

# DISCLOSURE OF DEPRESSION IN AFRICAN AMERICAN WOMEN

*A QUALITATIVE ANALYSIS OF DISCLOSURE BEHAVIORS AND ATTITUDES*

*NAKIA SMITH*

*SCHOOL OF BUSINESS AND GRADUATE STUDIES*

*TRINITY WASHINGTON UNIVERSITY*

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### *Executive Summary*

The researcher's aim in this study was to develop a model to gain a better understanding of how to help African American women disclose depression by applying the theory of transformative learning and to determine the role in which mental health education plays in the disclosure of depression in African American women. The results of this study provide insight on the factors that drive or hinder African American women to open up and disclose their depression. The outcome of the current study may provide mental health practitioners, counselors, and nonprofit agencies with a better understanding of the factors that influence the disclosure of depression in African American women.

A qualitative content analysis was the method of research for the current study. Creswell (2009) suggest that through qualitative research, the researcher can explore and understand the meaning individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures, data typically collected in the participants setting, data analysis inductively building from particulars to general themes, and the researcher making interpretations of the meaning of the data. This study selected a social constructivist worldview approach, which suggests that individuals seek understanding of the world in which they live and work (Creswell, 2009). Case studies, peer reviewed scholarly journal articles along with related literature and data were examined, evaluated, and then coded to ensure the relevancy and integrity of the study. Based on Corbin and Strauss' model for constant comparative grounded theory, a three level coding was utilized to analyze the documents (Merriam, 2009). There were a number of factors that impact disclosure of depression in African American women. The emerging themes were healthcare systemic barriers, historical premise, socioeconomic barriers, psychological barriers, awareness, and stigmatization. Due to the limited amount of time to conduct the study, only nine scholarly articles and case studies were analyzed in this qualitative content analysis. The implications of this study indicate that there is a need for mental health education that is culturally sensitive to African American women's needs and preferences.

*Keywords:* Transformative Learning theory, depression, content analysis, African American women, disclosure

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I would like to dedicate this paper to my mother who was my rock. Losing her to a battle of mental illness which resulted in her taking her life in 2005 sparked a fire in me to look at life in a different perspective and to cherish my life to the fullest. Experiencing my own phases of depression made me want to help other people with just sharing my personal story of loosing my mother. I only hope that with this research I can continue to share with others the importance of seeking help when you are feeling depressed and not to wait until it is at a most critical point that may lead to suicide if untreated. I also would like to dedicate this paper to my father who has continuously supported me in all of my personal and academic endeavors and who has taught me what it means to be strong and to persevere through adversity Thank you for being a great provider and sharing your knowledge and wisdom at the most critical moments of defeat in my life.

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## Introduction

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There has been a long history of negative perceptions and connotations associated with the term mental illness within the African American community. Deeply engrained in the minds within the African American culture, there is a notion dating back to slavery, that one should endure life's difficulties without complaint or appearing weak. Bahrampour (2013) wrote an article in the Washington Post on Jinneh Dyson, a resident of the District of Columbia who shared her initial skepticism about treating her debilitating depression and through counseling encountered a transformative experience. At age 17 she was treated for depression but her family told her not to take her medication after her mother died. Phrases such as "pray and have faith or that's the way the white man is poisoning you" is how her family responded when she shared the idea with them. However, several years later while attending college a bi-racial friend encouraged Jinneh to seek counseling. As a result of counseling, Jinneh explained her treatment as being transformative and now she splits her time working for the National Alliance on Mental Illness and as a life coach and motivational speaker on mental health.

In the United States, the topic of mental illness has increasingly gained attention and media coverage during the last few years. According to the results of the 2014, National Survey on Drug Use and health published by the Substance Abuse and Mental Health Services Administration (SAMSHA) there is an estimated 43.6 million adults aged 18 or older living with mental illness (SAMSHA, 2015). Mental illness also referred to as mental disorder generally characterized by dysregulation of mood, thought, and or behavior (Center for Disease Control and Prevention, 2016). The most common form of mental illness is depression. Depression is characterized by depressed or sad mood, diminished interest in activities which used to be pleasurable, weight gain or loss, psychomotor agitation or retardation, fatigue, inappropriate guilt, difficulties concentrating as well as recurrent thoughts of death (Center for Disease Control and Prevention, 2016).

Many people regardless of race have a difficult time talking about mental illness. According to the 2010 National Healthcare Disparities Report, in 2008 whites received mental health treatment and counseling at nearly twice the rate of blacks, and whites received prescription medication for mental-health related issues at more than twice the rate of blacks (Bahrampour, 2013) The National Survey of American Life also shows some striking differences among blacks. Fewer than half of African Americans with major depressive disorder undergo treatment in comparison to whites. The study revealed that 10.4% of African Americans and 17.9 % of non-Hispanic whites had major depressive disorder at some point in their life. However, among participants with depression, the

rate of chronic depression was highest among blacks with 56.5 % compared to whites with 38.6% (Williams, Gonzalez, Neighbors, Nesse, Abelson & Sweetman, 2007).

### **Statement of the Problem**

Although there is an extensive amount of literature on depression in African Americans, there is limited research on understanding the factors that influence disclosure of depression in African American women. There is no general theory that describes disclosure of depression for African American women. As a result, it makes it difficult for Mental Health practitioners, counselors, and nonprofit agencies to help this population move from non-disclosure to disclosure of depression. Therefore, the need for a model can make use in better understanding of how and why African American women choose not to disclose depression. It is imperative that healthcare practitioners are culturally sensitive and understand the factors that influence African American women from disclosing depression so that this population is educated in a way that is culturally sensitive and encourages help seeking behavior.

### **Objective**

My intent is to develop a model of understanding how to help African American women disclose depression. by applying the theory of transformative learning and to also determine the role in which mental health education plays in the disclosure of depression in African American women. The results of this study will provide some insight on the factors that drive or hinder African American women to open up and disclose their depression. The outcome of this study will present a model that may help mental healthcare practitioners gain a better understanding from a theoretical perspective of Mezirow's transformative learning theory.

### **Research Questions**

This research will attempt to answer the following through a content analysis to gain understanding on what factors impact disclosure of mental illness in African American women.

#### **Research question one (RQ1):**

What factors impact the disclosure of depression in African American Women?

The purpose of this question is to uncover what themes or factors lead to disclosure of depression in African American women.

#### **Research question two (RQ2):**

What role does mental health education play in the disclosure of depression in African American women?

The purpose of this research question is to understand the role in which mental health education plays in how African American women disclose mental illness.

### Research Design

A qualitative content analysis was the method of research for the current study. Creswell (2009) suggest that through qualitative research, the researcher can explore and understand the meaning individuals or groups ascribe to a social or human problem. The process of research involves emerging questions and procedures, data typically collected in the participants setting, data analysis inductively building from particulars to general themes, and the researcher making interpretations of the meaning of the data. This study selected a social constructivist worldview approach which suggests that individuals seek understanding of the world in which they live and work (Creswell, 2009). Case studies, peer reviewed scholarly journal articles along with related literature and data were examined and evaluated and then coded to ensure the relevancy and integrity of the study. Based on Corbin and Strauss' (1998) model for constant comparative grounded theory, a three phase coding process (open, axial and selective) will be used to analyze the documents (Merriam, 2009).

### Data Sources

The content utilized to investigate the research questions came in the form of documentation; case studies, trade journal articles, organizational documentation. The research included a meta-analysis of secondary data, trade journal articles, and studies on disclosure of depression in African American women. Case studies were selected due to their surveyed population, and trade journals their agency specific data. The journal articles were selected because they were classified as scholarly and peer reviewed. Data restrictions included peer reviewed materials from industry and scholarly journals within the past ten years.

The primary sources of data were the ProQuest and EBSCO databases, such as ABI/INFORM, and Psychology journals. Keyword search terms included: transformative learning theory, depression in African American women, mental health education, and mental health disclosure in African American women. The following are example of search results:

Ndidiamaka, N. A. (2012). African American women: The face of HIV/AIDS in Washington, DC. *The Qualitative Report*.

Byers, D. J., Wicks, M. N., & Beard, T. H. (2011). Depressive symptoms and health promotion behaviors of african-american women who are family caregivers of hemodialysis recipients. *Nephrology Nursing Journal*.



Mishra, S. I., Lucksted, A., Gioia, D., Barnet, B., & Baquet, C. R. (2009). Needs and preferences for receiving mental health information in an African American focus group sample. *Community Mental Health Journal*.

### **Assumptions and Limitations**

This research is evaluating the transformative learning theory and how it can be applied in understanding the process that leads to one's disclosure of mental health. The constructs that exist within the transformative learning theory can be applied to gain a better understanding how one's process of critical self-reflection, reflective dialogue, and reflective action leads to a positive perception in disclosing mental health. In grounded theory, it is understood that the researcher serves as both the investigator and the instrument of analysis, which naturally subjects the study to the potential bias and knowledge limitations of the researcher. To reduce this risk, concepts were studied, examined and re-examined at length to gain an extensive understanding and a diverse perspective on the principles and concepts related to this study.

While the intention of the study is to provide an understanding of the factors that prevent or hinder disclosure of depression in African American women, this study has its limitations. The principle objective is to promote understanding and discussion of the cultural and religious aspects in relation to disclosure of depression in African American women. This study carefully selected guiding principles based on the relevant related research but it does not attempt to construct a "one size fits all" approach in resolving the stated problem nor does it attempt to respond to the conflicting research among studies in the respective research area. As a result, the study may not garner unanimous support in the academic or professional community.

## Theory

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The purpose of the qualitative research in this study is to examine the relationship between the constructs of transformative learning theory and disclosure of depression in African American women. Mezirow's transformative learning theory was adopted for this study. "Transformative learning refers to transforming a problematic frame of reference to make it more dependable in our adult life by generating opinions and interpretations that are more justified" (Mezirow 1990a; 1990b as cited in Wood, 2007). Transformative learning theory emerged in early studies in the field education as a way to understand how adults learn (Dirkx, 1998). One of the first studies involved adult women who returned to the classroom after an extended absence (Mezirow, 1978 as cited in Wood, 2007). Mezirow's research revealed that these women had experienced significant changes in their meaning perspectives and their ways of being. Mezirow's findings suggested that such experiences might be similar to the experience of other adult learners (Wood, 2007). The following section will explain how transformative learning theory works, its constructs; an example of how it has been applied in previous studies and how it may explain or describe the working hypothesis of the current study.

### Transformative Learning Theory

Grounded in the nature of human communication, transformative learning offers a theory of learning that is uniquely adult, abstract, and idealized. It is viewed as part of a developmental process in which "learning is understood as the process of using a prior interpretation to construe a new or revised interpretation of the meaning of ones experience in order to guide future action" (Mezirow 1996, p. 162, as cited in Wood, 2007). Transformative learning offers an explanation for change in meaning structures that evolves in two domains of learning based on the epistemology of Herbermas' communicative theory. First is instrumental learning, which focuses on learning through task-oriented problem solving and determination of cause and effect relationships (learning to do, based on empirical-analytical discovery). Second is communicative learning, which is learning involved in understanding the meaning of what others communicate concerning values, ideals, feelings, moral decisions, and such concepts of freedom, justice, love, labor, autonomy, commitments and democracy (Mezirow 1991a, as cited in Wood, 2007). Mezirow believes that transformative learning takes place when these two domains of learning involve reflective assessment of premises and of movement through cognitive structures by identifying and judging presuppositions. This theory attempts to explain how our expectations, framed within cultural assumptions and presuppositions, directly influence the meaning we derive from our experiences. It

is the revision of meaning structures from experiences that is address by the theory of perspective transformation.

The process of how adults revise their meaning structures makes up perspective transformation. Meaning structures act as culturally defined frames of reference that are inclusive of meaning schemes and meaning perspectives. Meaning schemes consist of the smaller components that include specific knowledge, beliefs, value judgements, and feelings that constitute interpretations of experience (Mezirow, 1991a, pp. 5-6). They are tangible signs of our habits and expectations that influence and shape a particular behavior or view, such as how we may act when we are around a homeless person or think of a Republican or Democrat. Changes in our meaning schemes are a regular and frequent occurrence. Meaning perspective is a general frame of reference, worldview, or personal paradigm involving a collection of meaning schemes made up of higher-order schemata, theories, propositions, beliefs, prototypes, goal orientations and evaluations (Mezirow 1990, p. 2). These perspectives provide us criteria for judging or evaluating right and wrong, bad and good, beautiful and ugly, true and false, appropriate and inappropriate (Mezirow 1991a, as cited in Wood, 2007). Our frame of reference is composed of two dimensions, habits of mind and points of view. Broad, abstract, orienting, habitual ways of thinking, feeling, and acting influenced by assumptions that constitute a set of cultural, political, social, educational, and economic codes define habits of the mind. Generally expressed in a particular point of view, "the constellation of belief, value judgement, attitude, and feeling that shapes a particular interpretation" (Mezirow 1997, as cited in Wood, 2007).

We acquire our meaning perspectives from childhood to adulthood through socialization and acculturation, mainly during significant experiences with teachers, parents, and mentors. They are a direct reflection of our culture and how society defines various situations (Mezirow 1991a, as cited in Wood, 2007). As time passes on our meaning perspectives combined with numerous congruent experiences, become embedded in our memory and constantly changing the way we view these experiences becomes less frequent. As a result, they provide a rationalization for and often irrational world and we become dependent on them. Our meaning perspectives support us by providing an explanation of the happenings in our daily lives but at the same time they are a reflection of our cultural and psychological assumptions. Our view of the world becomes subjective when we let our meaning perspectives constrain us, which leads to distorted thoughts and perceptions. Metaphorically, our meaning perspectives are like a double edge sword whereby they validate our experiences, but at the same time skew our reality.

Operating as perceptual filters, meaning perspectives organize the meaning of our experiences. When we come upon a new experience, our meaning perspectives act as a filter

through which each new experience is interpreted and given meaning. As the new experience is assimilated into these structures, it either reinforces the perspective or gradually stretches its boundaries, depending on the degree of congruency. However, when an incongruent experience cannot be assimilated into the meaning perspective, either it is rejected or the meaning perspective is transformed to accommodate the new experience. A transformed meaning perspective is the development of a new meaning structure. This development is usually the result of a disorienting dilemma due to a disparate experience in conjunction with a critical reappraisal of previous assumptions and presuppositions, Mezirow (1996, as cited in Wood, 2007) defined perspective transformation as being “a more fully developed frame of reference; one that is inclusive, differentiating, permeable, critically reflective, and integrative”. It occurs either through a series of cumulative transformed meaning schemes or as a result of an acute personal or social crisis, for example, a death of a significant other, divorce, a natural disaster, a debilitating accident, war, job loss, or retirement. These experiences are often described as stressful and painful and can threaten the very core of one’s existence

Mezirow explained transformative learning as a process of critical self-reflection, reflective dialogue, and reflective action (Wood, 2007). The initiation and process in which an individual is confronted with a disorienting dilemma that causes a questioning of deep-seated assumptions that make up the individual’s meaning perspective is the basis of critical self-reflection (Wood, 2007). To define the frame of reference or a collection of meaning schemas, Mezirow used the term meaning perspective. Simply stated:

A meaning perspective is a habitual set of expectations that constitutes an orienting frame of reference that we use in projecting our symbolic models and that serves as a (usually tacit) belief system for interpreting and evaluating the meaning of experience (Mezirow, 1991 as cited in Wood, 2007).

A structure of assumptions are used to assimilate past experiences into expectations of new experiences defining our attitudes, establishing our view of our world and guiding our actions is explained through meaning perspective. Sociolinguistic, moral ethical, epistemic, philosophical psychological, and aesthetic are the six types of meaning perspective or habits of the mind as explained by Mezirow (1991 as cited in Wood, 2007).

The process by which the individual tests the validity of or justification for these assumptions and becomes a negotiation with others to develop a consensual validation of the assumptions that make up the frame of reference is reflective dialogue. The action based on the critical self-reflection of the previously held assumptions and is intended to integrate the resulting new set of assumptions is reflective action. Mezirow believed that transformative learning occurs through a cognitive rational

process, and can only truly be transformative if it effects a change in the cognitive nature involving reasoning, critical self-reflection, and a critical dialectic (Mezirow, 2000, as cited in Wood, 2007).

Mezirow claimed that three reflective processes occur through a process of ten stages critical self-reflection, reflective dialogue and reflective action. In order for transformative learning to occur, all ten stages must be satisfied. However, these stages are experienced in a variety of orders and depths. Mezirow's model of transformative learning includes.

1. Critical self-reflection
  - a. Disorienting dilemma
  - b. Self-examination with feelings of fear, anger, guilt, or shame
  - c. Critical assessment of assumptions and relationships
2. Reflective dialogue
  - a. Recognition of one's discontent and the process of transformation are shared
  - b. Exploration of options for new roles, relationships, and actions
  - c. Provisional trying of new roles
  - d. Building competence/ confidence in new roles and relationships
3. Reflective action
  - a. Planning a course of action
  - b. Acquiring knowledge and skills for implementing ones plan
4. A reintegration into one's life based on conditions dictated by ones new perspective (Wood, 2007).

Morntountak (2013) provides an example of the ten phases of Mezirow's transformative learning theory by selecting a novel to help students gain a better understanding of the model. The novel entitled "*The Shack*" entails a story of the main character Mack and his family including a wife, three sons and two daughters. The author described Mack as a thinker and doer in a world of talkers and as standing out from other people in his community. His father was described as a drunk that would beat his wife and then ask God for forgiveness later. Due to a rough childhood, Mack was prompted to leave home at the age of thirteen. The opportunities that Mack was exposed to later in his life allowed him to travel the world, meet people and be acquainted with many cultures. He often enjoyed discussing about God, creation and why people do what they do. Mack is described as being externally religious, but enmeshed in an internal love/hate relationship with God. This was in

contrast to the spiritual perspective of Nan who is fondly referred to God as “Papa”. The normality of Mack’s life was disrupted during a family camping trip when his youngest daughter was abducted and killed. Three weeks later, Mack stumbled across his daughters dress covered with her blood in the woods inside a shack. Mack began to experience feelings of guilt and blaming himself for his daughters murder which lead him began the process of grieving and change. It was not until Mack visited the shack, which prompted an experience that changed his perspective on forgiveness, grieving, and religion.

Morntountak (2013) began his analysis of the novel by discussing the first two phases of Mezirow’s model of meaning making; disorienting dilemma and examination of negative emotions. A *disorienting dilemma* can lead an individual into re-examining assumptions about self and reality. The disorienting dilemma for Mack was the murder of his daughter that sent him into iterative waves of sadness and despair spanning several years. After recognizing the disorienting dilemma, Mack started moving through the perspectives of emotional meaning making in that he tried to overcome *negative emotions* such as the anger he felt for letting his daughter die. He was full of anger about himself and God without realizing that question his faith displayed some kind of inner wrestling and new construction of knowledge that would eventually expand his existing horizons of meaning making. A result of his struggle was the slow deterioration of family ties and other close relationships, in addition to his own grief and self-blame around his daughter’s death. The next steps of transformational learning involve *critical assumptions* towards the initial dilemma through which individuals realize that a disconnect in their lives exists. That is, prior experience and ways of knowing are ill equipped to process and accept the new experience and individuals begin questioning whether current assumptions actually continue to serve them well. These phases were represented when Mack found a typewritten message saying “Mackenzie it has been a while. I’ve missed you: Ill be back at the shack next weekend if you want to get together” (Young, 2007, as cited in Morntountak, 2013).

Papa who is symbolic of God in the novel signed the letter. Mack reasoned that his daughter’s killer was making fun of him so his emotions of fear, anger and curiosity got stronger. Despite Mack’s anger and confusion, he returned to the shack to face his daughter’s killer expecting the encounter to release him of his emotions, questions and thoughts that had he had yet to resolve. Mezirow (2003 as cited by Morntountak 2013) refers to this moment as *reflective discourse* where discussions about beliefs, values and feelings are initiated in order for an individual to gain a better understanding of one’s experiences through feedback and social interactions. The difference in Mack’s situation is that he tried to find agreement and build a new understanding within himself since he decided to keep the letter and trip back to the shack a secret. This stage suggests that

individuals need to engage others in their transformative experiences in order to deeply explore and understand themselves. The *recognition of the problem* came when Mack entered the shack, finding only a bloodstain on the floor belonging to his daughter. Although prepared to face his daughter's killer, Mack instead began to cry and realized he was there to both grieve and seek closure on his daughter's death. Mezirow (1997 as cited by Morntountak 2013) suggested that one way to learn is to transform our point of view by having an experience in another culture that results in critically reflecting on misconceptions of this particular group. This critical self-reflection may even lead to a change in the habit of mind (social, cultural, psychological etc. assumptions) if it is repeated. When this happens, the individual is one step closer to *developing new relationships and roles* within that particular group. This process also occurred when Mack approached the shack. He described the wintery landscape as transformed into blooming flowers, singing birds, sun and a small house that used to be the shack. Mack was welcomed when he entered into the house by a large African-American woman, a thin man wearing a carpenter's uniform and the blurry image of a woman. He later found out that the large woman was God, and the thin man and the woman with the blurry image were Jesus and the Holy Spirit respectively.

Mack's culture and religious teachings were challenged by this depiction of the holy trinity, much less, that they would actually appear to him in that manner. This suggests that socio-cultural factors define how adults view the world and themselves and that in order to engage in transformational learning, individuals need to challenge their current reality and reflect on their own misconceptions about the world surrounding them. Mack's existing assumptions about self and others, started changing when he saw the different versions of God, Jesus, and Holy Spirit, engaged them in discussions and expressed his sadness and grief about his daughter's death. He even saw images of his daughter happy and playing with their family, and eventually was led to his daughter's grave. He learned that authentic discussion and emotional openness lead to *new knowledge* about one's self when he realized that his purpose of being in the shack was for healing. Bennett (2003 as cited in Morntountak 2013) explained that relationships with mythical figures take place in the realm of imagination but can affect our developing self-image. Mack's experience with the mythical figures of deity felt real, affected his cognitive and family relationships, and cultivated a deeper sense of spirituality.

The next phase of Mezirow's model, Mack experienced heightened *self-confidence and competence* in his new roles by practicing the new knowledge and skills that he gained through his experience. A result of this experience was described as Mack emerging from a "better father, husband, son, brother and friend" (Young, 2007, p. 101 as cited in Morntountak 2013) through his ability to allow moments of laughter and joy in his life without feeling guilty for the murder of his

youngest child. This transformation gave him the self-confidence to change his life and potentially the lives of others around him. During the last phase, *reintegration of self and other with new perspectives*, Mack experienced what was expressed when he united with his family described as having a “clear mind and an open heart” (Young, 2007, 106). Feelings of guilt, confusion and anger gave way to happiness and a greater degree of insight about the reality surrounding him. Mack’s negative emotions due to the murder of his daughter guided him to engage in this transformative experience, and initially shaped his relationship with his family and God. He transformed existing frames of reference because he self-reflected and interpreted this experience through a new lens of understanding (Merriam & Ntseane, 2004 as cited in Morntountak 2013). Due to this successful meaning-making process, Mack acquired new knowledge on topics like faith, death, forgiveness, relationships and self-reflection, leading to his *individual development and formation of a new self*.

### **Alternative Perspectives of Transformative Learning Theory**

Many scholars have studied and commented on Mezirow’s theory of transformative learning. Taylor (1998) examined Robert Boyd’s concept of individualization, which offers a model of transformative education based on analytical psychology and Paulo Freire’s view of social transformation, which offers an emancipatory model of transformation within the context of transformative learning theory. Taylor (1998) reviewed the theoretical and empirical literature including numerous unpublished doctoral dissertations that explore seven unresolved issues: individual change versus social action, decontextualized view of learning, universal model of adult learning, adult development-shift or progression, rationality, other ways of knowing, and the model of perspective transformation. Taylor (1998) notes in his review that the practice of transformative learning has been minimally investigated and is inadequately defined and poorly understood.

#### **Boyd’s perspective**

Boyd defined transformation as “a fundamental change in one’s personality involving conjointly the resolution of a personal dilemma and the expansion of consciousness resulting in greater personality integration” (Boyd 1989, as cited in Taylor, 1998). Boyd’s model of transformation is grounded in the analytical (depth) psychology work of Carl Jung explored within the context of small group behavior. He described his perspective as an inner journey of individuation, that lifelong process of coming to understand through reflection the psychic structures (ego, shadow, persona, collective unconscious, etc.) Boyd (1998) postulates that individuation involves the discovery of new talents, a sense of empowerment and confidence, a deeper understanding of one’s inner self and greater sense of self-responsibility. Boyd also believed that only through a transformation could significant changes occur in individual psychosocial development. The central purpose of a perspective transformation is to



free the individual from his or her unconscious content and reified cultural norms and patterns that constrain the potential for self-actualization. Boyd described differences between his transformative education concept and Mezirow's perspective transformation. Boyd's transformation is much more about coming to terms with the first half of one's life and a meaningful integration with the second half. In contrast to Mezirow, who focuses on cognitive conflict experienced by the individual's relationship with culture, Boyd focused more on conflicts within the individual's psyche and the resolution among these entities that leads to a transformation (Taylor, 1998).

Analytical psychology recognizes the role of the whole person, the self as the total personality, inclusive of the ego as well as the collective unconscious in the transformative process in contrast to Mezirow's view, which explains the ego as the central psychic player in eliciting one's perspective transformation (Boyd & Myers, 1988 as cited in Taylor, 1998). It offers a framework for exploring a perspective transformation beyond an ego-centered definition and the narrow confines of acquiring a greater sense of reason and logic to a more social-psychic definition. Taylor (1998) gives an example of a study by Courtenay, Merriam and Reeves (1998) of how HIV-positive adults make sense of their lives. The study found that participant's new perspective making meaning of their HIV experience involved making a contribution, experiencing a heightened sensitivity to life and people, and being of service. Taylor (1998) reviewed another study that looked at Boyd's concept of psychic development even further and found that some of the participants experiencing structural change in the realm of a spiritual descent beyond the personal ego centered (egoic) stages of development. The belief is that "when one transcends his/her ego, collective needs, wants and desires represent a stronger force", however, in a group setting the group can serve to represent symbolically alternative thoughts, structure, directions, and images for what is appropriate in today's society.

Boyd's view of the process of transformative education is also different in which he sees the transformative journey not as a series of rational problem-solving practices dependent on critical reflection, but as a process of *discernment*. Described as a holistic orientation leading to contemplative insight, discernment consists of the personal understanding of seeing life in a rational wholeness. There are three distinctive activities that indicates one's discernment which includes receptivity (listening), recognition (recognizing the need to choose), and grieving (self-talk and emotional crisis). (Boyd, & Meyers 1988 as cited in Taylor, 1998) stated, "As radically distinguished from Mezirow's occasional reference to individuals feelings of discomfort and disorientation, transformative education identifies grieving as a critical condition for the possibility of a personal transformation". Grieving as defined by (Scott, 1997 as cited in Taylor, 1998) is a significant loss of a loved one, of a place, of a time, or of a way of making meaning that worked in the past and it plays a major role in the transformative learning process. This process is intensely personal and extra

rational, focusing on the internal and subjective experience, with an emphasis on open dialogue with the self. The difference between two perspectives on transformative education is that Boyd's view are informed by the depth psychology, which explores the role of the unconscious, and it is through dialogue with the unconscious that transformation, individuation is possible. Mezirow's perspective is that transformation that involves coming to terms with hidden or latent aspects of one's personality, a movement from the personal, where ego consciousness is dominant, to the transpersonal where the ego is a servant of the spirit. This notion hypothesizes that if a person is unable to act on a new perspective it is the result of failing to come to terms with self, the rational side of human nature, which is vulnerable to the forces of the unconscious.

### Freire's perspective

In contrast to Mezirow's perspective on transformation, Freire's view is that transformation, or the unveiling of reality, is an ongoing, never ending, and dynamic process. Freire was much more concerned about a social transformation by the unveiling or demythologizing of reality by the oppressed through the awakening of their critical consciousness, where one learns to perceive social, political, and economic contradictions, and to take action against the oppressive elements of reality. His belief in fostering an emancipatory transformative process was that the oppressed learn to realize the sociopolitical and economic contradictions in their world and take action against its oppressive elements. Freire viewed education as it either being domesticated by imparting the values of the dominant group so that learners assume things that are right the way they are or liberates, allowing people to critically reflect upon their world and take action to change society towards a more equitable and just vision (Taylor, 1998). Both Mezirow and Freire viewed critical reflection as central to transformation in context to problem posing and dialogue with other learners. However, Freire sees its purpose based on a rediscovery of power such that the more critically aware learners become the more they are able to transform society and subsequently their own reality. The collective differences between Mezirow, Boyd, and Freire are that Mezirow viewed transformation as a personal experience that empowers persons to reintegrate or act on the world if they choose. Boyd's view of transformation reflected a psychological reintegration, "old patterns of thinking, feeling, and acting, which previously prevented growth, have finally been discarded" (Taylor, 1998). Freire's view of transformation was as a social experience. He believed that society was transformational and there were only two ways for humans to relate to the world; through reintegration and adaptation. Integration involves the critical capacity to act on the world as a subject and adaptation is an object, acted upon by the world.

### **Transformative Learning Theory in Practice**

Although there have been many studies that used transformative learning theory, there are few empirical studies that explain how it has been practiced. Earlier studies trace back to the field of education showing the roles in which teachers and students learn. Taylor (1998) examined four studies and brought clarity to an array of conditions, techniques, and settings. On one level he affirmed many of the learning conditions such as promoting critical reflection; providing a safe, open, collaborative, and democratic classroom; and encouraging the exploration of alternative perspectives. However, on another level the studies identify other conditions of equal importance, such as the need for teachers to establish trusting relationships with their students, to give as much if not more attention to affective learning than critical reflection, the emphasis on personal disclosure, self-dialogue, and solitude.

### **Theoretical Construct**

The aim of this study was to understand the relationship between transformative learning theory and disclosure of depression in African American Women. By examining Mezirow's constructs within his TL model and comparing the perspectives of other scholars, this study chose to adopt the model below which is the original model introduced by Mezirow. The current study faces a challenge due to the lack of comprehensive studies that apply this theory in practice. The researcher seeks to gain a better understanding of the stages that African American Women may experience that get them to a point of disclosing their depression through transformative experiences to family and friends but more specifically to primary and mental healthcare professionals. This theory might help explain how African American women can learn to disclose their depression. The results of this study may allow us to make inferences in which learning to disclose depression requires learning about mental health and this may be a transformative process.

### **Transformative learning and the disclosure of depression in African American women**

Anyone can experience depression at least more than once in a lifetime. Depression can be triggered by a series of traumatic events for example amongst women who are the bearers of life often times experience postpartum depression. Postpartum depression is defined as the development of mood disturbance two weeks to one year after delivery, with symptoms most often found during the third through ninth postpartum months (Steiner, 1990 as cited in Linda, 2003). According to the American Psychological Association (2000, as cited in Linda 2003). Postpartum depression is also connected with diagnosis such as major depression, manic or mixed episode in major depressive disorder, bipolar I and II disorder and brief psychotic disorder. The severity of these diagnosis range from mild to severe. Studies have focused on the external factors that contribute to nondisclosure of

experiencing depression. However, by examining the phases in Mezirow's transformative learning theory might help the researcher gain a better understanding of the internal process that African American women may experience as a result may lead to the disclosure of their depression. Ones preconceived notions of child birth may change once they experience child birth for themselves which may ultimately lead to a change in there frames of reference and meaning perspectives.

### **Critical self-reflection**

This initial stage occurs when an individual is confronted with a disorienting dilemma that causes a questioning of the deep-seated assumptions that make up the individuals meaning perspective. These meaning perspectives consist of a structure of assumptions that are used to assimilate past experiences into expectations of new experiences defining our attitudes, establishing meaning perspectives or habits of the mind (Wood, 2007).

### **Reflective dialogue**

This stage involves the process by which the individual test the validity of or justification for these assumptions and becomes a negotiation with others to develop a consensual validation of the assumptions that make up the frame of reference (Wood, 2007).

### **Reflective action**

This stage involves action based on the critical self-reflection of the previously held assumptions and is intended to integrate the resulting new set of assumptions (Wood, 2007).

### **Reintegration**

This stage is rarely recognized within the context of transformative learning theory. However, Boyd's perspective of reintegration involves an individual discarding old patterns of thinking, feeling, and acting, which previously prevented growth (Boyd, 1998).

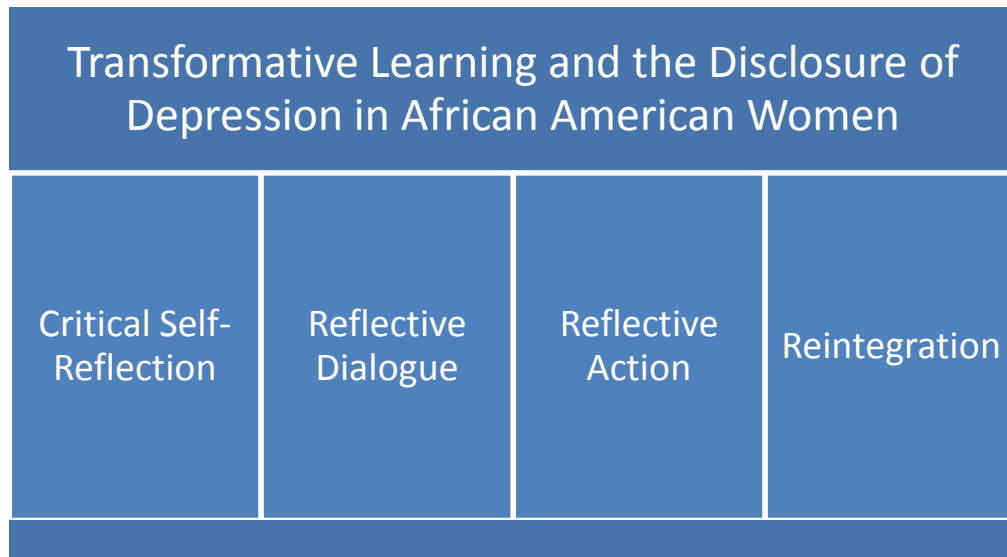


Figure 1. Transformative learning role in the disclosure of depression for African American women.

## Analysis

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Grounded theory analysis, first introduced in 1967 by sociologists, Glaser and Strauss is qualitative research method that utilizes the researcher to collect, interpret and analyze data, much like other qualitative methods. However, grounded theory differs in that it also relies on the researcher to examine the data in order to establish a connection or build a theory from the analysis (Merriam, 2009). The purpose of this section is to document the data analysis process and to ensure the trustworthiness of the research.

### Data Analysis Strategy

The analysis incorporated data coding methods defined by Saldana (2013) at the primary and secondary levels. The data coding method defined by Creswell (2014) is “the process of organizing the material into chunks or segments of text in order to develop a general meaning of each segment” (p.227). Defined by Merriam (2009), coding is the “tagging of any unit of data that might be relevant to the study” by categorizing the data into functional groups that ascribe meaning to emerging data (p.200). Coding entails the researcher is capable of analyzing the content to determine behaviors and attitudes of African American women disclosing their mental health and or illness.

Descriptive coding was incorporated at the primary level to ascribe meaning to the topic within the content. The second level incorporated thematic coding in which the researcher utilized to categorize the raw data at the primary level into themes to examine the relationships that existed. Finally, triangulation was incorporated to ensure the validity of the study that allowed the researcher to gather data from various sources at the primary and secondary levels, categorize the data, and ensure emerging data was trustworthy by comparing the raw data and initial data (Creswell, 2014).

### Sample

Nine data sources was selected that consisted of case studies and scholarly peer review journal articles, which served as the sample for this study and were discussed in this section. Documents were evaluated and vetted based on their relevancy to factors that may lead to disclosure of depression in African American women and their inclusion of documented outcomes to be analyzed. The specific selection criteria used in the forming the sample included 1) studies whose sample consisted of African American women and other female minorities 2) Factors that contribute to perceptions of depression or mental health that may attributed to better understanding reasons for disclosure or nondisclosure of depression.

**Mishra, S. I., Lucksted, A., Gioia, D., Barnet, B., & Baquet, C. R. (2009). Needs and preferences for receiving mental health information in an African American focus group sample**

This study conducted four focus groups totaling 42 participants who were African American residents of Baltimore who were currently unconnected with the mental health system. The purpose of the study was to gain a better understanding of the mental health/illness information and service delivery preference among the selected population. Results of the studied revealed that participants expressed fear of stigma and perceptions of racism as major barriers to seeking information and/or services. Findings suggest that African Americans harbor cultural and traditional beliefs regarding mental illness which could also act as barriers. Further implications for imparting acceptable and culturally sensitive mental health education and service delivery programs in community settings were also discussed as well strategies to address identified barriers.

**Ndidiamaka, N. A. (2012). African American women: The face of HIV/AIDS in Washington, DC**

Ndidiamaka conducted a qualitative study on African American women living with HIV/AIDS in Washington, DC. The complex social problems that may inhibit access to resources and health care services to assist with coping with the disease were identified and analyzed. In-depth interviews and direct observations utilizing open-ended note taking were conducted at an HIV service provider's office to determine the unique needs that develop because of the complex social issues, specifically among HIV positive African American women. Ethnographic methods were employed to address the study's research questions among 10 women of different ages and backgrounds in group settings at a non-profit organization in Washington, DC. The results of the study indicated that women dealt with a myriad of social and mental issues related to their diagnosis, such as fear of disclosure to family and friends. The study also revealed that the women were in dire need of mental health services to address their unresolved issues regarding their diagnosis. The implications of the study added to a growing body of literature on the mental and social health needs of African American women who are HIV positive.

**Ward, E. C., Clark, L. O., & Heidrich, S. (2009). African American Women's Beliefs, Coping Behaviors, and Barriers to Seeking Mental Health Services**

The qualitative study examined and employed the Common Sense Model to understand African American women's beliefs about mental illness, coping behaviors, barriers to treatment seeking, and variations in beliefs, coping and barriers associated with aging. The sample size consisted of 15

African American women who were interviewed individually. The study found that participants believed general, culturally specific, and age-related factors can cause mental illness. They believed that mental illness is chronic with negative health outcomes. Participants endorsed the use of prayer and counseling as coping strategies, but were ambivalent about the use of medications. Poor access to care, stigma, and lack of awareness of mental illness were identified as treatment-seeking barriers. Age played a role in the differences found in beliefs, coping behaviors and barriers.

**Vyavaharkar, M., Moneyham, L., Corwin, S., Tavakoli, A., Saunders, R., & Annang, L. (2011). HIV-disclosure, social support, and depression among HIV-infected African American women living in the rural Southeastern United States**

A cross sectional study was conducted to examine the relationship between social support, HIV disclosure, and depression among 349 rural African American women with HIV disease living in the southeastern United States. Three aspects of social support (perceived availability of support, sources of available support, and satisfaction with available support) were measured along with HIV disclosure and depression. All three aspects of social support were significantly and inversely correlated with depression. Perceived availability of support and satisfaction with support mediated the relationship between HIV disclosure and depression. If confirmed in longitudinal studies, the findings may have implications for designing and implementing interventions supporting African American women with HIV disease in disclosing their HIV status appropriately, particularly to their children. Appropriate self-disclosure may help decrease depression and improve quality of life among HIV infected African American women living in limited resource settings.

**Mengesha, M., & Earlise, C. W. (2012). Psychotherapy with African American women with depression: Is it okay to talk about their Religious/Spiritual beliefs? Religions**

The study examined the growing body of research focusing on African Americans mental health as a result of literature expressing that this particular group relies heavily on their religious/spiritual beliefs and practices to cope with mental issues including depression. However, psychotherapy literature that exists does not provide guidance on how to incorporate religion/spirituality into psychotherapy with African American women. As a result of the U.S. population becoming more culturally diverse, more emphasis has been placed on providing patient-centered culturally sensitive care, which involves providing care that is respectful of and responsive to, individual patient preferences, needs, and values. The study provides a synthesis of literature that psychotherapists could use to become more culturally sensitive and patient centered in their clinical practices; that is,



to recognize and integrate religion/spirituality in their work with African American women experiencing depression, and possibly other groups with similar needs.

**Sciolla, A., Dorothy, A. G., Tamra, B. L., Zhang, M., Hector, F. M., & Gail, E. W. (2011).  
Childhood sexual abuse severity and disclosure as predictors of depression among adult  
african-american and Latina women**

The study examined the peri-trauma variable of abuse severity and the post-trauma variables of disclosure and self-blame as predictors of current depression symptoms in 94 low-income African American and Latina women with histories of childhood sexual abuse. Severe childhood sexual abuse overall was associated with higher depression scores, especially among Latinas who disclosed their abuse. High levels of self-blame at the time of the incident was an indicator of depression symptoms among African American women who chose to disclose.

**Taylor, J. Y. (2004). Moving from surviving to thriving: African American women  
recovering from intimate male partner abuse**

This ethnographic study adopted a womanist framework to investigate the process of recovery from domestic violence. Twenty-one women were selected and interviewed to gain an understanding of their recovery process. The overarching process was identified as survivorship-thriving. Six themes emerged related to survivorship-thriving and were identified: sharing secrets/shattering silences-sharing information about the abuse with others; reclaiming the self-defining oneself separate from abuser and society; renewing the spirit-nurturing and restoring the spiritual and emotional self; self-healing through forgiveness-forgiving their partners for the abuse and violence; finding inspiration in the future-looking to the future with optimism; and self-generativity by engaging in social activism-participating in prosocial activities to promote social change. The study presents recovery oriented towards survivorship-thriving as a transformative process overall characterized by resilience and self-generativity.

**Bell, A., Franks, P., Duberstein, P., Epstein, R., Feldman, M., Garcia, E. & Kravitz (2011).  
Suffering in Silence: Reasons for not disclosing depression in Primary Care**

The purpose of this study was to assess individual's reasons for not disclosing depression to their primary care physician because of the lack of reporting depression symptoms. The method of data collection consisted of follow-up telephone surveys of a sample size of 1,054 adults who had participated in the California Behavioral Risk Factor Survey System. Respondents were asked about their reasons for nondisclosure of depressive symptoms to their primary care physician, depression-

related beliefs, and demographic characteristics. Descriptive and inferential statistical procedures were used to characterize perceived obstacles to disclosure. The study revealed that respondents with no history of depression were more likely to believe that depression falls outside the purview of primary care and more likely to worry about being referred to a psychiatrist compared to respondents who had a history of depressive symptoms. The sampled population demographic characteristics consisted of female, Hispanic, of low socioeconomic status. The study concluded that it is ones beliefs that likely inhibit explicit request for help from their primary care physician during a depressive episode. Recommendations suggest that interventions should be developed to encourage patients to disclose their depression symptoms and physicians to ask about depression.

### **Ullman, S. E. & Long, L. (2013). The impact of multiple traumatic victimization on disclosure and coping mechanisms for black women**

The purpose of this study was to understand how multiple traumatic events impact Black women's disclosure and coping patterns. The researchers explored the experiences of black women who had been exposed to sexual victimization by utilizing black feminist criminology as a theoretical framework. The findings of the study suggested the need for scholars and policy makers to address the unique issues that Black women face as a result of sexual victimization.

### **Data Analysis and Coding**

The data analysis utilized a three level coding as suggested by Saldana (2013). Descriptive coding served as the first level of coding. By selecting this level of coding the researcher was able to align key words with the topic of disclosure of depression. Descriptive coding is the most basic coding and is often incorporated in most qualitative studies. It is used to clearly define the research topic within the context of the content. This was achieved by examining key words and phrases within the content as they related solely to the topic, which assisted the researcher in developing a better understanding the topic. The researcher thoroughly examined the selected data sources and document key words and phrases that aligned with disclosure preferences, beliefs and perceptions towards depression and mental illness as well as factors that served as barriers that inhibited disclosure.

### **Descriptive Coding**

The first level coding method used to analyze the content was descriptive coding. Through descriptive coding, words and phrases were used to summarize the data (Saldana, 2009). The researcher read each article and identified the key words and phrases that captured the topic of the content. Table 1 shows the key words and phrases and the resulting categories for each article.

Table 1. Category results from keywords and phrases.

Author(s) and Article Title	Keywords and Phrases	Categories
Mishra, S. I., Lucksted, A., Gioia, D., Barnet, B., & Baquet, C. R. (2009). Needs and preferences for receiving mental health information in an African American focus group sample.	face disparities, health system barriers, stigma, prejudice, negative stereotypes, mental health disparities, stigmatizing attitudes, perceive the mentally ill as dangerous, less culturally acceptable, appearing spiritually weak, fear of treatment, fear of stigma, little understanding, they did not see a need for mental health information, pill pushing just in it for the money, fear of rejection, disrepute, discrimination, assumption or image that mental illness is contagious, assumption that people with mental illness are all dangerous and unpredictable, assumption that people with mental illness never recover, are hopeless, generalized fear of mental illness as unknown, unpredictable, shame and dishonor, personal weakness, curse, stain, or sing; likely to be labeled, pigeon-holed, forced into treatment against will, afraid of being found out, fear the loss of normal status, historical and current racism, disrespectful treatment,	<ul style="list-style-type: none"> <li>-distrust in healthcare system</li> <li>-self-image (low-self-esteem, outward appearance)</li> <li>-stigma</li> <li>-lack of knowledge about mental health/illness</li> <li>-cultural and historical barriers of racism</li> <li>-Preference</li> <li>-Negative stereotypes</li> <li>-criticism</li> <li>-disconnection to spirituality/religion</li> <li>mistreated</li> </ul>
Ndidiama, N. A. (2012). African American women: The face of HIV/AIDS in Washington, DC.	Lack of childcare, misinformation regarding treatment options, lack of access to transportation, substance abuse and related recovery efforts, lack of stable and safe housing, lack of insurance, current injection drug usage, scarce resources, stress, stigma, delivery of services, low educational attainment, feelings of self-worth, modes of transmission, medication adherence, disclosure, social service needs, benefits of disclosure, level of comfort, internalization of stigma, blame herself, misconceptions of transmission, wasn't educated HIV, shame, guilt, stigma is prejudging, burden of stigma, uncomfortable, embarrassed, sense of trepidation, difficult, fear, level of support, air of invincibility, discrimination, lack of confidentiality, taboo, risk social isolation, feeling unloved, lack of social support, financial constraints, daily barriers and obstacles, privacy	<ul style="list-style-type: none"> <li>-Accessibility</li> <li>-Environment</li> <li>-social and emotional barriers</li> <li>-Economic barriers</li> <li>-substance abuse barriers</li> <li>-availability of resources</li> <li>-service delivery method</li> <li>-cultural norms</li> <li>-lack of educational awareness</li> <li>-internal conflict</li> </ul>
Ward, E. C., Clark, L. O., & Heidrich, S. (2009). African American Women's Beliefs, Coping Behaviors, and Barriers to Seeking Mental Health Services.	Beliefs about mental illness, events (Tuskegee experiment), cultural mistrust, paranoia, mental illness stigma, experiences with racism and oppression, negative attitudes towards individuals with mental illness, shameful attitudes, treatment avoidance, maintaining the image of the self-reliant black woman, stereotypes of strong black women, maintaining an image, system level barriers, individual barriers, inaccessible location, transportation	<ul style="list-style-type: none"> <li>-historical and cultural barriers of racism</li> <li>-negative perceptions</li> <li>-internal conflict</li> <li>-personal and cultural identity</li> <li>Credibility of health care practitioners</li> <li>-psychological and systematic barriers</li> </ul>

DISCLOSURE OF DEPRESSION IN AA WOMEN

Author(s) and Article Title	Keywords and Phrases	Categories
	<p>problems, lack of health insurance, availability of services, lack of childcare, limited access to culturally competent clinicians and case management, few opportunities for work with racial and ethnic minority clinicians; internalized stigma of mental illness, shame and embarrassment about mental illness, lack of knowledge of mental illness and cultural norms, identity, behavioral, emotional, cognitive symptoms or problems, social issues, psychological problems, dual discrimination, injustice, historical oppression, institutionalized, ambivalent and apprehensive about the use of medication to control mental illness, illness coherence, denial, viewed mental illness as normal part of life, blacks are supposed to be strong, adequate resources, hospitalized or sent to jail, lack of awareness,</p>	<p>-self denial</p>
<p>Vyavaharkar, M., Moneyham, L., Corwin, S., Tavakoli, A., Saunders, R., &amp; Annang, L. (2011). HIV-disclosure, social support, and depression among HIV-infected African American women living in the rural southeastern united states.</p>	<p>Fear of stigma, discrimination, social withdrawal and isolation, social support, economic, cultural and cultural difficulties, geographic distance, lack of transportation, social norms, stigmatization, isolation from supportive resources and services, disclosure as a double edge sword, dual role of disclosure, potential social rejection, exposure of vulnerability, harsh discrimination, benefits of disclosure outweighing risks, ability to access social support, perceived and actual social support, lack of supportive relationships, judgmental people, quality of social support, previous reports of depression, support within the same community of people that share the same or similar illness, fear of rejection,</p>	<p>-support system -accessibility -interpersonal communication and relationships Sense of community</p>
<p>Mengesha, M., &amp; Earlise, C. W. (2012). Psychotherapy with African American women with depression: Is it okay to talk about their Religious/Spiritual beliefs? Religions</p>	<p>Preference, needs, values, religious and spiritual beliefs, racial and cultural needs, less likely to find either antidepressant medication or counseling acceptable, patient-centered culturally sensitive care</p>	<p>-skepticism of treatment methods -religious and spiritual beliefs</p>
<p>Sciolla, A., Dorothy, A. G., Tamra, B. L., Zhang, M., Hector, F. M., &amp; Gail, E. W. (2011). Childhood sexual abuse severity and disclosure as predictors of depression among adult african-american and Latina women.</p>	<p>Disclosure, conceptualized as an active form of coping (problem-focused); nondisclosure as avoidant coping (emotion-focused); negative reactions to both child and adult disclosure; poor psychosocial adjustment, never disclosed their CSA experiences; disclose their abuse many years later; fear of negative consequences of disclosure to family member and police; blame themselves; gender and age, appraisal of how others may react to disclosure; attributed the Cause of the incident to internal as opposed to external events; limited economic resources;</p>	<p>-perceptions of disclosure -psychological barriers -support system -interpersonal communication -severity level of event or experience -Financial barriers -societal and cultural barriers</p>

DISCLOSURE OF DEPRESSION IN AA WOMEN

Author(s) and Article Title	Keywords and Phrases	Categories
	unemployed or unable to work; severity of sexual assault; child characteristics; family; environment; community influences; cultural and societal attitudes; supportive and unsupportive responses to disclosure; nature of disclosure (voluntary vs. compulsory); consequences of disclosure	
Taylor, J. Y. (2004). Moving from surviving to thriving: African American women recovering from intimate male partner abuse.	Journey of survivorship, attempt to ensure protection, habits of surviving, external adjustments, internal adaptations, economic exploitation, racial and gender-related oppression, domestic racist violence, safety, comfort, privacy, convenience, keep up appearances, maintain an image of domestic tranquility and normality, dirty laundry or dirty linen, shame, silence, secrecy, don't take our business in the street, independence, strong woman, resistance, internal and external resources	<ul style="list-style-type: none"> <li>-Adaptability</li> <li>-historical barriers</li> <li>-economic barriers</li> <li>-environment</li> <li>-convenience</li> <li>-self-identity</li> <li>-cultural barriers</li> </ul>
Bell, A., Franks, P., Duberstein, P., Epstein, R., Feldman, M., Garcia, E. & Kravitz (2011). Suffering in Silence: Reasons for not disclosing depression in Primary Care.	Belief that a primary care physician is an inappropriate source of care for emotional problems, uncertainty about how to raise the topic of depression, concerns about distracting the doctor from other, more medically salient health issues, aversion to antidepressant medication and psychotherapy, stigma of diagnosis of depression or psychiatric treatment, loss of emotional control, reluctance to discuss personal issues, health history, perceptions and beliefs about the nature and causes of depression, insurance status, people with depression should be able to pull themselves out of it without professional help, possibility of being placed on medication, concerns about medical record confidentiality, fear of being labeled a psychiatric patient, prior history of depression, fear of being referred to a psychiatrist severity of depression, believing depression as stigmatizing condition, believing that someone should be able to control their depressive state, multimedia approaches	<ul style="list-style-type: none"> <li>-relevancy</li> <li>-Communication barriers</li> <li>-stigma</li> <li>-internal conflicts</li> <li>-lack of awareness</li> </ul>
Ullman, S. E. & Long, L. (2013). The impact of multiple traumatic victimization on disclosure and coping mechanisms for black women.	Economically marginalized communities, environmental surroundings, community isolation, family dynamics, historical context of black women's sexuality, heightened sense of fear, threatened safety, societal perceptions, vulnerability, common stereotypes, emotional consequences, sources of support, avoidance coping, likely to disclose to persons who share the same experiences, lack of support, blame, strained relationships with law enforcement, limited resource availability, strong black woman, internalizing coping, self-blame, self-sufficient, independent, able to survive life's difficulties, without assistance, believe they	<ul style="list-style-type: none"> <li>-environment</li> <li>-socioeconomic barriers</li> <li>-support system</li> <li>-internalizing experiences</li> <li>-demographic barriers</li> <li>-reaction barriers</li> </ul>

Author(s) and Article Title	Keywords and Phrases	Categories
	must cope with sexual victimization on their own, raised to never talk about it, skepticism of being taken seriously, configuration of race, class, and gender inequalities, lack of access to social support or institutional resources, fear of retaliation, lack of support mechanisms,	

After keywords and phrases were identified for each article, they were grouped into categories. The categories from the analysis included distrust in health care system, self-image (low-self-esteem; outward appearance); stigma, lack of knowledge about mental health/illness, cultural and historical barriers of racism, preference, negative stereotypes, criticism, disconnection to spirituality, mistreated, accessibility, environment, substance abuse barriers, service delivery methods, cultural norms, lack of educational awareness, internal conflict, personal and cultural identity, credibility of practitioners, psychological and systemic barriers, self-denial, support system, interpersonal communication and relationships, sense of community, skepticism of methods of treatment, religious and spirituality beliefs, perceptions of disclosure, severity level of event or experiences, financial barriers, societal and cultural barriers, adaptability, convenience, self-identity, relevancy, communication barriers, demographic and reaction barriers. An example of the identification of keywords and phrases is shown in the excerpt below from Mishra et al. (2008) case study on needs and preferences for receiving mental health information in an African American focus group sample:

Stigma, a term that conveys prejudice or negative stereotypes, may play an important role in mental health disparities. African Americans hold more stigmatizing attitudes toward mental illness than do whites (Anglin et al. 2006; Gary 2005). African Americans are more likely than whites to perceive the mentally ill as dangerous (Anglin et al. 2006), although they are less likely to endorse blaming and punishing the mentally ill. Even so, seeking treatment for mental health problems may be less culturally acceptable for African Americans who worry about appearing spiritually weak to family members or peers (Cooper-Patrick et al. 1997; Schnitker et al. 2000) and report a fear of treatment including institutionalization (Sussman et al. 1987) as (cited in Mishra et al. p. 117-118).

From this excerpt, the keywords are stigma, prejudice, negative stereotypes, mental health disparities, stigmatizing attitudes, less culturally acceptable, appearing spiritually weak, and fear of treatment including institutionalization. The key words described the resulting categories that included stigma, distrust in healthcare system, and cultural barriers. By examining the data at the descriptive coding level, the researcher was able to draw several conclusions. Much of the raw data, identified in the descriptive code column, was seen throughout each case study. Examples included references to fear of institutionalization, being stereotyped, and being perceived as weak. These are

indicators that the participants did not trust the healthcare system and they believed that they might be forced into an institution for mentally ill against their will because of disclosing their mental health status. Being perceived as weak was an indicator of the cultural barriers that the participants faced within the African American community. Phrases such as “Strong Black Women” or “Invincibility” suggest that African American women are strong and capable enough to bear any hardship or struggle.

### **Thematic Coding**

The second level coding, thematic coding, was achieved by further classifying first-level data into several categories. Clustering the categories created eight emerging themes that related to disclosure of depression: healthcare systemic barriers, historical premise, socioeconomic barriers, psychological barriers, awareness, and stigmatization.

#### ***Healthcare systemic barriers***

The theme of *Healthcare Systemic Barriers* emerged through categories such as skepticism of treatment methods, service delivery methods, distrust in healthcare system, credibility of health care professionals and mistreatment from healthcare professionals. The focus group participants in Mishra et al. (2008) study indicated that mental health information /service delivery might circumvent the barrier of stigma by being delivered in ways that are non-threatening and credible, and which acknowledging the resonance of collective personal, racial, and community histories. This suggests that information and services should be offered in ways and by people and settings that are familiar, reassuring, confidential or anonymous and trustworthy. It is important to note that Mishra et al. (2008) study selected participants who had no prior connection to mental healthcare system.

#### ***Historical premise***

The theme *Historical Premise* emerged through categories such as cultural and historical barriers of racism, personal and cultural identity, disconnection to religion and spirituality, religious, and spiritual beliefs. Participants in Mishra et al (2008) study indicated that the effects of well-known historical incidents of profound racism such as the Tuskegee experiment; knowledge of racism in society generally, and of more localized experiences of disrespectful treatment in healthcare settings (of a friend, family, neighbor, one’s self) as barriers to African American’s seeking mental healthcare. Ward, Clark and Heidrich (2009) referred to the Tuskegee experiment and hypothesized events such as these contribute to many African Americans negative attitudes about seeking health care services. One participant remembered her grandmother telling her as a child that her day nobody

ever talked about stress and suggested that she needed to pray more and ask God to order her steps and not to buy into this whole stress thing. Another participant quoted:

We demonize everything...spiritualize everything to an extreme of one way or the other. So when we deal with mental illness we try to relate it to the demonic, everything is demonic, it is a spiritual thing. So then we rely on superstitions. We got the old folk old remedies that prevent you from going for help. That's been the problem and that has been the problem in the Black community (Mishra et al 2008).

The statement above indicates that such frameworks have powerful strengths, but can also form barriers to people accepting mental health information and services. Mishra et al (2008) suggest that ontological frameworks define one's problems as a spiritual will therefore value remedies within that paradigm, sometimes entirely rejecting other frameworks (such as mental health) and their suggested treatments.

### *Socioeconomic barriers*

The theme *Socioeconomic barriers* emerged through categories such as environment, accessibility, availability of resources, support system, communication, interpersonal communication and relationships, and demographics. Majority of the sampled populations within the studies selected African American women who lived in low-income, disenfranchised neighborhoods. As a result, many of the participants in these studies discussed barriers in preventing them from receiving or seeking mental health support, which ultimately affected their decision to disclosure. Lack of money, accessibility issues (location of services, access to transportation), insurance coverage (Mishra et al 2008); inaccessible location, transportation problems, lack of health insurance, availability of services (few opportunities for group counseling and in-home services), social issues (lack of child care), poor quality of care (limited access to culturally competent clinicians and case management), and cultural matching (few opportunities to work with racial and ethnic minority clinicians); (Cristancho et al., 2008; Miranda et al., 2003; Tidwell, 2004 as cited in Ward, Clark & Heidrich 2009) were contributed to help-seeking behaviors of participants.

### *Psychological barriers*

The theme *Psychological barriers* emerged through categories such as self-denial, self-image, and internal conflict. Vyavaharkar et al (2011) found that participants were reluctant to disclose their HIV status out of fear due to stigma and discrimination that has been associated with the HIV virus. As a result of internalizing the illness by attempting to keep it a secret, these women developed adverse psychological outcomes, such as depression.



### *Awareness*

The theme *Awareness* emerged through categories such as lack of knowledge about mental health/illness. Perceiving the mentally ill as dangerous was one of the indicators that participants did not understand the definition of mental health/illness (Mishra et al 2008). However, participants were asked of their basic knowledge not asked as a result of being first educated on what mental health is about. Participant's knowledge was on the premise of stereotypes within the African American culture.

### *Stigmatization*

The theme *Stigmatization* emerged through categories such as negative perceptions, cultural norms, and perceptions of disclosure. Long and Ullman (2013) studied Black women who had been a victim of intimate partner violence. Common stereotypes often see these women as always being sexually available, and therefore instances of rape against Black women can be readily discounted. Being a victim of multiple rapes may cause a person to feel even more vulnerable to criticism and stereotypes if disclosed to family, friends, or even the police.

### *Triangulation*

The final level of coding, triangulation, involved examining data from different sources, including primary and secondary levels of coding. The purpose of this level of coding is to add validity to emerging information (Creswell, 2014). This required that the researcher compared data at each level. The data revealed from thematic coding (healthcare systemic barriers, historical premise, socioeconomic barriers, psychological barriers, awareness, stigmatization) are compared with emerging categories from the descriptive level of coding the raw data.

The researcher's analysis of the findings indicated that each of the emerging themes influenced one another. For example, participant who has been taught of the social injustices from a historic context may develop a frame of reference that may hinder them from disclosing their depression due to lack of trusting the healthcare system. Socioeconomic barriers may impact one psychologically as a result of the stressors that may develop due to financial lack. Awareness may be influenced by the stigma associated with the term mental health/illness. If one only relies on what they see have seen or heard this may hinder a positive change in perceptions.

### *Summary*

In this chapter, the researcher examined scholarly, peer review case studies, and assessed data using descriptive coding, thematic coding, and triangulation. The findings indicated that data could be classified into six major themes: healthcare systemic barriers, historical premise, socioeconomic

barriers, psychological barriers, awareness, and stigmatization. The themes indicated that emerging data discussed in this chapter is valid based on comparisons with the findings and literary data. The discussion chapter utilized the raw data and findings to answer the research questions identified in the Analysis chapter.

## Discussion

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This study was conducted to gain a better understanding of the factors that impact disclosure of depression in African American women. The study examined experiences, knowledge, and perceptions of mental health illness to include depression and how these factors may lead to or hinder disclosure of depression within African American women. This chapter utilized case studies and journal articles discussed in the Analysis chapter to answer the research questions in an effort to determine if the identified factors lead to disclosure of depression and the role that mental health education has in influencing disclosure behaviors among African American women.

### Research Questions

This research will attempt to answer the following through a content analysis to gain understanding on what factors impact disclosure of mental illness in African American women.

#### **Research question one (RQ1):**

What factors impact the disclosure of depression in African American Women?

The purpose of this question is to uncover what themes or factors lead to disclosure of depression in African American women.

There were a number of factors that impact disclosure of depression in African American women. The descriptive and thematic coding allowed the researcher to identify factors from the raw data and develop emerging themes. The emerging themes were healthcare systemic barriers, historical premise, socioeconomic barriers, psychological barriers, awareness, and stigmatization. Long and Ullman (2013) found that women who disclosed their experience of rape to their family did not receive support in return. This same response was reflective throughout other studies such as Vyavaharkar et al (2011) who suggest that disclosure of HIV-positive status may expose a woman to stigmatizing attitudes, discrimination, rejection from family members and/or friends and even in some instances, from health care providers. They also suggested this might lead to isolation, additional psychological stress, and depression.

Mishra et al (2009) suggested that fear of stigma and racism were major barriers faced by African Americans seeking mental health/illness information and/or services. Moreover, they may lead to self-denial of one's mental illness and/or others thus creating avoidance in seeking help. This study also indicated that African Americans espouse culturally and traditionally- based beliefs systems regarding mental health/illness. Amutah (2012) described some of the challenges that women living with HIV or AIDS may face in seeking help to include, lack of childcare, misinformation

regarding treatment options, lack of access to transportation, substance abuse and related recovery efforts, and lack of stable and safe housing. The study also found that women carried layers of guilt, stigma, and disclosure on their shoulders, and for many the thought of seeing a mental health provider was out of the question due to personal issues and financial constraints. Ward, Clark & Heidrich found over a span of time the attitudes towards individuals with a mental illness has not changed. Trust issues also hinder an individual from seeking help and disclosure to healthcare professionals because of historic events such as the Tuskegee experiment. It is interesting to note that no other historic events were referenced in these studies.

### **Research question two (RQ2):**

What role does mental health education play in the disclosure of depression in African American women?

The purpose of this research question is to understand the role in which mental health education plays in how African American women disclose mental illness.

The lack of mental health education might lead to the stigma associated around African American women's' mental health/illness. The articles that were collected and analyzed for this study did not focus solely on mental health education, however, some articles mentioned participant's knowledge of mental health/illness. One of the participants in Ward, Clark & Heidrich (2009) study mentioned that in our society we do not spend a lot of time talking about mental illness.

### **Conclusion**

The literature and data found in this study indicate that there are a myriad of factors that may impact the disclosure of depression in African American women. The critical need for support from family and friends may lead to one's disclosure. Feeling safe and reassured are key factors in disclosing to mental health professionals. Having someone of the same ethnicity may encourage one to disclose their depression based on the sharing of cultural experiences. Transformative learning theory served as a guide to examine the experiences of African American women. Some elements of the theory were present such as from a historical premise, participants perceptions of mental health/illness were formed as there meaning perspectives. Participants in these studies learned by information being shared from previous generations such as a grandmother. Not seeing or hearing about mental health/illness in a positive way in society will continue to hinder a change in help-seeking behavior for African Americans in general. In addition, the factors identified were more externally focused opposed to being internally focused. It is easier to identify external factors that impact disclosure when the sampled populations were from poverty.

Transformative learning might be used to help African American women become more comfortable disclosing their mental health or illness if facilitated in a healthy and safe environment. African American women must first be willing to educate themselves about mental health. The stigma that surrounds mental health has been a major barrier that hinders help seeking behavior in African American women. Having women who are not afraid to share their mental health problems with other women in a safe environment may encourage discussion and allow more women to open up and disclose their depression or mental illness.

### **Recommendations and Implications**

Due to the limited amount of time to conduct the study, only nine scholarly articles and case studies were analyzed in this qualitative content analysis. Noting that there is much research that has not been included in this study, it is my recommendation that further research be conducted on encompassing other methods of data collection such as both quantitative and mixed method approaches to investigate the internal factors that prevent disclosure of depression in African American women. The studies that were analyzed consisted of small sample sizes reducing the reliability of the study. Future studies should include larger sample size of participants. Cross-cultural studies may be beneficial to understanding how race and religion may impact disclosure. Studying women involved in support groups may provide a better understanding of how women disclose and to test whether there is a relationship between the type of traumatic experience and disclosure. Future studies should also diversify their demographics for the study such as African American women who do not live in low-income neighborhoods and who may be considered middle or upper class citizens. This may show a difference in perceived barriers and disclosure behavior. Health care practitioners should offer alternative methods with dealing with depression before mentioning medication.

The implications of this study indicate that there is a need for mental health education that is culturally sensitive to African American women's needs and preferences. To help with decreasing the stigma associated around mental health disclosure can start with health care professionals extending an interest in one's mental health and not just physical health during routine check-ups. Engaging in conversation and showing a sense of concern may help a person feel safe to open up and disclose any concerns. This study may help nonprofit organizations identify a need for access to mental health services and create a solution to the problem that will assist low-income neighborhoods in eliminating access barriers.

## Summary

Mental health/illness is a serious topic that consistently needs much attention specifically within the African American community. The tendency to sweep things under the rug can ultimately result in devastation if not properly treated. This studies research problem was that there is no general theory that describes disclosure of depression for African American women. The researcher's intent was to develop a model of understanding of how to help African American women disclose depression.

Mezirow's theory of transformative learning was adopted for this study to guide the researcher in gaining a better understanding of behaviors and attitudes that may lead to disclosure and determine the role in which mental health education plays in the disclosure of depression in African American women. This qualitative content analysis was conducted to examine those factors that may lead to disclosure of depression in African American women. Scholarly journal articles and case studies were examined related to African American women and disclosure of depression. Recent research has identified a number of factors that influence disclosure or help-seeking behavior from mental health professionals.

Using a three level coding involving descriptive and thematic coding, as well as triangulation, findings suggest that healthcare systemic barriers, historical premise, socioeconomic barriers, psychological barriers, awareness, and stigmatization may prevent African American women from disclosure of depression. *Mental health education* plays a significant role in disclosure behavior. Lack of education about mental health enables African American women to believe in the stigma associated with mental illness. *Stigmatization* creates a serious barrier in help seeking behavior, which ultimately hinders disclosure for these women. *Awareness* is critical not just in a sense of education about mental health but also in identifying resources and services that may help a person suffering with a mental illness or depression. Transformative learning might be used to help African American women become more comfortable disclosing their mental health or illness if facilitated in a healthy and safe environment. African American women must first be willing to educate themselves about mental health.

Future studies should utilize quantitative and mixed methods, test other theories, utilize larger sample sizes, broaden the demographics to include middle and upper class African American women, and cross cultural studies that may show differences in factors contributing to disclosure behaviors. Healthcare professionals should offer alternative methods in dealing with depression before suggesting medication. Before diagnosis, health care professionals should get to know the patient and express a sense of concern and support and refrain from stereotyping based on their race and socioeconomic status. Creating a supportive, safe, and confidential environment is critical

is gaining the trust for African American women to disclose their mental health however, future studies should considered examining intrinsic factors that lead to disclosure of depression in African American women.

## References

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- Bahrapour T. (2013, July 9) Therapist say African Americans are increasingly seeking help for mental illness. *The Washington Post* Retrieved from <http://www.washingtonpost.com>
- Cecilia, L. T., & Harriet, L. C. (2006). Understanding spiritual meaning making with older adults. *Journal of Theory Construction & Testing*, 10(2), 65-70. Retrieved from <http://search.proquest.com/docview/219179407?accountid=14407>
- Creswell, J. (2014). *Research design: Qualitative, quantitative, and mix methods approaches* (3rd ed). Thousand Oaks, CA: Sage Publications.
- Dirkx, J. M. (1998). Transformative learning theory in the practice of adult education: An overview. *PAACE Journal of Lifelong Learning*, 7, 1-14.
- Kitchenham, A. (2008). The evolution of John Mezirow's transformative learning theory. *Journal of transformative education*, 6 (104).
- \*Linda, C. A. (2003). Postpartum depression, culture and African American women. *Journal of Cultural Diversity*, 10(1), 23-9. Retrieved from <http://search.proquest.com/docview/219312720?accountid=14407>
- \*Mengesha, M., & Earlise, C. W. (2012). Psychotherapy with African American women with depression: Is it okay to talk about their Religious/Spiritual beliefs? *Religions*, 3(1), 19-36. doi:<http://dx.doi.org/10.3390/rel3010019>
- Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass
- Mezirow, J. & Associates (1990). *Fostering Critical Reflection in Adulthood: A guide to transformative and emancipatory learning*, San Francisco, CA. Jossey-Bass, pp. 1- 20.
- \*Mishra, S. I., Lucksted, A., Gioia, D., Barnet, B., & Baquet, C. R. (2009). Needs and preferences for receiving mental health information in an African American focus group sample. *Community Mental Health Journal*, 45(2), 117-26. doi:<http://dx.doi.org/10.1007/s10597-008-9157-4>
- Morntountak, A. (2013). Grief as learning and change: Revelations from the shack. *New Horizons in Adult Education & Human Resource Development*, 25(1), 46-55. Retrieved from <http://search.proquest.com/docview/1323500893?accountid=14407>
- \*Ndidiamaka, N. A. (2012). African American women: The face of HIV/AIDS in Washington, DC. *The Qualitative Report*, 17(46), 1-15. Retrieved from <http://search.proquest.com/docview/1505017400?accountid=14407>
- Saldana, J. (2013). *The coding manual for qualitative researchers*. (2nd ed.). Los Angeles: Sage Publications.



- \*Sciolla, A., Glover, D. A., Loeb, T. B., Zhang, M., Myers, H. F., & Wyatt, G. E. (2011). Childhood sexual abuse severity and disclosure as predictors of depression among adult African American and Latina women. *The Journal of Nervous and Mental Disease*, 199(7), 471-477. Retrieved from <http://doi.org/10.1097/NMD.0b013e31822142ac>
- \*Shim, R., Baltrus, P., Bradford, L. D., Holden, K. B., Fresh, E., & Fuller, Lonnie E, Sr, M.D. (2013). Characterizing depression and comorbid medical conditions in African American women in a primary care setting. *Journal of the National Medical Association*, 105(2), 183-91. Retrieved from <http://search.proquest.com/docview/1458287998?accountid=14407>
- Taylor (1998) The theory and practice of transformative learning: A critical review. *Information Series No. 374*. Retrieved from <http://files.eric.ed.gov/fulltext/ED423422.pdf>
- \*Taylor, J. Y. (2004). Moving from surviving to thriving: African American women recovering from intimate male partner abuse. *Research and Theory for Nursing Practice*, 18(1), 35-50. Retrieved from <http://search.proquest.com/docview/207665300?accountid=14407>
- US Department of Health and Human Services. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health*. Center for Behavioral Health Statistics and Quality. (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>
- Vyavaharkar, M., Moneyham, L., Corwin, S., Tavakoli, A., Saunders, R., & Annang, L. (2011). HIV-disclosure, social support, and depression among HIV-infected African American women living in the rural Southeastern United States. *AIDS Education and Prevention*, 23(1), 78-90. doi:<http://dx.doi.org/10.1521/aeap.2011.23.1.78>
- \*Ward, E. C., Clark, L. O., & Heidrich, S. (2009). African American Women's beliefs, coping behaviors, and barriers to seeking mental health services. *Qualitative Health Research*, 19(11), 1589-1601. <http://doi.org/10.1177/1049732309350686>
- Williams D.R., Gonzalez H.M., Neighbors H., Nesse R., Abelson J.M., Sweetman J., & Jackson J.S. (2007). Prevalence and distribution of major depressive disorder in African Americans, Caribbean Blacks, and Non-Hispanic Whites. *Archives of General Psychiatry*. Retrieved from <http://www.nimh.nih.gov/news/science-news/2007/african-americans-black-caribbeans-and-whites-differ-in-depression-risk-treatment.shtml>
- \*Wohl, A. R., Galvan, F. H., Myers, H. F., Garland, W., George, S., Witt, M., Lee, M. L. (2011). Do social support, stress, disclosure and stigma influence retention in HIV care for Latino and African American men who have sex with men and women? *AIDS and Behavior*, 15(6), 1098- 110. doi:<http://dx.doi.org/10.1007/s10461-010-9833-6>
- Wood, K. D. (2007). Experiences of transformative learning in the appreciative inquiry event. (*Dissertation*) Fielding Graduate University, Santa Barbara, CA.

Appendices

Trinity Washington University School of Business and Graduate Studies

Institutional Review Board Student Application

For Exempt Studies (involving no Human Participants)

<b>Student's Name:</b> Nakia L. Smith	<b>Degree Program:</b> MSA NPM
<b>Student's Phone Number:</b> (202)277-0266	
<b>Student's E-mail Address:</b> smithnak@students.trinitydc.edu	
<b>Faculty Supervisor:</b> Dr. Kelly Wood	<b>Semester:</b> Spring 2016
<b>Title of Study:</b> Disclosure of Depression in African American Women	

Type of Application (Check the Appropriate Box and provide the necessary information):

<input checked="" type="checkbox"/>	<b>EXEMPT</b>	<b>This research does not involve human participants</b>	
<input type="checkbox"/>	<b>REVISION</b>	<input type="checkbox"/>	<b>RENEWAL</b>
Date of Previous Application for Revisions and Renewals			

**The Description or Abstract of Study:** The aim of this study is to examine the factors that impact disclosure of depression in African American women by applying the theory of transformative learning and to also determine the role in which mental health education plays in the disclosure of depression in African American women. The results of this study might provide insight into the factors that drive African American women to open up and disclose their mental illness and seek treatment, or why they become apprehensive of treatment. The outcome of this study will be a model, which mental healthcare practitioners might implement when treating depression in African American women. A qualitative content analysis will be the method of research for the current study. Creswell (2009) suggest that through qualitative research, the researcher can explore and understand the meaning individuals or groups ascribe to a social or human problem. The process of research involves developing emerging questions and procedures, data analysis is conducted inductively, building from particulars to general themes, and the researcher makes interpretations of the meaning of the data. This study selected a social constructivist worldview approach, which suggests that individuals seek understanding of the world in which they live and work (Creswell, 2009). Case studies, peer reviewed scholarly journal articles along with related literature and data were examined, evaluated, and then coded to ensure the relevancy and integrity of the study. Based on Corbin and Strauss' model for constant comparative grounded theory, a three phase coding process (open, axial and selective) will be used to analyze the documents (Merriam, 2009).

<b>Student Signature:</b> Nakia L Smith	<b>Date:</b> 3/23/2016
<b>Faculty Supervisor Signature:</b> Dr. Kelley Wood	<b>Date:</b> 3-24-2016

**Acknowledgment of Ethical Concerns for Researchers**

In undertaking this research project, I commit myself to the following standards:

1. Each researcher is responsible for knowledge of and compliance with their discipline’s ethical code of conduct. If any researcher on a project becomes aware of non-compliance with ethical standards or any unforeseen ethical concerns, it is his/her responsibility to inform the IRB.
2. Ethically responsible research begins with the establishment of a clear and fair agreement between the researcher and the participant that clarifies the expectations of each. The researcher has the obligation to honor all promises and commitments included in that agreement.
3. Researchers are required to respect each participant’s freedom to not participate in research or to withdraw from the research at any time without penalty to the participant. **This includes those for whom legal guardians have granted permission for participation. That is, anyone who is not able to provide legal consent for him/herself is not bound to participate or to finish participation in the research, even when legal permission has been granted by others.**
4. Ethically responsible research requires that each participant and/or legal guardian be informed of all features of the research that might influence willingness to participate (i.e., potential risks and benefits).
5. The ethical researcher protects participants from physical and mental discomfort, harm and danger. All risks to the participant must be minimized and explained to the participant and/or legal guardian before s/he agrees to participate.
6. Where research procedures have a negative effect on participants, the researcher is obligated to remove or correct these effects, including any long-term effects.
7. After the data are collected, the researcher must provide the participant and/or legal guardian with an explanation of the study (debriefing) if any deception was used, or the full purpose of the study was not revealed. Any misconceptions that may have arisen during the course of the study must be removed.
8. All information about participants is confidential. When the possibility exists that others may obtain this information, participants must be informed of this before giving consent to participate. All data must be handled, stored and discarded in a manner that ensures confidentiality. **This includes confidentiality of responses of children (or others who may not give legal consent) from their parents/guardians, school authorities, etc.**

<b>Signature of the Researcher(s):</b> Nakia L Smith	<b>Date:</b> 3/23/2016
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Submit one page with signature for each researcher involved in this study