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Being Black and Depressed Double Sucks

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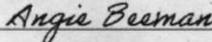# "Being Black and Depressed Double Sucks"

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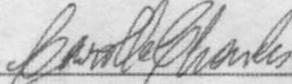By signing below I acknowledge that I have read Stephanie Jones' thesis and I approve of its submission:

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"Being Black and Depressed Double Sucks"

A qualitative exploration of the Black identity among young Black Americans living in the New York metropolitan area and their experiences and perceptions of depression and race.

By Stephanie Jones

Abstract

This paper investigates the ways race and racism mediate perceptions and experiences of depression among young Black Americans living in the New York metropolitan area. Based on 25 in-depth interviews with Black Americans between the ages of 18-28, the research shows that the Black identity exacerbates suffering for participants because it fundamentally changes how depression is lived, felt, and navigated. This study extends research about the lack of cultural competence among American health professionals, stigma surrounding mental illnesses among the Black American community, and the effects of the systematic dehumanization of Black bodies in American society.

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INTRODUCTION

According to the CDC, Black American adults have the highest prevalence of depression among all other groups, including non-Hispanic Asian, non-Hispanic white, and Hispanic Americans (Brody, Pratt & Hughes, 2016). As a result of the complicated history of race in America, the Black identity changes how mental illness is experienced, conceptualized, and treated, and in many cases results in lack of treatment in the United States (NAMI, 2004; Alang ,2016; Hall et al., 2015). To be black and mentally ill is deeply invalidating and isolating for many Black Americans (Link & Phelan, 2001; Alang, 2016). Those who suffer from depression face issues finding acceptance within the Black American community, navigating the mental healthcare system, and grappling with their understanding of race and how it mediates their experiences.

This paper uses an exploratory research design to better understand how racism mediates perceptions and experiences of depression among young Black Americans living in the New York metropolitan area. Many studies surrounding Black Americans and depression focus on experiences of stigma within the community (Alang, 2016). Fewer investigate how a person's own race and their perceptions of other races mediate their own experiences of pain and suffering. This study aims to contribute to the body of research that uplifts Black voices and experiences.

Using qualitative data based on 25 in-depth interviews with 25 Black Americans between the ages of 18-28, I examine racialized perceptions and experiences of depression and the effect that their Black identity has on their mental health. Through an analysis of the primary data the following themes were yielded: the loneliness of depression, the need for cultural competence, and reflections on Blackness and whiteness. By situating these themes within the overall literature, this paper illuminates the ways in which the Black identity and the understanding of race and racism in America fundamentally changes how depression is experienced and perceived for interviewees.

BACKGROUND

Depression within the Black Community

Black Americans are 10% more likely to report experiencing serious psychological distress than non-Hispanic white adults (U.S. HHS Office of Minority Health, 2017). They are also more likely to experience feelings of sadness, hopelessness, and worthlessness than white adults (U.S. HHS Office of Minority Health, 2017). However, young Black Americans, most notably those who are college educated, are less likely than their white counterparts to pursue help regarding their mental health (Broman, 2012). Fewer than 2% of members of the American Psychiatric Association (APA) (2014) are Black Americans, and according to the U.S. Agency for Healthcare Research and Quality, only 54.3% of Black adults who experienced a depressive episode received treatment, compared to the white adult rate of 73.1% (2014). Therefore, a disproportionate amount of suffering occurs within the Black American community in comparison to the service received and/or pursued by white Americans, which suggests that many are suffering in silence.

Many variables related to minority status must be taken into consideration in regard to the ways in which Black Americans navigate their mental health. These experiences are mediated by several intersecting macrostructures, including institutionalized discrimination on the basis of race, gender, and class (Fabrizio, 2007). At the micro level, experiences are worsened by the extreme stigma that is contained specifically within Black American communities (Alang, 2016; Campbell & Mowbray, 2016). Intersectionality is a concept that refers to the connection between singular social positions and the overarching structures of society (Fabrizio, 2007). The concept originated in 1989 and was coined by legal scholar Kimberlé Crenshaw; it originally emerged from womanist gender theory regarding the many identities of Black women, and how their experiences differed from those of white feminists (2007). Another component of the concept highlights the reciprocity between human agency, which is defined as the aptitude for action, and social structures. (Fabrizio, 2007; Fuchs, 2007).

How do the many intersectional identities of Black Americans mediate mental health suffering? Research suggests that the predominance of mental illness such as depression in Black Americans are similar to or lower than that of their white counterparts, even though Black people are at greater risk of suffering from mental illness (Williams et al., 2007). The World Health Organization (WHO) has reported that poverty increases the risk for mental health issues and significantly lowers the likelihood of treatment (2012). In the US, Black Americans make up the second largest group of Americans that fall below the poverty line (U.S. Census, 2011). However, lack of resources and stress as a result of poverty are not the only variables that shape the disproportion between the number of white people who have been diagnosed/are receiving treatment and the number of Black people in that same position. In fact, recent studies suggest that Black Americans that are college educated are also unlikely to seek mental health services, and those who go once are unlikely to seek help again (Broman, 2012; Ward, Wiltshire, Detry, & Brown, 2013). Several possible explanations for these patterns may include that Black Americans are not being treated because this cohort resists seeking help, health care institutions aren't culturally competent enough to properly cater to their experiences, and/or fear of stigma (Alang, 2016; Belgrave & Allison, 2009; APA, 2014).

Stigma is an experience with which many people who have struggled with mental illness are familiar. Goffman defines stigma as "an attribute that is deeply discrediting" (1963). Although universal, the effect and connotations of stigma can be exacerbated through systems of inequality. In the U.S., racial minorities have historically been stigmatized and marginalized because of their minority status, specifically as a result of racism. The addition of the stigma that comes with mental illness adds a layer of complexity to Black experiences (Campbell & Mowbray, 2016). Research suggests that feelings of being discredited because of race and mental health leads to fear of being stigmatized, which leads those who suffer from depression to resist acknowledging their experiences (Link & Phelan, 2001; Alang, 2016; Campbell & Mowbray, 2016).

The Black American community is particularly sensitive to this type of stigma, more so than other ethnic groups (Ward, Wiltshire, Detry, & Brown, 2013). For example, in a study regarding groups of people from different races and their reactions to mental

illness, Black people - more than their white and Latinx counterparts - desired great physical distance from those who outwardly displayed mental health issues out of fear of being stigmatized because of proximity (Rao et al., 2007). Researchers suggest that these fears are compounded because of the delicate social status Black Americans have gained in the face of the institutional racism that makes them hyperconscious of status loss (Link & Pelham, 2001; Campbell & Mowbray, 2016). According to Link and Phelan, status loss is a "downward placement of a person in the societal status hierarchy" (2001). It is important to note that Black people fear being stigmatized more by their peers than by any other races (Rao et al., 2007; Alang, 2016; Ward et al., 2013). They associate seeking and/or needing mental health services with being "crazy," weak, and/or creating imbalance within the community (Alang, 2016; Campbell & Mowbray, 2016).

How Racism Mediates Experiences

Extensive research suggest that the Black American identity fundamentally changes how mental illness is experienced, conceptualized, treated, and in some cases not treated at all. The relationship between Blackness and whiteness is complicated and historically profound, and the impact of this relationship complexly intertwines with how mental illness is experienced in America (Waytz, Hoffman & Trawalter, 2014; Alang, 2016; Fabrizio, 2007; NAMI, 2004). In a study published in the Proceedings of the National Academy of Sciences regarding how doctors treat pain differently between racial groups, it was found that White people are more likely than Black people to be prescribed pain medicine for medical ailments because Black people are believed to feel less pain than their white counterparts, and as a result, Black people are systematically undertreated (Waytz, Hoffman & Trawalter, 2014). Black Americans are also commended by mental health professionals for their perceived ability "to maintain a higher degree of mental health" than other races (USDHHS 2001); they are bestialized by white people and are often seen as older, bigger, and stronger (Goff, Jackson, Di Leone et al., 2014. Waytz, Hoffman, & Trawalter, 2014).

Furthermore, the portrayal of Black bodies in the current landscape is often one that invalidates their experiences. Cultural frameworks born from the history of race and racism in the U.S. have deeply influenced perceptions of self, others, and the delivery of care to Black Americans. The stereotypical roles and images such as the "angry Black woman" and "strong Black woman" schemas, or the reduction of Black boys to thugs and athletes, pervades media forms, resulting in Black Americans' negotiation of their identities through the lens of society's negative portrayals of Black people. Although any group of people has the potential to be negatively stereotyped, research has shown that Black Americans suffer from more negative stereotypes than white Americans do (Donovan, 2011; Stephan, Walter & Rosenfield, 1982). These stereotypes are internalized not only by Black Americans, but also by others who are exposed to them, and a significant component of stigma is incurred when distinct character traits and/or behaviors are linked to stereotypes (Link & Phelan, 2001; Priest, Slopen, et al., 2018).

Research findings have indicated that white American students have endorse the stereotype that Black American women are loud, talkative, aggressive, antagonistic, unmannerly, argumentative, and straightforward, and that Black American women are viewed as having more negative traits than other American women in general (Donovan, 2011; Neimann, et al., 1994; Weitz & Gordon, 1993). The "strong Black woman" characterization pressures Black women into feeling like they must exhibit strength, self-reliance, and emotional indifference in response to difficult situations (Watson & Hunter, 2015; Campbell & Mowbray, 2016).

The dangerous or rough imagery given to Black men dating back to the early 20th century reinforced the idea that Black men are harmful, and this played a significant role in the criminalization of Black bodies (Davis, 1998; Alexander, 2010; Muhammad, 2010). In the United States, Black men are six times more likely to go to jail or prison than white men (Gao, 2013). Black boys as young as ten are not permitted the same halo of adolescent innocence as their white peers; instead, they are more likely to be mistaken as older and guilty, and they are more likely to face violence from authority figures such as police officers if accused of a crime (Goff, Jackson, Di Leone, et al., 2014). In 1955, after 14-year-old Emmett Till was beaten and killed by a group of white men, one of his killers said Till "looked like a man," and more than sixty years

later, 17-year-old Trayvon Martin's killer uttered a similar sentiment when questioned (Patton, 2014). Young Black girls are similarly denied such childhood innocence: adults view them as less innocent than white girls of the same age, and girls ages 5 to 14 are seen as more sexually mature and are believed to know more about adult topics than white girls in the same peer group (Epstein, Blake, & Gonzzlez, 2017). Black bodies are systematically dehumanized and misunderstood as a result of implicit biases, and the widespread internalization of the erasure of their identities is harmful and dangerous.

Implicit biases are thoughts and feelings that occur unconsciously, and as a result, they are difficult to consciously acknowledge and control (Hall et al., 2015). Negative implicit biases about people of color can contribute to racial/ethnic disparities in health and healthcare (Hall et al., 2015). According to the Center for Disease Control (CDC), Black Americans face an imbalanced health care experience in terms of access, quality of care, and health outcomes (2013). Compared with white people, Black people are met with more hurdles accessing care and are also generally less satisfied with their interactions with healthcare providers (Blair, Steiner, & Havranek, 2011). The National Healthcare Disparities Report showed that in general, white patients received better quality of care than Black Americans (2014). This is exacerbated by the fact that it is difficult for Black Americans to find healthcare providers with whom they have shared identities; about 6% of physicians are Black, and, Black people only comprise 5.3% of psychologists in the U.S (APA, 2015; U.S. Census, 2016). Evidence from the National Bureau of Economic Research (NBER) indicates that Black Americans are more likely to feel comfortable with and receive health advice from health professionals who look like them (Aslan, Garrick, & Graziani, 2018). NBER also reports that increased screening and examinations by more diversified health professionals could help close the life expectancy gap between Black Americans and their white peers (Aslan, Garrick & Graziani, 2018). The general lack of satisfactory treatment for Black Americans and their inability to find physicians that resemble them has stifled this community.

Studies have demonstrated the link between experiences of racism and well-being, resulting in what is often called race-related stress (Harrell, 2000). The cycle of race-related stress can lead to a feeling of invisibility for Black Americans or the perception that their identity is not valid because of the perpetuation of negative

stereotypes (Franklin, Boyd-Franklin, & Kelly, 2006). Race-related stress exacerbates mental health issues and acts as a barrier between Black Americans and mental health services, because it increases the likelihood of depression while decreasing the likelihood that Black Americans will seek treatment, and that if they do, this treatment will be adequate (Franklin, Boyd-Franklin, & Kelly, 2006 Watson; Hunter, 2015; Hall et al., 2015).

These articles further developed understanding of stigma and intersectionality and how these constructs interact with race and mental health and shape individual experiences. Black Americans face an uphill battle when it comes to navigating their mental health and depression. There are layers to this conversation and many distinct experiences and perceptions that must be considered. To be Black and mentally ill is considered discrediting, and thus many prefer to suffer in silence. Not only is it discrediting, but even if treatment is desired, there are limited available options, with many of those that are accessible being lackluster and insufficiently beneficial to Black Americans because of systematic biases.

DATA AND METHODS

Data collected for this study were qualitative. Prior to conducting interviews, I obtained approval for conducting research on human subjects from the Baruch IRB. Interviews were conducted in New York City, and participants' identities were kept confidential. Following the protocol outlined by Hocking, McDermott, and Stacks (2006), the interviews were one-on-one in nature, with only the interviewer and interviewee present during questioning. This method was selected because it provided the researcher the ability to get in-depth personal accounts of each participant's experiences with and perceptions of depression as a Black American. Between April 2018 and September 2018, I conducted 25 in-depth interviews with 25 young Black Americans between the ages of 18 and 28; all of the interviewees identified as Black, Black American, and/or African American, and as a result I am using data that lump together all people of African descent. All of them answered "yes" to whether or not they've had feelings of depression that lasted for more than a month. All of the

interviewees were currently living in the New York metropolitan area at the time of the interview and were from working- and middle-class backgrounds. Over half of the participants were either employed in full-time or part-time positions, and 1/3rd were students at the time of the interview. 19 of 25 interviewees have never been married, 1 was divorced, and 5 were married. 15 out of 25 participants had 4-year degrees, seven were still in college, and two were high-school graduates (see table on page 11). There was also a variety of gender identities and sexualities reported among the participants interviewed. I interviewed the participants for an average of two hours each in settings of their choosing. Participants' names and other identifying factors have been changed to ensure confidentiality.

To reach a diverse set of participants, I used snowball sampling (Hocking et al., 2006) to recruit participants via email by reaching out to listservs, forums, and posting on various social-media outlets such as Facebook, Reddit, and Instagram. I also posted physical fliers in areas of interest. The invitations and posters included a brief statement describing the study, the participants' roles, method of data collection, and estimated time of data collection. All verbal and written communications explained that the goal of the study was to investigate how racism mediates their perceptions of depression and to explore and interpret their experiences. No compensation was offered to interviewees.

Using a semi-structured interview format, I queried the participants' perceptions and opinions regarding the intersection of their race and their experiences with depression. The semi-structured, in-depth interview allowed me to phenomenologically delve deeply into the lived experiences of participants to extract more details and also allowed participants to elaborate upon experiences, perceptions, and feelings (Kirby, Greaves, Reid, 2010: 133-135). For example, I asked participants to describe their experiences with depression and their perceptions of how and if race and racism played a hand in those experiences. I probed their responses and prompted them to share stories that they were comfortable sharing and that provided information regarding behaviors, thoughts, feelings, and perspective. All interviews were voice-recorded and transcribed.

My qualitative data analysis was guided by aspects of grounded theory (Glaser and Strauss, 1967) and voice-centered analysis (Brown and Gilligan, 1991) to assess

critical themes, experiences, and perspectives outside of dominant cultural narratives. I reviewed participants' narratives for the multilayered contexts in the interviewee discussions about themselves, their experiences, their beliefs, their worldviews, and dominant discourse regarding race and mental illness. I engaged the data through an analytical lense paying close attention to the participants' emphasis on metaphors, adjectives, and significant memories and moments. Finally, I applied thematic coding, an iterative approach that involves reading transcripts for broad themes and subsequently sub-coding portions of the data into more specific themes to draw forth the most salient ones (Emerson, Fretz, & Shaw, 1995)

Table 1: Participant characteristics

Name	Age	Gender Identity	Marital Status	Employment Status	Education
Vanta	25	Non-binary	Single	Part-time	Graduate student
Monique	25	Woman	Single	Full-time	Working towards associate
Nia	23	Woman	Single	Full-time	Bachelor's
Kelly	25	Woman	Married	Part-time/ Stay-at-home mother	Bachelor's
Vincent	24	Man	Single	Full-time	Bachelor's
Renny	26	Man	Married	Full-time	Bachelor's
Theo	27	Man	Divorced	Part-time/ Disability	High-school graduate
Britnelle	27	Woman	Married	Full-time	Bachelor's
Bell	22	Non-binary	Single	Part-time	Full-time college student
Danez	25	Woman	Single	Full-time	Bachelor's
Katy	24	Woman	SIngle	Full-time	Bachelors
Michelle	21	Woman	Single	Unemployed	Full-time college student
Leo	26	Transman	Single	Full-time	Bachelor's
Melody	21	Woman	Single	Part-time	Full-time college student
Keisha	19	Woman	Single	Unemployed	Full-time college student
Marcus	22	Man	Single	Full-time	Bachelor's
Virgil	21	Man	Single	Part-time	Part-time college student
Jordyn	21	Woman	Single	Part-time	Bachelor's
Shay	27	Woman	Married	Full-time	Law degree
Derrick	26	Man	Single	Full-time	Bachelor's
Zakiyah	20	Woman	Single	Part-time	Full-time college student
Xavier	19	Man	Single	Unemployed	High School graduate
Jackie	24	Woman	Single	Unemployed	Full-time law student
Devin	28	Man	Married	Full-time	Bachelor's
Crystal	18	Woman	Single	Unemployed	Full-time college student

About the Researcher

My identification as a college-educated, queer Black woman influenced the data collection process. Many of the participants recognized that I was younger than them, often commenting on it whenever they got a chance. Many participants were curious about my age, hometown, sexuality, family, background, and relationship with the study and depression. I gave them all a chance to ask me questions after the interview was finished and many questions lead into lengthy conversations and an understanding that only shared experiences can build. Respondents frequently stated that they were comforted by my Blackness and other facets of my identity that I shared with them. Queer participants were comforted by my Black queerness. Woman participants were comforted by my Black femininity. And male participants seemed comforted by the fact that although I am a Black woman, there was a sense of shared masculine energy because of how I dressed and carried myself. Participants would disclose information vaguely with the assumption that we shared identities, and that I would therefore understand without the need for a lengthy explanation, ending sentences with statements such as "you know what I mean" or starting with "as you know." Many participants would refer to me as their "nigga" and "bro" or would call me "sis." For example, Vanta, a non-binary graduate student, stated *"I really didn't come here expecting to talk much but I see you sis and you see me so it's easy".*

Despite the rapport that I built with participants, I worked diligently to avoid making assumptions based on our shared identities. Oftentimes, participants felt frustrated when I probed for answers to questions that should be left unsaid in the spaces between two like individuals. There are gradations of endogeny, and although I may share some identities, I do not share them all, because we may differ in class, age, geographical backgrounds, and social identities (Nelson, 1996). Also, as a researcher I shaped the interview through my questions and filtered their experiences through an analytical lens.

FINDINGS

In this section, I establish the disconnect that living with a Black identity creates between oneself and one's emotions for participants. I then analyze how perceptions and internalizations of being Black in America mediates their lived experiences with depression. My findings demonstrate that attitudes, perceptions, and experiences of race in the United States fundamentally changes how depression is felt and navigated for interviewees.

The Loneliness of Depression

To understand the depth of this disconnection it is important to note that none of the 25 interviewees in this study had known that they were depressed until someone told them or until they gathered information online that informed their feelings. Many participants believed that their feelings of depression were normal and that struggling with their perception of what normal is to them was a sign a weakness. Furthermore, 22 out of 25 interviewees remained silent about their distress even after becoming aware of their depression. Monique, a 25-year-old executive assistant, sums this pattern up for many participants, stating "...there wasn't much to talk about, and I didn't want to, either," when asked if she spoke to anyone about her depression. When asked why, she answered, *".... cause it's dumb, what reasons did I have to be sad for...I just was? That's dumb as hell."* This standard of isolation, neglect, and self-stigma is something that is replicated consistently by interviewees in many ways and many words:

> *".... It's very easy to put on a face, right? It makes those things easier to deal with and I didn't feel like I could share it [regarding depression] …. like anyone would really understand."*
>
> - Interview 8: Katy, 24-year-old woman

> *"Like, I don't know, when I'm around my boys, we drinking and roasting each-other...fuckin' around like we ain't talking about feelings or whatever, that's a*

mood-kill. It's a dub. When I was alone I struggled with it right? So I'd deal with it
alone. I got me."

- Interview 3: Virgil, 21-year-old man

These patterns of disconnect and isolation can be attributed to two theories: that Black Americans lack a cultural understanding of depression, and that they have a fear of depression discrediting them as a result of stigma (Link, Phelan, 2001; Campbell & Mowbray, 2016; NAMI, 2004).

Discourse surrounding the perception of a societal and cultural standard of strength for Black people in particular is central to how participants in this study understand themselves and their feelings of depression and emotional vulnerability. For example, Black Americans are commended by mental health professionals for their perceived ability "to maintain a higher degree of mental health" than other races (USDHHS, 2001). Interviewees seem to internalize those perceptions.

"[White people] can process their emotions, and I gotta swallow them all day, every day." Monique echoes 19 of the 25 interviewees who felt as though it was easier for white people to be emotionally vulnerable than it was for Black people. She believes that the standards, whatever they may be, are different and similarly to many of her peers that were interviewed that *"they [Black people] don't get to cry."* The idea that emotional vulnerability is a privilege is especially salient in the data collected for this study. Researchers at the National Alliance for Mental Illness (NAMI) find that "Black Americans tend to reference emotions related to sadness or depression as 'evil' or 'acting out'." NAMI traces these feelings back to slavery, during which Black communities were conditioned to swallow their emotions and hold generational burdens of secrets, lies, and shame (2004). Avoiding emotions was a survival technique, which has now become a cultural custom for Black Americans and a subsequent obstacle to dealing with depression (Ward, Clark, & Heidrich, 2009). As a result, generations later, Black people are more likely to deal with shame regarding what they perceive as negative emotions such as sadness in much of the same way by avoiding the emotional cost of it. These feelings are illustrated in the following quotes:

"There is no cultural understanding… no cultural language that navigates mental health and wellness, and therefore it's hard for Black people to begin to recognize those conversation need to be had much less start them. White people have those building blocks already."

- Interview 14: Danez, 25-year-old woman

"I like to call myself a Black woman with a white dad because I don't culturally connect with my dad despite the fact that I may emotionally connect with him. And because of that confusion within myself growing up…. comparing my dad and my mom, his family and hers, white folks and Blacks is inevitable. I think being a Black woman makes it easier for me to swallow my hurt because Black girls inherit that from their mothers..."

- Interview 16: Jackie, 26-year-old woman

"...As a passing Black transman, I cannot be caught crying in these streets. Hell, when I was a Black woman I was shamed for being emotional as well in any way…. I can't talk to my elders about that and I simply don't have the energy to defend my mental illness to my family and it's like that for so many of us. It creates this bubble of secrecy between not only you and your parents but you and your siblings. Eventually you're just acting for everyone around you."

- Interview 4: Leo, 26-year-old trans-man

While the participants' cultural framework of emotional vulnerability center on its distance relative to their Blackness, there is also a discussion happening around emotional infallibility and the distancing of oneself from these emotions; this circles back to experiences of stigma and the internalization of stereotypes that permeate their lived experiences (Donovan, 2011; Rao et al., 2007; Stephan & Rosenfield, 1982). These complex feelings are happening at the same time for many of the interviewees. For example, Virgil, a 21-year-old college student states:

"…. niggas like me, we just handle it, handle our shit cause there's no other choice, we don't know any other way. Like I said before white boys buckle cause

they can…. but a nigga like me…. even you...we ain't got that time. It's a waste
of time. We ain't weak being about our shit…. [we] strong as fuck, that's in our
blood."

As a result of their Blackness, emotional vulnerability is not something that they feel as though they can aspire to in society and it's not something they particularly want to aspire to either from a cultural standpoint. *"It's not for us,"* as Nia, a 23-year-old woman from Brooklyn, puts it. Feelings of depression seem to be deeply isolating, so much that it disconnects them from themselves and creates distress and feelings of shame and weakness. There is no comfort to be found in acknowledging the depression, either, because of the lack of a cultural understanding, the internalization of perceived societal standards, and the stigma that the Black American community seems to create for interviewees.

"Black people just have these walls cause maybe that's all we know and maybe
we have to have those walls [to survive] ....I don't think mental illness is for us
or real to us and I also don't think society thinks mental illness is for us either."

- Interview 1: Nia

The Need for Cultural Competence

Cultural competence is the willingness and capability of healthcare providers and organizations to efficiently deliver health care services that meet the social, cultural, and linguistic needs of patients (Georgetown Health Policy Institute, 2004). The participants in this study have oftentimes found themselves at a crossroads in their journeys with depression, one that seems to lead to two dead ends: they are either stigmatized in their communities or misunderstood by health professionals.

Once they became aware of their depression and felt that it has become unmanageable, many of the participants broke from the standards of strength to which they held themselves, only to be met with a lack of understanding in the precise settings from which they should have received help. Shay, a 27-year-old lawyer, speaks to this:
"...I think that place that those conversations happen [about depression], in a

professional setting specifically, they are inaccessible to Black people." Most of the participants that reported interactions with health professionals regarding their mental health shared the same feelings as Shay. Many shared that those interactions left them feeling misunderstood and foolish, or as Marcus, a 19-year-old college student, puts it, *"...like there was a barrier between me and my doc and I ain't know how or have the energy to break it."* Two things are happening for interviewees in their experiences: they have a perception informed by the complicated and historically profound relationship that race has with the United States and how their lives have been shaped as a result, and they also have an experience with health professionals that bolsters that perception, creating a cycle that is isolating and difficult to break.
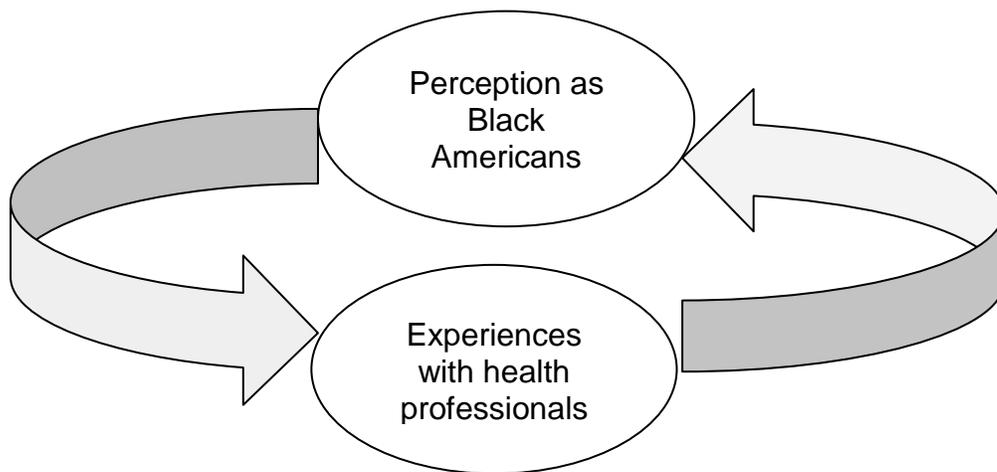
Katy, a 24-year-old healthcare professional, speaks to this cycle extensively. This is a narrative that she sees play out consistently at her place of work:

> *"......as someone who works in the mental health sector, I see it every day. Just two weeks ago this older Black man...homeless, mentally ill, is brought into my clinic and the doctors, [who were] one white and one Asian man, were just talking at him, letting him know protocol, what was happening with him etc. etc. For two days he just looks through them as people just talk at him, and finally, before my shift ends, I go over and I ask him if he understood what was happening. He didn't, not really. I broke it down culturally for him...I framed it in a way that he*

could fully absorb and understand what needed to be done, and that's where I believe the disconnect lies. Navigating mental illness is not just what we [Black people] do in our day-to-day lives, and while we are alone to survive those feelings… there is also a big gap for us regarding how to navigate the places that one needs to go to receive help, and it's easier for white people to walk through those spaces and feel safe and cared for and seen and to get the help they need...fully...wholesomely. And for Black people it's an entirely different story."

Theo, a 27-year-old man diagnosed with lupus, also speaks to this cycle from the point of view of a frequent patient:

".... fundamentally, Black people and white people are treated differently by health professionals, [by] all people really, but for the sake of your time I'm gonna keep it narrow. And to be clear, I'm talking about my experiences as someone with lupus who is at the hospital frequently and [as] someone who's depressed and can't stick with a therapist. It all trickles down and out. Every time I go to the hospital for something lupus-related that is unbearable, they immediately think I'm a drug addict…. I'm stigmatized immediately, and I think this is true of most people with invisible diseases. However, the amount of time they take to believe me, run tests, treat me like a human differs greatly than that of my white peers with invisible diseases. I report this all the time in my Facebook groups and white members are always baffled and Black members remain unsurprised."

Instances of being ignored and/or stifled were reported frequently by interviewees. As Theo experienced, Black people are generally less satisfied with their interactions with healthcare providers, and it has also been reported by The National Healthcare Disparities Report that Black Americans receive less satisfactory healthcare than their white counterparts (2014). Interviewees who had discussed their interactions with healthcare professionals regarding their mental health felt as though their Blackness was at the root of this cycle. As a result of their Black identity, they can't possibly be understood by mental health professionals who don't share any cultural signifiers with them, because as Katy puts it, *"whiteness is the language we speak"*:

Many interviewees used white people and whiteness in relation to their Black identity to explain their experiences with depression, as if whiteness was the standard in their lives. The role whiteness is given is similar to that of the English language in the United States; we all know it, we all learned it, and we all speak it. Furthermore, healthcare spaces are generally lacking Black American doctors that could better provide the understanding and validation that the interviewees are seeking (APA, 2015; U.S. Census, 2016). Participants express a need for cultural competence that is not being met, and as a result, they are further isolated by the intersection where their Black identity meets their depression.

> *"It's easier for white people to discuss mental health simply because they are more likely to have an easier time navigating the spaces those conversations are held."*
>
>   -   Interview 11: Britnelle, 27-year-old woman.

> *"...The professional they [white people] may be discussing [depression] with is more likely have shared cultural signifiers...even if this person isn't an Americanized white person...their skin is a universal signifier. Black people oftentimes don't get to have those discussions with people who share their cultural signifiers, and when they do, it's not in those lifesaving spaces, it's personal and many are met with stigma.... Black skin and Black people are not easily understood in this world."*
>
>   -   Interview 8: Katy

> *"I went through 5 therapists before I felt understood, and I still settled, because my good sis is a wonderful Indian mother, but she doesn't understand my struggle as fully. It's just easier for white people to be understood as they are in any space...I feel like they rarely have to settle, and it makes me jealous. ….white people navigate the world differently….so of course they have to navigate depression differently."*
>
>   -   Interview 9: Vanta, 25-year-old non-binary grad student

"I constantly compare how we [Black people and white people] are treated…. I'm almost envious because I know for sure that one day I'm gonna go into that hospital and not come out and I won't die comfortably. I will die stigmatized and in fear. I'm always scared in hospitals because of my Blackness. I am never treated with the respect I deserve. I know for sure some of my white peers have those fears as well, but it's not based in their skin."

- Interview 18: Theo

Reflections on Blackness and Whiteness

Reflections on Blackness and whiteness and their relationship to the experiences of interviewees in regard to depression was evident and reoccurring. For many participants, being a Black American seemed almost burdensome on top of their struggles with depression. Marcus likened being Black and depressed to starting a race with weights around your ankles. Others stated that they believed that white people got more second chances or chances in general to process their emotions, be understood, and experience more acceptance of mental illnesses within their communities. White people are humanized, and through their experiences, participants have realized that they are not afforded the same privilege (Goff, Jackson, Di Leone, et al., 2014). As a result, many participants were envious at the perceived ease at which they felt as though white Americans get to navigate their depression.

"I know my white siblings...I have a meshed family by the way, my dad married a white woman with kids after divorcing my mom. But anyway…. I know my white siblings get better care, professionally and personally. I've seen it first hand, they get more chances to fuck up and be human and depressed and I don't resent them for it. I love my siblings, but I just wish I had more chances, too."

- Interview 12: Jordyn, a 21-year-old woman and college graduate.

"I do. I'm jealous. I'm not proud of it, but like I said, being a Black, queer woman in this country is draining in so many ways… it's the cause of my depression in

so many ways as well, and if I were to choose who I'd be in the next life, it wouldn't be this. This identity is a death sentence… Black women die of rage aneurysms and broken hearts because of the stress we endure because we are Black and women at the same time. It's scary."

- Interview 21: Zakiyah, a 20-year-old woman and college student.

"I compare my experiences as a Black trans man to that of white trans men all the time, and by proxy, my mental health as well. It's easy for me to feel alone in this. Even when marginalized, white people have so much support in this world and many don't even realize it. I'm a whole entire passing Black man now and that in and of itself is stressful. I got pulled over by a cop last year and had an entire panic attack because he was so jumpy with me and he didn't even call an ambulance when I told him I couldn't breathe… [he didn't] care, really. He was so scared for his life because of my life. Look at me though. I'm a skinny-ass 5-foot-8 gay boy. I don't believe a white man or trans man or queer man would have to deal with that type of stress."

- Interview 4: Leo, 26-year-old trans man

Others - men in particular- were repulsed by the idea of white people processing their emotion visibly through anger or tears as it if were a sign of weakness, referring to tears or even suicide as "white people shit." There was a need to be resilient and stronger via suppression of emotion. Processing one's emotions didn't even seem to be an option for some; Monique recalled not letting herself cry after miscarrying, because she didn't want to seem *"weak like the white girls at her job"* who seemed to cry often. Xavier also didn't let himself cry when his grandfather, the man who raised him, passed away, stating that he had to be strong for his grandmother and that crying was "bitch shit."

"Off rip, I think most white boys are lil' bitches. I just recognize that those types of struggles [with depression] cripple white people. My lil' sis loves this lil' pretty white boy, barely know his name, and I bought her tickets to see him for her b-day. Tell me how this dude cancels cause of anxiety of whatever. Some real

pussy shit. Anxiety? I eat that shit. Niggas...eat that shit. But this rich ass white boy couldn't step foot on stage. Fuck that."

- Interview 3: Virgil

"When I was in high-school I played football, I went to a catholic school on scholarship, so it was mixxy. One of my teammates, his dad died of cancer, and the whole team went to the funeral. He was bawling, and his dudes...like the ones real close to him were white and like hugging him and shit...holdin' him up. Now when my granddad died...I woulda' rather died than let any of my boys see me crying. My grandad woulda' slapped me if he saw me crying in public. We just got different values."

- Interview 10: Xavier, 19-year-old high-school graduate

Furthermore, interviewees reported feeling as though it was easier for white people to be emotionally vulnerable and navigate depression because much of their suffering isn't directly related to the color of their skin. Being Black made an experience that is difficult much harder in general. As Bell, a 22-year-old non-binary student, states, *"I am depressed because I'm Black and being Black is fucking hard in America. Do you think a white person is depressed because they are white? I doubt it."* For many respondents, being Black exacerbated their suffering. The intersection in their lived experiences between institutionalized discrimination on the basis of racism, gender, and class and the stigma and isolation that is contained specifically within Black American communities is draining (Alang, 2016; Campbell & Mowbray, 2016; Fabrizio, 2007). These feelings are illustrated further in the following quotes:

"Depression is hard in general, and I'm not gonna say white people don't have it rough or take away from their experiences, because they absolutely do. But…. it's like if we are all on a staircase upwards and white people are two steps ahead…. cause slavery and oppression and shit. Depression would knock them back one step in the grand scheme of things...but depression for many Black people? That's two, three, four, five steps? And for disenfranchised white people, it fucking sucks too...look at the state of this country, but they will be seen and

understood regardless of their class because their whiteness validates them. But for Black people…. afro-Latinx people like myself, we don't have that luxury."

- Interview 14: Danez, 25-year-old woman

"Well, this country is built on the subjugation of Black and Brown bodies, on a power imbalance that is present all these years later. Being Black in America is stressful as fuck, and all those microaggressions add up as we get older. Our depression is compounded and strained by our skin."

- Interview 16: Michelle, 21-year-old full-time student

"Depression sucks by itself, kinda like how being a woman sucks by itself because of patriarchy. And like how being Black sucks by itself because America and my grandmother's grandmother was a slave...therefore being a Black woman double sucks, right? Being Black and depressed double sucks as well. Or for me being Black, queer, a girl, and depressed? I guess then that means my life is a shit show."

- Interview 21: Zakiyah

CONCLUSION

This study investigates how the perceptions of other races and the experiences and understandings of one's own race mediate experiences of depression within Black Americans. Through this analysis, I extend findings of existing studies of racialized experiences with mental health and wellness. By placing the interpretations of Black Americans living with depression at the center of my analysis, this study also allows for better understanding of the respondents' frameworks surrounding race and mental illness and the needs that they have.

The results of this study highlighted how isolating depression truly is for participants. Respondents discussed how their internal isolation normalized their suffering. Previous research illustrates that the act of swallowing and normalizing suffering is a survival technique, one that can be traced all the way back to slavery and that was passed down from generation to generation (NAMI, 2004). The respondents

discussed isolation within Black American communities, their fears of stigma, and their internalization of cultural expectations of strength and how it superseded their need for self-care and kindness. This circles back to stigma that permeates throughout Black communities that color depression in a negative light. Their Black peers' associate depression with being "crazy," weak, and/or creating imbalance within the community (Alang, 2016; Campbell & Mowbray 2016). They also discussed isolation within society and how carrying a Black identity fundamentally changes how they walk this earth, and as a result, how it exacerbates their suffering. These responses echo studies that emphasize the need for cultural competence among health professionals, the lack of representation around them, and the systematic dehumanization of Black bodies that pervades American society (Aslan, Garrick, & Graziani, 2018; Epstein, Blake, & Gonzzlez, 2017; Goff, Jackson, Di Leone, et al., 2014; APA, 2015). Responses also illustrate how standards of functioning can be created based on racialized ideals and legitimized systematically through biases. Many participants spoke on the standards of Blackness and whiteness to which they held themselves to without questioning the validity of these standards. The cultural frameworks of racism in America have deeply influenced their perceptions of self. The systematic failure to achieve cultural competence within the U.S. healthcare system validates these standards, especially the expectations of strength and self-sustenance, because many feel as though they have nowhere to turn to in their fight for mental wellness. Navigating the American mental health services system was incredibly difficult and draining for interviewees; "whiteness is the standard," as they put it, and therefore, they believed that American society and especially its healthcare system were not built to understand them. As result of the lack of access to quality mental health services, treatment for depression was not always beneficial to participants. It appears there are not many places for Black Americans who are struggling with depression to turn, which is especially troubling considering that Black American adults are more likely to be depressed than most other racial groups (CDC, 2016).

This study has the expected limitations of sample size, limited generalizability, and recall error. Respondents were also allowed to self-identify as depressed; therefore, some participants may not carry a clinical diagnosis. Another limitation present is that all

participants were young Black Americans living in the New York metropolitan area, which meant that most maintained liberal lifestyles, opinions, and thoughts. Their responses reflect their environment, and as a result many of their answers were similar.

The limitations of this study not only illuminate areas of concern but also highlight directions to take future work in the area. Future directions of research may extend beyond New York City and other areas with predominantly liberal communities. Conducting this study with Black Americans living in the South or Middle America could yield very interesting and divergent results. Discussions surrounding doctor-patient interactions and intersectionality could be expanded as well.

Finally, perhaps the most promising contribution of this study is the potential to further the understanding of being Black in America, and although many strides have been made, there are still many more to go. This study suggests that the isolation that results from the intersection between mental illness and the Black identity signifies that there are some major societal and cultural gaps that need to be filled. Expanding the understanding of Black American experiences is an important step in that direction.

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