor's capacity to address Black women needs in the therapeutic setting were discussed during the interviews. The women echoed many of the same sentiments, a deeper fundamental understanding of Black women experiences through engaging in cultural awareness activities, education, and difficult but meaningful conversations with Black women. One participant spoke on a lack of connection and dismissiveness of the issues and experience Black women face. Nautica expressed:

I think outside of just like listening. I think a lot of people don't unless you were raised or born in a specific time with black people. A lot of people don't naturally just have conversation with black people. They like us for our trends and our sayings, and actually having relationships with black people, black women, and being intentional about those and getting to know, outside of even like the trauma, and like microaggressions and things that we live with, just how we are happy and living our lives, I think, is important. And then, just reading, read, watch whatever

you can educate yourself on the black woman experience because it's not a monolith like we all live a different life. And so I think just overarching just like education and conversation… And go on that journey with us of healing and getting better, and understanding sometimes how our lived experiences and things shaped our perspective and viewpoints and thing.

Savvy was very expressive with her thoughts on counselor's training and their need for in depth dialogue with Black women:

So if you are a white woman or white man working with a black woman or either black man I think that probably have some training when dealing with people of different ethnicities but I know for us in education we have to have CEUs and I'm not really sure about the counseling world but I'm sure that they have to you know have training as well but I think you know more cultural based training on black women and I mean you can't go get training on black women out of a book from 1980 or even 2000, it needs to be something that is current I think they need to participate in hands on trainings that's delivered from Black women to tell this is how we feel or this is what you look for.

Andi was straightforward and shared:

So I think you need to be aware of the things and I also think that you can't just give us the same advice that you give a non-person of color because it's almost like the same rules don't apply… I think it will help you if you have some certain level of compassion when you're working with women of color. It will just help you have a better

understanding of how we take up space as a black woman and empower the black

women.

Anne added to the sentiments of the other women stating:

Be aware of the you know, the cultural nuances for black women in society as a whole.

Just those general norms. They should be conscious of those things, you know. But at the

same time not make it the focal point of counseling.

Jabra's considered her role as a grandparent and an advocate as she recommended:

Encourage other resources because they have more connection with more community

partners that can help with grandparents raising grandchildren. I would think, if they can

research something like that for us.

Theme V: Culturally Identified Skills that Enhance the Therapeutic Alliance

Participants expressed the importance of counselors' understanding, awareness, and

insight into Black women experiences. Furthermore, the women expounded on the counselor

skills needed and the needs of their population to bridge the gap of the knowledge learned

transferred to application in the counseling room. The interviews revealed culturally identified

skills that enhance the therapeutic alliance. The women discussed the importance of the

counselor's attitudes and beliefs toward the population set the atmosphere for a positive or

negative experience for Black women. Andi shared how compassion would benefit the

therapeutic relationship:

I think it will help you if you have some certain level of compassion when you're working with women of color. It will just help you have a better understanding they, how we take up space as a black woman and empower the black women to do that you know.

Linda discussed allowing the session to flow naturally was beneficial:

Just let it be free and flow and you know, and not you know, cause when I go, you know, it's just like sitting down talking to you. It's not like, Oh, my gosh! I'm going to therapy, and they're trying to pick my brain and all that kind of stuff.

Anne shared similar thoughts about the therapeutic process and the importance of listening to establish a mutually effective relationship:

And so I think that is critical you know, in dealing with a black woman that decides to get off the fence and actually have therapy is that you know you just allow her to speak, you know, and sometimes allowing her to speak, you know you don't have to say nothing, you know, that's just an effective listener, and I think that's important.

Savvy sentiments parallel with the two previous participants, sharing her experience in the therapeutic process:

Just to listen, just to let me get it off my chest, cause I was carrying it and she let me get it off and then give me a different perspective on things, some things that I did not really realize about myself like from my childhood and what not

Candace added, "just be careful about being dismissive and projecting your own kind of ideas or experiences onto the client". To sum it up, Ramanda stated "make me feel like I'm your only client almost and that you understand me and what my issues are and also being available".

Participants mirrored similar responses when asked 'what worked for them or did not work for them' in the therapeutic relationship. Most of the participants identified skills and interventions that contributed to a supportive therapeutic relationship. Words that rang out among most of the participants were safe space, listening, talking through, individualized, non-judgmental, authenticity, and guidance. Andi expressed that she feels safe and not judged with her current counselor:

> I feel that I can be open with her without worrying about any judgement or ideas of how I am supposed to be… I think what works for me with my current therapist is her allowing me to express my feelings of what I'm going through and then her validating that it's okay to feel what I do. She really challenges me. Yeah, she shows the compassion but she challenges me.

Many of the participants shared similar feelings about a non-judgmental environment and a safe space. Savvy stated about her sessions with her counselor:

> That's what I like about it, I like that she's not judgmental because you know I judge myself so harshly, I think I'm my biggest critic. I condemn myself with a lot of things and a lot of decisions that I made as a kid, as a teenager, and as a young adult and it still you know in my mind I was allowing it to pretty much rule my present life.

Candace express the same sentiment:

> Not feel like judged or like, you know they're like you're younger, you know and it just be able to kind of talk through like my real feelings rather it jacked up or not, and have someone that can work through those with me… And I can be real and not feel like I

have to be. I don't want to say like on, but like on to a certain extent, because you know. I

also work in an environment with majority, white people like there's only me and one

other black person in my office. And so, if I feel like I have to also go to therapy, and I

don't say like, watch my words, but be mindful kind of like what I'm saying or like, I

said, going back to like having to explain things. I just feel like I can just say what I want

to say and keep going.

Participants also felt strongly about a therapist that not only listens, but furthermore, hold space

for them. Anne discussed the experiences of Black women being silenced and how this can harm

the therapeutic relationship if not allowed the space to talk experiences through. She shared:

And so you know. So in in a culture, in a society where you know, black women have

been silenced or what not, or feeling unseen or unheard for you to be able to allow a

space to, you know, like my counselor.

Savvy expressed when space is held properly it can enhance the therapeutic process as she

experienced:

I've gone there and I have balled and I've cried, and she has allowed me to do that and

she didn't allow me to leave in that emotional state..but I love the way that she allows me

to share that emotion, but she uses it as a teachable moment for me and I think I have

grown stronger over the last few months because I am more self-aware.

Nautica also shared the experience that helped her therapeutic relationship:

And so then, after the last two, and then finding her she's very intentional, our

relationship and understanding that like she's a safe space. But she also holds me

106

accountable and believes in home and checking in with me. She has a couple of different check ins that she does that I can appreciate.

Ramanda, like many of the other participants expressed the desire for a personable therapist, someone she could connect with:

So it definitely was, it was more personable and maybe I reacted differently because she was a black woman who knows. I don't know but she definitely more personable and was able to speak to me differently than the first counselor. I don't like to feel rushed. It didn't feel necessarily like the other counselor had unique advice for lack of a better word to me and my situation. I think if I had been a different person, it would have been the same. It would have been the same thing you got on me. I don't know if she necessarily took the time.

Linda did not hesitate to share her experience and needs for counseling:

I felt accomplished because you know, I think the accountability having somebody to hold me accountable because I will come home and sit in this recliner, and just stay so, having somebody who's holding me accountable to, you know, doing it, or, you know. Going through the list, the pros and cons, and helping me kind of weigh things out. Challenging and being direct with me… She helps me to see it from a different perspective, and she'll ask the hard questions and so then I have to, you know, kind of shift and think about things in a different way.

Anne's response parallels with some of the participates as she expresses her thoughts on the therapeutic relationship:

If I feel abandoned or neglected or not seen or not heard, and then I'm gonna sit there and be with a therapist who's reinforcing those things that I have an issue with. I'm just gonna be more screwed up as I leave. So you know, So I think that's really important to with the therapist that that I've had. You know most recently that they see me. They hear me, and I feel validated in those sessions, without feel validated without being, you know, with, while still being held accountable. If that is, you know, like, if I'm wrong, I'm wrong. You know what I'm saying, but you really see something from a different perspective, but at least you hear and see me, and why I may be doing such a such a thing, and then being able to get to the root of that.

Theme VI: Personal Experience as an Advocacy strategy

As the participants shared their experiences, many of them had such great convictions to advocate for Black women mental health through their journeys with mental health. Some had stories of their current personal advocacy for Black women to be more open to receiving mental health treatment.

Ramanda stated:

Your experience, of course is unique to you but you to be able to get it out. I think the most therapeutic thing for me is being able to vent, because then I'm not in my own head, the worst critic that I have is for me, the worst advice giver that I give to myself is me, you understand, like I need to be able to talk it out with somebody, and it's good to be able to talk it out with a professional that has the training to be able to listen an give you sound advice if necessary.

Anne shared that her hopes is to dismantle any negative beliefs about counseling through advocating:

> You have the right to choose or change the therapist, you know. If you go one to 2 times. You don't like it. You have the right to change, you know, and you know, and give it. Give it time. Don't just come in there with a thought process of like this is gonna suck. So I don't want to do it, or just whatever belief system that you may have had previously; and just being able to find someone who you can feel safe with and connect with and be able to share. So if you're on the fence, you know, get off the fence, you know. You got to make a decision with, you know, with therapists. Well, anybody who is on the fence of going to therapy, or I feel could benefit from therapy. I am a big advocate of therapy. If you're on the fence, I always say, listen, you know I'll offer a list of resources for therapists, or tell you how to do it.

Linda expressed her personal advocacy journey through the lens of a parent, as well as her own journey with therapy.

> Then for me also being a parent who has children who have been to a counselor. So I kind of see, I kind of have a unique view of mental health counseling. I think more black women should try it. I think that and I think it would tone down that angry black woman persona because you don't feel like you have to carry it all by yourself. Because yeah, it's a lot. And especially like, you know, we all, everybody has an issue and everybody's issue is heavy. But to find somebody to say, you know what you don't really have to carry it, you and some things we carry because we are just used to carrying it, or we just want to carry it, like you can lay that down. It is okay. It is okay. Go somewhere and scream

and jump up and down. That's okay. But you know we are not taught to express emotions

in that way. We have to be strong. We're taught to be bold, we're taught to be caretakers.

But we have to take care of ourselves too.

Candace also shared:

I mean, I think like I said, after I started going and seeing how helpful it was for me, and

kind of how it changed me. I've been just super vocal about it and like I highly encourage

everybody like I said, whether you're going through some good or bad like it doesn't

matter. I think everybody should have a counselor that they talk to at least once a month.

Additionally, savvy explained her journey:

I wrote a grant… We have established a collaboration with a local mental health group

and they come to the schools and provide therapy to our students and now there are no

excuses for them not being able to go to therapy because they come to the school. I'm an

advocate…I was the rebel of the group that started counseling because a lot of people in

the group are like No, they can't do more for you than what God can do and you know so

that was like in our little church community therapy was and still is for some a stigma

and I started going and I've been telling them, listen you need therapy and I'm not being

funny and I said the best thing I have ever done for me was get into therapy and once I

started my mom and friends started and I mean it was a triple effect. I told them guess

what I'm still saved.

Theme VII: Improved Mental Health

The participants were candid about their counseling process journey. While the participants have experienced some challenges, they spoke highly of the wins experienced in therapy. Most of the women gave their own personal testimony of how therapy enhanced their lives.

Savvy expressed:

> I am so much better today. Now I'm not saying I am great or I am not 100% but I am so much better and emotionally intelligent today than I was 6 months ago when I started. Some things that I did not really realize about myself like from my childhood and what not. And I never really thought about it or looked at it in a certain way and she highlighted those things, so you know, now I give myself grace for things that I condemned myself for but it has definitely been a help like I said.

Candace shared how her perspective changed:

> Me, you know, change my perspective on counseling and realize like, okay, it's not just when things are bad like you should talk to a counselor all the time, even when things are good.

Linda indicated her experience was positive, "I have had a positive experience with counseling. I went, and then, you know, things got better".

Jabra also shared her, "counseling experience has been very helpful.

Penny contributes her counseling experience to bringing her out of a bad place:

> I kind of started to go to counseling and seeing how helpful and beneficial it was. Things that I've never really thought about, you really kind of like, open my eyes and I was like

hum that's probably why I think this way, you know things of that nature. But I feel like

it was time where I feel I really needed it. I just feel like it was a good experience. I had

good rapport with her, she seen me getting out more after just being so negative…but my

counselor was very good. She really helped me through like the darkest times in my life.

Anne echoed similar sentiments:

I have dug deep and, like, I said, I have had the support from, you know from the

counselors that I've had to really, really, kind of you know, do what needed to be done.

Nowhere near where I would like to be. But every day is a better day, you know, and I'm

just grateful.

Discussion

The purpose of this phenomenological study was to examine the lived experiences of

Black women in the counseling process. This included a specific focus on the identified

dynamics and components of supportive therapeutic relationships, challenges in establishing or

maintaining therapeutic relationships, and the counselor dynamics that provide a culturally

supportive therapeutic relationship. Previous literature has focused on barriers, attitudes, and

beliefs that hinder mental health help seeking for persons of color, but more important for this

study, Black women. With a paucity in the research pertaining to Black women experiences in

counseling, this study sought to explore the understanding of what goes on in the counseling

process that supports culturally supportive therapy for Black women and leads to an effective

therapeutic relationship. Through the critical race feminist theory lens, coupled with the

hermeneutic approach the researcher examined the participants experiences in the counseling

process to unlock the essence of their journey.

Through semi structured interviews, ten Black women unpacked their journeys through the counseling process. Participants responded to eight open ended questions sharing their experience of choosing therapy, challenges in the counseling process, cultural impact on therapeutic process, education for counselors, advocacy, and the benefits of mental health therapy.

Readiness and Rationale

Participants were asked about their most recent counseling experience, which prompted many participants to share their rationale for beginning counseling. Participants echoed reasons such as grief, anxiety, dark place, and family issues. The participants felt the time was right to seek mental health treatment. Previous research findings indicate that Black women have not prioritized their mental health although the rate of depression is slightly increased compared to their white counterparts; and when they do attend counseling it is not consistent (Moore III and Madison-Colmore, 2005; Green 2019). Contrary to past findings, the Black women in this study expressed a readiness to attend therapy. The data provides preliminary evidence that Black women may attend therapy with the right conditions. Participants contributed their experience to the continuation of therapy and finding the right counselor. The findings suggest that the participants readiness is one of the key components of successful therapy.

Challenges to the counseling process

Black women have faced nuances for many years that hinder mental health help seeking. The challenges emerging from the data were inability to schedule appointments due to lack of counselor availability, insurance, accessibility, and family perception. Although the participants were insured, the type of coverage and limits has a direct influence on platform choice, counselor preference, and number of sessions. Prior research described how people of color perception of

mental health was largely determined by the attitudes of family members and the black community (Barksdale and Molock, 2009; Fripp and Carlson, 2017). While, family perception of counseling was present when making the decision, many of the participants found the voice to be distant and the results yielded no significant impact to their decision to attend counseling.

For this study, accessibility was the most significant challenge. Participants discussed living in small towns, therefore considering that you may know the counselor or someone connected to you may be very familiar with the counselor. Participants expressed being leery about privacy but one participant indicated her counselor did not speak to her in public unless she was acknowledged. Participants found it reassuring when trust and confidence was established during the counseling session, noting their desire as Black women is to have a safe place to talk things through.

Counselor preference was identified as a significant challenge to the counseling process. As previous research has pointed out, there are a lack of culturally competent counselors, and furthermore a lack of Black counselors (SAMHSA, 2017; National Alliance Mental Institute [NAMI] 2015). From the data, most participants discussed preferring a Black female counselor with the idea of relatedness and connectedness emerging throughout the study. Although participants found there was a shortage of Black female counselors, few participants were steadfast and unmovable in their decision, while others decided to attempt a non-person of color. Most Participants felt very strongly that having a counselor they prefer contributed to a positive counseling experience. The virtual platform provides more opportunity for counselor preferences but there still remain limitations.

The data provided preliminary evidence to suggest that all participants desire a connection and understanding and some felt it had to be provided by a counselor who looked like

them. The Black women who went with a white counselor indicated their satisfaction with the white counselor's ability to meet their unique needs as a Black woman, indicating they had good therapeutic relationships because when race did not connect them, a meaningful connection remained important. Additionally, participants acknowledged that not all persons of color counselors are competent to treat Black women and their experience with understanding the culture may differ. This finding demonstrates the need for more culturally competent identifiable counselors beyond race.

Cultural Impact on the Counseling Processing

Previous research largely focuses on the cultural impact on the counseling process. The research states in order to provide adequate mental care for Black women you have to consider the cultural factors and address the unique needs from a culturally responsive lens (Parker, 2021; Matthew et al., 2021; Lacey et al., 2015). The findings of this study support that there is significant evidence that Black women counseling sessions are impacted through a cultural lens. Participants discussed the relevance of the therapist understanding their experience, suggesting a link between the understanding the issues Black women face and its impact on the therapeutic process. A possible interpretation of this finding is that to give a Black woman the support she needs in therapy, it is necessary to understand the cultural impact to a certain extent. As in previous studies, Cuevas et al. (2016) confirm the findings with their recommendation indicating exploring the issues and their cultural impact will improve the therapeutic relationships.

Education and Conversation

In the previous research, Green (2019) suggested therapist increase their knowledge of the sociocultural factors and genetic predisposition of Black women to improve their mental health counseling sessions. Further, the research suggests the critical need for mental health

professionals to receive systemic guidance to address the needs of person of color through practice (Miller et al., 2018). Participants mirrored this by suggesting counselors should go above and beyond to understand the unique experiences of Black women. For years, therapy has been one size fit all and within the last ten to fifteen years recognized that therapy cannot be one dimensional but yet multi-dimensional (Cuevas et al., 2016; Green, 2019). Within the findings of this study, participants suggested one on one conversations with Black women to understand their personal experiences. They also conveyed cultural awareness activities as an effective tool to increase cultural humility. Additionally, the data from this study revealed the participants encouraged counselors to remain current on cultural changes and seek yearly continuing education units directly related to working with people of color. The current study aligns with prior research that suggests the significance of counselors need for preparation to become culturally competent (Anderson, 2019).

Culturally Identified Skills that Enhance the Therapeutic Alliance

The current study indicated black women have the desire to be understood and heard without judgment. The importance of addressing the individual increases the likelihood that counseling process may be productive (Sperry, 2010). Participants felt that understanding the issues of Black women will allow counselors to connect with them on a deeper level. Participants further identified six skills they deemed necessary to enhance the therapeutic alliance: (1) the therapist showing compassion for their journey, (2), allowing free flow talk without interruptions, (3), followed by listening, (4) providing a safe space, (5), the desire treatment be individualized, (6), a non-judgmental stance from the counselor.

Personal Experience as an Advocacy strategy

When participants were asked, what else would you like me to know about your experience? The answers were overwhelmingly positive. While participants admitted that attending was not always easy, the data from the present study provided convincing evidence in favor of seeking therapy. The participants shared, if one therapist is not for you, find another one, but do not stop. The findings suggest that once participant needs were addressed and positive results were experienced, they were inclined to share with everyone around them. Encouraging their family and peers alike to experience unlocking their healing on this journey to rediscovery through culturally responsive therapy.

Improved Mental Health

Black women who participated in the study indicated counseling was truly beneficial and most participants wished they would have started sooner. The findings suggest that satisfaction with the counselor determines the success of the therapeutic relationship. This satisfaction is measured by the quality of the counselor's ability to address the unique needs of Black women.

Implications for Counselors

Results obtained by this study informs counselor educators, professional counselors, and supervisors of the significance of education, practice, and advocacy when working with Black women in the counseling process. Multicultural diversity plays a significant role in the counseling field. The American Counseling Association (ACA) calls for counselors to be culturally skilled and are able to engage with clients in an effective way with consideration to their culture and values. Furthermore, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) highlights social and cultural diversity components emphasizing the obligation of counselor educators to provide the tools for future counselors to

dismantle oppression for diverse populations and understand the unique experiences that impact marginalized populations. The data provided demonstrates that a multicultural course is not sufficient enough to work with this population. Further, the implications from this study can increase the skills of counselors working with Black women, while improving their cultural humility. Yeager and Bauer-Wu (2013) define cultural humility as:

Involved ongoing process of self-exploration and self-critique combined with entering a relationship with another person with the intention of honoring their beliefs, customs, and values. It means acknowledging differences and accepting that person for who they are.

Counselor educators and supervisors may utilize the information provided in addition to the core course to expand the knowledge of counselors in training and advocate for this population.

When working with Black women, it may be helpful for counselors to understand the nuances experienced by Black women that could impact their counseling process (Cuevas et al., 2016). Understanding their unique experiences with microaggressions, cultural values, family dynamics, and how they hold space may lead to a supportive therapeutic relationship. Due to the prevalence of mistrust with this population, a strong connection with this population is considered important when building the therapeutic relationship. A strong connection is developed through Black women ability to be authentic, showing up themselves without fear of judgment. Because all experiences are not the same, counselors should not make the mistake of generalizing Black women, but furthermore, inquire to seek further understanding before providing interventions or solutions. It is important to note, the skills utilized with this population can influence the counseling process and therapeutic relationship. The findings suggest culturally effective skills for counselors to consider developing, while not all encompassing that may benefit the therapeutic relationship are expressing compassion, listening,

creating a safe space to talk freely, and collaborative individualized treatment. Building a connection coupled with effective counseling skills for this population may provide culturally relevant therapy for Black women.

Moreover, the findings infer counselor educators should go beyond textbook and engage counselors-in-training in practical exercises, hands-on education, and broach meaningful conversations with Black women that can best serve this population. Both counselors and counselor educators can unite to serve as advocates to bring increased awareness about the importance of effective culturally supportive therapy for Black women.

Limitations of the Study

With qualitative research studies there are limitations due to the researcher being subjective and the small participant size. However, the study reached saturation as necessary for a qualitative study. The study is influenced by the perceptions of the researcher's subjectivity. My journey as a Black woman who have attended counseling and a professional counselor may have impacted my interpretation of the results of the study. In hopes of reducing the subjectivity of the study, I employed member checking and a peer check to increase trustworthiness and validity,

Further, the findings are not generalizable beyond the Black women studied and may not represent all Black women, therefore the study may have limitations. Additionally, the study does not represent Black women who attended fewer than ten sessions, but not due to a lack of recruitment for participants. Several participants completed the Qualtrics survey with fewer than ten sessions, but did not choose to participate in the study. Participants were recruited through a variety of avenues; email, social media platforms, Alabama Counseling listserv, and word of mouth.

Recommendations for Future Studies

This study was focused on culturally supportive therapy and therapeutic relationships for Black women. Future studies can explore the treatment modalities best suited for Black women in the therapy sessions. To further expand this study, compare and contrast Black women and Black men counseling experience, concentrating on further expanding how Black men experience and perceive culturally supportive care. Lastly, recommendations for future studies can explore the experiences of counselors when working with people of color and their experience providing culturally responsive therapist.

Summary

In researching the lived experiences of Black women who have attended mental health counseling an array of findings were revealed through the study. The analysis addressed the gaps of previous studies that focused on the barriers of mental health seeking. The findings in this study indicated that when Black women issues are addressed in the counseling session and they feel supported it leads to a positive experience and improved mental health. Black women in this study required a culturally supportive setting and a culturally responsive therapist to build an effective therapeutic alliance. While there are limitations surrounding the study, it may also empower counseling profession to better serve Black women in the counseling process. Further, the results give a voice to the lived experiences of Black women attending counseling and serves to empower other Black women on their mental health journey.

References

Abrams, J. A., Hill, A., & Maxwell, M. (2019). Underneath the Mask of the Strong Black Woman Schema: Disentangling Influences of Strength and Self-Silencing on Depressive Symptoms among U.S. Black Women. *Sex Roles*, *80*(9–10), 517–526. https://doi.org/10.1007/s11199-018-0956-y

Allen, A. M., Wang, Y., Chae, D. H., Price, M. M., Powell, W., Steed, T. C., Rose Black, A., Dhabhar, F. S., Marquez-Magaña, L., & Woods-Giscombe, C. L. (2019). Racial discrimination, the superwoman schema, and allostatic load: exploring an integrative stress-coping model among African American women. *Annals of the New York Academy of Sciences*, *1457*(1), 104–127. Complementary Index. http://spot.lib.auburn.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edb&AN=140300311&site=eds-live&scope=site

Alvidrez, J., Snowden, L. and Patel, S. (2010). The relationship between stigma and other treatment concerns and subsequent treatment engagement among Black mental health clients. *Issues in Mental Health Nursing*, 31(4), 257-264.

Anderson, S. A., & Jackson, L. C. (2019). Training and Supervision Needs of Practitioners Working with African American Women. *Women & Therapy*, *42*(3–4), 469–491. https://doi.org/10.1080/02703149.2019.1622906

Ashworth, Peter (1996). Presuppose Nothing! the Suspension of Assumptions in Phenomenological Psychological Methodology. Journal of Phenomenological Psychology 27 (1):i-25.

Barksdale C.L and Molock S.D. (2009). Perceived norms and mental health help seeking among

    African American college students. Journal of Behavior Health Services Research. 36(3), 285-

    99. doi:10.1007/s11414-008-9138-y.

Birks, M., Chapman, Y., & Francis, K. (2008). Memoing in qualitative research: probing data and

    processes. *Journal of Research in Nursing*, 68-75.

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member Checking: A Tool to

    Enhance Trustworthiness or Merely a Nod to Validation?. *Qualitative health research*, *26*(13),

    1802–1811. https://doi.org/10.1177/1049732316654870

Blakey, J. and Grocher, K. (2017). "Keeping It Real": The relational effects of trauma among

    African American women and their substance abuse treatment counselors. *Journal of*

    Interpersonal Violence, 35(17-18), 3405-3436.

Braun, V., & Clarke, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T.

    Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology,*

    Vol. 2. Research designs: Quantitative, qualitative, neuropsychological, and biological (pp. 57–

    71). American Psychological Association. https://doi.org/10.1037/13620-004

Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative*

    Psychology, 9(1), 3–26. https://doi.org/10.1037/qup0000196

Calabrese, S. K., Meyer, I. H., Overstreet, N. M., Haile, R., & Hansen, N. B. (2015). Exploring

    discrimination and mental health disparities faced by Black sexual minority women using a

    minority stress framework. *Psychology of Women Quarterly*, *39*(3), 287–304. EDSWSS.

    https://doi.org/10.1177/0361684314560730

Campbell, R.D. and Long, L.A. (2014). Culture as a social determinant of mental and behavioral

    health: a look at culturally shaped beliefs and their impact on help-seeking behaviors and service

use patterns of Black Americans with depression. *Best Practices in Mental Health: An International Journal*, 10(2), 48-62.

California Black Women's Health Project Website (2022). *California Black Women's Health Project Website*. https://www.cabwhp.org

Carter, N., Bryant-Lukosius, D., DiCenso, A., Blythe, J., & Neville, A. J. (2014). The use of triangulation in qualitative research. *Oncology nursing forum*, *41*(5), 545–547. https://doi.org/10.1188/14.ONF.545-547

Center for Behavioral Health Statistics and Quality. 2021. https://www.samhsa.gov/

Collins, P. H. (1989). The Social Construction of Black Feminist Thought. *Signs*, *14*(4), 745–773. http://www.jstor.org/stable/3174683

Creswell, J. W., & Creswell, J. D. (2020). *Research design: Qualitative, quantitative, and mixed methods approaches*. SAGE Publications, Inc.

Creswell J. and Poth C. (2018). Philosophical Assumptions and Interpretive Frameworks. *Qualitative Inquiry & Research Design*. pp. 90-96, 118-119, 276-279. Los Angeles: Sage Publications Ltd.

Creswell, J. W. (2014). Research Design: Qualitative, Quantitative and Mixed Methods Approaches (4th ed.). Thousand Oaks, CA: Sage.

Cuevas, A., O'Brien, K. and Saha, S. (2016). African American experiences in healthcare: "I always feel like I'm getting skipped over". *Health Psychology*, 35(9), pp.987-995.

Davis, T. and Ancis, J. (2012). Look to the relationship: a review of African American women Substance Users' Poor Treatment Retention and Working Alliance Development. *Substance Use and; Misuse*, 47(6), 662-672.

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. EDSWSS.

   https://doi.org/10.1177/0095798414543014

Evans, N. and Sheu, J. (2018). The relationships between perceived discrimination and

   utilization of mental health services among African Americans and Caribbean Blacks. *Journal of*

   Immigrant and Minority Health, 21(6), 1241-1247.

Gary, F. A. (2005). Stigma: Barrier to mental health care among ethnic minorities. *Issues in Mental*

   Health Nursing, 26(10), 979–999. https://doi.org/10.1080/01612840500280638

Grzanka, P. R., Santos, C. E., & Moradi, B. (2017). Intersectionality research in counseling

   psychology. *Journal of counseling psychology*, *64*(5), 453–457.

   https://doi.org/10.1037/cou0000237

Foley, G. and Timonen, V.(2015). Using Grounded Theory Method to Capture and Analyze

    Health Care Experiences. Health Services Research. 50(4), p. 1195-210.

Fripp, J. A., & Carlson, R. G. (2017). Exploring the influence of attitude and stigma on

   participation of African American and Latino populations in mental health services. *Journal of*

   Multicultural Counseling and Development, 45(2), 80–94. https://doi.org/10.1002/jmcd.12066

Green, B. "Nilaja." (2019). Strong Like My Mama: The Legacy of "Strength," Depression, and

   Suicidality in African American Women. *Women & Therapy*, *42*(3-4), 265–288. CINAHL.

   https://doi.org/10.1080/02703149.2019.1622909

Hall, J. C. (2018). It is Tough Being a Black Woman: Intergenerational Stress and Coping. *Journal*

   of Black Studies, *49*(5), 481–501. Vocational and Career Collection.

Hilal, L. (1998). What is Critical Race Feminism? Buffalo Human Rights Law Review. 4(17), 367

Holden, K. B., & Xanthos, C. (2009). Disadvantages in mental health care among African

    Americans. *Journal of Health Care for the Poor and Underserved, 20*(2), 17-

    23. https://doi.org/10.1353/hpu.0.0155

Improving cultural competence. Substance Abuse and Mental Health Services

    Administration. (2016). Retrieved October 2023

    https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf

Jerald, M. C., Cole, E. R., Ward, L. M., & Avery, L. R. (2017). Controlling images: How

    awareness of group stereotypes affects Black women's well-being. *Journal of Counseling*

    Psychology, *64*(5), 487–499. APA PsycArticles. https://doi.org/10.1037/cou0000233

Jimenez, D. E., Park, M., Rosen, D., Joo, J. H., Garza, D. M., Weinstein, E. R., Conner, K., Silva,

    C., & Okereke, O. (2022). Centering Culture in Mental Health: Differences in Diagnosis,

    Treatment, and Access to Care Among Older People of Color. *The American journal of geriatric*

    psychiatry: official journal of the American Association for Geriatric Psychiatry, *30*(11), 1234–

    1251. https://doi.org/10.1016/j.jagp.2022.07.001

Kennedy-Valdez, J. (2022). Reframing culturally competent care to improve mental health

    outcomes among African Americans. Master's Projects and Capstones.

    https://repository.usfca.edu/capstone/1429

Liao, K. Y.-H., Wei, M., & Yin, M. (2020). The Misunderstood Schema of the Strong Black

    Woman: Exploring Its Mental Health Consequences and Coping Responses Among African

    American Women. *Psychology of Women Quarterly*, *44*(1), 84–104. CINAHL.

    https://doi.org/10.1177/0361684319883198

Mays V.M., Jones A.L., Delany-Brumsey A., Coles C., Cochran, S.D. (2017). Perceived

Discrimination in Health Care and Mental Health/Substance Abuse Treatment Among Blacks,

Latinos, and Whites. Med Care, 55(2), 173-181.

Mental Health America (n.d). Overview of Black and African American Communities and Mental

Health. Retrieved September 5, 2023. https://mhanational.org

Moore, J.L., & Madison-Colmore, O. (2005). Using the H.E.R.S. model in counseling African-

American women. *Journal of African American Studies, 9*, 39-50.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage

Publications.

National Alliance on Mental Illness *NAMI* (2023). United States. Black/African American.

Retrieved from https://nami.org

Neubauer, Brian E., Witkop, Catherine T., and Varpio, Lara. (2019). How phenomenology can

help us learn from the experiences of others. *Perspectives of Medical Education* 8(18).

https://doi.org/10.1007/s40037

Nelson, T., Shahid, N. N., & Cardemil, E. V. (2020). Do I Really Need to Go and See Somebody?

Black Women's Perceptions of Help-Seeking for Depression. *Journal of Black*

Psychology, *46*(4), 263–286. EDSWSS. https://doi.org/10.1177/0095798420931644

Nicolaidis, C., Timmons, V., Thomas, M. J., Waters, A. S., Wahab, S., Mejia, A., & Mitchell, S. R.

(2010). "You Don't Go Tell White People Nothing": African American Women's Perspectives

on the Influence of Violence and Race on Depression and Depression Care. *American Journal of*

Public Health, *100*(8), 1470–1476. Professional Development Collection.

http://spot.lib.auburn.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=tfh

&AN=52336067&site=eds-live&scope=site

Ormond, A., Barbour, R., Lewis, R., Montgomery, A. and Ponds, A., (2019). Results from a
community mental health assessment in a historically black church: A call for action. *Journal of*
Prevention & Intervention in the Community, 49(3), 235-250.

Perzichilli, T. (2020, May). The historical roots of racial disparities in the mental health system.
Journal of Counseling Today.
https://ct.counseling.org/2020/05/the-historical-roots-of-racial-disparities-in-the-mental-health-
system/

Reinert, M., Fritze, D. and Nguyen, T. (October 2021). The state of mental health in America 2022.
Mental Health America, Alexandria VA. https://www.mhanational.org.

Ricks, S., 2018. Normalized chaos: Black feminism, womanism, and the (Re)definition of trauma
and healing. *Meridians*, 16(2), 343-350.

Schwandt, T. A. (2015). *The SAGE Dictionary of Qualitative Inquiry*. (4 ed.) SAGE Publishing.

Sloan, A. & Bowe, Brian (2014). Phenomenology and hermeneutic phenomenology: the
philosophy, the methodologies and using hermeneutic phenomenology to investigate lecturers'
experiences of curriculum design. Quality & Quantity. 48 (3), 1291-1303.

Sperry, L. (2010). Culture, Personality, Health, and Family Dynamics: Cultural Competence in the
Selection of Culturally Sensitive Treatments. *The Family Journal,* 18(3), 316-320.
https://doi.org/10.1177/1066480710372129

Sosulski, M. R., & Woodward, A. T. (2013). African American Women Living with Mental
Disorders: Factors Associated with Help Seeking from Professional Services and Informal
Supports. *Social Work in Public Health*, *28*(7), 660–671. EDSWSS.
https://doi.org/10.1080/19371918.2011.593462

Terlizzi, E.P. and Norris, T. (2021). Mental health treatment among adults: United States 2020. National Center for Health Statistics (U.S.)

Tracy, S. J. (2010). Qualitative Quality: Eight "Big-Tent" Criteria for Excellent Qualitative Research. *Qualitative Inquiry*. https://doi.org/10.1177/1077800410383121

Tracy, S. J. Qualitative research methods : collecting evidence crafting analysis communicating impact (Second). (2020). Wiley Blackwell.

Tufford, L., & Newman, P. (2010). Bracketing in Qualitative Research. *Qualitative Social Work*. https://doi.org/10.1177/1473325010368316

Understanding Mental Health in Black Community (n.d.)

https://www.mcleanhospital.org/essential/black-mental-health. Retrieved December 3, 2023

Wade, J., Alexander, R., Giscombe, C. W., Keegan, D., Parker, S., Jackson, K., Gibbs, J., McElroy, A., & Ferguson, J. V. (2022). Using Black Feminist Theory and Methods to Uncover Best Practices in Health Promotion Programming. *Qualitative health research*, *32*(3), 581–594. https://doi.org/10.1177/10497323211061108

Ward, E. C., & Heidrich, S. M. (2009). African American women's beliefs about mental illness, stigma, and preferred coping behaviors. *Research in nursing & health*, *32*(5), 480–492. https://doi.org/10.1002/nur.20344

Watson, N. N., & Hunter, C. D. (2016). "I had to be strong": tensions in the strong black woman schema. *Journal of Black Psychology*, *42*(5), 424. Gale General OneFile. http://spot.lib.auburn.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=edsggo&AN=edsgcl.474838664&site=eds-live&scope=site

Wharton, T., Watkins, D., Mitchell, J. and Kales, H. (2016). Older, church-going African

 Americans' attitudes and expectations about formal depression care. *Research on Aging*, 40(1),

 3-26.

Williams, Carmen. (2005). Counseling African American Women: Multiple Identities—Multiple

 Constraints. Journal of Counseling & Development. 83.

Wing, A.K. (1997). Critical Race Feminism: A Reader. NYU Press.

Woods-Giscombé CL. (2010). Superwoman schema: African American women's views on stress,

 strength, and health. *Qual Health Research*. 20(5), 668-83.

 https://doi.org/10.1177/1049732310361892

Woods-Giscombe, C., Robinson, M. N., Carthon, D., Devane-Johnson, S., & Corbie-Smith, G.

 (2016). Superwoman Schema, Stigma, Spirituality, and Culturally Sensitive Providers: Factors

 Influencing African American Women's Use of Mental Health Services. *Journal of Best*

 Practices in Health Professions Diversity: Education, Research & Policy, *9*(1), 1124–1144.

 Business Source Premier.

Appendix A

COLLEGE OF EDUCATION

DEPARTMENT OF
SPECIAL EDUCATION, REHABILITATION, AND COUNSELING

INFORMATION LETTER

for a Research Study entitled
"Black Women and Mental Health: Effective and Culturally Supportive Therapeutic
Relationships"

You are invited to participate in a research study to *examine the lived experiences of Black Women in the counseling process to establish effective culturally supportive therapeutic relationships*. The study is being conducted by _Astra Barkley, MS, LPC, NCC_ under the direction of _Dr. Margie Taylor_ in the Auburn University Department of Special Education, Rehabilitation, and Counseling. You were selected as a possible participant because you identify as a Black Woman and have attended one or more counseling sessions with a licensed counselor and are age 18 or older.

What will be involved if you participate? If you decide to participate in this research study, you will be asked to complete a demographic survey and interview. Your total time commitment will be approximately 60 to 90 minutes for the interview.

Are there any risks or discomforts? The risks associated with participating in this study are minimum, however, there may be discomfort while discussing your experience. To minimize these risks, we will not use identifying information.

Are there any benefits to yourself or others? If you participate in this study, you can expect no direct benefit to you for your participation in this study, however, I hope the information obtained in this study will emphasize the importance of centering the experiences and perspectives of Black women in counseling, ultimately contributing to the advancement of culturally responsive mental health services for Black women and better therapeutic relationships.

Will you receive compensation for participating? To thank you for your time you will be offered a $15 Amazon gift card.

If you change your mind about participating, you can withdraw at any time during the study. Your participation is completely voluntary. If you choose to withdraw, your data can be withdrawn as long as it is identifiable. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Special Education, Rehabilitation, and Counseling or the Department of Educational Foundations, Leadership and Technology.

Page 1 of 2

Your privacy will be protected. Any information obtained in connection with this study will remain anonymous (*or confidential*). Information obtained through your participation may be *used to fulfill an educational requirement, published in a professional journal, presented at a professional meeting, etc.*

If you have questions about this study, *please ask them now or* contact Astra Barkley at azb0185@auburn.edu or Dr. Taylor at barnema@auburn.edu. A copy of this document will be given to you to keep.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. YOUR SIGNATURE INDICATES YOUR WILLINGNESS TO PARTICIPATE.

_____   _____
Participant's signature   Date   **Investigator obtaining consent   Date**
_____   _____
Printed Name   **Printed Name**

                                                _____
                                                Co-Investigator   Date

                                                _____
                                                 Printed Name

                                                Page 2 of 2

Appendix B

Recruitment Email

Research Study entitled
"Black Women and Mental Health: Establishing Effective and Culturally Supportive Therapeutic Relationships"

Hello,
My name is Astra Barkley, and I am a doctoral student in the Counselor Education program within the Department of Special Education, Rehabilitation, and Counseling at Auburn University. As a part of my dissertation, I am seeking participants for my study examining the lived experiences of Black women who have attended counseling. The purpose of this study will be to examine the lived experiences of Black women in the counseling process. This will include a specific focus on the identified dynamics and components of supportive therapeutic relationships, challenges in establishing or maintaining therapeutic relationships, and the counselor dynamics that provide a culturally supportive therapeutic relationship. I am completing this study under the direction of my faculty supervisor, Dr. Margie Taylor.

You are invited to participate if you meet the following criteria: 1:) Identify as a Black woman 2.) Have attended one or more counseling sessions with a licensed counselor 3.) Willing to commit to one audio recorded interview reflecting your counseling process during the data collection process 4.) and are age 18 or older.
This study will contribute to the researcher's efforts to help inform clinicians of the needs of Black women in the counseling process and the importance of building a strong therapeutic alliance.

If you decide to participate in this research study, you be asked to complete a demographic questionnaire, informed consent document, and one audio recorded semi-structured interview. Your total time commitment will be approximately 1.5 hours. Your identity and responses will be kept confidential. Your personal narrative will be collected and analyzed for themes of your lived experience. All data collection and transmission will be protected by secure technology.

Your participation is voluntary. Should you change your mind about participating, you can withdraw at any time during the study.

My contact information is listed below for your reference if you have any questions or concerns.
Astra Barkley, MS, LPC, NCC
Doctoral Candidate
Auburn University
Department of Special Education, Rehabilitation, and Counseling
Email: azb0185@auburn.edu

Please distribute and share with others who may be interested in participating in this study.

All the best,
Astra Barkley, MS, LPC, NCC

Appendix C

Recruitment Social Media Post

Research Study entitled
"Black Women and Mental Health: Establishing Effective and Culturally Supportive Therapeutic
Relationships"

Hello,
My name is Astra Barkley, and I am a doctoral candidate in the Counselor Education program
within the Department of Special Education, Rehabilitation, and Counseling at Auburn
University. As a part of my dissertation, I am seeking participants for my study examining the
lived experiences of Black women who have attended counseling. The purpose of this study will
be to examine the lived experiences of Women of Color in the counseling process. This will
include a specific focus on the identified dynamics and components of supportive therapeutic
relationships, challenges in establishing or maintaining therapeutic relationships, and the
counselor dynamics that provide a culturally supportive therapeutic relationship. I am completing
this study under the direction of my faculty supervisor, Dr. Margie Taylor.

You are invited to participate if you meet the following criteria: 1:) A Black woman 2.) Have
attended one or more counseling sessions with a licensed counselor 3.) Willing to commit to one
audio recorded interview reflecting your counseling process during the data collection process
4.) and are 18 or older.
This study will contribute to the researcher's efforts to help inform clinicians of the needs of
Black women in the counseling process and the importance of building a strong therapeutic
alliance.

If you decide to participate in this research study, you be asked to complete a demographic
questionnaire, informed consent document, and one audio recorded semi-structured interview.
Your total time commitment will be approximately 1.5 hours. Your identity and responses will
be kept confidential. Your personal narrative will be collected and analyzed for themes of your
lived experience. All data collection and transmission will be protected by secure technology.

Your participation is voluntary. Should you change your mind about participating, you can
withdraw at any time during the study.

My contact information is listed below for your reference if you have any questions or concerns.
Astra Barkley, MS, LPC, NCC
Doctoral Candidate
Auburn University
Department of Special Education, Rehabilitation, and Counseling
Email: azb0185@auburn.edu

Please distribute and share with others who may be interested in participating in this study.

All the best,
Astra Barkley, MS, LPC, NCC

Appendix D

Participant Demographic Questionnaire

Please respond to the following questions and do not provide any identifying information.

1.What is your age?
☐ Under 18
☐ 18-29
☐ 30-39
☐ 40-49
☐ 50-59
☐ 60-over

2.What is your gender identity?
☐ Cisgender Female
☐ Transgender Female

3.Which of the following categories describes your race? (check all that apply)
☐ White or Caucasian
☐ African American or Black
☐ Biracial
☐ Hispanic
☐ Asian
☐ Other (please specify:_____**)**

4. What is your highest level of education completed?
☐ No high school
☐ Some high school
☐ High school diploma/GED
☐ Some College
☐ Vocational/Tech Certification
☐ Associate's
☐ Bachelor's
☐ Master's
☐ Doctorate/Professional (i.e., law, medical, dental)

5. What is your annual income?
☐ Less than $20,000
☐ $20,000-$34,999
☐ $35,000-$49,999
☐ $50,000-$74,999
☐ more than $75,000

6. How many counseling sessions have you attended with a Licensed Counselor?_____

7. What is your length of time in counseling?
☐ Less than 1
☐ 1 to 2 years
☐ More than 2 years

8. How many sessions have you had with the same counselor?
☐ 1 to 4
☐ 5 to 9
☐ 10 or more

9. How many counselors have you had since you started?_____

10. How did you pay for counseling?
☐ Insurance
☐ Private Pay
☐ Other (Explain_____)

11. What is/was the ethnic/racial makeup of the counselor? (Check all that apply)
☐ White or Caucasian
☐ African American or Black
☐ Biracial
☐ Hispanic
☐ Asian
☐ Other (please specify:_____)

12. What ethnic/racial background was your preference for a counselor?
☐ White or Caucasian
☐ African American or Black
☐ Biracial
☐ Hispanic
☐ Asian
☐ No preference

Appendix E

Interview Protocol

Opening Script: *I am conducting a study to explore the experiences of Black women during the counseling process with effective and culturally supportive therapeutic relationship. At any time, you would like to discontinue this interview, you can. This information will be used to complete research for my dissertation and will last approximately 60 to 90 minutes. This interview will be recorded, and you will select or be assigned a pseudonym. The information contained in this interview is confidential and measures will be taken to ensure any information you share is not identifiable to your persons in the analysis process. Do you have any questions?*

Interview Protocol:

1. Please tell me about your most recent counseling experience.
2. Tell me about your relationship with the counselor.
   a. How do you believe the counselor addressed or did not address your identity as a Black woman.
3. Tell me what you think worked in your counseling sessions.
   a. Tell me what you think did not work for you.
4. What would you recommend to your counselor to improve working with Black women in the counseling process?
5. What other ways have you received support for your mental health outside of a counselor in the past?
6. Describe how others that are important to you responded to you receiving counseling.
7. Describe any barriers you experienced when seeking out counseling.
8. Is there anything else you would like to share about your overall experience in counseling?