

Black Superwomen and Depression

REMOVING THE CAPE

Stories covering Black women and depression have increased in many popular magazines and online news sources, highlighting a growing curiosity in Black women and mental health. The intersectionality of race and gender has provided Black women with a unique societal experience (Gay & Tate, 1998; Speight, Isom, & Thomas, 2013). Black girls are considered to be more adult-like, and less innocent than their White counterparts (Epstein, Blake, & Gonzalez, 2017). This presumption, classified as “girlhood, interrupted,” contains the belief that Black girls are well-versed in adult topics, more independent, and do not need to be supported and comforted as much as their peers (Epstein et al., 2017).

DeAnna Harris-McKoy, PhD Taimyr Strachan, MS

Over time, these perceptions have become an established practice for Black women to be on the receiving end of less protection, nurturance, and support in our society (Epstein et al., 2017). In conjunction with historical influences, these perceptions have shaped ideas about Black womanhood.

The “strong black woman” (SBW) stereotype has been internalized by Black women and transmitted over generations. It has become a defining feature of Black womanhood (Beauboeuf-Lafontant, 2009), and is laced with the expectations of managing various roles, being hard-working and resilient, prioritizing the needs of others before self, being a source of nurturing support for all those around while still exuding strength, and disregarding their emotional needs (Abrams, Maxwell, Pope, & Belgrave, 2014; Harris-Perry, 2011; Woods-Giscombe, 2010). Although many have noted that the SBW stereotype is a myth that has its sources in chattel slavery (Jewell, 1993; Romero, 2000), it still remains that Black girls are being socialized into strong Black women. On the surface, it sounds remarkable for Black women to have the ability to contend with so much! While these traits can create a sense of resiliency, drive, and career success (Reynolds-Dobbs, Thomas, & Harrison, 2008; Woods-Giscombe, 2010), they are also sources of stress that have been linked to depression, denying or suppressing existence of mental illnesses, and reluctance in help-seeking (Neal-Barnett & Crowther, 2000).

Depression and Black women

Depression is one of the most common, misdiagnosed, and under-diagnosed illnesses (World Health

Organization, 2016). Depression, not only influences a person’s emotional state, but it also negatively influences relationships with others, work performance, and increases missed days from work (Rice, Elerian, & Gaul, 2014). Despite being a commonly occurring disorder, many are still uninformed or misinformed about symptoms of depression (Hoytt & Beard, 2012; National Alliance on Mental Illness [NAMI], n.d). Due to the stigma of mental health conditions, signs of a disorder are rarely discussed or acknowledged, especially in the Black community (NAMI, n.d.). Signs of mental health conditions, like depression, can be seen as a weakness (NAMI, n.d.), therefore help seeking behaviors may not be encouraged or supported (Dixon & Vaz, 2005; Hoytt & Beard, 2012).

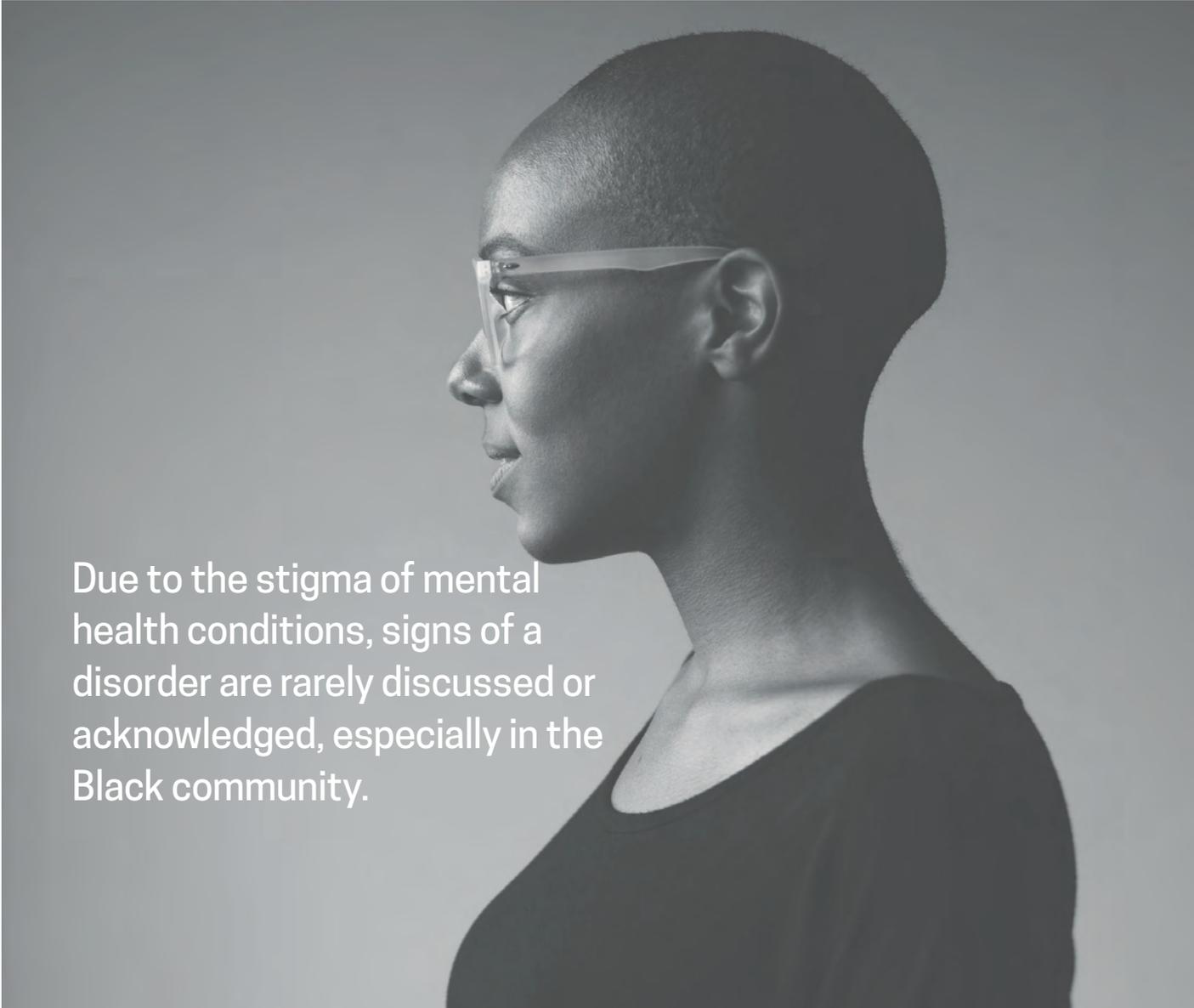
The mental health agenda has historically ignored the unique perspectives of Black women (Allen & Britt, 1984). There are numerous discussions in the literature exploring the psychology of women, and even discussions detailing the psychology of the Black population (Bell, 2017). However, when it comes to discourse regarding the mental health of Black women, there is a concerning deficiency that needs to be addressed. Depression in Black women continues to be an understudied topic, however it has critical implications for the social and psychological wellbeing of the Black community (Abrams, Hill,

& Maxwell, 2018). The percentages of Non-Hispanic Black women reporting feelings of hopelessness, sadness, and worthlessness was significantly greater in comparison to Non-Hispanic White women (Centers for Disease Control, 2016). There is a concern that depression in Black women is often unrecognizable in treatment settings; which leads to symptoms being overlooked, undiagnosed, and possibly invalidated.

The research project

In order to help shed light on what depression looks and feels like for Black women, I (DHM) began a research project that stemmed from my clinical work. A wave of Black women came to therapy discussing symptoms of depression. Being a culturally-informed, community-oriented researcher, I then met with other Black women who experience depression to inform a study design. We decided that the project should involve focus groups and workshops with a *sista circle* feel. I then submitted a grant proposal to the Hogg Foundation for Mental Health, which was successfully funded. The research team provided psychoeducational material at three different community events, one hosted by us. The workshop was titled “Removing the Mask: Black Women and Depression,” which included a lecture and a panel discussion featuring Angela Walton, Charnell Covert, MAWH, and Edna Brinkley, PhD. Participants then completed measures about depression, collective self-esteem, and quality of health. We also conducted three separate focus groups to gain a deeper understanding of the topic.

Black women are rarely invited to participate in research studies, despite their willingness to be involved (Brewer et al., 2014). Three hundred Black women participated in this project with the help of many Black women’s service organizations.



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Future research

There is a lack of research involving the Black community (Briggs, Banks, & Briggs, 2014; Jones, Hardiman, & Carpenter, 2007). Future research should continue to study how Black women experience depression, social determinants of depressive symptoms, how they define recovery from depression, and how they recover from depression. Due to historical discrimination, health professionals and researchers may need to gain the trust of this population before engaging in research. When working

with Black communities, Briggs et al. (2014) suggested that researchers should build relationships with key community leaders in order to increase participation in the research projects.

Clinical implications

Clinicians should begin by exploring their stereotypes about Black women. The SBW stereotype may be related to the lack of quality care received from various health professionals. Black women are often perceived as being able to handle more pain (physically and mentally) than their counterparts

(Hoffman, Trawalter, Axt, & Oliver, 2016). Clinicians can also follow my work (TS) concerning Post-Traumatic Slave Syndrome and its influence on anxiety and depression. Clinicians can use Structural Therapy to help Black women move from a parental subsystem with their friends, family, and community. Caring for friends, family, and community can be accomplished without sacrificing themselves. Using Contextual Therapy, clinicians can discuss legacies and ledgers. Black women may not feel entitled to focus on

recovery due to legacies of sacrifice. Understanding Black women's experience with depression may assist clinicians in diagnosing depression, retaining Black women as consumers in therapy, increasing clinical and personal recovery from depression, and reducing health disparities in engagement in mental healthcare.



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THE AUTHORS PRESENT

Understanding Black Women and Depression

Research Discussion Session 2 | 12:30 - 1:30 p.m. 8/30/19