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Olabode Akinbobola

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the review committee have been made.

Review Committee
Dr. Arcella Daniels, Committee Chairperson, Psychology Faculty
Dr. Peggy Samples, Committee Member, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2024

Abstract

Stigma on Mental Illness and Help-Seeking among Nigerians in the United States

by

Olabode Akinbobola

MA, Walden University, 2013

BS, Ekiti State University, 2000

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Clinical Psychology

Walden University

February 2024

Abstract

Although the number of Nigerian immigrants to the United States has increased in the past few years, few studies have explored their mental health experiences. This study explored the lived experience of Nigerian immigrants living in the United States (US). Belief perseverance theory was utilized as a lens of analysis to understand if prior experiences, perceptions, and/or stigma can influence help-seeking behavior and expectations through face-to-face, semi-structured, and audiotaped interviews. The study explored a sample of 10 Nigerian immigrants lived experiences, understanding, perceptions, and stigma of mental illness and whether or not they seek psychological help. Interpretative phenomenological analysis (IPA) was used to provide a detailed exploration of the research findings to increase awareness, which includes adding to the research literature on mental health and illness in the Nigerian immigrant community. Data analysis consisted of multiple readings, note-taking, and the identification of themes. The results of the study identified eight themes, namely mental health, mental illness, cultural beliefs, assimilation, meaning of help-seeking, stigma, experience of mental illness in Nigeria, and utilization of mental health services in the US. The findings confirmed how Nigerian immigrants to the US think about the concept of mental health and revealed that cultural beliefs and stigma are some of the factors preventing Nigerian immigrants from seeking professional help for mental health issues. The results of this research also led to positive social change including how to focus the lens of scientific inquiry on Nigerian immigrants' mental health in the US and how mental health professionals can better understand and work with them.

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Dedication

I dedicate this study to the Almighty God. It is not by might, it is not by power but by my spirit, says the Lord of Host. I also dedicate the study to my late parents, Mr. Moses Olabanji Akinbobola and Mrs. Eunice Adefisola Akinbobola, who taught me the significance and importance of education. My father once said, “It is not the amount of money you have in your pocket that determines your status in society, but the amount of book knowledge you have in your brain.”

I dedicate the study to my beloved wife, Adetola Oluwafunke Akinbobola. Thank you immensely for your words of encouragement and your selfless support. Words cannot describe how much you are loved and valued. I dedicate this study to my children, Tomi, Hanmi, and Sinaayo. I hope that this accomplishment inspires you to dream big. I want you to know that you can always achieve your goals if you do not give up! Finally, I dedicate this study to the Akinbobola family, friends, and well-wishers.

Acknowledgments

I acknowledge the Almighty God for making this project a reality. I acknowledge and express my appreciation to the Chairperson of my dissertation committee, Dr. Arcella Trimble, and the second committee chairperson, Dr. Peggy Samples. Their thoughtfulness, help, patience, support, and encouragement helped me throughout all challenges. I also acknowledge Dr. Arlene Lerner, Dr. Muriel Azria-Evans, Duarte Bethany, Greg Murphy, Dr. Brandon Williams, Dr. Selisha Nelson, Dr. Lyndon Aguiar, Pastor Niran Bakare, Pastor and Mrs. Fafowora, Mr. and Mrs. Olugbemi, Marilyn Dalton-Archer, Ajao family, Arul Nathan, and the Adeliyi family, for their support and encouragement, which helped tremendously in the completion of this study. Finally, all glory to the Lord, for He is worthy of my praise.

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Chapter 1: Introduction to the Study

Introduction

The number of Nigerian immigrants relocating to the United States (US) continues to increase. As of 2015, Nigeria is the largest African immigration source in the US (RAD, 2015). However, the American individualistic cultural orientation often clashes with their collectivist cultural values system, and according to Adewunmi (2015), Nigerian immigrants are at a greater risk of experiencing racial and ethnic prejudice and social isolation in the US. Hence, Nigerian immigrants' mental health in the United States is affected by relocating to a new and different environment with a new culture and beliefs that may be different from their own (Okafor, 2009).

This study is timely because, according to Adewunmi (2015), Nigerian immigrants experience various types of stressors that can affect their mental health while adapting to a new society. Brown et al. (2010) posited stigma prevented many Nigerian immigrants from seeking mental health services. In effect, that internalized and public stigma on mental health treatment-related attitudes and behaviors also hinders them in the new society, they find themselves.

Nwokocha (2010) stated that these beliefs also influenced Nigerians' attitudes toward people with mental illness, and it might affect how Nigerians sought professional psychological help. In that, Nigerians believe in supernatural forces, afflictions, and infirmities from the spirit world as the origins of the causes of mental disorders (Ezeobele, 2010; Gerety, 2013; Ojua et al., 2013). These beliefs and cultural practices

affect other aspects of their lives, including social relationships, contribution to societal functioning, and treatment of diseases (Ojua et al. 2013).

The potential social implication of this study is to increase awareness of mental health disorders in Nigerians communities by capturing their perceptions of mental health and seeking mental health services. The findings in this study could provide valuable and appropriate interventions strategies for removing or reducing stigma about mental health care in Nigerian communities, concurrently adding to the empirical body of knowledge on stigma and mental health among Nigerian immigrants.

Chapter 1 includes the introduction, the background, the problem statement, the purpose of the study, the research questions, the theoretical framework for the study, the nature of the study, the definitions, the assumptions, the scope and delimitations, the limitations, the significance, and the summary.

Background

The number of Nigerians emigrating to other countries in search of better opportunities continues to increase. In 2015 alone, about 2500 Nigerians were issued visas for employment by the US, which is the highest in Africa (Oketola et al., 2016). Unfortunately, the mental health of the Nigerian immigrant population is affected as a result of relocating to a new and different environment with new cultures and beliefs that may be different from their own. Derr (2016) explained that immigrants face challenging circumstances that might exacerbate or cause mental health problems. These immigrants access care at rates far below the general population, leaving them at risk for untreated mental health conditions (Derr, 2016).

Nigerian culture does not support the disclosure of mental health issues (Lasebikan, 2016). It is also a culture that prevents individuals with mental health issues from seeking care from mental health professionals (Okpalauwaekwe et al., 2017). The general belief is that supernatural forces are the causes of mental illness, and this belief prevents them from seeking help and deters them from helping individuals who may be suffering from mental health issues (Ezeobele, 2010; Gerety, 2013; Nwokocha, 2013; Ojua, et al., 2013).

Several studies have explored specific mental health issues such as depression among Nigerian-born immigrant women in the United States (Ezeobele et al., 2010). Filion et al. (2018) were able to examine the differences in mental health between US-born and foreign-born adolescents by citizenship status. Another study by Derr (2016) focused on the rates of service use for mental health problems among immigrants, while Bauldry and Szaflarski (2017) examined the underutilization of mental health services in the United States. Other studies recorded the immigration process and the psychological impact it might have on immigrants such as Asians and Hispanics in the United States (Amuedo-Dorantes et al., 2013; David et al., 2013; Goff et al. 2012; Torrez, 2013). Although these studies looked into the growing population of immigrants and their mental health needs, no specific study has been conducted to explore the lived experiences of Nigerian immigrants about mental health services and psychological help-seeking.

Berg et al. (2011) and Orjiako and So (2014) also noted that many immigration-related factors might exacerbate mental health issues and cause an immigrant to feel

unwelcome from the new host culture. Just like other immigrant populations new to American culture, Nigerian immigrants may encounter many problems and undergo various stresses that range from spiritual problems to cultural adjustment issues, job issues, financial problems, child-rearing difficulties, environmental conditions, and even academic problems (Adewumi, 2015; Ekwemalor & Ezeobele, 2020).

Most Nigerians prefer the use of alternative treatments in seeking help for mental health challenges (Orjiako & So, 2014). These alternative treatments include seeking help from spiritual leaders, clerics, herbalists, and traditional healers who align their treatments with the cultural beliefs of the participants (Aghukwa, 2012, Chaumba, 2011; Orjiako & So, 2014). Stigma associated with mental illness in the immigrants' countries of origin could also harm the possibility of mental health service utilization (Idemudia & Matamela, 2012).

According to Giacco et al. (2014), several factors may prevent immigrants from seeking psychological help including language barriers, beliefs, stigma, and reluctance to seek psychological help outside of family members etc. This may be true among Nigerian immigrants as it appears that they do not seek psychological help. Derr (2016) further explained that there is a need for future research on immigrants' experiences with mental health services.

Olajide et al. (2015) explained that mental illness within the Nigerian population specifically requires further examination. This study is needed because it could benefit the individuals that did not disclose their mental health needs due to the fear of stigma, shame, and isolation and improve their quality of lives with a comprehensive approach to

community mental health literacy. This proposed research will contribute to understanding Nigerian immigrants' lived experience of mental health and mental illness, the role of stigma and psychological help-seeking.

Problem Statement

The problem to be addressed in this study is that Nigerian immigrants are not seeking psychological help in the US (Derr, 2016). Mental illness is a universal and common health problem (WHO, 2019). Mental illness results in a greater chance of leaving school early, a lower probability of gaining full-time employment, and a reduced quality of life (Doran & Kinchin, 2017). As of 2017, nearly 970 million people worldwide had a mental or substance use disorder (Ritchie & Roser, 2018). Research suggests people who experience mental illness are unlikely to seek psychological help because mental illness stigma negatively impacts help-seeking due to mood symptoms (Klik et al., 2019; Pederson et al., 2020).

Mental illness may be of particular concern to Nigerian immigrants due to their experiences, understanding, perceptions, and stigma around seeking help for mental health concerns (Ezeobele et al., 2018; Ryan et al., 2018; Turk et al, 2015). Derr (2016) explained that immigrants face stressors that may exacerbate or cause mental health problems, but they access mental health care services at rates far below the general population, leaving them at risk of untreated mental health conditions.

Stigma is a key barrier to access and utilization of mental health services, particularly those from low- and middle-income countries, such as Nigeria, and for minority ethnic groups (Akarowhe, 2018; Pederson et al., 2020). Besides, the

contemporary migrations of Nigerians to the US have contributed to the development of politics and administration, economic and sociocultural aspects, education, medicine, and information technology (Adesote, 2017). Regardless, a review of the literature reveals few studies that have explored the lived experiences of Nigerian immigrants living in the US regarding their knowledge, belief, perception, and understanding of mental health services in the US, and determine whether stigma impacts their seeking psychological help. In Nigeria, stigma, and negative attitudes toward people with mental illness are not uncommon, and explanatory models of mental illness include strongly held beliefs in the role of witchcraft and evil (Ighodaro et al., 2015). In the study conducted by Iheanacho et al. (2016), less than half of the respondents (44%) agreed with the idea that mental hospitals are an outdated means of managing mental illness.

Purpose of the Study

The purpose of this phenomenological study was to explore the lived experiences, understanding, perceptions and stigma of 10 Nigerian immigrants' seeking psychological help in the US. The targeted population are Nigerians that have lived in the US for a minimum of 5 years, they must be 18 years and above and have applied for a US citizenship, as well as obtained a college degree. The Nigerians in the US who do not meet all of these criteria will not be included in this study.

Research Questions

The overarching research question that will guide this study is as follows:

RQ. What are the experiences of the Nigerian immigrants' seeking mental health services in the US?

I also developed three sub-research questions to facilitate addressing the overarching research question:

Sub-RQ1. How do Nigerian immigrants in the US understand the concept of mental health?

Sub-RQ2. How do the perceptions of Nigerian immigrants in the US affect their willingness to seek mental health treatment in the US?

Sub-RQ3. How do Nigerian immigrants perceive stigma and its impact on Nigerian immigrants' seeking psychological help in the US?

Theoretical Framework for the Study

The theoretical foundation for this study will be Ross et al.'s (1975) theory of perseverance. Ross et al. posited that once an individual understands a phenomenon and has decided to believe it, that person will tend to keep on believing it, even in the face of disconfirming evidence (1975). People continue to cling to their beliefs and their initial opinion (Ross et al., 1975). It may therefore be difficult to remove a belief or an understanding that has been instilled in a person.

The theory of perseverance was first used by Ross et al. (1975) when they told half of their research participants they had performed well on a task while making the other half believe that they had performed poorly. The participants were later told that their performances had been tampered with by the researcher to see how participants responded to success or failure. They were also shown evidence that listed their names and whether they were supposed to be given success or failure feedback. Later, participants had to guess how well they performed and anticipate how well they would

perform on this task in the future. Ideally, those in the initial success and failure conditions should not differ in their self-beliefs about their actual or future performance on this task, because initial beliefs based on the fake feedback should revert to their normal level once it was revealed that the feedback was faked. Participants who received fake success feedback continued to believe that they were pretty good at this task, whereas those who received fake failure feedback continued to believe that they were bad at it (Ross et al., 1975).

This theory of perseverance is related to this study's approach and research questions because Nigerian immigrants may not want to seek treatment from licensed mental health professionals based on their understanding about mental illness (Gerety, 2013). The research questions were designed to elicit the lived experiences, understanding, perceptions, and stigma of the Nigerian immigrants' seeking psychological help in the US and determine whether stigma would impact their seeking psychological help. This study could build on the study by Adewuya and Makanjuola (2008), which assumed that attitudes, values, and belief systems would influence the way an individual described and understood mental illness, and that individuals with mental illness and their caregivers tended to share the beliefs commonly held by the society where they lived. The theoretical framework is further detailed in Chapter 2.

Nature of the Study

This research was conducted using a qualitative phenomenological research design. A qualitative phenomenological study allows a researcher to explore the common meaning associated with the lived experiences of individuals and what the participants in

the study have in common (Davidsen, 2013). A phenomenological study helps describe what participants experience and how they experience it. Davidsen (2013) explained that the phenomenological approach covers different approaches, from pure description to approaches more informed by interpretation.

Interpretative phenomenological analysis (IPA) is a qualitative approach that helps to provide detailed examinations of the personal lived experience of individuals (Smith et al., 2009). The IPA helps to understand the lived experience in its own terms rather than one prescribed by pre-existing theoretical preconceptions (Smith & Osborn, 2015). IPA is an important methodology that can help to examine topics that are complex, ambiguous, and emotionally laden (Smith & Osborn, 2015). As explained further by Smith and Osborne, IPA is helpful in that it enables the participants to recount the full details of their lived experiences.

Interviews were used as the research instrumentation to collect data. The interview questions were designed to keep the participants focused on their lived experiences, understanding, perceptions, and stigma of the Nigerian immigrants' seeking psychological help in the US and their willingness to seek mental health treatment in the US. All interviews were audio-recorded, and I analyzed the audio-recorded interview responses provided by each participant. Braun and Clarke's (2006) thematic analysis approach were used in data analysis. NVivo software was also utilized to assist in data analysis.

Definitions

The following terms will be used throughout this study.

Immigrants: Immigrants in this study refer to the people who moved to the US after being born in another country (Sirin et al., 2013). In this study, I refer to Nigerian immigrants.

Mental health: Mental health (mental wellbeing) is the absence of psychopathologies; it is an individual's emotional and psychological state, social well–being, and how the individual feels about herself or himself and interact with others (Westerhof & Keyes, 2010).

Mental health disorder: Testa et al. (2015) and Korf and Bosker (2013) defined this as a psychological disorder found in the Diagnostic and Statistical Manual (DSM V); it is a shared consequence of external conflicts such as personal, social, and cultural experiences influenced by an individual's biological disposition.

Mental illness: Mental illness is defined specifically as "a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning" (APA, 2013, p. 20).

Stigma: Stigma is labeling, separation, stereotype awareness, stereotype endorsement, prejudice, and discrimination in a context in which social, economic, or political power is exercised to the detriment of members of a social group (Clement et al., 2014). It is an obstacle to help-seeking. Corrigan et al. (2014) posited that stigma is an obstacle to mental health services, ranking fourth out of 10 barriers.

Stress: This could be caused by discrimination, prejudice, violence, cultural differences, or rejection as a result of an individual's identity, ethnic background, or nation of origin (Sirin et al., 2013; Testa et al., 2015).

Assumptions

The study was built on participants' accounts, experiences, perceptions, and stigma and understanding of mental health during a one-to-one interview. It is assumed that all participants will be genuine and sincere with their answers. I also assume the selected Nigerian immigrants in the US who will participate will comprehend the purpose of the study and the importance of keeping their name confidential. Another assumption is the participants disclosed experiences and insight without personal biases and limitations. I further assume exploring the experiences and perceptions of the selected Nigerian immigrants will be insightful in concluding study results. The assumptions are necessary in the context of this study because I accept them as true before obtaining actual evidence.

Scope and Delimitations

Delimitations define the boundaries and limit the scope of the study (Ellis & Levy, 2009). Participants in this study were limited to Nigerian immigrants who have knowledge of mental health issues from Nigeria, whose family members have experienced mental health issues, mental illness, and help-seeking and are currently living in US. Other African immigrants living in the US were not sampled. Participation in this study was limited to Nigerian immigrants 18 years and older, educated and who are legal residents.

The specific aspect of the research problem that is addressed in the study is the exploration of the lived experiences of a small sample of 10 Nigerians living in the US for at least 5 years. The reason for this is that there is a legal requirement that one must live in the US for a minimum of 5 years before applying for citizenship (The Times Editorial Board, 2014). Regarding boundaries, the study is focused solely on a small sample of 10 to 15 Nigerian immigrants lived experiences, primarily those that are living in the US. Transferability is limited in this study because Nigerian immigrant participants who have no knowledge of mental health issues, who are younger and have not learned may exhibit difficulties and complications that may exceed the scope of the proposed research. Individuals from other African immigrant population groups in the US did not meet the criteria and did not fall within the purview of this research study.

One of the theories considered for this study was social influence theory by Asch (1951, 1956, 1966). Social influence is the change in behavior that one person causes in another, intentionally or unintentionally, as a result of the way the changed person perceives themselves in relationship to the influencer, other people, and society in general. Some areas of social influence are conformity and compliance. Conformity is changing how a person behaves so as to be like others (Asch, 1951). Asch (1951; 1966) went further to submit that conformity can make people change their beliefs and values to be like those of their peers and admired superiors. Compliance is a form of conformity whereby a person goes along with a request or demand, even when they do not agree with the request. In Asch's studies, the participants complied by giving the wrong answers even though they did not accept that the wrong answers were correct. This theory was not

used because it provides a powerful basis through which to persuade others (Asch, 1955, 1966)

Limitations

There are several limitations, challenges, and barriers to this study. The primary limitation was access to participants. Nigerian immigrants may not want to participate in the study due to their beliefs and perception of mental illness. Moreover, Nigerians see mental illness as a stigma and may be biased and unwilling to talk about their experiences of mental health issues, mental illness or help seeking behavior. Another limitation is that the study results may not be transferable to other African immigrants or immigrants in general, because of the differences in cultural and regional experiences. To enhance dependability, I consulted with a methodologist and content experts to evaluate the interview and research questions. Also, I asked participants to review a summary of their transcripts as part of the member-checking process and recorded comments and reflections during all parts of data collection and analysis as part of an audit trail process. Lastly is my own potential bias because I am from Nigeria. I worked on mitigating any influence of this potential bias in the data analysis, discussion, and overall dissertation process.

Significance

This study is significant in that it could contribute to existing research literature on help-seeking behavior among Nigerian immigrants in the US, and examine their experiences, understanding, perceptions, and stigma toward help-seeking. Evidence suggests mental health stigma is negatively correlated with the psychological help-

seeking behavior of people with mental illness (Akarowhe, 2018; Klik et al., 2019; Pederson et al., 2020). A review of the literature reveals few attempts have been made to explore the lived experiences of Nigerian immigrants regarding help-seeking behavior among Nigerian immigrants in the US and to determine whether stigma impacts their seeking psychological help. The findings of this study could benefit researchers and scholars in the fields of medical sciences, social psychiatry, health care, and mental health care. The findings could also add to the literature unique to Nigerian immigrants.

Nigerian immigrants in the US have contributed significantly to the US in the areas of politics and administration, economic and sociocultural aspects, education, medicine, and information technology (Adesote, 2017). As such, this study could benefit Nigerian immigrants in the US because the findings or any emergent themes may potentially provide insights on the mental illness of Nigerian immigrants and raise awareness of mental health and illness in the Nigerian immigrant community in the US. This study could help accelerate the treatment process and deepen the understanding of mental health services from the lens of Nigerian culture.

Ultimately, the improvement in the mental health awareness among the Nigerian immigrants could increase the development of the Nigerian communities by improving their mental well-being, and enhance social stability, considering Nigerian immigrants play important roles in the US economic and social development (Adesote, 2017). In turn, the improvement in Nigerian immigrants’ mental well-being could promote positive social change and benefit the Nigerian communities.

Summary

In this chapter, the study was introduced by describing the topic of study and discussing why it is important to conduct this research. There was also a discussion about how culture and stigma may prevent Nigerian immigrants from seeking mental health services. I shared how the mental health of the Nigerian immigrant population may be affected because of relocating to a new and different environment with new cultures and beliefs that may be different from their own. Immigration-related factors that may exacerbate mental health issues and cause Nigerian immigrants to feel unwelcome in their new environment were touched on.

Chapter 2 includes an introduction, literature search strategy, theoretical foundation, literature review related to key concepts, historical background and mental health services in Nigeria, Nigerian immigrants and mental health issues, the role of stigma and strengths and weaknesses of studies of literature of Nigerians and mental health issues.

Chapter 2: Literature Review

Introduction

The purpose of this phenomenological study was to explore the lived experiences, understanding, perceptions, and stigma of 10 Nigerian immigrants' seeking psychological help in the US. The understanding of mental illness in Nigeria must be taken contextually and historically because there have been large misunderstandings, misinterpretations, and inaccuracies on the subject amongst Nigerians (Abasiubong et al., 2008). The general belief in Nigeria is that supernatural forces, afflictions, witches, wizards, and punishment from the gods are some of the causes of mental illness (Adewuya & Makanjuola, 2008; Ezeobele, 2010; Gerety, 2013; Ojua & Omono, 2012). These beliefs have influenced the attitude and perception of Nigerians toward individuals with mental illness (Adewuya & Makanjuola, 2008; Ukpong & Abasiubong, 2010), and they affect whether Nigerians seek professional psychological help (Nwokocha, 2010).

The research questions of this study were designed to elicit how Nigerian immigrants to the US think about the concept of mental health. This study deliberately builds on studies by Adewuya and Makanjuola (2008) and Derr (2016). Adewuya and Adewuya (2008) explained the stigma associated with mental illness and the need to educate Nigerians about mental illness in general. Der (2016) also discussed the unique stressors that immigrants face, and these stressors may exacerbate or cause mental health problems. These stressors may leave Nigerian immigrants at risk of untreated mental health conditions or exacerbate their mental health issues.

Okafor (2009) suggested the need for a qualitative study of this topic, and that personal interviews would help to shed more light on Nigerian immigrants' attitudes toward seeking professional psychological help. Interviewing and understanding the lived experience of Nigerian immigrants may produce further results on the attitudes of Nigerian immigrants in this regard. Through this inquiry, I explored the knowledge of Nigerian immigrants living in the US about mental health. The research questions that guide this study are as follows:

RQ. What are the experiences of the Nigerian immigrants' seeking mental health services in the US?

The researcher also developed three sub-research questions to facilitate addressing the overarching research question:

Sub-RQ1. How do the Nigerian immigrants in the US understand the concept of mental health?

Sub-RQ2. How do the perceptions of the Nigerian immigrants in the US affect their willingness to seek mental health treatments in the US?

Sub-RQ3. How do the Nigerian immigrants perceive stigma and its impact on Nigerian immigrants seeking psychological help in the US?

Nigerians are the largest African immigrant group in the US, with almost 376,000 people as of 2015 (Rockefeller Foundation-Aspen Institute Diaspora Program [RAD], 2015). They are in every state in the continental US (RAD, 2015; Sarkodie-Mensah, 2018). Despite Nigerian immigrants relocating to the US and experiencing culture shock and adjustment problems, Kirmayer et al. (2011) explained that immigrants in the US did

not seek mental health treatment because they considered mental illness a supernatural affliction.

Nwadiora (1996) explained that the idea of western therapy was foreign to these Nigerian immigrants and might influence their willingness to seek professional counseling. Licensed mental health professionals are rarely contacted and seen (Gerety, 2013). It is believed that misfortunes and other afflictions that cannot be justified by scientific and orthodox treatments are explained as spiritual forces directed by witches, wizards, sorcerers, evil spirits, or angered ancestors (Khan et al., 2011; Obot, 2012; Ojua & Omono, 2012). The popular notion is that people do not just suffer illness by chance. Rather, serious illness is believed to have its origin in a primary supernatural cause (Adewuya & Makanjuola, 2008). People see the causes of illness from viruses, bacteria, and parasites as secondary causes.

The mental health of these immigrants should not be taken for granted because it is part of what will enable them to work productively through the normal stresses of life. Bella et al. (2012) and Abdullah and Brown (2011) explained that personal beliefs, attitudes, and knowledge about mental illness and stigmatism played an important role in seeking mental health services. Brown et al. (2010) explained that stigma disqualified many immigrants from seeking mental health services because they were not accepted by their society.

Although Nigerian immigrants face issues that may cause mental health problems, they rarely seek treatment. When they do, they access care at rates far below the general population, leaving them at risk of untreated mental health conditions (Derr, 2016). Derr

(2016) also revealed that immigrants and children of immigrants constituted 24% of the US population, and their mental health concerns had implications for the overall health of the nation. Maslach and Leiter (2008) posited that mental health played a fundamental role in daily functioning across many areas. Since many Nigerians believe in religious faith as a way of solving their psychological problems (Aghukwa, 2012), there is a need to explore the lived experiences of Nigerians living in the US for at least 5 years to understand their perceptions, attitudes, and understanding of mental health, and their feelings toward seeking Western psychological help. In this chapter, I discussed the literature search strategy, the theoretical foundation, and the existing literature pertaining to the research problem, and a summary of the literature was provided.

Literature Search Strategy

The online databases and search engines used include SAGE Journals (formerly SAGE Premier), ERIC, PsycARTICLES, PsycINFO, PsycEXTRA, and SocINDEX with Full Text, Google Scholar, ProQuest, ProQuest Dissertations & Theses Global, and Dissertations and Theses at Walden University. Keywords and phrases utilized for this search include *mental illness, mental health among Nigerian immigrants, psychological help among Nigerians in the US, stigma among Nigerian Americans, and West African immigrants*, and *mental health and beliefs and attitudes of Nigerians about mental health*. The Boolean approach of combining two words such as and or was also used in searching the databases.

Theoretical Foundation

The theoretical foundation for this study was Ross et al.'s theory of perseverance (1975), which relates to the present study because it supports exploring whether stigma impacts the Nigerian immigrants' seeking psychological help in the US. Ross et al. (1975) posited that once a person understood something and had decided to believe it, that person would tend to keep on believing it, even in the face of disconfirming evidence. It is difficult to remove a belief or an understanding that has been instilled in a person. The application of the theory helps elucidate the understanding and perceptions of Nigerian immigrants regarding mental health services in the US because it suggests that people maintain or strengthen their beliefs in response to disconfirming evidence (Anglin, 2019) and will help to explore whether Nigerian immigrants in the US maintain their beliefs in response to a single pattern of findings or not.

The theory was first applied in a study by Ross et al. (1975) when they told half of their research participants that they had performed well on a task, while making the other half believe that they had performed poorly. Later, all the participants were told that their performances had been manipulated by the researcher to see how participants responded to success or failure. They were also shown evidence that listed their names and whether they were supposed to be given success or failure feedback. Later, participants had to guess how well they performed and anticipate how well they would perform on this task in the future.

Ideally, those in the initial success and failure conditions should not differ in their self-beliefs about their actual or future performance on this task, because initial beliefs

based on the fake feedback should revert to their normal level once it was revealed that the feedback was faked. Participants who received fake success feedback continued to believe that they were pretty good at this task, whereas those who received fake failure feedback continued to believe that they were bad at it (Ross et al., 1975).

Previous Studies Applying the Theory of Belief Perseverance

Numerous studies have demonstrated that people tend to believe many things that turn out to be false (Anglin, 2019). People tend to persist in cherished beliefs and attitudes even when confronted with clear and contradictory evidence (Anglin, 2019). According to Lilienfeld et al. (2014), belief perseverance is the phenomenon in which people actively maintain and strengthen their attitudes even in the face of disconfirming evidence. It is a common occurrence for individuals to believe things that are no longer, or that never were, objectively true (More, 2021). Unfortunately, there are tendencies for people to maintain beliefs even after those beliefs have been discredited (More, 2021) and despite being fully debriefed on the nature of the study and the deception that took place, participants who received false positive feedback continued to rate themselves more favorably than those who received false negative feedback (More, 2021).

However, Nestler (2010) believes there is a weakness in the belief perseverance theory by Ross et al. (1975). Although Nestler (2010) agreed that belief perseverance is normally explained in terms of causal reasoning process to force individuals to explain the opposite outcome, the strategy does not always guarantee success. In an experiment by Nestler (2010), the influence of subjective difficulty feelings when participants were asked to explain the opposite outcome was studied. Participants who were asked to list

reasons favoring the opposite outcome judged the reported outcome to be more likely and therefore exhibited more belief perseverance than participants in a standard perseverance condition. Listing a few reasons in favor of the opposite outcome led to a reduction in belief perseverance (Nestler, 2010).

Ross et al.'s (1975) theory of perseverance is an appropriate theoretical framework for grounding this study because it will help to see whether Nigerian immigrants will shift their beliefs when exposed to clear, consistent evidence or whether those with strongly polarized beliefs may be more resistant to disconfirming evidence. Based on beliefs, perceptions, and understanding of Nigerian immigrants, it is believed that the majority do not seek treatment from licensed mental health professionals (Gerety, 2013). Sue and Sue (2008) posited that many minority groups living in the US, not just Nigerian immigrants are reluctant to use mental health services or seek psychological help because of their belief to not share or discuss personal problems because they are then vulnerable to stigma.

Ross et al.'s (1975) theory of perseverance relates to this present study and supports the concepts being studied in the proposal because it will help to explore the lived experience of Nigerian immigrants and understand their beliefs about mental health, even in the new environment, or whether they have a tendency or unwillingness to admit that their foundational premises are incorrect even when shown convincing evidence to the contrary. Using the Ross and colleagues' (1975) study as a guide, the reasoning would stipulate that participants who received false positive feedback would then create a narrative in their minds that it was a task they were naturally talented at and then instill

confidence in their abilities to the point that even when the reason for their confidence is removed, which occurs after being told that the feedback was false, they still maintain their belief that they are superior at the task. Such narratives may be made explicitly within the conscious awareness of the individual or unconsciously in an implicit manner. Therefore, Ross et al.'s (1975) theory of perseverance was appropriate to ground this study considering its applicability and relevancy to studying psychological help-seeking among Nigerians. The theory will help to see whether Nigerian immigrants would continue to maintain their beliefs or change them.

Studies Related to the Constructs of Interest

A research study by Chan et al. (2017) provides a contemporary meta-analysis of perseverance literature and identifies mechanisms most effective for propagating, and mitigating, unwarranted perseverance effects. The research provides extant literature on effective mechanisms for debunking beliefs propagated by misinformation. The results by Chan et al. (2017) indicate that, whereas reasoning in line with initial misinformation facilitates unwarranted perseverance, generating counterarguments to misinformation is most effective for reducing misinformation effects especially when such counterarguments are detailed in nature. However, debunking is not always effective, and evidence suggests that some debunking efforts may exacerbate, rather than attenuate, misinformation perseverance (Chan, et al., 2017)

Sangalang et al. (2019) also submitted that belief perseverance can lead to misinformation, which can influence personal and societal decisions in detrimental ways. Not only is misinformation challenging to correct, but even when individuals accept

corrective information, misinformation can continue to influence attitudes: a phenomenon known as belief echoes, affective perseverance, or the continued influence effect (Sangalang et al., 2019).

Nestler (2010) stated that belief perseverance refers to the tendency to stick to our initial beliefs even when the evidence contradicts them. In an article by John et al. (2019), examples were given of people refusing to change their stance in the face of evidence that they should do so. Some of the preconceived notions mentioned by John et al. (2019) include how many well-educated and well-intended individuals who, despite overwhelming factual evidence to the contrary, continue to deny climate change, the belief that vaccines cause autism, the insistence that President Obama was not born in the US. Despite disconfirming evidence, many people still choose to publicly uphold stances they have openly committed to. It is therefore important to explore how these issues are affecting or may have affected Nigerian immigrants in the US.

Literature Review Related to Key Concepts

Historical Background and Mental Health Services in Nigeria

According to Anderson (2017), Nigerians are the largest group of immigrants to the US from the African continent. As of 2015, almost 327,000 Nigerian immigrants reside in the US, and they can be found in virtually every state (Anderson, 2017). Immigration helps people to move from one country where they are less productive to other places where they can be more productive (Oyebamiji & Adekoye, 2019). Moving to the United States can be explained by the differences in labor demand and wages

which may be better in the US. Oyebamiji and Adekoye (2019) described this situation with Nigerian immigrants and why they move.

The Nigerian healthcare system has insufficient professionals to help individuals with mental illness (Labinjo et al., 2020), and mental disorders are increasing due to the stresses of daily living, unemployment, and poverty in Nigeria (Sahithya & Reddy, 2018). Nigeria has fewer than 200 psychiatrists to provide for the mental health needs of over 170 million people (Gerety, 2013; Gureje et al., 2015). There are about eight mental hospitals and 36 psychiatric units in general hospitals, but there is currently no record of residential care facilities (Labinjo et al., 2020). There are fewer than 150 psychiatrists in the country of 200 million people, with fewer than 10% of mentally ill Nigerians having access to the care they need (Soroye et al., 2021). However, Choudhry et al. (2016) and Amuyunzu-Nyamongo (2013) believed that ethnic groups, cultures, and traditions had ways of treating physical, mental, emotional, and psychological problems; Nigerians are no exception. Nigeria is a country of many ethnic groups that handle psychological issues the same way. Even after gaining independence, the traditional ways of treating psychological problems in Nigeria remained and even those who became Christians now see their ministers as therapists when they have psychological problems (Igbinomwanhia et al., 2013).

Igbinomwanhia et al. (2013) examined the attitudes toward the mental health of religious leaders representing both the Christian and Islamic faiths in three local government areas in Nigeria. Igbinomwanhia et al. found different levels of stigmatization among these leaders. While 71% of these leaders believed that people who

have any type of mental health issues were different from ordinary citizens, 62% held the view that people with mental health problems needed to be regarded as children, and 80% of them posited that these mentally ill individuals should be isolated and kept away from other people (Igbinomwanhia et al., 2013). Even religious leaders believe in supernatural factors of mental illness.

Studies on Mental Illness and Help-Seeking among Nigerians

Ogueji and Okoloba (2022) conducted mixed-method research exploring the limited practice of seeking help among Black family members in low and middle socioeconomic groups in the United Kingdom (UK) and Nigeria. The research was guided by the theory of planned behavior to explore some factors restricting professional help-seeking practices among Nigerian populations in the UK. The researchers went further to submit that although there are socioeconomic status and other factors such as the seriousness of the mental illness, stigmatization, issues of confidentiality, etc. have the potential to influence professional help-seeking but it is still not clear among Nigerians where many unknown barriers limit the population from seeking professional help. The researchers suggested that applying the theory of planned behavior is suggestive that Nigerians may have their professional help-seeking behaviors impacted by the extent to which they perceive external factors such as socioeconomic status as having control over their professional help-seeking behaviors.

In another study, Ogueji et al. (2021) investigated the predictive impacts of perceived stigmatization, and sociodemographic factors on mental health help-seeking behaviors among psychiatric outpatients. They submitted that perceived stigmatization

and sociodemographic factors are very worthy of research attention, given the fact that these variables are recurrent in the lived experiences of psychiatric outpatients.

In another finding, sociodemographic factors such as educational qualification, gender, and age were associated with help-seeking for mental illness. In a case study research design by Olanrewaju et al. (2019), they reported that health-seeking behavior is a multifaceted global discourse, and it is important to discuss some concepts such as health, masculinity, and health-seeking behavior that are germane to their study. They reported that cultural and patriarchal norms continually impact the chauvinistic character of men regarding their health.

Mantovani et al. (2016) also conducted a study that investigated stigma in connection with mental illness involving, “faith-based” African-descended communities in South London. The results revealed that people may not seek help due to their beliefs about mental illness and production of stigma, the social consequences of stigma of mental illness, the impact of avoidance behavior on help-seeking and the reproduction of stigma in faith communities. There seems to be a common theme among Nigerians about mental illness. The stigma of mental illness is widespread in Nigerian culture and is marked by the stereotyping, shaming, dishonoring disrespecting, and humiliation of individuals who have a mental illness (Quinn et al., 2015).

Belief in Supernatural Causes

The belief in the supernatural causes of mental illness makes it difficult for Nigerians to appreciate the importance of Western medical treatment of mental illness (Armiyau, 2015; Labinjo, et al., 2020). According to Akinsulore et al. (2018) and Labinjo

et al. (2020), tradition and spirituality have much to do with mental health among Nigerians because traditional and religious leaders are always consulted to handle issues of emotional and or psychological problems in Nigerian communities. Igberase and Okogbenin (2017) believed that ancestral spirit anger is responsible for mental illness.

West Africa was informed by traditional belief systems, namely the gods, and enforced by practices and taboos (Falade, 2019). Onyeji (2020) posited that there are still widespread beliefs linking mental disorders to supernatural causes including witchcraft, demonic possession, and even punishment from the gods, and Nigerians identified possession by an evil spirit as one of the major causes of mental disorders.

Ojua et al. (2013) and Obot (2012) explained that shrines, rivers, forests, trees, idols, charms, and other inanimate objects could cause physical, emotional, or psychological problems if abused, disobeyed, or contaminated. These are some of the things that are believed to be the underlying causes of mental illness in Nigeria (Adewuya & Makanjuola, 2008). People believe that upsetting the ancestors produces a disturbance of this order and hence disharmony and illness occur.

Since many Nigerians believe in the traditional way of solving their psychological problems (Aghukwa, 2012), spiritualists, traditionalists, and religious leaders represent the only suitable form of psychiatric care in Nigeria. In developed nations such as the US, there is help and support for individuals with mental illness so that they can recover or manage their mental illness, improve their quality of life, and become valued members of their community of choice (Roe et al., 2010). A state of health exists when there is a perfect understanding between the people and their environment (Abia, 2012).

Adefolaju (2014) and Okafor (2009) built a foundation for further research by examining the traditional and orthodox healthcare system in Nigeria and suggesting the need for a qualitative study of this topic as personal interviews would help to shed more light on Nigerian immigrants' attitudes toward seeking professional psychological help.

According to Adefolaju (2014) and Okafor (2009), tradition and spirituality affect mental health among Nigerians. For Nigerians, traditional and religious leaders are always consulted to handle issues of emotional and or psychological problems in Nigerian communities (Adefolaju, 2014). Ojua and Omono (2012) also posited that ancestral spirit anger is responsible for mental illness.

Based on these research studies on mental health in Nigeria, Amuyunzu-Nyamongo (2013) found that tradition and spirituality were used most often to treat mental health concerns. Amuyunzu-Nyamongo recommended more research on looking at how Nigerians living in the US look at mental health and mental disorder considering their stigma. The findings by Adefolaju (2014) and Okafor (2009) were important literature foundations for this proposed study, which inspired me to explore whether stigma would impact their seeking psychological help. This study particularly focuses on the lived experiences, understanding, perceptions, and stigma of 10 Nigerian immigrants' seeking psychological help in the US. Conducting qualitative research and focusing on this target interest of the population may help discover what new results may emerge regarding their knowledge, attitudes, understanding, and perceptions regarding mental health.

Strengths and Weaknesses on Reviewed Literatures on Beliefs in Supernatural Causes

People from different cultural backgrounds often have very different ways of understanding illness, its consequences, and the best ways to treat it, and such different perceptions result in a different explanatory model. The strength of most of the literature is that they looked at culture as it affects mental illness and these include tradition and spirituality (Akinsulore et al., 2018; Labinjo et al., 2020) and the reluctance of people to receive help which may be due to beliefs, stigma, and discrimination (Adefolaju, 2014; Aghukwa, 2012; Ojua and Omono 2012).

The weaknesses to the studies are that mental illness was viewed from one point of view and those factors such as poor access to treatment, lack of resources, lack of awareness about mental health illness and treatment could be the problem. Amuyunzu-Nyamongo (2013) therefore suggested that other factors be explored such as support for individuals with mental illness, how they can improve their quality of life and become valued members in their community of choice (Roe et al., 2010)

Nigerian Immigrants and Mental Health Issues

In Nigeria, individuals suffering from mental illness are treated with disdain, hate, and cruelty because of the belief and perception that they are dangerous, unhinged, and unreliable (Abasiubong et al., 2008). Even when Nigerians immigrate to another country like the US and experience culture shock and adjustment problems, they may not seek professional psychological help because their personal beliefs, perceptions, attitudes,

stigma, and knowledge about mental illness play important roles in seeking mental health services (Abdullah & Brown, 2011; Ojua et al., 2013).

Stress could also be another factor that may exacerbate mental health issues among immigrants. According to Hwang and Ting (2008), stress may lead to the development of mental health problems. Multiple researchers have addressed the issue of Nigerians' understanding of mental illness and health and how these beliefs are brought to their new lives in the US (Adewuya & Makanjuola, 2008; Aghukwa, 2012; Balogun, 2011; Derr, 2016). Atilola and Olayiwola (2013) posited that Nigerians, regardless of their educational level and socioeconomic status, always believe in supernatural causes of mental illness.

For instance, in Nigeria, most people believe that supernatural causes are the underlying factors of mental illness (Adewuya & Makanjuola, 2008). Nwokocha (2010) indicated that West Africans, especially Nigerians, viewed mental, emotional, and behavioral disorders not as medical conditions that would need professional services, but as spiritual diseases that required spiritual solutions. Biology alone does not explain the cause of mental illness according to Idemudia and Matemela (2012), but mental illness is perceived as a manifestation of demonic possession (Ezeobele et al., 2010). Idemudia and Matemela went further to explain that when people assign a negative meaning to a disease, there is always a stigma attached to the disease. Ojua et al. (2013) explained that personal beliefs, attitudes, and knowledge about mental illness and stigma played important roles in seeking mental health services.

According to Abdullah and Brown (2011) and Carpenter-Song et al. (2010), many factors existed that affected the utilization of services. These factors include individual and help-seeking preferences, access, and availability as well as referral practices. Help-seeking behaviors provide important connections between the onset of mental disorders and the provision of professional support. Aghukwa (2012) posited that many Nigerians might rely on nontraditional methods as a way of coping with their psychological problems rather than the normal Western approaches to psychological health such as seeking help from a mental health professional.

Illness, especially psychological ones, is seldom traced to the patient but external causes in Nigeria. This belief is different from how psychological illness is viewed in the Western world. The reason for this is that the perception of mental illness is embedded in supernatural belief systems and is considered untreatable with western medicine (Adewuya & Makanjuola, 2008). According to Bhatia and Ram (2009) and Patterson and Gong (2009), immigrants face several challenges, stressors, and problems unique to the experience of their migration, and these issues could initiate or even worsen their mental health problems.

Malecha et al. (2010) conducted a phenomenological study with a sample of 19 Nigerian-born immigrant women's perception of depression and discovered that individuals who migrated to a new environment were at risk of experiencing stress and anxiety due to the loss of traditional support systems and a familiar environment. Malecha et al. (2010) further posited that since these immigrants must adapt to this new-found home, learn to conform to the new language, new culture, different ways of life,

ethnic prejudice, social isolation, low access to social mobility tracks in the US culture, unemployment, poverty and a lack of linguistic and social skills, immigrants are at risk of untreated mental health conditions or developing new ones.

Bándy (2011) posited that many Nigerian immigrants to the US experienced culture shock and adjustment problems. This is because of the stress of adjusting to different cultural contexts which is a problem when immigrants act within mainstream cultural norms that conflict with their traditional values (Bándy, 2011). Yakushko (2010) indicated that relocating to a new environment put most immigrants on edge and as a result, many immigrants were susceptible to poor health outcomes. According to Okafor (2009), many Nigerian immigrants struggle to adapt to a new environment, culture, and people. The stress from these experiences has been regarded as a contributing factor to mental illness in the Nigerian immigrant community (Bjerre et al., 2013). Good health is crucial to an individual's well-being and functioning whereas bad health may suggest affliction, ailment, impairment, and death (Braveman et al., 2011).

According to Torán-Monserrat et al. (2013), many factors affect the mental health of immigrants, and these include psychosocial distress coupled with the dangerous conditions they may have experienced during migration and while adjusting to the new environment. Ultimately, these people suffer from issues that may lead to mental health concerns. Although Nigerian immigrants are at risk of developing mental health problems when they relocate to the US due to stress, change in social status, loss of identity, discrimination, and racial profiling (Nwadiora, 1996), they do not seek mental health

treatments because it is a new and unfamiliar environment for many of these immigrants. This may ultimately lead to mental health issues (Schwartz et al., 2010).

A systematic review of literatures by Amelia (2016) revealed that immigrants face different challenges such as separation from family, cultural and linguistic barriers, and adjustment to a new and hostile environment. These stressors may either trigger mental health problems or generate new problems. For instance, immigrants who experience acculturative stress are more likely to become mentally sick. Unfortunately, immigrants are much less likely to use mental health services from the formal or informal sector than their nonimmigrant counterparts.

According to the Abimbola (2021), Nigerian immigrants experience issues and conditions that may exacerbate their mental health because of the new environment they find themselves in. For most Nigerian immigrants, the normal way of life, beliefs, behavior, and cultural values are different when they settle down in the US and adopt the American lifestyle and culture (Abimbola, 2021; Kirmayer et al., 2011).

The study findings of Agorastos et al. (2012) suggested migration from one country to another could have serious implications in the lives of immigrants and this could lead to mental distress, and the likelihood of developing a mental illness or psychiatric disorders becomes very high. When people immigrate, they become vulnerable to psychological stress in an attempt to adjust to their new environment. The fact that individuals are disconnected and completely detached from their country of origin, loss of status and social support, uncertain residence status, and the threat of unemployment in their new-found homes are likely to increase their health risks. Such

health risks are often exacerbated by poor working and housing conditions, insufficient material resources, religious conflicts, and confrontation with feelings of guilt, nostalgia, ambivalence, and shame (Agorastos et al., 2012). All these issues are likely to trigger mental health problems for immigrants.

Anbesse et al. (2009) explained that migrants face increased stressors from family members due to new conflicts and differences between their own and the currently existing values and standards. Communication difficulties and direct or indirect rejection by the community could additionally be forcing migrant populations into social isolation. Despite their difficult times, many Nigerian immigrants do not seek treatment from licensed mental health professionals (Gerety, 2013). Khanlou et al. (2009) explained that immediate family members also play important roles in reporting symptoms, facilitating, and providing care, and assisting in decision-making for individuals with mental illness.

Family members may influence their loved ones to not seek help when they have psychological problems because West African immigrants do not admit to serious psychological problems, and persons with mental illness are usually kept at home by loved ones (Thomas, 2008). Vogel and Armstrong (2010) conducted a qualitative study to examine the role of positive and negative social experiences in a sample of 235 college students reporting a psychological, academic, or career issue. Using structural equation modeling, Vogel and Armstrong indicated a connection between self-concealment and help-seeking attitudes. This may be a contributing factor as to why Nigerian immigrants prefer not to seek psychological help for themselves and their loved ones who are living

with mental illness (Vogel & Armstrong, 2010). Stigma could be another reason why Nigerian immigrants may not seek help from a licensed professional.

Malecha et al. (2010) first discovered individuals who migrated to a new environment were at risk of experiencing stress and anxiety due to the loss of traditional support systems and a familiar environment. Malecha et al. (2010) further suggested Nigerians learn to conform to the new language, new culture, different ways of life, ethnic prejudice, and social isolation.

Based on these findings, Substance Abuse and Mental Health Services Administration (2013) suggested immigration was an additional stressor that played an important role in the development of mental health problems. Therefore, it is important to examine the role of stigma in mental illness since stigma serves as a chronic barrier to help-seeking behavior and in some cases exacerbates mental health conditions.

Strength and Weakness of Reviewed Literatures on Nigerian Immigrants and Mental Health Issues

From the studies discussed above, many of the authors agreed that issues such as belief and perception, stress, anxiety, change in social status, loss of identity, discrimination, racial profiling, and many other factors existed that affected the utilization of services. The strength of these studies is that Nigerian immigrants undergo stress and face several challenges that could initiate or even worsen their mental health problems. The weakness of some of the studies is that these Nigerian immigrants with mental health issues have not been interviewed to explore their lived experiences and to

determine whether those beliefs and experiences continue to determine if they will seek help for mental illness.

The Role of Stigma

The beliefs of individuals can be influenced by the values of both their home culture and the host society (Helman, 1990). According to Cabaniss and Cameron (2018), scholars who studied the incorporation of immigrants into host communities relied on assimilation theory in which acculturation to mainstream norms and values was thought to progress steadily through different stages. However, in the western world, there is evidence that cultural beliefs are more deeply rooted and structured (Helman, 1990).

Adewuya and Makanjuola (2008) examined the belief of Nigerians regarding supernatural factors of mental illness and the rich diversity in social practices that different cultures exhibited regarding mental health and help-seeking. Adewuya and Makanjuola discussed the role of stigma and how western treatment might not be helpful. Adewuya and Makanjuola alluded to the fact that there was a preference for traditional and spiritual healers in the treatment of mental illness by Nigerian immigrants in the United States.

In a study conducted by McCann et al. (2018), they interviewed 28 youths individually and 41 parents in focus group discussions and discovered common themes that indicated negative attitudes towards people with mental illness. The study shows that Nigerian immigrants might not seek mental health treatment from a professional because it could signify the endorsement of a stigmatized status. Ryan et al. (2018) defined stigma as a mark of disgrace or infamy, a sign of severe censure or condemnation.

Stigma is an attribute that is demeaning and according to Corrigan and Al-Khouja (2018), public stigma, prejudice, and discrimination against mentally ill individuals are harmful to them in many ways. Corrigan et al. (2014) posited that stigma robs individuals of their rightful opportunities and prevents them from seeking out mental health services. Stigma is a barrier to care-seeking (Parcesepe & Cabassa, 2013). According to Clement et al. (2015), individuals with mental illness often choose not to engage in treatment to escape being stigmatized.

Stigma is the prejudice and discrimination that prevents people with mental illness from the opportunities to accomplish personal goals. The life of individuals living with mental illness is more negatively impacted by stigma because according to Abdullah and Brown (2011), stigma is the most dangerous obstacle to managing or recovering from mental illness and mental health.

This position is also supported by Evans-Lacko et al. (2012) who concluded that people living in developed countries like the US where people living with mental illness were less stigmatized, would have higher rates of help-seeking behavior, treatment utilization, and better-perceived access to information than others who live in the developing nations. This less stigmatizing attitude helps individuals with mental illness to feel a sense of inclusion, and empowerment. Mental health help-seeking behavior in Nigeria involves a household decision-making process (Aghukwa, 2012). The family members of people with mental illness have a major role to play in deciding where to seek help (Aghukwa, 2012). Stigmatization not only affects individuals with mental illness, but it also affects their family members (van der Sanden et al., 2013).

The process is referred to as stigma by an association which is a situation whereby family members of stigmatized individuals with mental illness are also discredited (Pryor et al., 2012). van der Sanden et al. (2016) supported this claim and submitted that stigma by association is related to perceived public stigma. Family members of individuals with mental illness are known to psychologically distance themselves from stigmatized relatives. Due to the stigma attached to mental illness, family members of individuals with mental illness avoid social interactions, suffering social exclusion, while also hiding their relationship with family members (Larson & Corrigan, 2008).

Pearson (2014) explained that mental illness generates rejection, fear, and avoidance and this further deepened the reluctance to seek professional help. The desperation to maintain the family's dignity compels members to keep their loved ones hidden and away from others so that no one would be able to identify and associate them with the person who is believed to be suffering from mental illness.

Initially, the family members are responsible for taking care of the individual who is mentally sick but when they become overwhelmed, they seek help from traditional healers. When things do not improve with the mentally ill individual, the family members and the caregivers will give up and the individual will end up wandering the streets (Schefer et al., 2013).

Public Stigma

According to Subu et al. (2021), stigma serves as a barrier to seeking mental health services. It was indicated that stigma is an important obstacle to mental health services, ranking fourth out of ten barriers (Corrigan, et al., 2014). Corrigan et al. went

further to identify four types of stigmas as public, self, label avoidance, and structural. Public stigma is a situation where people with mental illness are viewed as dangerous, incompetent, and unpredictable (Grappone, 2018). Ben Natan et al. (2017) wrote that public perception of stigma was a set of negative attitudes and beliefs that caused others to fear, reject, avoid, and discriminate against individuals with mental illnesses.

Clement et al. (2015) explained that public stigma deterred individuals with mental illnesses from seeking professional treatment to avoid the stigmatizing label that frequently results from treatment. Most families try their hardest to keep these forms of illness a secret from the public as they seek spiritual and traditional healing. The qualitative study by Shefer et al. (2013) alluded to the fact that family members of individuals with mental illness believe that their relationship should be kept hidden or is otherwise a source of shame to the family. Jack-Ide and Amegheme (2016) explained that immediate family members were responsible for providing care to people with mental illness, providing shelter, financial, emotional, and spiritual support, as well as sourcing and securing treatment. Since family structures in most Nigerian communities believe in the spirit of a community and maintaining a good name and never disgracing the family, having to speak openly about the mental illness of a loved one is considered shameful (Larson & Corrigan, 2008). Shefer et al. (2013) wrote that when family members disclose that they have an individual who is mentally ill, the family's reputation could be damaged. They are ridiculed, disgraced and the marriage prospects of siblings are in jeopardy.

Self-Stigma

Self-stigma describes how individuals with mental illnesses see themselves as dangerous, incompetent, and self-blame (Grappone, 2018). Since individuals with mental illnesses are treated with stereotypes, prejudice, and discrimination, they internalize cultural stereotypes.

Corrigan et al. (2011) theorized that individuals with mental illness became aware of and agree with these stereotypes and started to apply negative and stigmatizing views to themselves and this only undermined their self-esteem and self-efficacy. Livingston and Boyd (2010) and Chan and Mak (2014) agreed with this assertion that self-stigma affected the personal empowerment and life satisfaction of people living with mental illnesses.

Structural Stigma

Structural stigmas are stereotypes incorporated in laws and other institutions. According to Grappone (2018), structural stigma occurs when institutional policies or other societal structures result in decreased opportunities for people with mental illness are structural stigma. Corrigan et al. (2014) believe that structural stigma leads to intended and unintended loss of opportunity for people with mental illnesses. Structural stigma is formed by sociopolitical forces and represents the policies of private and governmental institutions that restrict the opportunities of stigmatized groups. These societal rules prevent individuals with mental illnesses from enjoying life opportunities (Huang et al., 2016). Examples of structural stigma include the requirement to disclose the history of mental illness during school and job applications, reducing one's privacy,

and discrimination over job opportunities because of one's mental illness (Ong et al., 2020).

Label Avoidance

This is when a person chooses not to seek mental health treatment to avoid being assigned a stigmatizing label (Grappone, 2018). Label avoidance is one of the most harmful forms of stigma and according to Corrigan et al. (2014), it describes how individuals with mental illnesses perceive that the public disrespects and discriminates against them, and they attempt to escape the unfortunate loss of opportunity that comes with stigmatizing labels by not seeking help from licensed mental health professionals with whom the prejudice is associated. Individuals with concealable stigmas such as people from the lesbian, gay, bisexual, transgender, queer, questioning, intersex, and allies (LGBTQIA) community, of minority faith-based communities, or with mental illness, tend to avoid harm by masking their stigma and remaining in the closet (Ben-Zeev et al., 2010). These individuals often deny their group status and choose to not seek the institutions that label them.

Corrigan (2016) gave an example of label avoidance in which people are publicly labeled by associating them with a mental health program. For example, a person coming out of a psychiatrist's office is immediately assumed to be nuts! To avoid this type of labeling, some people prefer to not seek psychological help or do not continue to use services once initiated.

Strengths and Weaknesses on the reviewed literature on Stigma

The literatures reviewed above all described the process of stigmatization and how it incorporates elements from stereotypes, prejudice, and discrimination. Stereotyping occurs when a person is perceived as a member of a group, with an associated social identity.

These literatures examined the effects of stigma include which include feelings of shame, hopelessness, and isolation (Grappone, 2018) reluctance to ask for help or to get treatment, lack of understanding by family, friends, and society (Grappone, 2018), fewer opportunities for employment or social interaction, discrimination, harassment, and self-doubt (Grappone, 2018).

Description of What is Known and What Remains to Be Studied

Previous researchers, (Ben Natan et al., 2017; Clement et al., 2015; Corrigan et al., 2014; Schefer et al., 2013) have demonstrated and concluded that stigma plays a role in mental health issues. Public stigma, prejudice, and discrimination against mentally ill individuals are harmful to them (Corrigan & Al-Khouja, 2018; Corrigan et al., 2014; Parcesepe & Cabassa, 2013).

Stigma robs individuals of their rightful opportunities and prevents them from seeking out mental health services (Clement et al., 2015; Corrigan et al., 2014; Parcesepe & Cabassa, 2013). Individuals with mental illness often choose not to engage in treatment to escape being stigmatized (Clement et al., 2015). However, a comprehensive review of the literature reveals few attempts have been conducted to explore the lived experiences,

understanding, perceptions, and stigma of Nigerian immigrants' seeking psychological help in the US and whether stigma impacts their seeking psychological help.

Summary and Conclusion

The literature on Nigerian immigrant mental health was reviewed and how personal beliefs, attitudes, stigma, and knowledge about mental illness played important roles in seeking mental health were explored. There were also analyses on how Nigerians' knowledge, perception, and understanding had changed about psychological problems. There were discussions on previous researchers who investigated the healthcare of immigrants from various African countries (Adair & Nwaneri, 1999; Nwokocha, 2010; Siegel et al., 2001; Vaughn & Holloway, 2010) and described how new environments may cause or exacerbate mental health problems (Agorastos et al., 2012; Gerety, 2013; Oyeyemi & Sedenu, 2007). Explanation was provided on how different types of stigmas could lead to discrimination, especially with people with mental illness (Ben et al., 2017; Clement et al., 2015; Corrigan et al., 2011; Corrigan et al., 2014; Huang et al., 2016).

A general tendency exists for Nigerian immigrants to seek help outside of the mental health care sector in the US because of their beliefs and perceptions. These beliefs, norms, and perceptions may influence the attitude of Nigerian immigrants toward seeking professional psychological help (Nwokocha, 2010). Stressful conditions and assimilation experiences may affect, trigger, or exacerbate the overall mental health of Nigerian immigrants (Bhatia & Ram, 2009; Patterson & Gong, 2009).

Stigma also serves as a barrier to receiving mental health services (Sue &Sue, 2008). Regardless, a comprehensive review of the literature reveals it remains unknown whether stigma impacts Nigerian immigrants' seeking psychological help from their lived experiences, understanding, perceptions, and stigma.

In the next chapter, the focus will be on methodology. Chapter 3 will include the research design and rationale, the rationale for selecting IPA as the research design, the role of the researcher and will also describe the study's methodology in greater detail. It is hoped that the results of this study will contribute to a better understanding of Nigerian immigrants' experiences involving mental health, mental illness, and help-seeking in the U.S. Chapter 3 includes the rationale for selecting IPA as the research design and will also describe the study's methodology in greater details.

Chapter 3: Research Method

Introduction

The purpose of this phenomenological study was to explore the lived experiences, understanding, perceptions, and stigma of 10 Nigerian immigrants' seeking psychological help in the US. It is believed that Nigerian immigrants do not seek treatment since they consider mental illness a supernatural affliction (Gerety, 2013). The general belief in Nigeria is that supernatural forces, afflictions, witches, wizards, and punishment from the gods are some of the causes of mental illness (Ezeobele, 2010; Gerety, 2013; Ojua & Omono, 2012). The study focused on the participants' lived experiences, understanding, perceptions, and stigma of the Nigerian immigrants' seeking psychological help in the US and to determine whether stigma impacts their seeking psychological help. The sections of this chapter include the research design and rationale, the role of the researcher, the methodology, issues of trustworthiness, and a summary.

Research Design and Rationale

The overarching research question that will guide this study is as follows:

RQ. What are the experiences of the Nigerian immigrants' seeking mental health services in the US?

I also developed three sub-research questions to facilitate addressing the overarching research question:

Sub-RQ1. How do Nigerian immigrants in the US understand the concept of mental health?

Sub-RQ2. How do the perceptions of the Nigerian immigrants in the US affect their willingness to seek mental health treatment in the US?

Sub-RQ3. How do Nigerian immigrants perceive stigma and its impact on Nigerian immigrants' seeking psychological help in the US?

The research methodology for this study is a qualitative research methodology. According to O'Reilly and Parker (2012), qualitative studies explore different individuals' opinions on a particular subject. I chose a qualitative study instead of a quantitative one to gain an in-depth understanding of the lived experiences of Nigerian immigrants about seeking psychological help. Through exploring the similarities and differences among the responses of the participants, I hope to add to the scholarly literature on Nigerian immigrants' experiences regarding mental health support in the US. I suspended my own beliefs about the topic being explored to conduct an objective analysis of the participants' responses (Tessier, 2012).

The research design was a phenomenological research design. The qualitative phenomenological research design was selected because it helped me to explore the common meaning associated with the lived experiences of individuals and what the participants in the study have in common. A phenomenological research design helped me describe what participants experience and how they experience it. A phenomenological research design was selected to help me understand the participants' experiences.

Rationale for IPA Design

Finlay (2011) explained that the phenomenological approach helps researchers to understand details of participants' ways of making meaning of their experiences by focusing on aspects of lived experience that frequently go unobserved or unexamined in daily life. An interpretative phenomenological analysis (IPA), which is a qualitative approach, helped me to provide detailed examinations of the personal lived experiences of individuals as explained by Smith et al. (2009). The rationale for using IPA is that it helps to understand the lived experience in its terms rather than one prescribed by pre-existing theoretical preconceptions (Smith & Osborn, 2015). IPA is an important methodology that can help to examine topics that are complex, ambiguous, and emotionally laden (Smith & Osborn, 2015). As explained further by Smith and Osborne, IPA is helpful because of the attention it gives to enabling the participants to recount the full details of their experiences.

A quantitative approach was not suitable for this study because methods such as surveys and questionnaires may be impersonal and could hamper the quality and variety of the data that were collected (Hyett et al., 2014). Moreover, participants would not be able to express their feelings, thoughts, and experiences through their responses to survey questions. Sutton and Austin (2015) explained that one of the goals of a qualitative study is to understand the opinions of the participants. Jacob and Furgerson (2012) posited that using a qualitative method will help researchers reveal the personal details of participants' stories that may not be explained through surveys. In sum, qualitative

research helps to access the thoughts, ideas, and feelings of participants and this helps to gain an understanding of the meaning that participants may give to their experiences.

Role of the Researcher

The role of the researcher as observer, participant, or observer-participant in IPA is to fully understand participants' thorough descriptions of their lived experiences regarding the phenomenon and present the findings using common themes (Patton, 2015). I was an observer participant, and my aim was to understand participants' perspectives and the meanings they made of their experiences while asking questions and encouraging participants to examine and reflect on their experiences. The research was based on actively participating, interacting, and communicating with the participants during the interview sessions. According to Edwards and Holland (2013), qualities such as active listening, understanding, warmth, genuineness, respect, and acceptance should be demonstrated by the researcher throughout the interview process.

Sutton and Austin (2015) emphasized that it is important for a researcher to have some knowledge about the topic being researched because it helps to analyze the data. Since I am from Nigeria and understand the beliefs of Nigerians about mental health, this was an advantage because it helped me to be familiar with Nigerian culture and the general beliefs about mental health. There was the need to carefully guard against any assumption by keeping a journal and noting my beliefs, which may be different at times from what the participants share. Moreover, there were no personal or professional relationships with the participants, and there was not any control or power exerted over the participants.

I aimed to understand participants' perspectives and the meanings they made of their experiences while asking questions and encouraging participants to examine and reflect on their experiences. I developed the data collection tools, and collected, analyzed, and interpreted the data. As such, there were potential biases throughout the research process. In IPA studies, the researcher is an active participant in data gathering as well as the analysis and interpretation processes (Patton, 2015, Smith et al., 2011). Double hermeneutic or two-stage interpretation processes were implemented that involved participants in the study attempting to make sense of their lived experiences. The participants were aided in exploring their experiences in ways that guided them toward clarification and understanding.

Qu and Dumay (2011) opined that interviews help researchers learn about others. Although deep understanding may be difficult at times, interviews are used as an essential source of data collection in qualitative studies, which helped me to interact with the participants on a one-to-one basis and to be fully present while interacting with the stories that they share.

Interviews are used to gather evidence, and the data collected are regarded as a report that is independent of the researcher (Edwards & Holland, 2013). Edward and Holland went further to posit that the interaction between the researcher and the participants in the interview situation helps to create knowledge. For the present study, the participants took part in a 60-minute interview with a few questions to guide its course. The interpretive aspect was based on the information gathered from the

participants about themselves and their loved ones, their experiences, and understanding, beliefs, and the stories that have helped them interpret and make sense of the world.

Karagiozis (2018) explained that the researcher must distance himself from the interviewee and act according to the guidelines that guarantee that the researcher should remain as passive as possible, and this is what I did. The interview was guided by open-ended questions (Appendix B) that allowed the participants to share whatever they wish. While relying on their sets of beliefs, the participants were able to talk from their perspectives.

According to Hyett et al. (2014), it is important to recognize the biases that may affect the research study. A researcher's bias occurs when their preconceived notions or expectations become a self-fulfilling prophecy and cause them to find what they expect to find. Sutton and Austin (2015) posited that when conducting a research study, one must not try to hide personal beliefs or preconceived notions about the study. Since I am from Nigeria and have personal thoughts and preconceptions of how Nigerians view mental illness, this was a factor to consider. However, Karagiozis (2018) explained that self-fulfilling prophecy could help understand participants' cultural values and be better able to respect their cultural sensibilities. He went further to posit that having the same cultural origin does not mean that the researcher and the participants would share the same cultural background, or that they have been exposed to the same cultural experiences. Regardless, there was a need for me to remain vigilant while seeking to understand what each participant shared, rather than assuming how they felt.

A method known as bracketing was used to minimize bias in this study. Tufford and Newman (2010) explained that bracketing is a method used in qualitative research to mitigate the effects of preconceptions that may taint the research process. Bracketing helps researchers suspend their knowledge, beliefs, values, and experiences to accurately describe participants' life experiences (Chan et al., 2013). Tufford and Newman (2010) explained that bracketing interviews held with non-clinical and non-managerial colleagues constitute a negotiated, supportive relationship, which serves as an interface between the researcher and the research data. This idea may help to uncover themes that may hinder the ability to listen to participants or trigger emotional responses in the researcher that may foreclose on further exploration. Before interviewing the participants, non-clinical colleagues were engaged and interviewed to uncover and bring into awareness any potential preconceived notions and personal biases.

Another method of bracketing that was utilized was writing memos and taking notes throughout data collection and analysis as a means of examining and reflecting upon my engagement with the data. Memos, journals, and keeping notes before and during the interview process can help researchers explore feelings about the research endeavor (Tufford & Newman, 2010). There was open-mindedness during the interview so that no preconceived notion affected the result of the study. At the end of the interview, participants were requested for member checking to ensure the responses collected were complete and accurately reflected their experiences.

The expectation of a research study can be communicated to participants unintentionally through tone of voice, gestures, or facial expressions. Costelo and

Roodenburg (2015) warned against leading research participants to agree with all the questions or to indicate a positive connotation. Participants were asked to answer questions (Appendix B) that did not imply a right or wrong answer but those that focus on the participant's knowledge and true point of view.

Methodology

Participant Selection Logic

Population: The targeted population for this study consists of Nigerians that have lived in the US for a minimum of 5 years; they are 18 years and above and have obtained a college degree. The Nigerians in the US who do not meet all these criteria were not be included in this study. The reason for exploring Nigerians living in the US for at least 5 years is because of the legal requirement that one must live in the US for a minimum of five years before applying for citizenship (Could you pass the citizenship test, 2017). Besides, the Nigerian immigrants who have applied for US citizenship indicate they are invested in living in the US (Oyebamiji & Adekoye, 2019).

Sampling Strategy: The targeted participants were selected using a purposive sampling technique. According to Palinkas et al. (2015), purposeful sampling is a method used in a qualitative study for the identification and selection of information-rich cases for the most effective use of limited resources. Cresswell and Plano-Clark (2011) explained that identifying and selecting participants are based on people who are knowledgeable about the phenomenon of interest. A homogeneous sampling was used for this study. According to Etikan et al. (2016), homogeneous sampling is a purposive sampling technique that helps to focus on participants who share similar traits.

The participants are from Nigeria, know much about the culture, and are likely to have similar beliefs regarding mental illness. Creswell and Plano-Clark (2011) explained that this sampling technique involved identifying and selecting individuals or groups of individuals who are especially knowledgeable about a phenomenon of interest. Etikan et al. (2016) went further to explain that homogeneous sampling was to focus on the similarities of their stories and how the stories related to the topic being researched. One of the goals of homogenous sampling is to understand a particular group in depth. Etikan et al. (2016) posited that in a qualitative methodology, participants who met the selection criteria must know about the phenomenon of interest by their experience. Anderson (2010) explained that participants are selected with characteristics relevant to the study and this is what makes them information-rich (Palinkas et al., 2015).

Criteria for selection: IPA researchers chose participants on condition that they are able to provide substantial information concerning the phenomenon under consideration. Researchers affirmed that, in IPA research, the individuals selected to participate in the research represented the phenomenon of interest rather than the population under study (Smith et al., 2009; Smith, 2011). Therefore, the individuals selected to be interviewed are able to provide descriptions of lived experiences with the phenomenon under study. Furthermore, all participants were fluent in the English language as stipulated by the inclusion and exclusion criteria of participants in the research.

Participants: The targeted population that was included in the study are Nigerians that have lived in the US for a minimum of 5 years, they must be 18 years and above and have applied for US citizenship as well as obtained a college degree**.**

Sample Size: Sample sizes are usually small in qualitative research (Vasileiou et al., 2018). Ellis (2016) suggested 6 to 20 people in a phenomenological study; therefore, 10 participants that meet the inclusion criteria will be recruited for the research. Saturation simply means that no new data is generated (Vasileiou et al., 2018). Francis et al. (2010) also explained that a saturation point in data collection is when no new additional data are found that develop aspects of a conceptual category.

According to Fusch and Ness (2015), saturation is not a one size fits all but if the data collected is meaningful, one has a greater chance of reaching saturation (Suri, 2011). Fusch and Ness (2015) further explained that saturation may be reached with just 6 interviews depending on the sample size of the population, but the data must be rich and thick (Dibley, 2011).When the domain has been fully sampled, when all data have been collected, saturation must have been reached and data collection will be discontinued because when the same comments are being repeated over and over again, it is time to stop collecting information and to start analyzing what has been collected (Saunders et al., 2018)

Instrumentation

The research instrumentations for this study are semi-structured interviews. Each interview consisted of seven open-ended questions (Appendix C). Each interview lasted

for approximately one hour**.** These semi-structured interview questions were used because they provided the possibility of an open-ended interview (Leavy, 2014).

This helped to guide the interview process and at the same time provided research participants with the opportunity to expatiate on the questions being asked and to provide comprehensive information about their beliefs. The use of semi-structured interviews helped to gather substantial data about the experience of research participants. The information gathered from participants helped to understand their beliefs and understanding of mental health in Nigeria and whether this changed their knowledge of mental illness after having relocated to the US. Open-ended questions helped to ask about the facts and the participant's opinions (Yin, 2013).

The interview questions were developed based on the information gathered from a literature review of studies that had been conducted on the topic of mental health in Nigeria; these studies included Malecha et al. (2010), and Vogel and Armstrong (2010). Malecha et al. (2010) conducted a phenomenological study, using the Husserlian philosophy, to explore the perceptions of Nigerian-born immigrant women in the US and their portrayal of depression with participants recruited from the Nigerian community in Houston, Texas. Vogel and Armstrong (2010) on the other hand was a quantitative study that examined individuals' willingness to seek psychological counseling. Vogel and Armstrong recruited 235 participating college students from a large Midwestern college, 63% in their first year, 27% in their second year, 8% in their third year, and 2% in the fourth year. The content validity and the sufficiency of data collection instruments that will answer the research questions will be achieved by conducting a field test, which will

test the developed interview questions to ensure that the questions are clearly worded to elicit detailed and relevant data.

In the field test, three experts with knowledge about the topic and the research population were invited to provide feedback on the development of the interview questions and how each question should be asked as related to the research question and sub-questions. There was also a plan to invite three practitioners who have provided mental health services to Nigerian immigrants in the US. The process of field testing of the interview questions provided knowledge that can help improve and refine the quality of the interview questions and the data collection instruments. The field test helped to mitigate any bias or ambiguity.

Procedures for Recruitment, Participation, and Data Collection

After approval was granted by the Institution Review Board (IRB), I proceeded with participant recruitment. These participants were recruited through posting flyers at a Nigerian-based Church (Appendix A), pending the site permission. A letter was developed to seek permission from the Pastor of the selected church where the interview was conducted (Appendix B).

After the IRB approval and the site permission were granted and the participants met the criteria, the purpose of the research, the procedure, risks, benefits, and confidentiality were fully explained to the study participants (Appendix C). Also contact information, nature, the purpose of the study, and access were provided to participants who met the criteria. The recruiting process continued until 10 eligible study participants were recruited.

If a participant did meet the recruiting criteria, another interview date was scheduled. For participants who did not meet the criteria, there was a discussion about the exclusion criteria and the reason for not choosing them. The participants were asked to sign the consent form (Appendix C) before proceeding with the interview and they were briefed on their rights to withdraw at any time. This is to show that participation in the study is voluntary and that researchers are not infringing on their rights (Connely, 2014).

Once the consent forms were received, the first interview was scheduled, and the plan was to complete 8 to 10 interviews. According to Merriam and Tisdell (2016), interviews in a qualitative study vary in terms of the number of participants. It always depends on the questions being asked, the data being gathered, the analysis in progress, and the resources to support the study (Merriam & Tisdell, 2016) and so I imagined that I would reach saturation between 8 to 10 participants based on literature and methodology (Creswell & Creswell, 2018; Merriam & Grenier, 2019).

Before each interview, participants were provided with an explanation about privacy and confidentiality, and their names were not revealed. An interview guide was adopted which helped to discuss important aspects of the study such as the purpose, nature, study, and the reason for recruiting the participants (Jacob & Furgerson, 2012). This interview guide also helped to develop an introduction, a description of the nature of the study, and the interview questions (O'Doody, 2013). The interviews lasted approximately sixty minutes per participant and semi-structured and open-ended questions were asked from each of the participants. Based on the participants' responses, follow-up and/or clarifying questions were also asked.

All participants in the proposed research were interviewed in English, using the semi-structured interview guide. One of the private and quiet rooms in the church was reserved to create a calm and comfortable environment for every interviewee. A personal journal was used during the interviews. Sutton and Austin (2015) explained that personal journals are very useful for researchers because they help to document behaviors, expressions, and the environment which may not have been captured in the recording. Chenail (2011) supported this idea by expressing that researchers should take notes before and after the interview process so that they can record whatever bias or misconception they might have preconceived. Tessier (2012) explained that field notes are useful because of their simplicity. Tessier (2012) suggested the use of paper and pencil techniques to identify and code data while the interview is ongoing, and then the researcher can add to the notes after the interview.

An audio recorder was used to record the interviews of the participants. According to Tessier (2012), researchers can decide to use a combination of notes and a recording device. Tessier further stated that tape recordings help to improve data management. There was also a backup plan should the primary device fail. Tessier (2012) furthered that digital files are useful since they do not get damaged with time and backups are easily stored to ensure the integrity of the files. Moreover, one can play the record over and over again.

Transcripts based on digital files allow for the data to be retrieved and examined in a more flexible manner (Tessier, 2012). Before recording the interview, it is important to ask for permission from the participants (O’Doody, 2013). Participants were informed

about the recording, and I obtained their informed consent before proceeding. After the interview, each participant was asked if or not they had any questions. The participants provided information such as email addresses or phone numbers and permission to contact them if there is a need to follow up with them on the data that was collected.

Once the data collection was completed, each participant was provided with the nature of the study, all the information related to the purpose of the study, and the significance of the study or the findings of the study. This was done through debriefing at a mutually agreed upon time, which was primarily dependent on the participant's schedule.

Turner (2010) recommended the use of a private place to mitigate noise and distractions. The member-checking process took no longer than 30 minutes for each participant and this was done by returning the interview transcript to participants and asking each participant to check the transcript of their interview to enhance the accuracy of the data (Bith et al., 2016). When the participants needed were not enough, the recruiting process continued until 10 eligible study participants were recruited.

Data Analysis Plan

The audio-recorded interview responses collected from each of the participants were analyzed. The data analysis process involved organizing data, coding and thematic development, triangulation, and using data analysis software. I also prepared and organized interview data and performed member checking.

In Table 1 below, the research question, the sub-questions, and the corresponding interview questions designed to address the research question and sub-questions are summarized.

Table 1

Research and Interview Questions

Research Questions	Interview Questions
RQ. What are the experiences of the Nigerian immigrants in the US with the mental health services in the US?	Would you share with me your experience about mental illness when you were living in Nigeria? Have you experienced any form of stigma regarding mental illness since living in the US? Has your experience about mental illness prevented you from seeking psychological help in the US?
Sub-RQ1. How do the Nigerian immigrants in the US understand the concept of mental health?	How long have you lived in the United States? How would you define mental illness and or mental health?
Sub-RQ2.How do the perceptions of the Nigerian immigrants in the US affect their willingness to seek mental health treatment in the US?	Would you share with me your experience about mental illness when you were living in Nigeria? Has your belief and perception of mental illness changed since relocating to the US?
Sub-RQ3. How do Nigerian immigrants perceive stigma and its impact on Nigerian immigrants seeking psychological help in the US?	Have you experienced any form of stigma regarding mental illness since living in the US? Has your experience about mental illness prevented you from seeking psychological help in the US?

After the interview, the transcripts were read, and the coding process began. An open coding approach was used which is the initial organization of raw data and an attempt to make sense of it. Blair (2015) explained that open coding is a method of generating a participant-generated theory from the data. Carpendale et al. (2017) mentioned that this open coding will help researchers create additional codes from passages that are interesting and important in examining the research questions. With this type of coding system, Blair (2015) explained that there is an actual truth awaiting discovery in a research study, and by using an open coding system, researchers will be able to find the truth.

Coding helps to categorize similar events, actions, and interactions. Stalp and Grant (2001) suggested a framework that will guide the recognition of inductive concepts. Guest and McLellan (2013) suggested that researchers should group the selected passages into categories to help them create a visual interpretation of the data.

The treatment of the qualitative data collected for the study followed thematic analysis (Braun & Clarke, 2006). Specifically, the thematic analysis approach will contain six steps. Firstly, there was a reread of the data collected to ensure understanding and insight into the data. Secondly, the data collected was coded by grouping the responses or descriptions that convey the same ideas, perceptions of participants, or experiences of participants.

Thirdly, I was able to theme the data collected by grouping the codes into a reduced number of themes or sub-themes. Next, there I reviewed and refined the themes by ensuring they represented the patterns of the data collected. Then the themes that emerged from the study were named and defined. The use of NVivo software for coding the data was employed. There was reliance on feedback from the dissertation committee members while acknowledging any biases when reporting the findings.

When there were discrepancies identified, I repeated steps one through three to determine if any themes were missed in the first process. This helped to give a deeper level of interpretation and ensure that the themes of the participants are recognized and used in the data analysis process. Moreover, this gave me an opportunity to identify any missed data that is pertinent to the study. Lastly, the research was presented with its findings.

Issue of Trustworthiness

The issue of trustworthiness is very important in a qualitative study. Lincoln and Guba (1985) first theorized about trustworthiness saying that this is one-way researchers can convince themselves and their readers that the research findings are worthy of attention. Tracy (2010) explained that trustworthiness can be realized through detailed accounts of the study's findings, triangulation, and revealed biases. All these will help the study to be credible such that the readers will feel the research is trustworthy to make decisions in line with the study (Tracy, 2010).

In the issue of trustworthiness, Lincoln and Guba (1985) introduced four criteria: credibility, transferability, dependability, and confirmability.

Credibility

Credibility refers to the accuracy, exactness, and plausibility of the research findings, which gives a researcher confidence in the truth of his or her research findings (Korstjens & Moser, 2018; Tracy, 2010). Credibility is what determines whether the research findings represent plausible information drawn from the participant's original data and is a correct interpretation of the participants' original views. To establish credibility, data triangulation was used to cross-examine the integrity of participants' responses. Heale and Forbes (2013) defined triangulation in qualitative research as the use of more than one approach, but different methods of researching a question and achieving a more accurate and valid estimate of qualitative results. Triangulation helps to increase confidence in the research study through the confirmation of a proposition using two or more independent measures (Heale & Forbes, 2013).

Transferability

Transferability refers to the generalizability of inquiry (Nowell et al., 2017). It is the degree to which the results of the study can be transferred to other contexts with other respondents. Therefore, the transferability judgment by a potential user through a thick description was facilitated (Korstjens & Moser, 2018). Thick description involves that there is accountability for the complex specificity and circumstantiality of their data (Tracy, 2010). The use of the thick description helped to illustrate the findings so that the readers can relate to the research and an explanation of the findings and the reason for recruiting the participants for the study was provided (Anney, 2014).

Another way to maintain transferability is to keep an audit trail. This idea of an audit trail process can be traced back to the work of Lincoln and Guba (1985). They suggested that researchers should keep an audit trail so that it will be easier for another researcher that reproduces the study to become familiar with it, its methodology, and the findings.

A self-critical account of the research process, records of the data, journal, transcripts, and all documents related to the research will be kept and this process allows the readers to make an informed decision about the transferability of the study findings. Baskarada (2014) attested to the effectiveness of this idea and that the research method and the data collected will help the reader to consider their explanations and decide whether to transfer the findings to another setting.

Dependability

Korstjens and Moser (2018) define dependability as the stability of findings over time. Dependability involves participants' evaluation of the findings, interpretation, and recommendations of the study such that all are supported by the data as received from participants of the study. Dependability includes the aspect of consistency such that other people should be able to receive the same or very similar results if conducting the study using the same participants and the same research methodology, but not with contradictory conclusions (Marshall & Rossman, 2014; Nowell et al., 2017).

As suggested by Korstjens and Moser (2018), I ensured that the analysis process is in line with the accepted standards for the research design. The research process was logical, trackable, and documented via notes and journals making it easier for others to examine and authenticate the research process.

Confirmability

This is the degree to which the findings of the research study could be confirmed by other researchers (Korstjens & Moser, 2018). Ellis (2019) posited that confirmability is concerned with establishing that data and interpretations of the findings are not figments of the inquirer's imagination but derived from the data. According to Houghton et al. (2013), confirmability and dependability must go hand in hand because they have similar processes. Researchers must be able to confirm that the findings of the study are not deceptive.

To ensure that the findings of the study are not deceptive, a set of notes on decisions made during the research process was kept. As suggested by Korstjens and

Moser (2018), the interpretation of the research study was not based on my preferences and viewpoints but grounded in the data. As suggested by Dörfler and Stierand (2018), there was reliance on the epoch, or the phenomenological attitude used by interviewers to focus on suspending judgment to arrive at an intuitive understanding of the interviewees' subjective accounts. The focus was on the interpretation process embedded in the process of analysis which will enable others to see the transparency of the research path.

Further, the process of reflexivity dictates the critical self-reflection about oneself as a researcher (Korstjens & Moser, 2018). Therefore, one must be able to examine one's conceptual lens, explicit and implicit assumptions, preconceptions, and values, and how these affect research decisions in all aspects of the research. It will also be important to acknowledge the importance of self-awareness and reflexivity during the process of collecting, analyzing, and interpreting the data while also taking into consideration any preconceived assumptions when conducting the research, as suggested by Korstjens and Moser (2018).

My biases, preferences, and preconceptions regarding the research topic, and how the relationship as a researcher may have affected the participants' answers to the questions was acknowledged and all analytical data were supplemented with my journal. As stated by Lincoln and Guba (1985), the reflexive journal will help researchers to record and document the daily logistics of the research, methodological decisions, and rationales as well as to record the researcher's reflections of their values, interests, and insights about themselves.

Ethical Procedures

Institutional approval in accordance with the requirement of the IRB was secured while also ensuring compliance with guidelines of recruitment materials as stipulated by the IRB. Participants were informed of the possible risks and potential consequences of participating in the study. Participants were also informed that they can withdraw from the study at any point of the study and their unwillingness to participate in the study will not result in any negative consequences for the participants.

Since participation was voluntary and participants were encouraged in advance to stop at any time prior to or during the process, I have no concerns that an ethical violation would occur during this study. The identities of the participants are protected by having all identifiable data encrypted and face sheets containing identifiers such as names and addresses were removed. The research data and documents are safely and securely stored in a locked safe at the researcher's private office for a minimum of seven years. The safe is protected from any predictable adverse events such as flood, fire, and theft. Only the researcher has the key to the locked safe. Access to identifiable information of participants will be limited and passcodes will be set by the researcher for security purposes.

After seven years, all records and data will be deleted or otherwise destroyed. However, information such as interview recordings, transcripts of the recording, process notes collected during and after the interview and the data analysis processes, and other data collected during the research process will be retained.

Summary

In this chapter, the information on the approach used to achieve the aims of the study guided by the research questions in the previous chapter was discussed. Information about my role as the researcher, the process for selection of participants, the sampling technique, procedures, data collection, and data analysis, was provided. The issues surrounding trustworthiness and how to address issues relating to dependability, confirmability, credibility, and transferability of research were also explained. Chapter 4 presents a description of the setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and a summary.

Chapter 4: Results

Introduction

The purpose of this phenomenological study was to explore the lived experiences, understanding, perceptions and stigma of 10 Nigerian immigrants' seeking psychological help in the US. The research question is as follows:

RQ: What are the experiences of the Nigerian immigrants' seeking mental health services in the US?

There were also three sub-research questions, and they are as follows:

Sub-RQ1. How do Nigerian immigrants in the US understand the concept of mental health?

Sub-RQ2. How do the perceptions of Nigerian immigrants in the US affect their willingness to seek mental health treatment in the US?

Sub-RQ3. How do Nigerian immigrants perceive stigma and its impact on Nigerian immigrants seeking psychological help in the US?

I used IPA to define the sample, create interview guide questions, and analyze data. This chapter contains details of the research setting, demographics, data collection, data analysis, evidence of trustworthiness, results, and a summary.

Setting

I conducted the interviews from March 2023 through June 2023. All interviews were conducted at the multi-purpose hall in the administrative wing of a Church in Richmond, Virginia. The interviews were conducted as agreed upon by the participants.

Demographics

Six participants were male, and four were female. Participants' ages were from 20 to 74. All participants completed higher education and obtained a bachelor's degree in their respective areas of learning. All participants migrated from Nigeria to the US and have been living in the US for at least five years at the time of the interview. All participants were from different ethnicities in Nigeria and were fluent in English, so interviews were conducted in English. Table 2 includes a summary of participant demographics and characteristics.

Table 2

Participant Demographics

Participants ID	Age	Gender	Education	Ethnicity
P1	35	Male	Bachelor's Degree	Yoruba
P2	48	Male	Bachelor's Degree	Yoruba
P3	68	Female	Bachelor's Degree	Igbo
P4	48	Female	Bachelor's Degree	Igbo
P5	40	Female	Bachelor's Degree	Yoruba
P6	55	Male	Bachelor's Degree	Hausa
P7	74	Male	Bachelor's Degree	Yoruba
P8	25	Male	Bachelor's Degree	Hausa
P9	49	Male	Bachelor's Degree	Yoruba
P10	50	Female	Bachelor's Degree	Igbo

Summary of Participants' Experiences

P1. The first interviewee was a 35-year-old Yoruba male. He came to the US about 12 years ago. He described his understanding of mental health disorders and mental illness, and there was a significant need for help-seeking. He described the notion of mental health in Nigeria and how different it is in the Western world. He also shared about treatment modalities such as traditional cultural beliefs and family involvement during the treatment process and recovery.

P2. The second interviewee was a 48-year-old Yoruba male who came to the US approximately 10 years ago. He shared his understanding of mental health and how it affects wellbeing. He also shared how mental health could be complicated because of cultural beliefs. He also described the stigma attached to help-seeking. Since mental illness is categorized under one major umbrella, anyone suffering from mental illness is known as “crazy” (this means “were,” a psychotic illness attributed to curses among Nigerians).

P3. The third interviewee was a 68-year-old Ibo (Igbo) woman from the Eastern part of Nigeria. She came to the US more than 20 years ago. She shared her personal experience with depression and her understanding of help-seeking among Nigerians. She shared her personal understanding of challenges caused by Nigerian immigrants’ traditional cultural beliefs that hindered their opportunities to seek professional help. Her professional experience helped her get past the stigma attached to seeking professional help and taking medication. She noted that people who suffer from mental health issues are labeled as “onye ara” (a person tormented by the gods), and she struggled with this belief for a long time.

P4. The fourth interviewee was a 48-year-old Ibo (Igbo) woman from the Eastern part of Nigeria. She is an Igbo woman who came to the US 30 years ago. She described her experience with a family member who was depressed but unable to help herself because of the stigma attached to mental illness. Although she tried to help the family member change her belief and understanding of mental illness and help-seeking, it did not come without a challenge. She reported that she assisted the person to seek help by

accompanying him to a mental health clinic, where he was eventually diagnosed with and treated for depression.

P5. The fifth interviewee was a 40-year-old Yoruba woman who came to the US more than 10 years ago. She shared that being a Nigerian enabled her to understand that Nigerian cultures stigmatize individuals with mental health issues and their families, and that migrating to the US did not change this attitude. She shared that the stigma associated with mental illness is still prevalent and discussed among Nigerian immigrants. Although there are available resources for individuals with mental health issues, people do not always want to seek professional help because of the belief that mental illness is caused by witches or wizards.

P6. The sixth interviewee is a 55-year-old Hausa male who immigrated from Nigeria to the US more than 15 years ago. He shared his understanding of mental illness as “masu tabin hankali,” a sickness of the mind in which individuals could not comprehend what was happening to them. He shared a case of a family member with mental health issues. The person was hallucinating and seeing things that others could not physically see, hearing what others could not hear. The individual became a threat to other family members and was forced to be committed to a community mental health psychiatric hospital for evaluation.

P7. The seventh interviewee is a 74-year-old Yoruba man who immigrated to the US more than 40 years ago. He shared his knowledge about mental illness and how he experienced mental health issues when he came to the US. He shared being overwhelmed anxious and depressed. He shared how long it took him to seek help, but he eventually

received psychotherapy, which helped with the issues he was having at the time. He also shared different types of mental illness that prevented people from seeking professional help.

P8. The eighth interviewee is a 25-year-old Hausa Male who immigrated from Nigeria to the US about 8 years ago. He shared how people do not always want to talk about mental illness due to the stigma attached to it. He described his experience with a family friend who was no longer able to function effectively. The family friend believed that people were watching him and were out to harm him. P8 explained that he took his friend to the mental health treatment center where he was evaluated and officially diagnosed with mental illness.

P9. The ninth interviewee is a 49-year-old Yoruba male. He immigrated from Nigeria to the US more than 10 years. He described his understanding of mental illness, and help-seeking based on his background. He shared that Nigerian immigrants still do not understand how mental health care systems work in the US. He shared his experience with a friend who refused to seek help despite experiencing serious mental health issues.

P10. This interviewee is a 50-year-old Igbo female from the Eastern part of Nigeria. She shared about her post-partum depression after childbirth. As a single mother, there was no support, and the stress of taking care of herself and her child exacerbated her mental health issues. She explained that she did not know that she was going through post-partum depression until a colleague came to visit and saw the conditions of her living. Although she eventually sought help, she was very reluctant to do so. She explained that this is because of the negative stereotype that people who seek help for

mental illness are "crazy," as well as stereotypes such as the strong black woman. She shared that she considered dealing with the burden of living with the symptoms of postpartum depression rather than being labeled as "crazy" for a very long time.

Data Collection

Purposeful sampling was used to find and choose examples that are information-rich and to make the best use of limited resources in a qualitative study (Palinkas et al., 2015). According to Cresswell and Plano-Clark (2011), people who are informed about a topic of interest can become participants in the study. The participants are from Nigeria and are familiar with mental health issues, they are informed about the topic and were therefore chosen as participants. For this investigation, a homogenous sampling was adopted. Homogeneous sampling, according to Etikan et al. (2016), is a purposive sampling strategy that aids in concentrating on participants who share comparable characteristics. The participants are from Nigeria are quite familiar with the local culture and are most likely to share the same views on mental illness.

Creswell and Plano-Clark (2011) explained that this sampling technique involved identifying and selecting individuals or groups of individuals who are especially knowledgeable about a phenomenon of interest. Homogeneous sampling, according to Etikan et al. (2016), was intended to concentrate on the similarities of the participants' experiences and how their stories are linked to the topic being researched. Understanding a certain group in-depth is one of the objectives of homogeneous sampling. According to Etikan et al. (2016), participants who meet the criterion for selection must have firsthand knowledge of the phenomenon of interest in a qualitative technique. Participants are then

chosen based on traits relevant to the study, according to Anderson (2010), and this is what makes them information-rich (Palinkas et al., 2015).

Participants came from a community church in Richmond, Virginia. Data collection started from March 2023 through June 2023. Participants were selected to participate in the study if they were Nigerian immigrants aged 18 years and older, who came to the US at least 5 years ago and were able to communicate in English. The participants were interviewed face-to-face. All interviews lasted for approximately 60 minutes, and I took detailed notes during the interview process. All interviews were audio-recorded and transcribed. While listening to the audio recording, the transcriptions were edited for correctness. The content was used to construct summaries, which were then given to every participant for voluntary member checking for reliability, correctness, and evaluation.

All the participants went over their interview summaries to ensure the data were accurate and reliable. No participant contributed to clarify any inconsistencies in the descriptive data, and no participant added any additional descriptions of their own lived experiences with mental health, mental illness, and help-seeking.

Analyzing the Data

I began the data analysis by reviewing information from participant transcripts. Throughout the transcription process, I listened to the transcripts from each participant and coded them. I utilized the qualitative data analysis software NVivo. Because the software's user interface was formatted by the research question, I uploaded the original data to NVivo, produced a file containing the answers per research question, coded the

pertinent data, and condensed the codes to make sense of the data. To determine how the codes could be grouped into themes, a frequency query of stemmed words and synonyms was performed. I reread the data in the context of the research questions in order to construct more concise themes that accurately reflect the experiences of the participants. This method helped to shape the subsequent themes that developed. This technique was repeated for each question from my interview protocol that was asked of the study participants.

The original transcript was reviewed to verify that the participants were the focus of the research. This procedure slowed down the tendency of swift reduction and data summation, so I was able to spend some time taking notes and reflecting on the materials. I also spent time taking note of similar and unique thematic elements that could be organized into key content areas.

As I read and summarized each interview, I observed and noted where similarities and differences occurred. During the 8th interview, no new themes seemed to emerge, and I continued to summarize the rest of the interviews. By reading and re-reading the detailed codes within each theme, I was able to identify eight categories. The following themes were identified: mental health, mental illness, cultural beliefs, assimilation, meaning of help-seeking, stigma, experience of mental health in Nigeria, and utilization of mental health services in the US. These are also discussed in detail in the results section, along with the quotes from the transcripts to explain the meaning of each content area.

Evidence of Trustworthiness

Trustworthiness in qualitative research was measured according to the four established criteria namely: credibility, transferability, dependability, and confirmability. These methods also included participants' extended engagement, debriefing, member checking, and reflexive journaling. I was able to demonstrate these methods as illustrated in the following section.

Credibility

An interpretative phenomenological analysis (IPA) helped me to provide detailed examinations of the personal lived experience of individuals as explained by Smith et al. (2009). IPA helped to guide the analysis process, and this is a well-established qualitative methodology. Participants were allowed to evaluate their interview transcription summaries of the key subject areas, which is known as member-checking, and this added to the credibility. The interview guide was reviewed by methodology and content specialists for peer assessment.

Transferability

Transferability is the degree to which the results of qualitative research can be transferred to other contexts or settings with other respondents (Korstjens & Moser, 2018). According to Ravitch and Mittenfelner-Carl (2016), transferability helps to make it easier for readers of the study to identify parallels between the study and their lived experiences. This study fits the procedure of transferability because it helped to provide a detailed description of the participants' lived experiences.

Dependability

Dependability refers to the consistency of findings over time, as well as the participants' opinion of the study's findings, interpretation, and recommendations, all of which were supported by data collected from study participants (Korstjens & Moser, 2018). The same questions were asked of all participants via the interview guide; however, the questions may not have been in the same order (see Appendix B). Transcripts of audio recordings of interview responses from participants were summarized, and member checking was completed. The research data, interview transcriptions, summaries, researcher notes, and audio recordings were securely preserved.

Confirmability

Confirmability is the extent to which the findings of the research study could be confirmed by other researchers (Korstjens & Moser, 2018). Confirmability has to do with establishing the data and interpretations of the findings are derived from the data. Follow-up questions were used to clarify participant responses and to investigate for a deeper understanding. I also made multiple references to the original recordings and transcripts to ensure that the original data's meaning was preserved.

Results

The results of the study identified eight themes namely mental health, mental illness, cultural beliefs, assimilation, meaning of help-seeking, stigma, experience of mental illness in Nigeria, and utilization of mental health services in the US.

Mental Health

The first theme that emerged was Mental Health. It appears that Nigerian immigrants face a difficult situation in the US, where every day can become overwhelming. Many participants stated that mental health is physical well-being, social background, and awareness of cultural belief systems and ways of life. All participants recounted their experiences and provided the responses listed below (Okafor et al., 2022).

P1 Statement: “The mental health issue in Nigeria is quite different from the understanding and perception of mental health in the United States. It affects how people think, feel, and act. It is a state of health where individuals recognize their abilities, deal with life’s stressful events, work successfully, and make a difference in their communities.” P4 stated that

> Mental health is considered wellness, an ability to enjoy life and to find a balance between everyday tasks. It is also an effort to acquire resilience. This is all part of mental health.

For P2, she explained that

> The ability to cope with the stress of illness is not only important for survival, but it is also the foundation for growth and change. I experienced a devastating illness like depression at some point in my life, especially when I was new in the US, but I was able to adapt by developing abilities and strategies that allowed me to survive. When you can do this, that is my definition of mental health and wellness.

P3 stated that mental health has to do with well-being. “It is when people are unable to adjust mentally that they say they have a mental health disorder. “Cultural beliefs about social behavior and expectations play a major role in determining mental health or mental health disorders because what is considered normal in the US and the rest of the Western World may be abnormal in Nigeria”. “For example, if you stand up to greet an elderly person without prostrating in our culture, they may think you are cursed because it is abnormal. You respect an elderly person by prostrating as a sign of respect but in the US, if you prostrate while greeting, they will see this as abnormal. So then, how do you really define abnormality.”

P5 Stated “My brother, as long as you are not crazy, you are enjoying mental health.” “You know crazy people are the ones displaying very bizarre behaviors like the ones preoccupied with the collection of rages and junks, they have no place to sleep, homeless, mentally unstable, those are the ones I’m talking about.”

P6 stated that “the ability to live a good life and not being possessed by Hauka to me is mental health. Hauka is “madness,” “madman” or crazy person. Once the spirit of Hauka is removed, then you are cured.

P7 “Culture influences attitudes and behaviors in a variety of ways.” You must understand an individual’s worldview before you can understand their attitudes toward mental health or mental illness. We are unique individuals, and we are tenacious, so the concept of mental health in the US may be different from that of others, especially Nigerians.

P8 stated, “If you are able to cope with stress, especially in the US, you are enjoying good mental health.” I have been able to cope by working hard and making money. When I do this, I am motivated to withstand any negative stress because I must feed my family back home. Nigerians are resilient and things that would drive some people crazy just motivate people like us to become persistent and to develop a very thick skin.”

P9 “I don’t think we can talk about mental health without mentioning an individual’s level of acculturation and assimilation.” “I believe these issues contribute to the content and expression of their distress and since Nigerian immigrants are culturally different from members of the dominant society in the US, this may affect how they express psychological distress.”

istated that “mental health is when you are doing well in all areas of life, that is, emotionally, psychologically, spiritually, and socially.

After reviewing the themes, I noticed many similarities between the participants. Many of the participants seem to be influenced by their culture in the way they define mental health. Their beliefs, perceptions, and understanding of mental illness seem to play a huge role in their willingness to seek professional help for mental illness in the US. Most participants did not seek professional help even when they experienced psychiatric distress. When seeking mental health treatment, they preferred to be quiet and seek help secretly although accessibility also seems to deter participants from seeking professional help.

Mental Illness

The second theme that emerged was Mental Illness. In Nigeria, there are various beliefs surrounding mental illness. It is almost forbidden to even discuss mental illness cases. According to Nigerian immigrants, the most common predictors of mental health illnesses are spiritual explanations such as being possessed by evil spirits, enchantment, witchcraft, and divine wrath as confirmed by Omenka et al. (2020).

Many people struggling with mental illness are viewed as witches or as being tormented by evil spirits. The onset of mental illness is linked to several things. For example: P2 stated that "mental illness is categorized under one major umbrella, anyone suffering from mental illness is known as "crazy" (this means "wèrè," a psychotic illness attributed to curses among Nigerians).

P3 stated that "people who suffer from mental illness are tagged "onye ara" (a person tormented by the gods) and I struggled with this belief for a long time."

P6 stated that "mental illness "masu tabin hankali" a sickness of the mind, in which individuals could not comprehend what is happening to them." Almost all the participants agreed that evil spirits, curses from the gods, the consequence of sins, and the influence of the ancestors are responsible for mental illness. They also agreed that people suffering from mental illness are aggressive and dangerous.

P1 stated that "cultural traditions determine how individuals look at their physical and mental health. What is considered mental illness may not necessarily be what Nigerians perceive as mental illness. You see, stress and tension in the US will make

some people withdraw, overeat, or not even eat at all. Whereas this type of stress has helped me to become strong and to take the bull by the horns."

P8: "When people exhibit unbalanced and abnormal behavior, it is believed that they are possessed by evil spirits. "Bori spirits are the Hausa term for these terrible spirits." Some will also refer to the individual as "Ai, aljanu sun shige shi" meaning that the person is possessed by evil spirits."

P4: "Mental illness is determined by how an individual views their mental and physical health, in part by cultural traditions." "Although I believe mental illness is found in all cultures but the ways they are formed and expressed may be influenced by cultural belief systems.

P5: "It is difficult to use Western medicines to treat mental illness. There was a time when people reported missing genitals in Nigeria, and this was regarded as a case of mental illness. I was young at the time, but I remember the explanation given was that some of the people were reportedly being punished by the gods. No professional can provide a supernatural or spiritual explanation for this type of issue.

P7 "Mental illness has a lot to do with sorcery and the White man cannot cure it." "Exorcism of the bad spirits, done by spiritual healers is the only cure. That is why, as a traditional method of seeking a cure, spirit possession with Bori spirits for example is regarded as a treatment for mentally ill persons." Also, P9 shared a similar opinion and stated that "mental illness has to do with supernatural factors such as being possessed by evil spirits. However, some other forms of mental illness are man-made such as the ones resulting from doing drugs." P10 said something very similar to Participant P9 above. He

attributed the cause of "mental illness to spiritual attacks, possession by evil spirits, and punishment from God." He shared that the result of misuse of drugs and alcohol could lead to mental illness.

Overall, the participants in this study identified and held supernatural beliefs as the causes of mental disorders and religion is a significant cultural aspect for Nigerians. The participants also seemed to experience significant stress, which impacted their overall mental health when they relocated to the US.

Cultural Beliefs

Another theme that emerged was Cultural Beliefs. The understanding and manifestation of mental illness were strongly influenced by cultural values in terms of undesirable behaviors. Almost all the participants believed that mental illness should be treated traditionally. Traditional healers, Pastors, and Imams are consulted first in the treatment of mental illness. The participants shared that since mental illness is as a result of supernatural forces, medical attention would be fruitless. The participants described their experiences and offered the responses as follows:

P1: "How can mental illness be treated medically? "Wèrè èpè" (psychotic illness attributed to curses), can only be treated by traditional or religious leaders who are able to cure the illness traditionally or through prayers. Going to a psychiatric hospital is a waste of time. What they need is spiritual exorcism." According to P2 also, "people with mental illness are dangerous and there is no amount of medication that can help them. Wèrè yada yobe" (an aggressive mentally sick individual with dangerous instruments, such as knives

or cutlasses) will not even stay in the hospital. Even the traditional healers sometimes must tie them down so that they can be physically restrained from becoming wild."

P5: "There is what is referred to as wèrè Anjonu (psychotic illnesses due to spirits) and wèrè ajogunba" (inherited psychotic illness). This type of illness must be dealt with spiritually. Medications will not help; we will only be wasting money. We are not talking about "headaches" here, we are talking about "serious mental illness." People with mental illness need "witch doctors." According to P3, "Nigeria is a religious country, and it is our belief that whatever circumstances or situations that come our way must be directed to God or other supernatural forces. As a result of the belief in supernatural causes of mental problems among Nigerians, we are more inclined to resort to religious or spiritual coping."

P4: "We are made to believe that mental illness cannot be treated medically, and this is one of the reasons for not seeking professional help in the US." "People have been used to attending traditional or spiritual homes back in Nigeria and the idea of talking to a White person, who may not understand anything about evil spirits is not appealing." P6: "Mental health or mental illness is a foreign concept, something that is popular in the Western world and not a problem with us and may not acknowledge their existence...Although this may be considered as a loss of control in which case the person has to be cleansed. The loss of control represents sorrow or unhappiness, and the spirit must be appeased."

There are spiritual homes for spiritual things, and these are where Nigerians feel they belong when it comes to mental health or spiritual matters. In Nigeria, there

> are places of worship for healing and spiritual commitments, and this is not what you can get in the US. These spiritual homes advocate for prayers, fasting, cleansing, exorcism, and revelation of their problems through visions and prophecies. This is our own form of therapeutic services, and no talk therapy, medication, or injection can fix this. (P7)

P10: This participant also held a similar belief to participant # 3. She noted that "Nigerians have a strong belief in supernatural causes of mental illness. Hence, Nigerians even outside of Nigeria, believe that they must turn to God or other supernatural forces to address any mental health issues."

P8 "Many people who suffered from mental illness back home would wander and sleep wherever they found. It was referred to as "haukar kwana kasuwa, meaning "sleeping outside or in-the-market place madness." This belief does not help Nigerian immigrants in the US to seek professional help when they develop mental health issues." More so, depression, anxiety, and other mental health issues in the Western world are not considered severe mental health issues to Nigerians if it does not lead to wandering around and sleeping outside as described above.

> It is believed that spirituality has a lot to do with mental illness." "Just talking to someone with mental illness, as they do in the US, is not going to help. A person who could be aggressive, retarded, dangerous, and unpredictable. Spirituality and prayers have proven to help people with mental health issues overcome such challenges back in Nigeria. (P9)

From the participants' interviews, culture seems to influence the belief, experience, perception expression, and causes of stigma, as well as the approach, help-seeking attitudes, and interventions to mental health issues.

Assimilation

Assimilation was another theme that emerged. Nigerians have difficulties assimilating when they immigrate to the US, and this may affect their mental health. Nigerian immigrants' religious beliefs and their preconceived notions about mental illness may prevent them from seeking help.

P4: "It's a difficult transition." "We all must try to adjust to the US culture initially and because of the way we perceive mental illness, it may be difficult to seek help." "Even when people later settle down and understand the US culture, we cannot forget where we came from as well as how we should address issues with mental illness." "We cannot forget our culture of origin." Also, according to P8**,** "when you are in Rome, you behave like the Romans." "Our assimilation into the US and our understanding of mental health should change as we continue to get a better understanding of mental health issues." "However, beliefs about mental health may impact seeking professional health for mental health issues."

P1 "There are all types of stressors and anxiety when people relocate to another country and if care is not taken, people can easily get overwhelmed, and this could exacerbate their mental health conditions. For example, I was concerned when I came to this country and could not get a job on time. How could I seek help when I did not even have a job, not to mention medical insurance? I believe what I experienced then was

depression because I was unhappy and was in isolation for months. However, I believe the problem was situational because when I eventually got a job, my mood changed drastically."

P2 shared a similar story but her sadness was because she was unable to support other family members back at home at the time. "Despite the belief that the US is a land of opportunity, I was sad and depressed because I could not find a job, make money, and send a token back home."

P3 noted that "it is difficult to stay true to our beliefs about mental illness and at the same time navigate your ways about mental health issues in another culture." This is a problem that we don't even discuss back home, even among family members and when we did, it was secretly. Now imagine that you now must talk about the same issue, with a total stranger, in a strange land, and you don't even know if there will be a consequence."

P5 shared similar information with the participant above but added the issue of a language barrier and the dissimilarities between her and the citizens. Although she is referred to as "African American", she noted that "the moment they listen to you or hear your accent, they treat you differently."

P6 "It's difficult enough to cope with assimilation challenges and you know these challenges and the lack of mental alignment may lead to certain problems." "I am not going to seek professional help when I am going through these types of challenges. I just need to figure out the reasons, deal with my frustrations, and cope with those challenges."

P7 reported that "there were so many challenges faced by Nigerian immigrants and these challenges may contribute to or exacerbate mental illness." Many of our people will not seek professional help with the fear that they might be deported back home."

P9 "Problems to me, are parts of life and we are not expected to be exempted." It is normal that we will go through some trying times when we move to "no man's land" but that is not a reason to become mentally sick."

P10 noted that "assimilation can cause limited access to resources." She shared that it is not "easy to forget about your beliefs and all of a sudden adopt a new culture, beliefs, practices and values." "Although you are supposed to behave like a Roman when you are in Rome, it is not an easy thing to forget everything that you have learned or that was ingrained in you from your original culture."

The common theme here is that the participants believe that the cultural identity, cost of insurance coverage, and the ability to discover a trusted mental health provider, who understands their "issues" were some of the factors preventing them from access to mental health care.

Meaning of Help-seeking

Culture has a lot to do with professional help-seeking for mental health issues. Nigerians grew up believing mental health professionals may not be able to solve the problems of mental illness and hence, they are not encouraged to professional seek help. Individuals with mental health issues, particularly Nigerian immigrants, will revert to spiritual and other traditional healing methods, some of which are based on cultural

practices, before seeking any type of professional help for mental health treatment, and from modern mental health systems as is, in the US.

P6**:** “Our perceptions of mental illness are a barrier to seeking professional help. Because of the way people look at individuals who are mentally sick, I don’t want them to look at me that way, so that’s my understanding of help-seeking.

P8**: “**Nigerian immigrants in the US may have poor perceptions about mental health professionals. We believe they (professionals) may not understand our cultural backgrounds, beliefs, and understanding of mental illness. We are sensitive to the negative attitudes of these professionals toward Nigerians.

P7 **“**Nigerian immigrants in the US and are not likely to seek mental health treatment from professionals.” I am not the only one because I have never heard from any of my Nigerian immigrant friends that they are seeking help or that they ever sought help from a mental health professional since moving to the US.” I think it is because our concept of mental illness is just different.”

P5 “There is a belief that mental health professionals from the US cannot understand the role that culture plays in the experience and perception of mental illness and this prevents Nigerian immigrants from seeking professional help.”

P3 “Help-seeking to me is the ability to rally around one another and provide the necessary support when we see people that are going through tough times.” You may not even need any medication but having people around you, especially those who understand what you are going through makes all the difference.”

P2 “Nigerian immigrants just need support from their loved ones when they experience mental health issues.” They should also seek help from those who understand their perception and understanding of mental illness.” P10 also noted that “there is no way we can discuss help-seeking without mentioning the importance of culture.” Cultural differences influence whether or not to seek help when going through challenges.

P9 and P4 both alluded to the fact that the practice of collectivism is help-seeking. In a collectivist culture, people sacrifice for the greater good of others, there is a strong relationship between the people and there is encouragement from people who have experienced what others are just starting to experience.” Overall, there will be less mental health issues among the people.

Many of the participants expressed the importance of support for one another. They shared the stigma that may be associated with help-seeking and how cultural difference plays a significant role.

Stigma

Stigma was another theme that emerged. Stigma toward the people struggling with mental illness did not help. Stigma is a crucial factor among Nigerian immigrants living with mental health issues as they are often discouraged from seeking help because they are afraid of being stigmatized, shunned, or misunderstood because of their condition. This assertion is reflected in the way the participants answered the questions about stigma.

P3: “Mental illness not only affects the individual, but it also affects the family of the mentally ill. Nobody wants to marry from a family who has a history of people with

mental illness. Do you know that people would do their research even up till today before getting married? This is because they do not want their (Pikin meaning children) to inherited mental illness."

P4: "Nobody wants to associate themselves with anyone suffering from mental illness. People with mental illness are taken to the traditional herbalists and abandoned there." It is a taboo to have a history of mental illness in a family. It means that family is cursed."

P10: **"**The stress associated with childbirth led to post-partum depression and since I did not want to be seen as crazy, as the case is in Nigeria, she was reluctant to seek help. She would rather deal with the burden of living with the symptoms of postpartum depression rather than be labeled as "crazy."

P1: "Some people suffering from mental illness are believed to be possessed by the spirit of witchcraft and to get the spirit to leave, traditional witch doctors are called upon." However, nobody would want others to know about the incident of "witchcraft" in the family and so they always keep this information a secret, and within the family. "This stigma continues to prevent immigrants from seeking professional help even in the US."

P2: This participant also alluded to widespread hatred, stigma, and discrimination against people with mental illness. "The mentally ill population is looked upon negatively and I believe this prevents or contributes to people not seeking help in the US."

All other participants, P6, P7, P8, and P9 also alluded to stigma against the mentally ill. They shared that even professionals sometimes harbor unfavorable attitudes

toward people with mental illness. Some of them shared that mental illness is a sign of "weakness" and prevents them from seeking professional help.

It appears that being marked as mentally ill carries an enormous stigma. The participants explained that people with mental illness are stereotyped as unpredictable, violent, retarded, and are socially excluded. The participants noted that the social exclusion contributed to how Nigerian immigrants see themselves when they relocated to another new environment such as the US. The damaging effect of stigma seemed to be more detrimental to the sufferers than that of the symptoms.

Experience of Mental Illness in Nigeria

Another theme that emerged was the Experience of Mental Illness in Nigeria. From the applicants' lived experiences, mental illness has no cure and can be inherited according to cultural belief factors and because of this, people with mental illness are ostracized, discriminated against, abandoned, and separated from the rest of the population. For example, P6 stated "Individuals with mental health issues, as well as their family members, will seek spiritual and traditional healing methods because of the belief and understanding of mental illness, before going to the hospital. They preferred this to seeking professional help for the treatment of mental health." P9 reported that "there are very few psychiatric hospitals in Nigeria. In a country of 200 million with 36 states, I believe there are less than 10 federal psychiatric hospitals in Nigeria. For example, we lived in Akure, Ondo State, and the closest psychiatric hospital was about 5 hours away. The roads are not motorable and could be involved in an accident on our way to Aro,

Psychiatric Hospital, Abeokuta. We were forced to admit my cousin at a nearby church after considering all these issues a few years back."

P7: "Stigma influences whether to seek help or not. People who struggle with mental health issues as well as their family members are unwilling to seek professional help even in the US because of their beliefs about mental illness." They are used to treating mental illness differently in Nigeria, so the concept of psychotherapy in the US is new to them."

P8 "Within the Hausa society, it is believed that the spirit of 'Bori' may be at work." This case is then handled by an "Imam" who would help to drive the spirits out. I have seen this done many times back in Nigeria. I am a Muslim and I know a few Imams who conducted this type of healing. P2 shared a similar experience and stated, "I used to have a friend who became mentally sick but instead of seeking medical help, the family took her to a traditionalist who would tie her down and beat her up." "The interesting thing was, each time we went to visit her before she eventually passed away, she appeared to remember all the fun we had." "She joked with us and talked about when we were in school although she was sometimes incoherent." She remembered names, people, situations, and you would never know she was suffering from mental illness if not for the restraint of her foot."

P1: Nigerians preferred non-medical treatments for mental illness. As a matter of fact, few people who were able to afford the cost of medical treatment when I was in Nigeria ended up going back to the traditional method of treatment." P3 shared that "I know of a case where the individual was in the hospital for months and there was no cure

until the family decided to take the individual to a celestial church where they went into fasting and prayer, on his behalf." "After a while, he came back to his senses although he was still displaying some bizarre behavior before I left Nigeria, but he was significantly better than he was."

P4 "Since there is always a belief that sin and demonic possession are some of the factors contributing to mental illness, it is rare to see people visit hospitals to manage mental health issues. The experience has always been to approach traditional or spiritual healers for spiritual guidance." Participants P10 and P5 are from separate ethnic groups. Nonetheless, they both acknowledged the role that culture played in health-seeking behaviors and treatment utilization. They also both shared similarities in how they communicate mental health concerns as well as how they receive their mental health needs in Nigeria. They both believe that religion is one of the answers to mental illness instead of psychiatric hospitalization.

The participants agreed that the understanding of mental illness and the fact that it may be rooted in traditional beliefs seems to prevent Nigerian immigrants from seeking the adequate care that they require due to fear, rejection, embarrassment, and abandonment. Family members and relatives are also not supportive that mental health issues should be addressed by professional help-seeking practices but through traditional methods.

Utilization of Mental Health Services in the US

The final theme was the Utilization of Mental Health Services in the US. There seems to be an inadequate utilization of mental health services among Nigerian immigrants which is a major issue in the treatment and management of mental health issues. Cultural beliefs, language barriers, and racial issues seem to prevent the utilization of mental health services by Nigerians in the US. Nigerian immigrants believe that professionals do not understand their cultural background and preferences, and this creates doubts and skepticism among immigrants regarding mental health professionals.

P1, P2, P5, P7, and P9 all alluded to the fact that Nigerian immigrants believe that the US healthcare system is not designed to treat other non-Americans. Nigerians may not recognize indicators of mental health and the three domains that they represent including emotional well-being, psychological well-being, and social well-being.

P3, P4, and P10 also shared the view that when it comes to mental health professionals, Nigerians have some reservations. They prefer mental health professionals who would appreciate their concerns as well as value their cultural background. They do not want a situation whereby the professionals would use the system in the Western world to justify how to treat Nigerian immigrants. They all believe that the system should not work this way.

P6 and P9 also shared the view that Nigerian immigrants' experience of help-seeking in the US is quite different from the ones from that of their native countries. "Although the US mental health system made mental health care services available, Nigerian immigrants do not take advantage of these services for one reason or the other." The data revealed that the utilization of mental health services among Nigerian

immigrants in the US had several dimensions. High cost of insurance, language problems racial and ethnic differences, cultural background and traditional beliefs, distrust of mental health-care professionals were indicated as structural impediments to service utilization. Social support is important for Nigerian immigrants, as they seem to turn to family and friends for mental health issues.

Summary

The results of this phenomenological study reveal the experience of mental health, mental illness, and help-seeking among Nigerian immigrants**.** Participants painted a picture of how they experienced mental illness through the lens of their cultural experience, as well as of the painful and unresponsive interactions with accessing and receiving care. This was in addition to the struggles to understand and reconcile country-of-origin views with the US vision of mental health, mental illness, and treatment.

The results from the interview revealed that Nigerian immigrants try to negotiate the differences between their original culture and the U.S. culture. In their country of origin, Nigerian immigrants perceive mental health problems as the consequence of an external attack on the individual. The discussion about mental illness is forbidden in Nigeria and is considered taboo both in private and public discussions.

Nigerian immigrants believe that the issue of mental health should be discussed within the family and so all the other family members would rally around the individual struggling with mental health issues. When they immigrated to the US, they leaned into the culture of individualism and abandoned the closed family systems they were once used to. Nigerian immigrants’ traditional cultural practices not only influenced their

mental health but influenced all components of life including social functioning abilities, family relationships, and physical well-being. Nigerian immigrants' connection with traditional values and methodologies for health are unique.

Nigerian immigrants' traditional values are woven into traditional healing practices, traditional medicine, prophecy, herbalism, witchcraft, enchantment, and spiritualism. This is because they see these methods as the only curative way to manage mental health issues. Nigerian immigrants, even though they live in another culture, still embrace Nigerian traditional methods of treatment because of the integrated approach to health in which mental health is evaluated alongside physical health and the availability of culturally competent practitioners and healers.

The way mental illness is managed in the US is different from their perception, understanding, and belief of mental illness. However, their experiences are shaped by perceptions of mental illness and help-seeking from their country of origin. Issues of discrimination, prejudice, and hatred also played a part as Nigerian immigrants reported racism towards them and when the issue of mental illness is now addressed, it is believed that this could lead to more discrimination and violence towards them.

Nigerian immigrants also shared the issues of a language barrier and how this factored into their understanding of mental health. Although most of the participants speak English, they shared that their "accent" prevented them from participating in the treatment process. They reported that mental health professionals are mostly White, and they found it difficult to understand them, despite that they speak English, most did not understand their cultural conceptions of mental illness. The participants noted that mental

illness in the US is a health condition that involves changes in thoughts, feelings, and behaviors, especially when the individual is distressed with social and occupational functioning. They identified that cultural stigma related to mental illness has profound discrimination that caused them to avoid help-seeking and not seek treatment.

The findings from the data revealed issues of culture and stigma. The dimensions of the cultural experience of mental illness showed that stigma played a part. Individuals with mental illness were kept away from the rest of the community, and hidden until they were healed, for fear of shame and disgrace from the community and the rest of the public. When the individual's condition struggling with mental illness did not change, and the person was becoming a burden to the family, the individual would be taken to a traditional healer, a spiritual healer, a church, or a mosque for culturally acceptable treatment. The participants reported the preference to utilize traditional methods of treatment for mental illness due to fear of stigma. Most Nigerian immigrants believe that the traditional methods of treatment attach less stigma to the issue of mental illness and would be the best curative method for mental illness because of the causative factors of mental illness.

The participants explained that people with mental illness were sent out by their families back in Nigeria to protect the family legacy and name, because of the issues of stigma. This is because of the belief that people with mental illness were presumed to bring shame to the whole family. The family members could be ostracized if one of them is perceived to be "crazy.". Before this happened, the family would rather ostracize the individual with the mental illness. If they refuse to take this action, it might affect other

family members later in life when they are ready for marriage because of the belief that the marriage of ladies from families where one of the members had a mental illness would be hereditary and passed down to the descendants in that family.

In Chapter 5, the data will be interpreted and analyzed as the study's findings are contrasted with those of the literature review. The study's findings will be related to the theoretical frameworks of belief perseverance theory. The study's limitations will be discussed, along with suggestions for additional research. Recommendations for future research and implications for social change will be provided.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this phenomenological study was to explore Nigerian immigrants' lived experiences. The study focused on the stigma of mental illness and help-seeking among Nigerians in the United States. The study contributes to understanding how cultural beliefs, perceptions, and stigmatization held by Nigerian immigrants complicate the meaning of mental health and help-seeking in the US. Ten participants from the three major ethnic groups in Nigeria described their understanding of mental health, mental illness, and help-seeking experiences to explore the following questions:

RQ. What are the experiences of the Nigerian immigrants' seeking mental health services in the US?

Sub-RQ1. How do Nigerian immigrants in the US understand the concept of mental health?

Sub-RQ2. How do the perceptions of Nigerian immigrants in the US affect their willingness to seek mental health treatment in the US?

Sub-RQ3. How do Nigerian immigrants perceive stigma and its impact on Nigerian immigrants' seeking psychological help in the US?

Interpretation of the Findings

The interviews allowed participants to recount their experiences using their own words and the interview questions prompted participants to explain their mental health experiences. The data from the study were analyzed and the relevant content areas were identified to respond to the research questions. The primary themes found in the

participants' responses were mental health, mental illness, cultural beliefs, assimilation, meaning of help-seeking, stigma, experience of mental illness in Nigeria and utilization of mental health services in the US. From the first research question, I sought to answer the questions: what are the experiences of the Nigerian immigrants' seeking mental health services in the US, and how do Nigerian immigrants in the US understand the concept of mental health?

These questions were in line with the themes that emerged from the study and participants were able to share their experiences about seeking mental health. The findings confirmed how Nigerian immigrants to the US think about the concept of mental health as described in Chapter 2. Overall quality of life seems to represent mental health care for Nigerian immigrants (Bitter et al., 2017). Stress, depression, and other mental health issues seem to be major individual and social burdens among Nigerian immigrants (Ekwemalor & Ezeobele, 2020).

When viewed through the lens of traditional cultural belief systems, the treatment of mental illness among Nigerian immigrants could not be handled effectively (Okafor et al. 2022). Symptoms of mental illness affect Nigerian immigrants' emotional well-being, reduced ability to concentrate, and inability to cope with stress. The data revealed that the participants understand the concept of mental health that extends beyond the differences between the US and Nigeria.

Another sub-question about how the perceptions of Nigerian immigrants in the US affect their willingness to seek mental health treatment in the US was also in line with the themes that emerged from the study. The participants explained their understanding

of mental illness and how it affected their help-seeking behaviors. Bella et al. (2012) and Abdullah and Brown (2011) explained that personal beliefs, attitudes, and knowledge about mental illness and stigmatism played an important role in seeking mental health services. The participants also agreed that people suffering from mental illness are aggressive and dangerous.

These results are consistent with the research by Okafor et al. (2022). The participants did not believe that mental illness can be justified by scientific or orthodox treatments, but instead, they reported that demonic spirits, wizards, sorcerers, misfortunes, and other afflictions are better explained by spiritual forces directed by witches, wizards, sorcerers, evil spirits, or angered ancestors. Agofure et al. (2019) agreed with this assertion and reported that although Nigerians recognized mental illness as debilitating, they preferred traditional treatment in the management of mental illness. The misconception about causes of mental illness and the poor attitudes about the mentally ill should be corrected by structured strategic awareness efforts to improve their qualities of life as explained by Agofure et al. (2019). Otherwise, these beliefs would increase the likelihood of further rises in mental illness and mental health issues among Nigerian immigrants. The mental health of these immigrants should not be taken for granted because it is part of what will enable them to work productively through the normal stresses of life.

Cultural beliefs also influence how Nigerian immigrants seek professional help to mental health issues. The study indicated that cultural beliefs added to the barriers of reporting mental illness because of the embarrassment, prejudice and discrimination

associated with the illness. Individuals with mental illnesses and their families were stigmatized and discriminated against as harmful to the general population. The study by Wong et al. (2018) confirmed this and reported that public perceptions of individuals suffering from mental illness are dangerous and should be avoided, contributed to the reluctance to seek professional help. Sherra et al. (2017) reported that in a developing country like Nigeria, the people preferred traditional and alternative treatment methods of mental health service delivery. This is due to their beliefs about the causes of mental illness; since, the belief is that mental illness results from possession by demons, the expulsion of demons is an appropriate treatment.

Nigerian immigrants preferred to approach traditional or faith healers, which delayed entry to psychiatric care. The participants in this study reported that they had witnessed some mentally ill patients who recovered from mental illness after being spiritually cleansed by herbalists and native doctors. According to Sherra et al (2017), the delay in quickly seeking professional help may negatively affect the prognosis and treatment of mental health issues among Nigerian immigrants. Therefore, it is important to continue to highlight the importance of mental health education, as well as consider the role of cultural beliefs in both the evaluation and the management of mental illness among Nigerian immigrants.

Another question that I sought to answer was how the perceptions of Nigerian immigrants in the US affect their willingness to seek mental health treatment in the US. This is also consistent with the themes that emerged from the study, which has to do with perception. Nigerian immigrants noted that mental health treatment methods, informed by

the American understandings contrasted with their traditional cultural belief systems and practices. Mental illness taboo seems to be a problem that should not be discussed among Nigerian immigrants. Nigerians who exhibit symptoms of mental illness are thought to need unconventional healing from places such as Christian and Islamic faith-based institutions. The findings suggest that religious and cultural influences continue to influence knowledge and understanding of the causes of mental illness. It might also be an attempt for these Nigerian immigrants to continue to maintain their traditional cultural values.

The questions about how Nigerian immigrants perceive stigma and its impact on Nigerian immigrants seeking psychological help in the US were explored, and the themes that emerged from this question included assimilation, their experience of mental illness in Nigeria and the utilization of mental health services in the US. Nigerian immigrants have a difficult time adjusting to the new culture when they move to a new place. Ubani (2020) defined assimilation as the process in which an underrepresented group or culture comes to resemble a dominant group or assume the values, behaviors, and beliefs of another group. According to Hendriks and Burger (2020), assimilation is a gradual process that often happens unintentionally or without any deliberate attempt. How quickly immigrants can adapt once they arrive in a foreign nation will determine the speed of the integration process.

This is consistent with the study by Ojagbemi and Gureje (2021), as they posited the desire to avoid stigma may lead to the use of traditional or religious services because spiritual attacks, for example, may make mental illness less stigmatizing. Brown et al.

(2010) explained that stigma disqualified many immigrants from seeking mental health services because they were not accepted by their society. Ran et al. (2018) also demonstrated that stigma did not only affect those with mental illness, but also influenced their family caregivers. Also, the study by Wong et al. (2018) posited that stigma affects the health professional's readiness to provide health services for individuals with mental illness. This is consistent with Nigerian immigrants' skepticism about seeking help from professionals. Moreover, a research study by Ran et al. (2021) indicated that cultural values play significant roles in stigma internalization.

Hendriks and Burger (2020) went further to posit that it takes a while before an immigrant can assimilate. For Nigerian immigrants who are coming from a collectivist society, this is not an easy process for them. Contradictory to a collectivist society, which Nigerian immigrants are used to, the American society values individualism. Ran et al. (2021) opined that American people might be less likely to pay attention to whether individuals have harmonious relationships or not. According to Bajah (2022), loneliness, a sense of belonging, and aversion to cold climates are all problems that can be solved if the underlying causes are identified.

The participants from this study reported their experiences while attempting to cope with assimilation challenges when they moved to the US, and these include systemic racism, cultural prejudice, language barriers, economic obstacles, unemployment, inequality in mental health services, and a lack of access to effective and acceptable mental health services and treatments. The participants shared that these problems triggered their mental problems, but the stigma associated with mental illness

prevented the need to seek help. Derr (2016) also explained that the stressors faced by immigrants when they relocate to a new environment could complicate or exacerbate their mental health issues. Nigerian immigrants feel marginalized and unincluded when they relocated to the US.

According to Choy et al. (2021), marginalization was associated with depression while integration was associated with the least depressive symptoms. Bollwerk et al. (2022) perceived societal marginalization as the perception that an individual's own group is unappreciated and treated as unimportant. Marginalization more than triples the likelihood of anxiety-related symptoms compared to integration (Choy et al., 2021). When Nigerian immigrants find themselves in the US, they feel they are excluded, and as Bollwerk et al. (2022) put it, they use the term "people like me" to define themselves; this has effects on behavioral outcomes. This is consistent with the study by the National Academies of Sciences, Engineering, and Medicine (2019) where they posited that people who feel marginalized are exposed to stress and adversity, and these may have enormous effects on their mental health and overall well-being.

To Nigerian immigrants, help-seeking is about coming together and supporting one another. Edem-Enang (2012) shared that Nigerian immigrants came to the US from a collectivist society with recognized value systems passed down to them, and they feel they must continue with these values systems regardless of where they found themselves. Individuals from collectivist societies have failed to adhere to mental disease help-seeking options and tried avoiding any circumstance associated with sharing personal information and reporting symptoms of mental illness to mental health professionals

(Edem-Enang, 2021). According to the participants' lived experiences, mental illness has no treatment and can be inherited based on cultural belief factors. Hence, people with mental illnesses are excluded, discriminated against, abandoned, and removed from society. This is confirmed by the National Mental Health Act (2021) and consistent with how participants shared some of their experiences.

Based on some of the reasons listed above, Nigerian immigrants are skeptical about utilizing mental health services in the US. Cultural beliefs seem to be a huge aspect of this problem. Nigerian culture and Nigerian immigrants differed in concepts from the Western conceptualization of mental illness. Nigerian immigrants believe that people struggling with mental illness are socially undesirable and because of this, they do not discuss the issue of mental illness at all. The participants in this study demonstrated their belief perseverance as discussed in Chapter 2 that once people decide to believe something, they are likely to stick with it, even in the face of contradictory facts. It might be embarrassing to back down from their prior assertions, and even more difficult to remove a belief that has become entangled in a larger web of beliefs without upsetting the other beliefs (Anglin, 2019; More, 2021).

Nigerians are a tight-knit group, and although they can benefit from seeking mental health services in the US, they continue to persist in their cherished beliefs and attitudes about mental illness. The participants continue their beliefs about mental illness while also strengthening their attitudes about seeking help from professionals for mental health issues (Anglin, 2019; More, 2021). This study reveals that traditional beliefs influence the challenges with mental health help-seeking, as well as an unwillingness to

seek treatment for mental health problems. Nigerian immigrants' perceptions were combined with cultural belief systems, which informed their decision to either seek assistance for mental health issues or not.

Stigmas especially exist around talking about mental illness, and this leads to skepticism and reluctance about professional help-seeking among Nigerian immigrants. It also makes Nigerian immigrants struggling with mental illness feel isolated and less likely to seek help. However, mental illness is debilitating and prevents Nigerian immigrants from living a full life. It may help therefore to improve the orientation and understanding of Nigerian immigrants about mental illness and also broaden the destigmatization program about mental health issues, especially among Nigerian immigrants in the US. It may also help to develop a positive collaborative relationship between mental health professionals and faith and/or spiritual leaders.

According to Van Nieuw Amerongen-Meeuse et al. (2018), professionals in mental health care tend to be less religious than their patients. This was referred to as a religiosity gap, and it has consequences for the treatment relationship. Nigerian immigrants reported negative experiences such as disrespect, a lack of confidence and/or negative expectations related to the religiosity gap as mentioned by Van Nieuw Amerongen-Meeuse et al. (2018). In contrast, they also mentioned religiosity match, which may help Nigerian immigrants' safety, confidence, and appreciation of professionals' religious/spiritual self-disclosure. The recognition of the religiosity gap may continue to help professionals understand the relevance of culture and consider

different strategies in approaching the treatment of mental health issues among Nigerian immigrants.

Limitation of the Study

One of the study's limitations is generalizability, which refers to the extent to which a scientific finding can be projected outside of the context of a single study (Mitchell & Shivde, 2023). The extent to which one would find the same results in different places or times, with different materials and contexts, including outside the laboratory in the real world (Mitchell & Shivde, 2023). Bauer (2023) also argued that it is important for scientists to recognize the issue of generalizability in their studies. This research study was conducted in Richmond, Virginia, and may not be generalizable to other Nigerian immigrants in other parts of the US. Other areas of the state and the country were not sampled.

Access to participants is another limitation in this study. The issue of mental illness is highly sensitive, and people may not be interested in sharing their experiences. For this study, a homogenous purposive sampling technique was used to select participants, and according to Palinkas et al. (2015), purposeful sampling is a method used for the identification and selection of information-rich cases for the most effective use of limited resources. Bornstein et al. (2013) reported that this may constitute a limitation when it comes to producing estimates of the target population that are generalizable.

The results may not be transferable to other African immigrants or immigrants in general because of the differences in cultural and regional experiences. However, with a

focus on trustworthiness, the qualitative aspect of this study can be regarded dependable and the themes that emerged from the study can be transferable, which helps to solve generalizability concerns.

Another limitation in the study has to do with the demographics of the participants in the study. Of the 10 participants, six identified as male and four identified as female. They spanned in age between 25 and 74 years old. There may be unique lived experiences among younger people, or those who live in other parts of the US. It is unknown whether differing demographics from other people within the US would result in different unique lived experiences.

Recommendations

The results of the study were limited to a very homogeneous target group of immigrants from Nigeria. Future research could, using the same approach, explore the lived experience of younger immigrants aged 20-25. These individuals could have a very different worldview of mental health or mental illness, and it would be worth understanding their point of view. Another recommendation is to include other immigrants from neighboring African countries and compare their experience of mental health to that of Nigerian immigrants.

Future research could also explore the impact of spirituality on mental illness. Ullrich (2019) reported that spirituality is more than identifying with a certain religious practice but about private and personal connection with self, spiritual helpers, nature, and the Creator. My research findings revealed that the participants preferred spiritual helpers to professional helpers whether they are at home or abroad. Future research could also

look closely into how professionals in the US can incorporate spirituality into mental health services especially for Nigerian immigrants. Future research can include how cultural beliefs influence barriers to reporting and seeking help for mental health issues.

Implications and Social Change

This study offers some valuable implications for social change regarding help-seeking for mental health issues among Nigerian immigrants. Participants from the study reported their experiences about mental health, as well as their unwillingness to seek help for mental health issues in the US. Nigerian immigrants are part of the society and are expected to contribute their fair share, but it presents a problem when they are not emotionally stable to give back. The results from this study could help mental health professionals recognize the barriers to seeking help, as well as the importance of culture. Professionals can understand the importance of cultural stigma concerning mental health challenges and how this prevents them from professional help-seeking.

This research offers a new perspective on the need for mental health practitioners to continue to focus on cultural, stigma, racial barriers and other issues that may prevent Nigerian immigrants from seeking professional help. As such, the study helps provide appropriate information to professionals about possible hinderances for Nigerian immigrants in mental illness.

Conclusion

The purpose of this phenomenological study was to explore the lived experiences, understanding, perceptions, and stigma of Nigerian immigrants seeking psychological help in the US. The structure of this study allowed me as a researcher to gather important

information from the targeted population. I identified eight themes in this study: (a) mental health (b) mental illness (c) cultural beliefs (d) assimilation (e) meaning of help-seeking (f) Stigma (g) experience of mental illness in Nigeria and (h) utilization of mental health services in the US. These themes provided additional line of inquiry for future studies that focus on Nigerian immigrants understanding of mental health and help-seeking behaviors.

Using the belief perseverance theory, I explored the lived experiences of Nigerian immigrants about the stigma of mental illness and their help-seeking behaviors in the US. This study advances knowledge and literature about the beliefs, conceptions, experiences of mental health and mental illness, stigma, and help-seeking among Nigerian immigrants. I am a Nigerian immigrant and I work in the mental health field. The desire to have this study conducted materialized because Nigerian immigrants are not seeking professional help but in my interactions with them, I know they experience mental health issues. The study helps to understand that it's almost impossible for Nigerian immigrants to desert their culture but retain their beliefs as they move from their home culture to a new environment.

The continued exploration and education about mental health among Nigerian immigrants could help them realize that they do not need to completely jettison their rich culture in totality, but they can find a way to acculturate, enjoy the benefits of seeking professional help, and be more productive. My desire is that this line of research will help focus the lens of scientific inquiry on Nigerian immigrants' mental health in the US and to better understand how professionals can work with them.

References

Abasiubong, F., Ekott, J. U., & Bassey, E. A. (2008). A comparative study of attitude to mental illness between journalists and nurses in Uyo, Nigeria. *African Journal of Medicine and Medical Sciences, 36,* 345–351.

Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review, 31,* 934–948. https://doi.org/10.1016/j.cpr.2011.05.003

Abia, A., A. (2012). African beliefs systems and healthy living. *International Journal of Culture and Human Development, 4*, 3.

Abimbola, D. (2021). African immigrant women and mental health. *TWU Student Journal, 1*(1), 43–54. Retrieved from https://journals.tdl.org/twusj/index.php/twusj/article/view/30

Adair, R., & Nwaneri, M. O. (1999). Communicable disease in African immigrants in Minneapolis. *Archives of Internal Medicine, 159*(1), 83–85.

Adeboye, O. (2007). ‘Arrowhead’ of Nigerian Pentecostalism: The Redeemed Christian Church of God, 1952-2005. *Pneuma, 29*(1), 24–58. https://doi.org/10.1163/157007407X178238

Adefolaju, T. (2014). Traditional and orthodox medical systems in Nigeria: The imperative of a synthesis. *American Journal of Health, 2*(4), 118–124. https://doi.org/10.11648/j.ajhr.20140204.13

Adewumi, O. (2015). Acculturation stress and the coping strategies of Nigerian immigrant women in the United States (Order No. 3734406). *Available from*

Dissertations & Theses @ Walden University. (1733293107).

Adewuya, A. O., & Makanjuola, R., O. (2008). Social distance towards people with mental illness in Southwestern Nigeria. *Australian and New Zealand Journal of Psychiatry, 42*(5), 389–395.

Adewuya, A. O., & Makanjuola, R., O. (2008). Lay beliefs regarding causes of mental illness in Nigeria: Pattern and correlates. *Social Psychiatry & Psychiatric Epidemiology, 43*(4), 336–341. https://doi.org/10.1007/s00127-007-0305-x

Adewuya, A., & Makanjuola, R. (2009). Preferred treatment for mental illness among Southwestern Nigerians. *Psychiatric Services, 60*(1), 121–124.

Adesote, S. A. (2017). A comparative study of the African Diasporas' contribution to the development of and their integration in the US and the UK.IUP *Journal of International Relations, 11*(2), 24–35. https://www.questia.com/library/p439505/iup-journal-of-international-relations

Aghukwa, N. C. (2012). Care seeking and beliefs about the cause of mental illness among Nigerian psychiatric patients and their families. *Psychiatric Services 63*(6), 616–618.

Agofure, O., Okandeji-Barry, O. R., & Ume, I. S. (2019). Knowledge and perception of mental disorders among relatives of mentally ill persons in a rural community in South-South Nigeria. *Journal of Community Medicine and Primary Health Care, 31*(2), 66–77.

Agorastos, A., Haasen, C., & Huber, C. G. (2012). Anxiety disorders through a transcultural perspective: implications for migrants. *Psychopathology, 45*(2), 67–

77. https://doi.org/10.1159/000328578

Akarowhe, K. (2018). Effects and remedies to cultural shock on adolescent students. *Biomedical Journal of Scientific & Technical Research, 7*(5), 6154-6157. https://doi.org/10.26717/BJSTR.2018.07.001569

Akinsulore, A., Esimai, O. A., Mapayi, B. M., & Aloba, O. O. (2018). Public awareness and attitude towards depression: A community-based study among an adult population in Ile-Ife South-Western Nigeria. *Community Mental Health Journal, 54*(6), 866–874. https://dx.doi.org/10.1007/s10597-017-0222-8

Amelia, S., D. (2016). Mental health service use among immigrants in the United States: A systematic review. *Psychiatric Services*, (3), 265. https://doi.org/10.1176/appi.ps.201500004

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington: American Psychiatric Association.

Amuedo-Dorantes, C., Puttitanun, T., & Martinez-Donate, A. (2013). How do tougher immigration measures affect unauthorized immigrants? *Analyses of Social Issues & Public Policy, 50*, 1067–1091. https://doi.org/10.1111/j.1530-2415.2011.01271.x

Amuyunzu-Nyamongo, M. (2013). The social and cultural aspects of mental health in African societies. *Commonwealth Health Partnerships*, *59*.

Anbesse, B., Hanlon, C., Alem, A., & Packer, S., & Whitley, R. (2009). Migration and mental health: A study of low-income Ethiopian women working in Middle Eastern countries. *International Journal of Social Psychiatry, 55*, 557–568.

https://doi.org/10.1177/0020764008096704

Anderson, M. (2017). African immigrant population in U.S. steadily climbs. *Pew Research Center*. Retrieved from: https://www.pewresearch.org/fact-tank/2017/02/14/african-immigrant-population-in-u-s-steadily-climbs/

Anderson, C. (2010). Presenting and evaluating qualitative research. American Journal of *Pharmaceutical Education, 74*(8), 1-7. https://dx.doi.org/10.5688/aj7408141

Anderson, C., Ross, I., & Lepper, M. R. (1980). Perseverance of social theories: The role of explanation in the persistence of discredited. *Journal of Personality and Social Psychology*, 39, 1037-1049. https://doi.org/10.1037h0077720

Anglin, S. M. (2019). Do beliefs yield to evidence? Examining belief perseverance vs. change in response to congruent empirical findings. *Journal of Experimental Social Psychology, 82*, 176–199. https://doi.org/10.1016/j.jesp.2019.02.004

Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies, 5*(2), 272-281.http://hdl.handle.net/123456789/256

Asch, S. E. (1951) Effects of group pressure upon the modification and distortion of judgement. In H. Guetzkow (ed.) *Groups, leadership and men*. Pittsburgh, PA: Carnegie Press

Asch, S. E. (1956) Studies of independence and conformity: A minority of one against a unanimous majority. *Psychological Monographs, 70* (Whole no. 416).

Asch, S. E. (1966). Opinions and social pressure. In A. P. Hare, E. F. Borgatta and R. F. Bales (eds.*), Small groups: Studies in social interaction,* (pp. 318-324). New

York: Alfred A. Knopf.

Archibald, M. M., Ambagtsheer, R. C., Casey, M, G., & Lawless, M. (2019).Using Zoom videoconferencing for qualitative data collection: Perceptions and experiences of researchers and participants. *International Journal of Qualitative, 18,* 1–8. https://doi.org/10.1177/1609406919874596

Armiyau, A. Y. (2015). A review of stigma and mental illness in Nigeria. *Journal of Clinical Case Report, 5*(1), 488- 491. https://doi.org/10.4172/2165-7920.1000488

Atilola, O. (2016). Mental health service utilization in sub-Saharan Africa: Is public mental health literacy the problem? Setting the perspectives right. *Global Health Promotion, 23*(2,) 30-7. https://doi.org/10.1177/1757975914567179

Bajah, B. (2022). *Factors affecting the mental health and assimilation of first-generation Nigerian Americans* (Order No. 28962742). Available from ProQuest One Academic. (2652833837). https://www.proquest.com/dissertations-theses/factors-affecting-mental-health-assimilation/docview/2652833837/se-2

Balogun, O. M. (2011). No necessary tradeoff: Context, life course, and social networks in the identity formation of second-generation Nigerians in the USA. *Ethnicities, 11*(4), 436-466. https://doi.org/10.1177/1468796811415759

Baker, A. E. Z., & Procter, N. G. (2013). A qualitative inquiry into consumer beliefs about the causes of mental illness. *Journal of Psychiatric and Mental Health*, 20, 442-447. https://doi.org/10.1111/j.1365-2850.2012.01952

Bándy, K. (2011). The challenges of the European Union's migration and integration policy: The road to a common immigration policy. *Sociology Study, 1*, 415-429.

Bauer, P. J. (2023). Generalizations: The grail and the gremlins. *Journal of Applied Research in Memory and Cognition, 12*(2), 159–175. https://doi.org/10.1037/mac0000106

Bauldry, S., & Szaflarski, M. (2017). Immigrant-based disparities in mental health care utilization. Socius: Sociological Research for a Dynamic *World, 3,* 1-25. https://doi.org/10.1177/2378023116685718

Bella, T., Omigbodun, O., Dogra, N., & Adeniyi, Y. (2012). Perceptions of mental illness among Nigerian adolescents: An exploratory analysis. International *Journal of Culture & Mental Health,* 5(2), 127-136.

Ben Natan, M., Drori, T., & Hochman, O. (2017). The impact of mental health reform on mental illness stigmas in Israel. *Archives of Psychiatric Nursing, 31*(6), 610-613.

Ben-Zeev, D., Young, M., & Corrigan, P. (2010). DSM-V and the stigma of mental illness. *Journal of Mental Health, 19*(4), 318-327. https://doi.org/10.3109/09638237.2010.492484

Berg, A. O., Melle, I., Rossberg, J. I., Romm, K. L., Larsson, S., Lagerberg, T. V., …..& Hauff, E. (2011). Perceived discrimination is associated with severity of positive and depression/anxiety symptoms in immigrants with psychosis: A cross-sectional study. *BMC Psychiatry, 11*(1), 77.

Bhatia, S., & Ram, A. (2009). Theorizing identity in transnational and diaspora cultures: A critical approach to acculturation. *International Journal of Intercultural Relations, 33*(2), 140-149. https://doi.org/10.1016/j.ijintrel.2008.12.004

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

tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research, 26*(13), 1802-1811. https://doi.org/10.1177/1049732316654870

Bitter, N., Roeg, D., van Assen, M., Van Nieuwenhuizen, C., & van Weeghel, J. (2017). How effective is the comprehensive approach to rehabilitation (CARe) methodology? A cluster randomized controlled trial. *BMC psychiatry, 17*(1), 1-11.

Bjerre, S. S., Dauvrin, N.V., Dias, M., Gaddini, S., Greacen, A., Ioannidis, T…& Stefan, M. P. (2013). Experiences with treating immigrants: A qualitative study in mental health services across 16 European countries. *Social Psychiatry and Psychiatric Epidemiology, 48*, 105-116.

Blair, E. (2015). A reflexive exploration of two qualitative data coding techniques. *Journal of Methods and Measurement in the Social Sciences, 6*(1), 14-29.

Bollwerk, M., Schlipphak, B., & Back, M. D. (2022). Development and validation of the perceived societal marginalization scale. *European Journal of Psychological Assessment, 38*(2), 137–149. https://doi.org/10.1027/1015-5759/a000651

Bornstein, M. H., Jager, J., & Putnick, D. L. (2013). Sampling in developmental science: Situations, shortcomings, solutions, and standards. Developmental Review, 33(4), 357-370. https://doi.org/10.1016/j.dr.2013.08.003

Braff, D., Schork, N., & Gottesman, I. (2007). Endo phenotyping schizophrenia. *American Journal of Psychiatry, 164,* 705-707.

Braveman, P. A., Egerter, S. A., & Mockenhaupt, R. E. (2011). Broadening the focus: The need to address the social determinants of health. *American Journal of*

Preventive Medicine, 40(1), S4-S18.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology,* 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brown, C., Conner, K. O., Copeland, V. C., Grote, N., Beach, S……. & Reynolds, C. F. (2010). Depression stigma, race, and treatment-seeking behavior and attitudes. *Journal of Community Psychology, 38*(3), 350–368. doi.org/10.1002/jcop.20368

Carpendale, S., Hinrichs, U., Knudsen, S., Thudt, A., & Tory, M. (2017). Analyzing qualitative data.In *Proceedings of the 2017 international conference on interactive surfaces and spaces* (pp. 477-481). Retrieved from https://dl.acm.org/citation.cfm?id=3132272&picked=prox

Carpenter-Song, E., Chu, E., Drake, R.E., Ritsema, M., Smith, B., Alverson, H. (2010). Ethno-cultural variations in the experience and meaning of mental illness and treatment: implications for access and utilization. *Transcultural Psychiatry, 47*(2), 224-251.

Chan, K. K. S., & Mak, W. W. S. (2014). The mediating role of self-stigma and unmet needs on the recovery of people with schizophrenia living in the community. Quality of Life Research: *An International Journal of Quality-of-Life Aspects of Treatment, Care and Rehabilitation, 23*, 2559–2568. https://doi.org/10.1007/s11136-014-0695-7

Chan, Z. C., Fung, Y., & Chien, W. (2013). Bracketing in phenomenology: Only undertaken in the data collection and analysis process. *The Qualitative Report,*

18(30), 1-9.

Chan, M. S., Jones, C. R., Jamieson, K. H., & Albarracín.D. (2017). Debunking: A meta-analysis of the psychological efficacy of messages countering misinformation. *Psychological Science, 28*(11), 1531–1546.

Chaumba, J. (2011). Health status, use of health care resources, and treatment strategies of Ethiopia and Nigerian immigrants in the United States. *Social Work in Health Care, 50*(6), 466-481. https://doi.org/10.1080?00981389.2011.581999

Chenail, R. J. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *The Qualitative Report, 16*(1), 255-262.

Choudhry, F. R., Mani, V., Ming, L. C., & Khan, T. M. (2016). Beliefs and perception about mental health issues: A meta-synthesis. *Neuropsychiatric disease and treatment,* 12, 2807-2818. https://doi.org/10.2147/NDT.S111543

Choy, B., Arunachalam, K., Taylor, S. M., & Lee, A. (2021). Systematic review: Acculturation strategies and their impact on the mental health of migrant populations. *Public Health in Practice, 2*(100069-). https://doi.org/10.1016/j.puhip.2020.100069

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N.,...& Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine, 45,* 11–27. https://doi.org/10.1017/S0033291714000129

Connelly, L., M. (2014). Ethical considerations in research studies. *Medical Surgical*

Nursing, 23(1), 54.

Corrigan P. W. (2016). Lessons learned from unintended consequences about erasing the stigma of mental illness. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA), 15*(1), 67–73. https://doi.org/10.1002/wps.20295

Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest,* 15(2), 37 –70. https://doi.org/10.1177/1529100614531398

Corrigan, P. W., Rafacz, J., & Rüsch, N. (2011). Examining a progressive model of self-stigma and its impact on people with serious mental illness. *Psychiatry Research, 189,* 339–343. https://doi.org/10.1016/j.psychres.2011.05.024

Corrigan, P. W., & Al-Khouja, M. A. (2018). Three agendas for changing the public stigma of mental illness. *Psychiatric Rehabilitation Journal, 41*(1), 1-7. https://doi.org/10.1037/prj0000277

Corrigan, P., Gause, M., Michaels, P., Buchholz, B., & Larson, J. (2015). The California assessment of stigma change: A short battery to measure improvements in the public stigma of mental illness. *Community Mental Health Journal, 51*(6), 635-640 https://doi.org/10.1007/s10597-014-9797-5

Costelo, S., & Roodenburg, J. (2015). Acquiescence response bias: Yea saying and higher education. *The Educational and Developmental Psychologist, 32*(2), 105-119.

Could You Pass the U.S. Citizenship Test (2017)? *New York Times Upfront, 149*(11), 10–11. Retrieved from https://search-ebscohost

com.ezp.waldenulibrary.org/login.aspx?direct=true&db=eue&AN=122127224&site=eds-live&scope=site

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods* (5th ed.) (pp. 147-176). Thousand Oaks, CA: Sage.

Creswell, J.W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches.* (3rd ed). Thousand Oaks, CA: SAGE Publications, Inc.

Creswell, J. W., & Plano-Clark, V. L. (2011). *Designing and conducting mixed method research*. (2nd ed.). Sage Publication, Los Angeles.

David, E. J., Nadal, R., & Kevin, L. (2013). Cultural diversity and ethnic minority psychology. *New Developments in Research on Immigration, 19*, 298-309.

Delbar, V., Tzadok, L., Mergi, O., Erel, T. O., Haim, L., &Romen, P. (2010). Transcultural mental health care issues of Ethiopian immigration to Israel. *Advances in Mental Health, 9*(3), 277-287.

Derr A. S. (2016). Mental health service use among immigrants in the United States: A systematic review. *Psychiatric service*s (Washington, D.C.), 67(3), 265–274. do https://doi.org/10.1176/appi.ps.201500004

Dibley, L. (2011). Analyzing narrative data using McCormack's lenses. *Nurse Researcher, 18*(3), 13-19.

Doran, C. M., & Kinchin, I. (2017). A review of the economic impact of mental illness. *Australian Health Review, 43*(1), 43-48. https://doi.org/10.1071/AH16115

Dörfler, V., & Stierand, M. (2018). Bracketing: Transpersonal reflexivity for a phenomenological inquiry in an interpretivist framework. In: QRM 2018: 6th

International Qualitative Research in Management and Organizations Conference, 2018-03-27 - 2018-03-29.

Dworkin, S. L. (2012). Sample size policy for qualitative studies using in-depth interviews. *Archives of Sexual Behavior, 41*(6), 1319–1320. https://doi.org/10.1007/s10508-012-0016-6

Edem-Enang, B. (2021). *African immigrants' U.S. experience of mental health, mental illness, and help-seeking* (Order No. 28317847). Available from Dissertations & Theses @ Walden University. (2489284623). https://www.proquest.com/dissertations-theses/african-immigrants-u-s-experience-mental-health/docview/2489284623/se-2Edwards, R., & Holland, J. (2013). *What is qualitative interviewing?* New York: Bloomsbury.

Ekwemalor, C. C., & Ezeobele, I. E. (2020). Psychosocial impacts of immigration on Nigerian immigrants in the United States: A Phenomenological Study. *Journal of Transcultural Nursing, 31*(3), 276–283. https://doi-org.ezp.waldenulibrary.org/10.1177/1043659619863087

Ellis, P. (2016). *Understanding research for nursing students* (3rd. ed.). Sage Publications, London

Ellis, T. J., & Levy, Y. (2009). Towards a guide for novice researchers on research methodology: Review and proposed methods. *Issues in Informing Science and Information Technology, 6,* 323-337. Retrieved from:http://www.informingscience.us/icarus/journals/iisit/

Etikan, I, Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling

and purposive sampling. *American Journal of Theoretical and Applied Statistics, 5*(1), 1-4. https://doi.org/10.11648/j.ajtas.20160501.1

Evans-Lacko, S., Brohan, E., Mojtabai, R., & Thornicroft, G. (2012). Association between public views of mental illness and self-stigma among individuals with mental illness in 14 European countries. *Psychological Medicine, 42*, 1741–1752. http://doi.org/10.1017/ S0033291711002558

Ezeobele, I., Ekwemalor, C. C., & Ogunbor, A. (2019). Depression and perspectives of Nigerian immigrant men in the United States: An Applied Ethnographic Study. *Journal of Transcultural Nursing, 30*(1) 39–46.

Ezeobele, I., Malecha, A., Landrum, P., & Symes, L. (2010). Depression and Nigerian born immigrant women in the United States: A phenomenological study. *Journal of Psychiatric and Mental Health Nursing, 17*(3), 193-201. https://doi.org/10.1111/j.13652850.2009.01519

Falade, B. (2019). Religious and traditional belief systems coexist and compete with science for cultural authority in West Africa. *Cultures of Science, 2*(1), 9-22

Fetterman, D.M. (1989). Ethnography: Step by step. Newbury Park, CA: Sage.

Filion, N., Fenelon, A, & Boudreaux, M. (2018). Immigration, citizenship, and the mental health of adolescents. *Plos One* , 13(5), e0196859 https://doi.org/10.1371/journal.pone.0196859

Francis, J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V,…..& Grimshaw, J. M. (2010). What is adequate sample size? Operationalizing data saturation for theory-based interview studies. *Psychology and Health, 25*(10), 1229 –1245.

Gerety, R. M. (2013). Medicine Men: In Nigeria, the mentally ill have little more than faith on their side. Roads and Kingdom: *International Reporting Project.*

Giacco, D., Matanov, A., & Priebe, S. (2014). Providing mental healthcare to immigrants: Current challenges and new strategies. *Current Opinion in Psychiatry, 27*(4), 282–288. https://doi-org.ezp.waldenulibrary.org/10.1097/YCO.0000000000000065

Giorgi, A. (Ed). (1985). *Phenomenology and psychological research.* Pittsburgh, PA: Duquesne University Press.

Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husslerian approach.* Pittsburgh, PA: Duquesne University Press.

Goff, L., Zarin, H. & Goodman, S. (2012). Climate-induced migration from Northern Africa to Europe: Security challenges and opportunities. *Brown Journal of World Affairs*, 18, 195-213.

Grappone, G. (2018). Overcoming stigma. *National Alliance on Mental Illness.* https://www.nami.org/Blogs/NAMI-Blog/October-2018/Overcoming-Stigma

Guest, G., & McLellan, E. (2013). Distinguishing the tress from the forest: Applying cluster analysis to thematic qualitative data. *Sage Publications*, 339-354. https://dx.doi.org/10.4135/9781473963702

Gureje, O., Abdulmalik, J., Kola, L., Musa, E., Yasamy, M. T., & Adebayo, K. (2015). Integrating mental health into primary care in Nigeria: report of a demonstration project using the mental health gap action programme intervention guide. *BMC Health Services Research, 15*(1), 242-249.

Goff, L., Zarin, H. & Goodman, S. (2012). Climate-induced migration from Northern Africa to Europe: Security challenges and opportunities. *Brown Journal of World Affairs, 18*, 195-213.

Hanson, G. H. (2012). Immigration and economic growth. *CATO Journal, 32*(1), 25-34.

Heale, R., & Forbes, D. (2013). Understanding triangulation in research. *Evidence Based Nursing, 16*(4), 98. https://doi.org/10.1136/eb-2013-101494

Helman, C. G. (1990). *Culture, health and illness*. London, England: Wright.

Hendriks, M., & Burger, M. J. (2020). Unsuccessful subjective well-being assimilation among immigrants: The role of faltering perceptions of the host society. *Journal of Happiness Studies, 21*(6), 1985–2006. https://doi.org/10.1007/s10902-019-00164-0

Houghton, C., Casey, D., Shaw, D., & Murphy, K. (2013). Rigor in qualitative case-study research. *Nurse Researcher, 20*(4), 12-17. https://doi.org/10.7748/nr2013.03.20.4.12.e326

Huang, D., Yang, L. H., WonPat-Borja, A., Lam, J., Link, B. G., & Phelan, J. C. (2016). Attitudes toward judicial lenience and government assistance for individuals with mental illness: A comparison of Chinese and European Americans. *Journal of Community Psychology, 44*(4), 516-523. https://doi.org/10.1002/jcop.21775

Hwang, W. C., & Ting, J, Y. (2008). Disaggregating the effects of acculturation and acculturative stress on the mental health of Asian Americans. *Cultural Diversity and Ethnic Minority Psychology, 14*(2), 147-154. https://doi.org/10.1037/1099-9809.14.2.147

Hyett, N., Kenny, A., & Dickson-Swift, V. (2014). Methodology of method? A critical review of qualitative case study reports. *International Journal of Qualitative Studies on Health and Well-being, 9*(23606), 1-12.

Idemudia, E. S., & Matamela, N. A. (2012). The role of stigmas in mental health: A comparative study. *Curationis,* 35(1), 1-8.

Igberase, O. & Okogbenin, E. (2017). Beliefs about the cause of schizophrenia among caregivers in Midwestern Nigeria. *Mental Illness, 9*(1), pp.22-27.

Igbinomwanhia, N. G., James, B. O., & Omoaregba, J. O. (2013). The attitudes of clergy in Benin City, Nigeria towards persons with mental illness. *African Psychiatry, 16*(3), 196-200. http://doi.org/10.4314/ajpsy.v16i3.26

Ighodaro, A., Stefanovics, E., Makanjuola, V., & Rosenheck, R. (2015). An assessment of attitudes towards people with mental illness among medical students and physicians in Ibadan, Nigeria. *Academic Psychiatry, 39*(3), 280–285. https://doi.org/10.1007/s40596-014-0169-9

Iheanacho, T., Stefanovics, E., Rosenheck, R., Kapadia, D., Ezeanolue, C. O., Obiefune, M., Patel, D., Ezeanolue, E. E., Osuji, A. A., Ogidi, A. G., & Ike, A. (2016). Attitudes and beliefs about mental illness among church-based lay health workers: Experience from a prevention of mother-to-child HIV transmission trial in Nigeria. *International Journal of Culture & Mental Health, 9*(1), 1–13. https://doi-org.ezp.waldenulibrary.org/10.1080/17542863.2015.1074260

Isola, O. (2013). The “relevance” of the African traditional medicine (alternative medicine) to health care delivery system in Nigeria. *The Journal of Developing*

Areas, 47(1), 319-338.

Jack-Ide, O, I., & Amegheme, E. F. (2016). Family caregivers' knowledge about their ill relatives' mental illness and treatment: Perspectives from the Niger Delta Region of Nigeria. *Journal of Behavior Therapy and Mental Health, 1*(4), 11-19. https://doi.org/10.14302/issn.2474-9273jbtm-16-1273

Jacob, S. A., & Furgerson, S. P. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *The Qualitative Report, 17*(6), 1-10.

Jamshed, S. (2014). Qualitative research method-interviewing and observation. *Journal of Basic and Clinical Pharmacy*, 5(4), 87-8. https://doi.org/10.4103/0976-0105.141942

Karagiozis, N. (2018). The complexities of the researcher's role in qualitative research: The power of reflexivity. *International Journal of Interdisciplinary Educational Studies, 13*(1), 19–31. https://doi-org.ezp.waldenulibrary.org/10.18848/2327-011X/CGP/v13i01/19-31

Khan, T., Hassali, M., Tahir, H., & Khan, A. (2011). A pilot study evaluating the stigma and public perception about the causes of depression and schizophrenia. Iran *Journal of Public Health,* 40(1), 50–56.

Khanlou, N., Shakya, Y., & Muntaner, C. (2009). *Mental health services for newcomer youth: Exploring needs and enhancing access.* Funded by Provincial Centre of Excellence for Child and Youth Mental Health at CHEO.

Kirmayer, L. J., Narasiah, L., Munoz, M., Rashid, M., Ryder, A. G., Guzder, J., ………&

Canadian Collaboration for Immigrant and Refugee Health (CCIRH). (2011). Common mental health problems in immigrants and refugees: General approach in primary care. *Canadian Medical Association Journal* = journal de l'Associationmedicalecanadienne, 183(12), E959-67.

Klik, K. A., Williams, S. L., & Reynolds, K. J. (). Toward understanding mental illness stigma and help-seeking: A social identity perspective. *Social Science & Medicine, 222*, 35-43. https://doi.org/10.1016/j.socscimed.2018.12.001

Korf, J., & Bosker, F. (2013). The depressed patient in a biological world: On philosophical and diagnostic strategies. *Journal of Evaluation in Clinical Practice*, 19, 514-521. https://doi.org/10.1111/jep.12049

Korstjens, I., & Moser, A. (2018). Practical guidance to qualitative research. Part 4: Trustworthiness and publishing, *European Journal of General Practice, 24*(1), 120-124. https://doi.org/10.1080/13814788.2017.1375092

Labinjo, T., Serrant, L., Ashmore, R., & Turner, J. (2020). Perceptions, attitudes and cultural understandings of mental health in Nigeria: a scoping review of published literature. *Mental Health, Religion & Culture, 23*(7), 606–624. https://doi.org/10.1080/13674676.2020.1726883

Larson, E. J., & Corrigan, P. (2008). The stigma of families with mental illness. *Academic Psychiatry, 32(*2), 87-91. https://doi.org/10.1176/appi.ap.32.2.87

Lilienfeld, S., Lynn, S. J., Namy, L., Woolf, N., Jamieson, G., Marks, A., & Slaughter, V. (2014*). Psychology: From inquiry to understanding* (Vol. 2). Pearson Higher Education AU.

Lincoln, Y., & Guba, E. G. (1985). *Naturalistic inquiry.* Newbury Park, CA: Sage.

Livingston, J. D., & Boyd, J. E. (2010). Correlates and consequences of internalized stigma for people living with mental illness: A systematic review and meta-analysis. *Social Science & Medicine,* 71, 2150–2161. https://doi.org/ 10.1016/j.socscimed.2010.09.030

Malecha, A., Landrum, P., Symes, L., & Ezeobele, I. (2010). Depression and Nigerian-born immigrant women in the United States: A phenomenological study. *Journal of Psychiatric and Mental Health Nursing, 17*(3), 193-201. https://doi.org/10.1111/j.1365-2850.2009.01519.x

Mantovani, N., Pizzolati, M., & Edge, D. (2016). Exploring the relationship between stigma and help-seeking for mental illness in African-descended faith communities in the UK. *Health Expectations, 20*(2), 373-384. https://doi.org/10.1111/hex.12464

Marshall, C., & Rossman, G. B. (2014). *Designing qualitative research*. Newbury Park, CA: Sage.

McCabe, K. (2011). *African immigrants in the United States* (Spotlight). Retrieved from Migration Policy Institute website: http://www.migrationpolicy.org/article/ African-immigrants-united-states.

McCann, T. V., Mugavin, J., Renzaho, A., & Lubman, D. I. (2018). Stigma of mental illness and substance misuse in Sub-Saharan African migrants: A qualitative study. *International Journal of Mental Health Nursing, 27*(3), 956-965. https://doi.org/10.1111/inm.12401

Merriam, S. B., & Grenier, R. S. (2019). *Qualitative research in practice: Examples for discussion and analysis* (2nd edition.) (pp. 91-95). Jossey-Bass.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research : A guide to design and implementation* (Fourth edition.). Jossey-Bass, a Wiley Brand.

Meyers, M. D., & Newman, M. (2006). The qualitative interview in IS research: *Examining the craft. Information and Organization, 17,* 2-26. https://doi.org/10.1016/infoandorg.2006.11.001

Mitchell, K. J., & Shivde, G. (2023). Generalizability in psychology research: Beware the grinch. *Journal of Applied Research in Memory and Cognition, 12*(2), 180–184. https://doi.org/10.1037/mac0000118

More, C. (2021). Persistent preconceptions: The role of implicit weight stigma in belief perseverance [ProQuest Information & Learning]. In Dissertation Abstracts International: Section B: *The Sciences and Engineering* (Vol. 82, Issue 1–B).

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

National Academies of Sciences, Engineering, and Medicine. (2019). *The promise of adolescence*: *Realizing opportunity for all youth*. National Academies Press.

Nnabuchionye, F. (2020). Recognition, classification, and help-seeking behavior of Nigerian immigrants in Minnesota (Order No. 27955103). Available from *Dissertations & Theses @ Walden University*. (2396881997). Retrieved from: https://ezp.waldenulibrary.org/login?qurl=https%3A%2F%2Fwww.proquest.com%2Fdocview%2F2396881997%3Faccountid%3D14872

Nestler, S. (2010). Belief perseverance: The role of accessible content and accessibility

experiences. *Social Psychology, 41*(1), 35-41.

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16, 1–13. https://doi.org/10.1177/1609406917733847

Nwadiora, E. (1996). Therapy with African families. *Western Journal of Black Studies, 20*(3), 117-124.

Nwokocha, F. I. (2010). West African immigrants in Northern California and their attitude toward seeking mental health services (Unpublished master's thesis). *California State University*, Sacramento.

Obot, N. (2012). *Effects of cultural practices on health: The Nigeria experience. A seminar work presented in the faculty of social sciences,* University of Calabar.

O'Doody, N. M. (2013). Preparing and conducting interviews to collect data. Nurse Researcher, 20(5), 28-32. Retrieved from https://ulir.ul.ie/handle/10344/5588

Ogueji, I. A., & Okoloba, M. M. (2022). Seeking professional help for mental illness: A mixed-methods study of black family members in the UK and Nigeria. Psychological Studies, 67, 164–177. https://doi.org/10.1007/s12646-022-00650-1

Ogueji, I. A., Ojo, T. E., & Gidado, T. N. (2021). Perceived stigmatization, sociodemographic factors, and mental health help-seeking behaviors among psychiatric outpatients attending a psychiatric hospital in Lagos, Nigeria. *The Preprint Server for Health Services: BMJ Yale*, 1-13.

Ojagbemi, A, and Gureje, O. Sociocultural contexts of mental illness experience among Africans. *Transcult Psychiatry*. (2021) 58:455–9.

https://doi.org/10.1177/13634615211029055

Ojua, T. A. & Omono, C. (2012). African sacrificial ceremonies and issues in socio-cultural development. *British Journal of Arts and Social Development, 4*, 1.

Ojua, T. A., Ishor, D. G., & Ndom, P. J. (2013). African cultural practices and health implications for Nigeria rural development. *International Review of Management and Business Research, 2*(1), 176-183.

Okafor, B. E. (2009). The relation between demographic factors and attitudes about seeking professional counseling among adult Nigerians living in the United States. *Dissertation,* 1-103.

Okafor, I. P, Oyewale, D. V, Ohazurike, C., & Ogunyemi, A. O. (2022). Role of traditional beliefs in the knowledge and perceptions of mental health and illness amongst rural-dwelling women in Western Nigeria. *African Journal of Primary Health Care and Family Medicine, 14*(1), e1-e8. https://doi.org/10.4102/phcfm.v14i1.3547

Okafor, M. T. C., Carter-Pokras, O. D., Picot, S. J., & Zhan, M. (2013). The relationship of language acculturation (English proficiency) to current self-rated health among African immigrant adults. *Journal of Immigrant and Minority Health, 15*(3), 499-509.

Okpalauwaekwe, U., Mela, M, & Oji, C. (2017). Knowledge of and attitude to mental illnesses in Nigeria: A Scoping review. *Integrative Journal of Global Health,* 1(5), 1-14.

Oladeji, B. D., Kola, L., Abiona, T., Montgomery, A. A., Araya, R., & Gureje, O. (2015).

A pilot randomized controlled trial of a stepped care intervention package for depression in primary care in Nigeria. *BMC psychiatry, 15*(1), 96. https://doi.org/10.1186/s12888-015-0483-0

Olanrewaju, F.O., Ajayi, L.A., Loromeke, E., Olanrewaju, A., Allo, T.A., & Onwuli, N. (2019). Masculinity and men's health-seeking behavior in Nigerian academia. In (ed.), Emmanuel O. Amoo, Covenant University discourse on sustainable development. *Cogent Social Sciences, 5*, 1-15.

Omenka, O. I., Watson, D. P. & Hendrie, H.C. (2020). Understanding the healthcare experiences and needs of African immigrants in the United States: A scoping review. *BMC Public Health 20*, 27. https://doi.org/10.1186/s12889-019-8127-9

Ong, W. J., Shahwan, S., Goh, M. J., Tan, G. T., Chong, S. A., & Subramaniam, M. (2020). Daily encounters of mental illness stigma and individual strategies to reduce stigma: Perspectives of people with mental illness. *Frontiers in Psychology, 11*, 1-9. | https://doi.org/10.3389/fpsyg.2020.590844

Onyeji, E. (2020). Many Nigerians link mental Illness to supernatural causes: Survey. *Premium Times.*

O'Reilly, M., & Parker, N. (2012). Unsatisfactory saturation: A critical exploration of the notion of saturated sample sizes in qualitative research. *Qualitative Research Journal,* 13(2), 190-197. https://doi.org/10.1177/1468794112446106

Orjiako, O., & So, D. (2014). The role of acculturative stress factors on mental health and help-seeking behavior of sub-Saharan African immigrants. *International Journal of Culture and Mental Health, 7*(3), 315-325.

https://doi.org/10.1080/17542863.2013.797004

Oyebamiji, S. I., & Adekoye, A. (2019). Nigerians' migration to the United States of America: A contemporary perspective. *Journal of African Foreign Affairs, 6*(1), 165–180. https://doi-org.ezp.waldenulibrary.org/10.31920/2056-5658/2019/v6n1a8

Oyeyemi, A. Y., & Sedenu, B. U. (2007). Immigrants of Nigerian descent in New York: Their perception and integration in the new society. *Journal of Immigrant & Refugee Studies, 5*(3), 115-119. https://doi.org/10.1300/J500v05n03_07

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(5), 533–544. https://doi.org.ezp.waldenulibrary.org/10.1007/s10488-013-0528-y

Parcesepe, A. M., & Cabassa, L. J. (2013). Public stigma of mental illness in the United States: A systematic literature review. *Administration and policy in mental health, 40*(5), 384–399. https://doi.org/10.1007/s10488-012-0430-z

Patterson, P., & Gong, G. (2009). Addressing health disparities in immigrant populations in the United States. In S. Kosoko-Lakasi, C. Cook & R. O'Brien (*Eds), Cultural proficiency in addressing health disparities* (pp. 247-280). Sudbury, MA: Jones and Bartlett Publishers.

Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.).
Thousand Oaks, CA: SAGE Publications, Inc.

Pearson, G. S. (2014). Stigma and those around us. *Perspectives in Psychiatric Care, 50(*4), 219–220. https://doi-org.ezp.waldenulibrary.org/10.1111/ppc.12085

Pederson, A. B., Burnett-Zeigler, I., Fokuo, J. K., Wisner, K. L., Zumpf, K., & Oshodi, Y. (2020). Mental health stigma among university health care students in Nigeria: A cross-sectional observational study. *The Pan African Medical Journal, 37*, 5. https://doi.org/10.11604/pamj.2020.37.5.24898

Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology* (pp. 41-60). New York. Plenum Press.

Pryor, J. B., Reeder, G. D., & Monroe, A. E. (2012). The infection of bad company: Stigma by association. *Journal of Personality and Social Psychology, 102*, 224–241. https://doi.org/10.1037/a0026270

Qu, S., & Dumay, J. (2011). The Qualitative research interviews. *Qualitative Research in Accounting & Management, 8*(3), 238–264.

Quinn, D. M., Williams, M. K., & Weisx, B. M. (2015). From discrimination to internalized mental illness stigma: the mediating roles of anticipated discrimination and anticipated stigma. *Psychiatric Rehabilitation Journal, 38*(2), 103-108. https://doi.org/10.1037/prj0000136

Ran, M. S, Zhang, T. M, Wong, I. L, Yang, X, Liu, C. C, Liu, B, Lou, W…. & Chan, C. L. (2018). Internalized stigma in people with severe mental illness in rural China. *International Journal of Social Psychiatry, 64*(1), 9–16. https://pubmed.ncbi.nlm.nih.gov/29183250/

Ran, M.-S., Hall, B. J., Su, T. T., Prawira, B., Breth-Petersen, M., Li, X.-H., & Zhang, T.-M. (2021). Stigma of mental illness and cultural factors in Pacific Rim region: A systematic review. *BMC Psychiatry, 21*(1), 1–16. https://doi.org/10.1186/s12888-020-02991-5

Ravitch, S. M., & Mittenfelner-Carl, N. (2016). *Qualitative research: Bridging the conceptual, theoretical, and methodological.* (pp. 1-32; 185-214). Sage Publications.

Ritchie, H., & Roser, M. (2018). "Mental Health". Published online at OurWorldInData.org. Retrieved from: 'https://ourworldindata.org/mental-health' [Online Resource].

Rockefeller Foundation-Aspen Institute Diaspora Program (RAD), (2015). The Nigerian diaspora in the United States. *Migration Policy Institute*, 1-7.

Roe, D., Werbeloff, N., & Gelkopf, M. (2010). Do persons with severe mental illness who consume the psychiatric rehabilitation basket of services in Israel have better outcomes than those who do not? *Israel Journal of Psychiatry & Related Sciences, 47,* 166-170.

Ross, L., Lepper, M. R., & Hubbard, M. (1975). Perseverance in self-perception and social perception: Biased attributional processes in the debriefing paradigm. *Journal of Personality and Social Psychology, 32,* 880–892.

Ryan, C., Large, M., & Ryan, C. J. (2018). Sanism, stigma and the belief in dangerousness. *Australian and New Zealand Journal of Psychiatry, 46*(11), 1099-1100.

Sahithya, B. R., & Reddy, R. P. (2018). Burden of mental illness: A review in an Indian context. International *Journal of Culture and Mental Health*, 1–11. https://doi.org/10.1080/17542863.2018.1442869

Sangalang, A., Ophir, Y., & Cappella, J. N. (2019). The potential for narrative correctives to combat misinformation. *Journal of Communication, 69*(3), 298–319. https://doi.org/10.1093/joc/jqz014

Sarkodie-Mensah, K. (2018). Nigerian Americans: History, modern era, the first *Nigerians in America. Countries and their Culture,* 1.

Saunders, S., & Browersox, N. (2007). The process of seeking treatment for mental health problems. *Mental Health and Learning Disabilities Research and Practice,* 4(2), 99–123.

Saunders, B., Kingston, T., Sim, J., Baker, S., Waterfield, J., Bartlam, B., Burroughs, H & Jinks, C. (2018). Saturation in qualitative research: Exploring its conceptualization and operationalization. *Quality & Quantity, 52*, 1893-1907.

Schwartz, S. J., Unger, J. B., Zamboanga, B. L., & Szapocznik, J. (2010). Rethinking the concept of acculturation: Implications for theory and research. *American Psychologist, 65*, 237-251. https://doi.org/10.1037/a0019330

Shefer, G., Rose, D., Nellums, L., Thornicroft, G., Henderson, C., & Evans-Lacko, S. (2013). ‘Our community is the worst’: The influence of cultural beliefs on stigma, relationships with family and help-seeking in three ethnic communities in London. *International Journal of Social Psychiatry, 59(*6), 535–544. https://doi.org/10.1177/0020764012443759

Sherra, K. S., Shahdaa, M., & Khalilb, D. M. (2017). The role of culture and faith healers in the treatment of mood disorders in rural versus urban areas in the United Arab Emirates. *Egyptian Journal of Psychiatry, 38*(2), 79–89. https://doi.org/10.4103/1110-1105.209678

Sellers, S. L., Ward, E. C., & Pate, D. (2006). Dimensions of depression: A qualitative study of wellbeing among black African immigrant women. *Qualitative Social Work, 5*(1), 45-66. https://doi.org/10.1177/1473325006061538

Siegel, J. E., Horan, S. A., & Teferra, T. (2001). Health and health care status of African-born residents of metropolitan Washington, DC. *Journal of Immigrant Health, 3*(4), 213-224.

Sirin, S. R., Patrice, G., & Taveeshi, R. L. (2013). The role of acculturative stress on mental health symptoms for immigrant adolescents: A longitudinal investigation. *Developmental Psychology, 49,* 736-748.

Smith, J A, Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: SAGE.

Smith, J. A., & Osborn, M. (2015). Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain. *British Journal of pain, 9*(1), 41-42.

Smith, J. A. (2011). *Evaluating the contribution of interpretative phenomenological analysis: Theory, method, and research*. Los Angeles, CA: SAGE Publishing, Inc.

Smith, J. A., Flowers, P., & Larikin, M. (2009). *Interpretative phenomenological analysis.* Thousand Oaks, CA: Sage Publishing, Inc.

Smith, M. J. (1982). Cognitive schema theory and the perseverance and attenuation of unwarranted empirical beliefs. *Communication Monographs,* 49, 115-126.

Soroye, M. O., Oleribe, O. O., & Taylor-Robinson, S. D. (2021). Community psychiatry care: An urgent need in Nigeria. *Journal of Multidisciplinary Healthcare, 14*, 1145–1148. https://doi.org/10.2147/JMDH.S309517

Stalp, M. & Grant, L. (2001). Teaching qualitative coding in undergraduate field method classes: an exercise based on personal ads. *Teaching Sociology, 29*, 209-218.

Substance Abuse and Mental Health Services Administration (2013). Community conversations about mental health: *Information Brief. HHS Publication* No.SMA-13-4763. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Subu, M. A., Wati, D. F., Netrida, N., Priscilla, V., Dias, J. M., Abraham, M. S., Slewa-Younan, S., & Al-Yateem, N (2021). Types of stigma experienced by patients with mental illness and mental health nurses in Indonesia: a qualitative content analysis. *International Journal of Mental Health Systems, 15*, 77. https://doi.org/10.1186/s13033-021-00502-x

Suri, H. (2011). Purposeful sampling in qualitative research synthesis. Qualitative *Research Journal, 11*(2), 63-75. https://doi.org/10.3316/QRJ1102063

Sutton, J., & Austin, Z. (2015). Qualitative research: Data collection, analysis, and management. *The Canadian Journal of Hospital Pharmacy, 68*(3), 226-231.

Tessier, S. (2012). From field notes, to transcripts, to tape recordings: Evolution or combination? *International Journal of Qualitative Methods*, 446–460.

https://doi.org/10.1177/160940691201100410

Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity, 2*(1), 65-77. http://doi.org/10.1037/sgd0000081

Thomas, D. K. (2008). West African immigrants' attitude toward seeking psychological help. *Counseling and Psychological Service*, 1-95.

Torán-Monserrat, P., Cebrià-Andreu, J., Arnau-Figueras, J., Segura-Bernal, J., IbarsVerdaguer, A., Massons-Cirera, J., & Corbella-Santomà, S. (2013). Level of distress, somatization and beliefs on health-disease in newly arrived immigrant patients attended in primary care centers in Catalonia and definition of professional competences for their most effective management: Promise Project. *BMC Family Practice, 14*(1), 54.

Tórrez, N. (2013). Education and immigration in California: Key trends. *National Social Science Journal, 40,* 107-113.

Tracy, S. (2010). Qualitative quality: eight "big-tent" criteria for excellent qualitative research. *Qualitative Inquiry, 16,* 837-851. https://doi.org/10.1177/1077800410383121

Tufford, L., & Newman, P. (2010). Bracketing in qualitative research. *Qualitative Social Work,* 1–17. https://doi.org/10.1177/1473325010368316

Turner, III, D. W. (2010). Qualitative interview design: A practical guide for novice investigators. *The Qualitative Report, 15*(3), 754-760.

Turk, M. T., Fapohunda, A., & Zoucha, R. (2015). Using photovoice to explore Nigerian

immigrants' eating and physical activity in the United States. *Journal of Nursing Scholarship, 47*(1):16-24. https://doi.org/10.1111/jnu.12105

Ubani, P. (2020). *Marital stress among Nigerian immigrant couples in the U.S.* (Publication No. 27829979) [Doctoral Dissertation, The Chicago School of Professional Psychology*]*. ProQuest Dissertations and Theses Global

Ukpong, D. I., & Abasiubong, F. (2010). Stigmatizing attitudes towards the mentally ill: A survey in a Nigerian university teaching hospital. *South African Journal of Psychiatry, 16*(2), 56–60.

United Nations Human Rights, (2010). *Monitoring the convention on the rights of persons with disabilities: Guidance for human rights monitors*. UN, New York and Geneva.

van der Sanden, R. L. M., Bos, A. E. R., Stutterheim, S. E., Pryor, J. B., & Kok, G. (2013). Experiences of stigma by association among family members of people with mental illness. *Rehabilitation Psychology, 58*(1), 73–80. https://doi-org.ezp.waldenulibrary.org/10.1037/a0031752

van der Sanden, R. L. M., Pryor, J. B., Stutterheim, S. E., Kok, G., & Bos, A. E. R. (2016). Stigma by association and family burden among family members of people with mental illness: The mediating role of coping. *Social Psychiatry & Psychiatric Epidemiology, 51*(9), 1233- 1245. https://doi.org/10.1007/s00127-016-1256x

Van Nieuw Amerongen-Meeuse, J. C., Schaap-Jonker, H., Schuhmann, C., Anbeek, C., & Braam, A. W. (2018). The "religiosity gap" in a clinical setting: Experiences of

mental health care consumers and professionals. *Mental Health, Religion & Culture,* 21(7), 737–752. https://doi.org/10.1080/13674676.2018.1553029

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterizing and justifying sample size sufficiency in interview-based studies: Systematic analysis of qualitative health research over a 15-year period. *BMC Medical Research Methodology, 18*(1), 1-18. https://doi.org.ezp.waldenulibrary.org/10.1186/s12874-018-0594-7

Vaughn, L. M., & Holloway, M. (2010). West African immigrant families from Mauritania and Senegal in Cincinnati: A cultural primer on children's health. *Journal of Community Health, 35*, 27-35.

Vogel, D. L., & Armstrong, P. I. (2010). Self-concealment and willingness to seek counseling for psychological, academic and career issues. *Journal of Counseling and Development, 88,* 387-396. https://doi.org/10.1002/j.1556-6678.2010.tb00038.x

Westerhof, G. J., & Keyes, C. L. (2010). Mental illness and mental health: The two continua model across the lifespan. *Journal of Adult Development, 17*(2), 110–119. https://doi.org/10.1007/s10804-009-9082-y

Wong, E. C., Collins, R. L., Cerully, J. L., Yu, J. W., & Seelam, R. (2018). Effects of contact-based mental illness stigma reduction programs: age, gender, and Asian, Latino, and White American differences. *Social Psychiatry & Psychiatric Epidemiology, 5*3(3), 299–308. https://doi.org/10.1007/s00127-017-1459-9

Woodgate, R. L., Busolo, D. S., Crockett, M., Dean, R. A., Amaladas, M. R., & Plourde,

P. J. (2017). A qualitative study on African immigrant and refugee families' experiences of accessing primary health care services in Manitoba, Canada: it's not easy. *International Journal for Equity in Health, 16*(1), 5. https://doi.org/10.1186/s12939-016-0510-x

World Health Organization, (2019). Global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level Report by the Secretariat. Geneva, Switzerland.

Yakubu, S. G. (2017). Moderating effect of gender on the relationships between extension worker availability, individual factors and empowerment among members of self-help groups in North-Eastern *Nigeria [Doctoral Dissertation, University of Putra Malaysia]*. http://psasir.upm.edu.my/

Yakushko, O. (2010). Stress and coping strategies in the lives of recent immigrants: A grounded theory model. *International Journal for the Advancement of Counselling, 32*(4), 256-273.

Zong, J., & Batalova, J. (2015). Green-card holders and legal immigration to the United States. *The Online Journal of the Migration Policy Institute,* 1-5. Retrieved from: https://www.migrationpolicy.org/article/green-card-holders-and-legal-immigration-united-states

Appendix A: Study Flyer

Face to face interview study seeks participants willing to share their beliefs about mental illness and help seeking

There is a new study called *"Stigma on Mental Illness and Help-Seeking among Nigerians in the United States"* that could help increase awareness of mental health disorders in Nigerian communities by capturing their perceptions of mental health and seeking mental health services. For this study, you are invited to describe your lived experiences about stigma on mental illness and help-seeking in the US.

This interview is part of the doctoral study for Olabode Akinbobola, a Ph.D. student at Walden University.

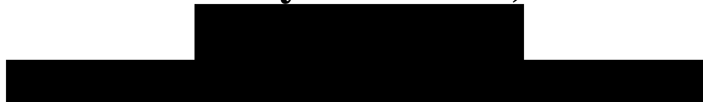
About the study:

- One 60-minute face-to-face interview
- To protect your privacy, no names will be collected

Volunteers must meet these requirements:

- 18 years or older
- Nigerian Immigrant in the United States
- Understands and is able to communicate in English

To confidentially volunteer, Please call:



Appendix B: Interview Protocol

This interview is designed to explore the lived experiences of Nigerian immigrants with regard to their perceptions of mental illness. Specifically, I would like to explore your knowledge, attitude, and perception of mental health and how you treat and/or seek psychological help for your loved ones who may be suffering from mental illness. At times, I might ask you to elaborate on an answer you have provided, or to clarify a point, to ensure that I accurately understand the meaning of your sentiments.

If at any time during this interview you begin to feel uncomfortable, please feel free to stop the interview, and we can discuss whether, or how, you wish to proceed. You have the right to discontinue the interview at any time and can choose to reschedule the interview for a later date or to withdraw from the study. Should you decide to discontinue your participation, I will provide you with the opportunity to debrief and discuss any concerns you may have. If there are questions that you do not wish to answer, you are under no obligation to do so and may indicate to me that you wish to pass on that question. Information shared during this interview will remain confidential. Do you have any questions or concerns before we begin?

Date: ___________________

Location: ___________________

Name of Interviewer: _________________________

Name of Interviewee: ___________________________

Interview Number: One

a. How long have you lived in the United States?

b. How would you define mental illness and or mental health?

c. Would you share with me your experience about mental illness when you were living in Nigeria?

d. Has your belief and perception of mental illness changed since relocating to the US?

e. Have you experienced any form of stigma regarding mental illness since living in the US?

f. Has your experience about mental illness prevented you from seeking psychological help in the US?

Appendix C: Referral for Mental Health, Counseling and Crisis Services

There are no known risks to your health and well-being that might be related to your participation in this research. If you wish, you will be provided with one free counseling session by either of the two people listed below who have agreed to do this as needed, at no cost to you. Please see below referrals for mental health counseling.

- Health Brigade's Mental Health and Wellness Department,
- Dr. Arlene Lerner (Licensed Clinical Psychologist),

Appendix D: Email to Counseling Community Clinic

Dear Madam/Sir,

Re: Research Participants' Referral

I am conducting a qualitative research study as a partial requirement of my Ph.D. program on mental health understanding among Nigerians in the United States in Richmond, Virginia. Since the participants will be discussing their past experiences of mental health and mental illness, they may feel anxious and distressed while narrating their experiences. For the well-being of participants, may I provide your clinic information to them if they decide to seek one session of free counseling following their participation in this research study?

Thanking you in advance,

Sincerely,

Olabode Akinbobola
Doctoral Student in Psychology
Walden University

Email to Clinical Psychologist

Dr. Arlene Lerner
2620 Stuart Avenue
Richmond VA. 23220
Phone: 804-355-0851

Dear Madam,

Re: Research Participants' Referral

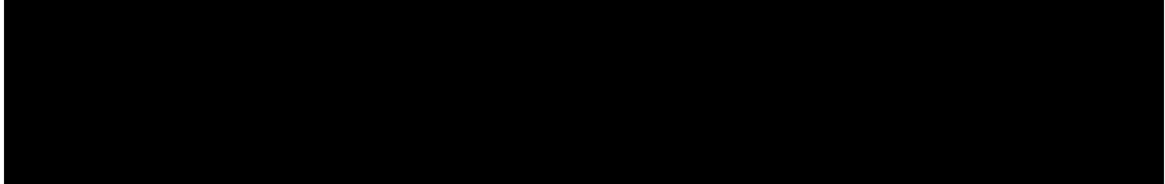
I am conducting a qualitative research study as partial requirement of my PhD program on mental health understanding amongst Nigerians in United States in Richmond, Virginia. Since the participants will be discussing their past experience of mental health and mental illness, they may feel anxious and distressed while narrating their experience. For the wellbeing of participants, may I provide your firm information to them if they decide to seek one session of free counseling following their participation in this research study?

Thanking you in advance,

Sincerely,

Olabode Akinbobola
Doctoral Student in Psychology
Walden University

E-mail to Redeemed Christian Church of God, Richmond, Virginia



Dear Sir,

Re: Permission to Use Your Facility for My Research Study

I am conducting a qualitative research study as a partial requirement of my Ph.D. program on “Stigma on Mental Illness and Help-Seeking among Nigerians in the United States.” I am seeking permission to use one of the classrooms in your church to conduct the study.

Please let me know if you can grant me permission to use your premises in January 2020, from Monday to Friday and between the hours of 5 pm to 7 pm.

Thanking you in advance.

Yours sincerely,

Olabode Akinbobola
Doctoral Student in Psychology
Walden University.

Appendix E: Permissions Granted

Richmond, Virginia 23230
www.healthbrigade.org
p: 804.358.6343 • f: 804.354.0702

health brigade
formerly Fan Free Clinic

Referral to Health Brigade's Mental Health & Wellness Department

From: Dr. Muriel Azria-Evans

To: Bode Akinbobola

Date: May 20, 2019

Thank you for thinking of Health Brigade for your research study clients. It is our pleasure to help you in this research work. Health Brigade agrees to provide clients referred by you, who meet residential, financial, and clinical eligibility requirements, with free mental health services as needed. Please notify us by phone when you refer a client.

Best of luck with your project,

Muriel Azria-Evans, PhD, CFLE, CRC, LPC
Director, Mental Health & Wellness
Health Brigade

ARLENE KAGLE LERNER, PH.D

TO: BODE AKINBOBOLA

RE: Referral to my Practice

May 23, 2019.

Thank you for thinking of me for your research study clients. It would be my pleasure to help in your work. I gladly agree to provide one free post-study mental health session to any client referred by you. Please notify me by phone when you refer a client.

Best of luck with your research.

Sincerely,

Arlene Kagle Lerner, PH. D

Clinical Psychologist.

Redeemed Christian Church of God: [redacted]

To: Bode Akinbobola

Date: May 17th, 2019

Dear Mr. Akinbobola,

RE: PERMISSION TO USE OUR FACILITY FOR YOUR RESEARCH STUDY

We received your request for permission to use our church facility for your research into mental health. We are pleased to offer you the use of the Multi-purpose Hall that is in the administrative wing of the church.

While the facility is available as of now, we ask that you please coordinate with our facility manager to work out a time that will be conducive for you and the study participants. He can be reached via our office line above for scheduling.

We note that you're doing some valuable research in this area of common interest and are fully supportive as we are interested in understanding this health area (as a church) because it feeds into our mission of helping people and changing lives for good.

We wish you the best in your ongoing scholastic pursuits and look forward to the future publication of your results.

Sincerely

Stephen O. Bakare