

**EXPLORING THE STIGMATIZATION OF MENTAL HEALTH IN THE BLACK
COMMUNITY**

By

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Table of Contents

| | |
|-----------------------------|----|
| Introduction..... | 3 |
| Purpose..... | 4 |
| Conceptualizing Stigma..... | 4 |
| Research Questions..... | 6 |
| Methodology..... | 6 |
| Literature Review..... | 7 |
| Culture..... | 7 |
| Racism and Poverty..... | 9 |
| Mistrust..... | 12 |
| Analysis..... | 14 |
| Conclusion..... | 15 |
| References..... | 17 |

Introduction

Any part of the body, including the brain, can get sick, and the development of a mental health problem can happen to anyone, just as anyone can develop a physical ailment. This requires the care of one's mental health in order to maintain an overall healthy lifestyle. In the black community, seeking help for mental illness has been viewed negatively by people across the socioeconomic scale. Negative views along with other socioeconomic disparities prevent many African Americans from seeking and partaking in proper mental health care. There is a stigma attached to self-seeking behaviors and treatment from mental health professionals due to feelings of shame, weakness, lack of knowledge or understanding of mental illness, and for many, not fully knowing the signs and symptoms associated with mental disorders (Neely-Fairbanks, Rojas-Guyler, Nabors & Banjo, 2018). Many also ignore signs of mental illness and pass them off as stress, fatigue or moodiness that comes along with demanding careers and everyday life situations.

Stigma often stifles the conversation surrounding mental illness among African Americans. Although a host of barriers such as lack of knowledge, mistrust, lack of accessibility, and lack of cultural understanding contribute to African Americans reluctance to seek psychological help, each one plays a role in the stigmatization of mental illness within the community. Social and cultural factors (i.e racism/discrimination, poverty, exposure to violence) linked to race/ethnicity can increase the likelihood of developing a mental health condition. These factors also serve as major influences in the negative attitudes African Americans hold towards mental illness. In order to promote an individual's willingness to seek and receive adequate care, positive views surrounding mental illness should be normalized in the black

community. To combat the stigma, we should encourage an open dialogue around mental health within the community and create more avenues for African Americans to seek care.

Purpose

Research shows that governmental reports have documented the existence of substantial mental health care disparities by race and ethnicity in the United States. Mental health disparities are on the rise, with those in the African American community being the most afflicted (Carpenter-Song, Whitley, Lawson, Quimby, & Drake, 2009). Stigmatizing views of mental illness in the black community contribute to disparities in mental health care. Through the use of a critical discourse analysis, this study investigates how culture and socioeconomic disparities shape the stigmatization of mental illness among African Americans and aims to create a step in the direction of generating a positive dialogue on mental health within the community.

Conceptualizing Stigma

Core issues in stigma research range from the definition of the concept, to the reasons stigmatization represents a very persistent predicament in the lives of people affected by it (Link & Phelan, 2001). In regards to African Americans, one of the major negative outcomes commonly associated with psychological help-seeking is mental illness stigma (Taylor & Kuo, 2018). The concept of stigma has been criticized as vaguely defined and having a narrow focus. Link and Phelan (2001), defined stigma as a process in which the "elements of labeling, stereotyping, separation, status loss, and discrimination co-occur together in a power situation that allows the component of stigma to unfold" (p.367). It is further stated by the authors that in order "for stigmatization to occur, power must be exercised."

Variations exist in defining the concept of stigma. According to the Surgeon General Report (2001), it refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness. Essentially, stigma can be seen as a relationship between an “attribute and a stereotype,” producing the definition of a “mark” or attribute that links an individual to undesirable characteristics or stereotypes. When referring to mental illness stigma, discrimination is an added element of the definition (Link & Phelan, 2001).

In the conceptualization of stigma presented by Link and Phelan (2001), stigma exists when the following interrelated elements converge:

1. Labeling - When individuals distinguish and label human differences.
2. Stereotyping - When dominant cultural beliefs link labeled individuals to undesirable characteristics or negative stereotypes.
3. Separation - When labeled individuals are placed in distinct categories to achieve a degree of separation between “us” and “them”.
4. Status Loss and Discrimination - When labeled individuals experience status loss and discrimination that lead to unequal outcomes.

With stigmatization being entirely contingent on access to social, economic and political power, it allows for the identification of differences, construction of stereotypes, separation of labeled persons, and the full execution of disapproval, rejection, exclusion, and discrimination (Link & Phelan, 2001).

Research Questions

Given the prevalence of stigmatizing beliefs pertaining to mental health and illness among African Americans, this paper will look into the following research questions:

1. How do mental health conditions affect the African American community?
2. What factors influence the negative connotation associated with mental health in the black community?
3. What efforts can be made to combat the issue of stigma in the black community?

The following sections of this paper will describe the framework of the approach taken to assemble and collect scholarly articles and information on mental health stigma in the black community. The next section of this paper will describe the methods used to absorb and analyze how socioeconomic factors contribute to the perpetuation of stigma among African Americans and why stigma poses such a problem to help-seeking attitudes. A review of literature exploring stigma and mental health of African Americans will follow in the third section of this paper. The final section will highlight the information gathered and reviewed in the previous section, as well as discuss possible strategies in fighting the stigma within the black community.

Methodology

A critical review and analysis of the literature examined factors that are conducive to the continuous implication of stigma among African Americans. It finds that socioeconomic factors contributing to the conceptualization of mental illness stigma among African Americans are rooted in an exertion of power. It details the diverse effects that culture and society have on

mental health, mental illness and mental health services within an ethnic community. During the construction of the literature review, scholarly articles elaborating on mental health, mental health disparities and stigma among African Americans were thoroughly explored. Using a host of databases, scholarly articles pertaining to black mental health in relation to racism, poverty, violence, and incarceration were also examined. Growing up in the African American community, I have witnessed and experienced the effects stigma has on properly maintaining mental health and how it trickles down through generations. Analyzing the literature based on a critical discourse view has allowed for a deeper understanding of the concept of stigma, and why we continue to perpetuate these views within our community.

Literature Review

Culture

Culture is defined as the customary beliefs, social norms, and material traits of a racial, religious or social group. Culture influences nearly all aspects of mental illness and it shapes how individuals and communities respond to illnesses and how they communicate their symptoms. (Carpenter-Song et al., 2009) More importantly, culture influences whether individuals even seek care, the types of care they seek, the types of coping styles and social supports they have, and how much stigma they attach to mental illness (Surgeon General Report, 2001). Stigmatization of mental health and mental illness is ingrained in African American culture. The existence of cultural beliefs, such as the need to resolve family concerns within the family and the expectation that African Americans demonstrate strength, create barriers to seeking and utilizing mental health services. There are strong objections to sharing information with those outside the circle of close family and trusted friends (Thompson, Bazile, & Akbar, 2004). Studies found that

African Americans believe and teach the idea that as a cultural group they should be able to handle and cope with any adversity faced (Thompson et. al, 2004; Alvidrez, Snowden, & Kaiser, 2008) Therefore, having mental health problems is incompatible with African American cultural values of strength and resilience. This attitude is suggestive of the idea that only the weak ask for help, and creates the association of help-seeking with weakness. In turn, these stigmatizing views associated with weakness and shame create a lack of understanding of mental health in the community.

Cultural views associated with gender also play major roles in stigmatizing mental illness among African Americans. Mann and Himelein (2004) found through their study that the stigmatization of mental health is found to be higher in men than in women. In African American culture, hypermasculine attitudes towards men are passed down generationally and influence their views on mental illness. Thompson, Bazile, and Akbar (2004) found that when speaking of barriers to seeking mental health treatment and services, African American males focused on diminished pride and weakness. For African Americans, rates of suicide are much higher for males than females. African American men are four times more likely to die by suicide than African American women ("Brother You're on my Mind," n.d). It has also been found that over the past few decades, the suicide rate has strikingly increased for young African American men compared to that of white men (Williams, 2008) Depression is one of the most common mental illnesses that is under-recognized and undertreated among African American men ("Brother You're on my Mind," n.d). When mental conditions like depression are not treated, African American men are more vulnerable to drug or alcohol use, incarceration, homelessness, homicide, and suicide. Thompson, Bazile, and Akbar (2004) also noted that for African American women, the historical requirement of being the anchor and source of strength in the

family impact cultural barriers to help-seeking. A conceptual framework by (Woods-Giscome, Robison, Carthon, Devane-Johnson, & Corbie-Smith 2016) called the "Superwoman Schema" provides a structure to understand the unmet mental health needs of African American women and the underuse of services available to them. The "superwoman role" that African American women embody is explained as (1) projection of strength, (2) suppression of emotions, (3) resisting feelings of vulnerability and dependence, (4) succeeding with limited resources, and (5) prioritizing caregiving over self-care.

Racism and Poverty

Social circumstances can contribute to the possibility of developing a mental illness. Racism and discrimination adversely affect mental health and place African Americans at risk for mental disorders such as depression and anxiety. According to the Surgeon General Report (2001), Studies have found that racism and discrimination may affect the mental health of African Americans in at least three ways: (1) Experiences of racism and discrimination are stressors that can directly lead to psychological distress, (2) internalization of racial stereotypes can impair physiological functioning, and (3) institutionalized racism and discrimination lead to socioeconomic stressors that affect mental health (Surgeon General Report, 2001; Williams & Williams-Morris, 2000).

African Americans experience discrimination in a range of societal contexts that can induce distress. Studies of research have shown that African Americans report higher levels of discrimination compared to whites at every level of age, gender, education, and income (Banks, Kohn-Wood, & Spencer, 2006). Subtle and unconscious forms of discrimination are experienced on an everyday basis for African Americans. A study by (Banks et al.,2006) concluded that

perceived discrimination is directly related to symptoms of depression and anxiety. Gender comes back into play as African American men have been found to report a higher perception of everyday discrimination. African American women have reported more anxiety symptoms than men, but there was no difference in depressive symptoms.

Beliefs about racial and cultural inferiority of some racial groups, can attack the self-worth of members of stigmatized racial groups and undermine the importance of their existence. (Williams & Williams-Morris 2000). According to Williams and Williams-Morris (2000), Internalized racism is the acceptance, by marginalized racial groups, of negative societal beliefs and stereotypes about themselves. For some African Americans, the internalized notion of inferiority combined with economic marginality can lead to perceptions of worthlessness and powerlessness. Studies have found that internalized racism was positively related to psychological distress, lower self-esteem, less ego identity and symptoms of depression.

Historically, beliefs related to the inferiority of African Americans have been translated into policies that restricted their access to educational, employment and residential opportunities. (Williams & Williams-Morris, 2000) This illustrates the institutional aspect of racism and discrimination in the United States. Historical adversity and effects of institutional racism translate into socioeconomic disparities experienced by African Americans today. Differences in socioeconomic status have important mental health consequences. A study reviewed by Williams and Williams-Morris (2000) found that adults in the lowest quartile of socioeconomic status were three times more likely to have a psychiatric disorder than those in the highest quartile. When compared to individuals in the highest categories of income and education, those in the lowest categories were two to three times as likely to meet criteria for a major mental disorder (Surgeon General Report, 2001; Williams & Williams-Morris, 2000).

Residence in highly segregated, economically impoverished neighborhoods created by institutional racism can also have adverse effects on the mental health of African Americans (Williams & Williams-Morris, 2000). Poorer neighborhoods have fewer resources and experience more distress and disadvantages. Characteristics that are prevalent in these neighborhoods such as crime, violence, homelessness, substance abuse, noise, and crowding can have negative effects on the mental functioning of adults and children. Deeply rooted and continuous poverty exacerbates severe and disabling mental illness. This results in a disproportionate amount of mentally ill African Americans in positions of homelessness, incarceration or suffering from other conditions that further worsen mental illness (Snowden, 2014). For example, incarcerated individuals often find themselves released back into a society that has high stress and limited resources available to them (Tyler & Brockmann, 2017). In an attempt to survive reentry into society, mental health aftercare is not a high priority. Incarceration also has the power to trickle down mental impact on children, parents, and spouses of those incarcerated (Tyler & Brockmann, 2017). Impoverished communities marked by social and economic changes, high levels of population turnover, and low levels of supervision to teenagers and young adults also create an environment conducive to violence (Surgeon General Report, 2001) It has been documented since 1988 that violence was becoming a major factor in the mental health of African Americans (Ford, 2002). A study reviewed by Ford (2002), found that forty-eight percent of their clinical sample of African American mental health consumers reported they had been victims of sexual and/or physical assault. It was also found that at least one in every five patients were aware of a relative or friend who was a victim of violence. The rate of victimization for crimes of violence is higher for African Americans than for any other

racial group. In turn, exposure to community violence leaves long term effects on mental health (Surgeon General Report, 2001).

Mistrust

Mistrust of mental health care providers serves as another major barrier to African Americans receipt of mental health services. The mistrust of clinicians by minorities arises from historical persecution and present day struggles with racism and discrimination (Surgeon General Report, 2001). Misdiagnoses, inadequate treatment and lack of cultural competence of clinicians account for African Americans reluctance in help-seeking behaviors. Popular misconceptions, inaccuracies, and stereotypes of African Americans can lead to the misdiagnosis of African American patients (Williams & Williams-Morris, 2000). For example, literature reviewed by Schwartz and Feisthamel (2009) found that there are "disproportionately high frequencies of severe clinical diagnoses among African Americans." Whether due to bias and/or lack of multicultural training, the overrepresentation of schizophrenia diagnoses among African Americans results in extreme social consequences. Another consistent finding in the literature is that mood disorders are disproportionately underdiagnosed among African American clients. Williams and Williams-Morris (2000) stated that "overdiagnosis of schizophrenia and the underdiagnosis of mood disorders are the most frequent types of misdiagnoses for African Americans." A study conducted by Schwartz and Feisthamel (2009) coincided with the literature reviewed and it was found that mental health counselors disproportionately diagnose African Americans with psychotic and childhood disorders. This disparity in diagnosis results in African Americans being more likely subjected to involuntary psychiatric hospitalizations leading to a higher loss in work and school. Fear of mistreatment can influence an individual's mistrust of

mental health care providers. A study reviewed by the Surgeon General Report (2001) found that African Americans with major depression were more likely to refer to their fears of hospitalization and treatment as reasons for not seeking mental health care. Almost half of African Americans in this study, compared to twenty percent of whites, reported being afraid of mental health treatment.

The idea of culture is revisited when referencing a lack of cultural competency among mental health care providers. Discussed during an interview with Dr. William Lawson, Chairman of Psychiatry and Professor at Howard University's College of Medicine on NPR's Talk of the Nation, there was a belief among professionals that African Americans did not experience depression and other mood disorders. Dr. Lawson dispels myths from as recent as the 1970s of African Americans not having the mental apparatus to experience depressive moods. A caller that described himself as a mental health professional explained the lack of cultural awareness in people, and that mental health professionals must be mindful that all African Americans have not had the same experiences. A study conducted by Thompson, et al. (2004) found that "participants with no psychotherapy experience and little knowledge of the profession reported that although psychotherapy might be beneficial, most therapists lacked adequate knowledge of African American life and struggles to accept or understand them" (p.23). African Americans commonly face microaggressions when clinicians diminish the importance of their racial/ethnic issues (Taylor & Kuo, 2018). In turn, these microaggressions create negative consequences for an individual's willingness to seek further treatment. Lack of cultural competency can cause for African Americans to have poorer therapeutic relationships and less satisfaction with psychological treatment (Taylor & Kuo, 2018).

African Americans account for only two percent of psychologists today, leaving the notion that seeing a mental health care professional who can relate culturally is often not possible. The stigma of mental health is strongly rooted within the black community and also in the professional community.

Analysis

Research has not conclusively shown that African Americans express higher rates of mental illness, despite the fact that African Americans are more inclined to exposure of socioeconomic factors that are conducive to the development of a mental disorder (Neighbors, Jackson, Bowman, & Gurin, 1983). According to the Surgeon General Report (2001), "Stigma is such a major problem that the very topic itself poses a challenge to research." Due to the fact that African Americans are less likely to seek help for mental illness, let alone even talk about it, it is hard to know if mental health conditions actually affect the community at a higher rate than other racial groups.

The stigmatization of mental illness for African Americans has long been rooted in the exertion of power against them. Racism and discrimination plant the seed for how African Americans form the concept of stigma regarding mental health and mental illness. It trickles down into every aspect that causes barriers to seeking mental health care within the community. African Americans continue to live in a power struggle here in the United States, with racism and discrimination being attributes of our very existence in this country. It is ingrained in our culture and shapes many of the experiences that we face, which in turn adversely forms our views pertaining to mental health. Racism/discrimination influences how we cope with stressors and the type of stressors we deal with. It influences the types of neighborhoods we grow up in,

and the things we are exposed to. In the form of institutionalized racism, it influences how health care providers may view us, or the sources of care we have available to us. In essence, stigmatization is often viewed as its own separate barrier to help-seeking behaviors, but it can be gathered that the socioeconomic disparities caused by racism/discrimination that African Americans face, influence and shape the negative stigma on mental health and illness.

Conclusion

As stated by Alvidrez et al., (2008), “ Little is known about how stigma affects black people receiving mental health treatment” (p. 874). Individuals who had received mental health treatment, along with those with no prior experience to such services, reported that the stigma of mental illness, as well as the shame and embarrassment associated with it, was a significant barrier to seeking help (Thompson, et al., 2004). Although there is research indicating African American’s significant endorsement of stigma towards individuals with mental illnesses and their susceptibility to stigma’s detrimental effects on mental health help-seeking, stigma has not been adequately studied within the community (Abdullah & Brown, 2019). Research that can be found currently surrounding African American stigmatization of mental health and their actual use of health care is scarce and relatively new, spanning just this past decade. The negative stigma that prevents African Americans from using mental health services and in some cases continuing to use services poses a huge issue to further research of the topic.

African Americans in the United States show a clear pattern of underutilization of services for mental health problems (Alvidrez, Snowden, & Kaiser, 2010). Encouraging an open dialogue around mental health is one of the first steps to alleviating the stigma within the African American community. Expressing more positive views and openly discussing mental health care allows individuals to realize that their health and well-being is more important than the opinions

and reactions of others. A study conducted by Alvidrez et al., (2008), found that seventy-four percent of African American mental health consumers in their sample had supportive and understanding individuals within their social network. In some of these cases, the individual's family members were the ones to initiate or suggest treatment. Thus, creating the notion that people are more likely to seek help when they have someone supportive in their corner.

"The Confess Project", an organization founded by Lorenzo Lewis aims to start conversations on mental health awareness. With barbershops usually being a form of a culturally safe space in black communities, Lewis uses them as platforms to speak about mental health and illness, particularly with men of color. Conversations, such as the ones held by Lorenzo Lewis, should aim to educate individuals on mental health, provide resources for help and let them know that there is nothing wrong with caring for your mental health. Starting positive conversations within the community can change the cultural implications of stigma among African Americans and allow for more detailed research on the subject to be gathered.

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