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Experiences of Black Women in Black Colleges Voluntarily Seeking Psychiatric Services

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This is to certify that the doctoral dissertation by

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has been found to be complete and satisfactory in all respects, and that any and all revisions required by
the review committee have been made.

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Walden University
2025

Abstract

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MSN, Walden University, 2019

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Black Americans face significant barriers to psychiatric services including a lack of access to culturally competent care. Mental illnesses continue to be the leading causes of disability in the United States. This qualitative phenomenological study, guided by the health belief model, explored the experiences of Black women in Black colleges who voluntarily seek psychiatric services. My study addressed a gap in understanding the facilitators and barriers for Black women voluntarily seeking mental health services. Data were collected through semistructured interviews with nine participants who were Black women attending Black colleges who voluntarily sought psychiatric services. Data analysis was accomplished using value coding. The findings supported previous studies' identification of facilitators, such as self-esteem and culturally competent providers. My study identified overcoming factors, including resilience and self-empowerment, to mitigate barriers identified in previous studies, including stigma. This study impacts positive social change for providers of the perspectives of Black women in Black colleges. The findings provide insight about facilitators and mitigating barriers the participants have faced and included themes of resilience, self-empowerment, vulnerability and stigma. The participants described an environment of peers motivated and supported their decision to seek mental health service despite the barriers such as distrust and stigma. The finding of this study can lead to potential implications for positive social change by decreasing the probability that mental illness will interfere with individuals' lives by making psychiatric services an essential part of the services provided by campus student services organizations.

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Dedication

To My Lord and Saviour, JESUS CHRIST: “I can do all things through Christ which strengtheneth me” (KJV Philippians 4:13). To my daughters, Amber and Martina and my grandsons, Christopher and Martin, your prayers, encouraging words, hugs and laughter motivated me to continue this journey. To my brother and sisters, your prayers carried me through some of my darkest moments.

Lastly, I would like to thank my amazing faculty for their guidance, feedback, revisions, and encouragement. To Dr. Tresa Kaur, my committee chair, and Dr. Donna Bailey, my committee member, THANK YOU ALL!

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Chapter 1: Introduction to the Study

Introduction

Black women in Black colleges have unique, holistic needs when seeking psychiatric services. Manago and Krendl (2023) found that those persons who participated in psychiatric therapy had a markedly lower probability of their mental illness adversely impacting their daily functioning. A study completed and published in 2017 by the American Psychiatric Association indicated that just 33% of African Americans, regardless of gender, who needed mental health care, accessed it. Huff (2021) and other scholars proposed that a possible reason for the prevalence of doubt in the medical system is the lack of mental health professionals who exhibit cultural proficiency. Black, Indigenous, and people of color (BIPOC) individuals seeking therapy frequently encounter a lack of therapists who possess cultural competence and share their racial or ethnic heritage (Huff, 2021). The topic of this qualitative study was the lived experiences of Black women in Black colleges voluntarily seeking psychiatric services. Through this qualitative study, I examined the viewpoints of Black women who attended Black institutions and actively sought psychiatric services and revealed the barriers and facilitators they experienced.

Facilitators are factors that make an action or process easier to obtain or achieve (Merriam-Webster, 2025). These facilitators include less intense feelings of isolation and increased social support due to being surrounded by cultural peers (Jones et al., 2020). My study fills a recognized void in the research literature related to the experiences of Black women in Black colleges who voluntarily seek psychiatric services. Exploring the experiences of Black women in Black colleges, through their words, gives insight into

barriers and facilitators in seeking psychiatric services. I anticipated that my study would add to the understanding of Black women in Black college settings and their unique experiences. I explored the experiences of Black women voluntarily seeking assistance from mental health specialists to enrich knowledge about these barriers and facilitators. Exploring the topic of the lived experiences of Black women in Black colleges voluntarily seeking psychiatric services enhances the current literature on psychiatric services among Black women. According to data from the American Psychological Association (APA) Center for Workforce Studies (Huff, 2021), 83% of the psychology workforce consists of individuals who identify as White. The representation of Hispanic individuals in the field of psychology is 7%, while Asian individuals constitute 4%, and Black individuals constitute only 3%. BIPOC patients have a predilection for seeking support from therapists who possess a similar racial or cultural background. The tendency explains the inclination of BIPOC patients to seek healthcare services from therapists who belong to the same racial or ethnic group as them (Huff, 2021). My study explored the knowledge from Huff based on the interviewees' responses.

The focus of my study was to examine the experiences of Black women who enrolled at Black institutions and had willingly sought mental treatment for themselves. The data gathered during this inquiry elucidate the variables accountable for the observed discrepancies in seeking and continued psychological or psychiatric services. According to Wright (2020), Black women enrolled in Black colleges have the chance to access psychiatric services without incurring any expenses. By studying a sample of Black women currently enrolled in Black institutions, a more thorough understanding is gained of how factors such as culture and expense affect the experiences of Black women who

voluntarily seek psychiatric services while attending Black colleges. When referencing factors such as culture, Wright (2020) stated that Black women who attend Black institutions are more prone to being fully engaged in Black culture. When referring to factors such as expense, the information obtained from my research led to the conclusion that existing barriers could be eliminated. One suggestion for addressing expenses was eliminating inadequate insurance coverage and budgetary limitations hindering therapeutic access. The sample included African American women currently enrolled at African American educational institutions (Wright, 2020). Based on the interviewees' responses, my research reveals that Black women benefit in various ways by attending Black institutions. Black female students enrolling in Black educational institutions can avail themselves of a specific advantage.

I am dedicated to encouraging the treatment of Black women who voluntarily seek assistance from mental health experts as part of my study and to promoting positive social change. My study contributes to social change at the individual and organizational levels. For the individual, accessing mental health care efficiently promotes their success in college and life. For colleges and universities, their student services departments could use my results to understand the facilitators and barriers that their Black female students (and all students) face and work to accentuate the facilitators and remove or mitigate the barriers. In this chapter, I will provide an introduction to my topic, a brief background, the problem statement, the purpose of the study, research questions, the theoretical framework, the nature of the study, definitions, assumptions, scope and delimitations, limitations, significance, and a summary.

Background

The majority of the literature and research has been concentrated on mental health and psychiatric services for individuals of Caucasian descent. De Angelis (2021) discovered that Black individuals, irrespective of their gender, have a diminished likelihood of receiving healthcare that corresponds to established guidelines or engaging in mental health research when compared to White individuals. The data remain valid regardless of whether the research is conducted in the United States or elsewhere. Because Black individuals have not received the appropriate preventative therapies, they are also more likely to seek therapy for mental health difficulties in emergency rooms or primary care (De Angelis, 2021).

Black patients utilization of emergency rooms or primary care settings is due to their lack of receiving proper prophylactic treatments at the recommended intervals with a mental health professional (De Angelis, 2021). There is a lack of available data on Black men, and there are only a few published studies on the experiences of Black women attending historically Black universities who actively sought mental health services. Lack of data also included facilitators and challenges that Black women faced in seeking mental health services.

In previous research, Da Silva and Dos Santos (2020) identified two factors that promote or aid in achieving a particular outcome: self-esteem and self-perception. According to Jones et al. (2020), it is important for individuals to have robust self-esteem and for therapists to be knowledgeable and understanding of different cultures. Jones et al., along with Da Silva and Dos Santos' research, support the importance of self-esteem, self-perception, and knowledgeable, culturally competent providers to promote the

achievement of a particular outcome. Various barriers, such as a lack of self-esteem, trust in the healthcare system, insufficient insurance coverage, societal shame, and unmet cultural needs, impede individuals from obtaining essential support (Wright, 2020). Additionally, Wright (2020) suggested the primary focus is on Black women because of the notable discrepancy in household leadership among different ethnic groupings. The percentage of White families led by women is just 9%, but in the Black and African American communities, over 30% of households are headed by women (Mental Health America, 2023). According to Wright (2020), various social and cultural factors have a role in the underutilization of mental health services among Black women.

Examining the experiences of Black women who willingly sought mental therapy while enrolled in historically Black universities provides helpful insights into the obstacles they encounter and the approaches used to obtain the required support. My study's primary purpose was to explore the personal testimonies of African American women enrolled at historically Black colleges and institutions who actively pursue psychiatric services. Exploring experiences through personal testimonies explains how people view the world. Heideggerian philosophy states that the universe and one's existence are linked, and people define themselves via life events (Carroll & Atcherson, 2022). I concentrated on the efforts made by women to acquire psychiatric services. Black women encounter the simultaneous challenges of enduring prejudice based on both their race and gender (Pappas, 2021).

Pappas (2021) argued that psychologists specializing in the mental health of Black women observe favorable progress in their overall well-being. The research conducted by these psychologists suggests that the mental health of Black women improves (Pappas,

2021). Pappas (2021) stated that the advantages include a reduction in instances of racism and microaggressions and an increase in the number of qualified professionals with prior expertise in delivering medical care to women of color (Pappas, 2021). According to Jones and colleagues (2020), facilitators could alleviate the intensity of isolation-related emotions and mitigate the absence of social support. Both of these criteria correlate with reduced intensity of feelings associated with isolation. The presence of individuals who shared a common cultural background enhanced the ease of the process.

Moreover, Jones et al. (2020) unveiled that elements that contribute to success encompass motivation, a robust sense of community, and group identification. However, the gap my study was conducted to address is the absence of literature specifically focusing on the issues Black women face in accessing mental health services. This gap exploration provides insights into the social determinants of health related to health care access and care. An essential undertaking is exploring the experiences of Black women students enrolled in Black universities who actively seek mental health services to comprehend the factors that facilitate and alleviate barriers. The goals of this study were accomplished by conducting interviews with students. As a result, readers can understand the elements that facilitate and impede progress. The objective of my research was to explore the experiences of Black women who attend Black institutions and actively sought psychiatric services, revealing the barriers and facilitators. Previous academic studies had shown that racism, microaggressions, and stigma are significant obstacles that need to be addressed.

Problem Statement

The social problem that prompted me to search the literature was the experiences of Black women in Black colleges voluntarily seeking psychiatric services and not being able to obtain psychiatric services with qualified therapists. The social problem includes the lack of qualified, appropriately trained therapists with experience who are also people of color who understand the dimensions of the mental health issues Black women face. Black women underuse mental health services despite higher rates of depression and mental illness (Hall et al., 2021). Mental illnesses, such as major depression, continue to be the leading causes of disability in the United States (Coombs et al., 2022). Black Americans face significant barriers to psychiatric services, such as subpar care and a lack of access to culturally competent care (American Psychiatric Association, 2017).

Only 1 out of every 3 African Americans needing psychiatric services receives it (American Psychiatric Association, 2017). Obtaining psychiatric services is essential to decrease the probability that mental illness will interfere with individuals' lives (Manago & Krendl, 2023). Family, financial, and success expectations may cause stress, and high perceived stress may hinder them from coping (Jones et al., 2020). Social and cultural factors have been identified as contributing to Black women's low utilization of psychiatric services (Wright, 2020). The social and cultural factors include distrust of the medical system, insurance, stigma, and unmet cultural needs (Wright, 2020). Black and African American adults are more likely to have feelings of sadness, hopelessness, and worthlessness than White adults (Mental Health America, 2023). African Americans (men and women) have similar rates of mental illness as the general population; however, there

are disparities in psychiatry, such as subpar care and lack of access to culturally competent care (American Psychiatric Association, 2017).

Purpose of the Study

This qualitative study aimed to explore the experiences of Black women in Black colleges who voluntarily seek psychiatric services.

Research Question

The research question is: What are the lived experiences of Black women in Black colleges who voluntarily seek psychiatric services?

Theoretical and Conceptual Framework

The frameworks that grounded my study included Heidegger's (1962) phenomenology (qualitative research) and Hochbaum et al.'s (1952) health belief model (HBM; theoretical). Binder (2022) focused on the Heidegger framework to explain how people view the world. People must actively address existential concerns that shape the human experience (Binder, 2022). Heidegger (1962) described *existential* as the structures that form human experience and are rooted in ontological being. Using Heidegger's phenomenology provided the research design to guide my study. Carroll and Atcherson (2022) focused on hermeneutic design to better understand participants' themes through back-and-forth discourse. The philosophies of Heidegger focus on the meaning behind descriptions and the everyday life of people experiencing a phenomenon (Carroll & Atcherson, 2022). Heidegger's method of constant-comparative analysis can be used to understand an event (Carroll & Atcherson, 2022). Heideggerian philosophy states that the universe and one's existence are linked, and people define themselves via life events (Carroll & Atcherson, 2022).

The theoretical framework is the HBM (Hochbaum et al., 1952). The HBM is a set of beliefs shared by the patient, their family, and the community (Hochbaum et al., 1952). This set of beliefs or constructs includes perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action. These beliefs significantly impact a patient's feelings about health, illness, and seeking treatment (Mansoor & Mansoor, 2022). The pathway to care is a plan to help patients decide. This set of beliefs or constructs includes perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action. These beliefs significantly impact a patient's feelings about health, illness, and seeking treatment (Mansoor & Mansoor, 2022). The pathway to care is a plan to help patients decide whether to get treatment based on their understanding of the perceived susceptibility and seriousness of their sickness and the barriers that prevent or delay treatment (Mansoor & Mansoor, 2022). Cultural reasoning related to symptom origin can pave the way for avoiding psychiatric services (Mansoor & Mansoor, 2022). The pathway to care could be utilized by exploring how interviewees decided whether to get treatment based on their understanding of the perceived susceptibility and seriousness of the mental health issues (Mansoor & Mansoor, 2022). The pathway to care could be utilized to understand barriers that prevent or delay treatment (Mansoor & Mansoor, 2022). The HBM is a valuable way to understand and deal with the problem of people's underutilization of mental health services (Hathorn et al, 2021). This theoretical framework was used to predict help-seeking intentions and to determine the barriers to seeking psychiatric services (Hathorn et al., 2021). Heidegger's phenomenology explains how people view their experiences.

Phenomenology describes the meaning of the lived experience of a phenomenon by people who lived it (Tomaszewski et al., 2020). In my study, the lived experience of a phenomenon was what it meant to seek psychiatric services voluntarily. The people who lived or experienced the phenomenon were Black women in Black colleges; thus, the interpretive phenomenology approach (IPA), where I interpreted their stories, was appropriate. Through my lens, I gained an understanding the experiences of Black women in Black colleges voluntarily seeking psychiatric services. Obtaining psychiatric services is essential to decrease the probability that mental illness would interfere with individuals' lives (Manago & Krendl, 2023). The purpose of my qualitative research was to explore the experiences of Black women in Black colleges voluntarily seeking psychiatric services.

The logical connections between the frameworks presented and my study approach include the meaning of psychiatric services and the belief in psychiatric services. Participants attribute meaning to what matters to them or what they care about when voluntarily seeking psychiatric services (Horrigan-Kelly et al., 2016). According to the HBM, patients are likelier to adhere to a certain health behavior if they perceive they are vulnerable to the disease and feel the target behavior would reduce the likelihood of health problems and disease-related costs (Sousa et al., 2023). A person's decision and motivation to change a health behavior relies on moderating factors (like age, socioeconomic status, and knowledge of the disease and its treatments), cues to action (liked symptoms, reminders of the disease and its needs), and personal beliefs (that includes self-esteem and self-perception; Sousa et al., 2023).

Nature of the Study

My main research question was: What are the lived experiences of Black women in Black colleges who voluntarily seek psychiatric services? I conducted face-to-face semistructured interviews via Zoom. Based on hermeneutical phenomenology, I used IPA to explore how the participants made sense of their personal experiences and the meaning the participants attached to their experiences. Their stories' specific concepts of interest shed light on the phenomenon and provided the foundation for a wider scope and perspective of the themes.

I used Zoom for my face-to-face interviews and recorded only the audio portion of the session. The recordings were saved using an assigned alpha-numeric code to identify participants during the interview and to ensure confidentiality. An interview guide was utilized to further explore responses to the main research question. Based on the participants' responses, I asked open-ended, probed questions to elaborate on a topic and better understand its meaning. I asked the participants how a particular experience made them feel; I also utilized memos to decrease biases and derive themes or codes.

My sample size was 8 to 10 women who met the inclusion criteria (any age woman currently enrolled in college) and were selected for the semistructured interviews; interviews were conducted until saturation was met. Saturation occurs in qualitative research when a researcher's amount of data collected, the number of studied participants interviewed, and the number of documents or observations yield no new knowledge or a phenomenon that could not be explained (Burkholder et al., 2020).

I transcribed the data collected from interviews into a document and downloaded it into MAXQDA. Then, I saved the document using the same alphanumeric codes

assigned to participants. While using MAXQDA, I wrote down my thoughts on the sidelines of the primary document and any thoughts about how well the interview went. I used the color-coding feature of MAXQDA to assign a code for each group of words of interest to the phenomenon. I paid attention to categorizing specific themes that emerged during coding.

Definitions

Concepts of interest were experiences, Black women, Black colleges, and voluntarily seeking psychiatric services.

Black colleges/universities: Institutions established before 1964 with the primary mission of educating Black Americans, or historically Black colleges and universities (HBCUs). These institutions flourished in an environment of legal segregation, facilitating access to higher education. HBCUs made a significant contribution to advancing the status of Black Americans.

Black woman: A female person relating to or being the sex that typically having the capacity to bear young or produce eggs (Merriam-Webster, 2025) and who selfidentifies as having origins in any Black racial group. For this study, *Black woman* is defined as an individual who identifies as female and belongs to the African diaspora, facing unique intersections of race and gender that shape their experiences in society (Fiveable, 2025). Transwomen, bisexual women, or other unique gender identities may be content for future research, but were not part of the population of focus for this study.

Experiences: Direct observation of or participation in events as a basis of knowledge (Merriam-Webster, 2025).

Psychiatric services: Services that deal with mental, emotional, or behavioral disorders (American Psychiatric Association, 2025).

Voluntarily seeking: An act of one's own free will (Merriam-Webster, 2025). The concept of seeking is to attempt to acquire or gain something (Merriam-Webster, 2025).

Assumptions

Researchers bring assumptions to their studies (Creswell & Poth, 2024). It is important to describe those assumptions to understand how a researcher has situated the study in the world. One of the first assumptions I made in my research was selecting an approach that allowed the voices of Black women in Black colleges to be heard related to their experiences of voluntarily seeking psychiatric services in that particular setting. A qualitative approach allowed me to involve my participants in developing my understanding. I believed the women would provide honest, rich accounts of their experiences.

My second assumption in my study was that I would be a part of the research environment and that my presence might influence the women as they told their stories. In qualitative studies, a researcher is the instrument, typically using interviews, observations, or document review to understand a particular phenomenon (Ravitch & Carl, 2021). Third, I assumed that my participants were sharing the essence of their experiences in the manner that Heidegger (1952) described—in other words, what they told me reflected basic elements common to the experience of voluntarily seeking psychiatric care. These assumptions were necessary to help clarify my perspective on my research and to provide insight into how I situated myself and my participants in the study.

Scope and Delimitation

The majority of previous research on mental health and psychiatric services has been on the White population. Black people (men and women) are less likely than White people to obtain care that adheres to guidelines or to participate in mental health research (De Angelis, 2021). Because Black people have not received the proper preventive treatments, they are also more likely to seek treatment for mental health issues in emergency rooms or primary care (De Angelis, 2021). While there is a lack of knowledge about Black men, there is little literature on the experiences of Black women in Black colleges voluntarily seeking psychiatric services in relation to facilitators and barriers. Facilitators identified in previous studies included self-esteem (Da Silva & dos Santos Monteiro, 2020) and culturally competent providers (Jones et al., 2020). Barriers to seeking the needed help included distrust of the medical system, insurance, stigma, and unmet cultural needs (Wright, 2020). Several social and cultural factors identified as contributing to Black women's low utilization of mental health treatment include distrust of the medical system, insurance, stigma, and unmet cultural needs (Wright, 2020). Investigating the experiences of Black women in Black colleges voluntarily seeking psychiatric services provides insight into the barriers and how Black women overcome these barriers to obtain needed services. Black women experience racism and sexism simultaneously and may have feel compelled to suppress unpleasant feelings lest they confirm the *angry Black woman* stereotype (Pappas, 2021).

Psychologists who work with Black women have said there are improvements in Black women's mental health from minimizing racism and microaggressions to increasing access to licensed specialists with experience treating women of color (Pappas,

2021). Some other studies have not explored the following possible facilitators of Black women in Black colleges voluntarily seeking psychiatric services. These facilitators include less intense feelings of isolation and increased social support because of being surrounded by cultural peers (Jones et al., 2020). Facilitators also include a sense of community, belonging, and encouragement (Jones et al., 2020). Exploring the lived experiences of Black women in Black colleges who voluntarily seek psychiatric services can provide insight into facilitators and mitigating barriers. My study contributes insights about facilitators and mitigating barriers based on interviewees' responses. Mitigating barriers identified in previous studies have included racism, microaggressions, and stigma (Hall et al., 2021).

While the perspectives of my participants and my interpretation of their stories may not be transferable to the general population, the approaches I used to answer my research question could be used by other researchers. The phenomenological approach, grounded in Heidegger's philosophy could be used in other studies to explore Black women voluntarily seeking psychiatric care in Black colleges and universities. In reviewing the literature, I identified two/three applicable models: (a) HBM and (b) the health promotion model. The health promotion model was not relevant to the study as the promotion of health and well-being did not relate to my problem. The HBM was the most aligned with my study.

Limitations

One limitation was recruiting participants, which might have excluded individuals without internet access from available surveys around campus. A solution was to place posters around campus in female student dormitories, cafeterias, student unions, and

mental health service office with permission. One challenge was potential bias. Potential bias is preconceptions of barriers and facilitators to Black women voluntarily seeking psychiatric services. To overcome the challenge of bias in data analysis, I generated a research journal. One barrier to valid information from interviewee was their ability to respond honestly to questions without fear of judgment. The solution was to establish a safe atmosphere to assure their responses were not judged. This solution also facilitated obtaining thick descriptions that provided rich data on my topic.

Significance

My study is significant because a qualitative research study considering the perspective of Black women in Black colleges voluntarily seeking psychiatric services represents an original contribution from participants and addresses a gap identified in the literature. Obtaining psychiatric services is essential to decrease the probability that mental illness interferes with individuals' lives (Manago & Krendl, 2023). Only 1 out of every 3 African Americans (men and women) needing psychiatric services receive it (American Psychiatric Association, 2017). A lack of culturally competent mental health providers contributes to the distrust of the medical system (Huff, 2021). According to APA's Center for Workforce Studies data from 2019, 83% of the psychology workforce self-identified as White, 7% as Hispanic, 4% as Asian, and 3% as Black (Huff, 2021). Culturally competent care is scarce for BIPOC patients who prefer to seek help from therapists who look like them (Huff, 2021).

My study provides data to help understand more about the factors contributing to the disparities in psychiatric services through exploring the experiences of Black women in Black colleges who voluntarily seek psychiatric services. Mental illnesses, such as

major depression, continue to be the leading causes of disability in the United States. This fact highlights the importance of understanding Black college women's perspectives as educators. Not only does poor mental health affect the development of the individual, but for college students, it can also affect their ability to learn efficiently and effectively. Educators, especially nurse educators, need to understand the far-reaching effects an inability to seek psychiatric services voluntarily might have on nursing students (Xie et al., 2025).

Selecting Black women in Black colleges facilitated understanding the experiences of the identified factors on Black women in Black colleges who voluntarily seek psychiatric services. Black women in Black colleges may be able to obtain free psychiatric services, eliminating the barriers of insurance and poverty (Wright, 2020). A facilitator for Black women in Black colleges includes possibly being surrounded by Black culture (Wright, 2020). Advocating for improved experiences of Black women voluntarily seeking psychiatric services was the goal of my research to support positive social change. Strengthening the mental health of people in a community strengthens the community. As communities build healthier approaches to mental health, society benefits because these individuals are more capable and likely to contribute positively to their families, communities, and cultures.

Summary

This chapter covered Heidegger's phenomenology (qualitative research design) and HBM (theoretical). Binder (2022) focused on the Heidegger framework to explain how people view the world. HBM is a set of beliefs shared by the patient, their family,

and the community (Mansoor & Mansoor, 2022). These beliefs greatly impact how the patient feels about health, illness, and getting treatment (Mansoor & Mansoor, 2022).

The historical context surrounding the development of these constructs provides a logical connection between the frameworks presented and my study approach. The meaning of psychiatric services and the belief in psychiatric services were included. Participants attribute meaning to what matters to them or what they care about when voluntarily seeking psychiatric services. The research question and methodology were also highlighted. Potential implications for professionals who work with this population were mentioned. The next chapter will review the current literature and research related to this topic.

Chapter 2: Literature Review

Introduction

The social issue that motivated my literature search was the challenges faced by Black women who willingly seek psychiatric services in Black universities but are unable to access such services. Despite experiencing greater rates of depression and mental illness, Black women exhibit a lower utilization of psychiatric services (Hall et al., 2021). Major depression and other mental diseases remain the primary contributors to disability in the United States (Coombs et al., 2022). African Americans encounter substantial obstacles when seeking psychiatric services, including inadequate care and limited availability of culturally sensitive treatment (American Psychiatric Association, 2017). According to the American Psychiatric Association (2017), only 33% of African Americans who require psychiatric services obtain these services. Obtaining psychiatric services is crucial in reducing the likelihood of mental illness impeding individuals' daily function (Manago & Krendl, 2023). Expectations related to family, finances, and achievement can lead to stress, and a high level of perceived stress may impede individuals from effectively managing these expectations (Jones et al., 2020). The underutilization of psychiatric services among Black women is attributed to social and cultural reasons (Wright, 2020). The social and cultural variables encompass elements such as a lack of confidence in the medical system, issues with insurance, societal stigma, and unfulfilled cultural requirements (Wright, 2020). According to Mental Health America (2023), those who identify as Black or African American exhibit a higher likelihood of experiencing emotions such as melancholy, hopelessness, and worthlessness compared to their White counterparts. African Americans, men and women, experience

mental illness at a comparable rate to the whole population. However, there exist discrepancies in the field of psychiatry, including inadequate care and limited availability of culturally sensitive treatment options (American Psychiatric Association, 2017). Thus, this qualitative study aimed to explore the experiences of Black women in Black colleges who voluntarily seek psychiatric services. This chapter includes an introduction, my literature search strategies, a description of my theoretical framework, and a literature review related to my key variables.

Literature Search Strategy

The keywords in this literature search included *mental health AND college AND Black women*. Additional keywords used to search articles on my framework included *Heidegger AND phenomenology.* The review of the literature was completed with the following databases: APA PsycInfo, MEDLINE with Full Text, Academic Search Complete, Complementary Index, CINAHL Plus with Full Text, Directory of Open Access Journals, SocINDEX with Full Text, Education Source, APA PsycArticles, ScienceDirect, and Research Starters. The Boolean operator *and* was used to guide the search. Scholarly, peer-reviewed journals were selected for the electronic literature review between 2019 and 2023.

Using the search terms *mental health AND college AND Black women* together in the PsycInfo database, I retrieved 249 hits. In the Academic Search Complete database, I retrieved 216 hits. Using these two databases, I returned some of the same articles. I continued my search using these terms *mental health AND college AND Black women* in all the databases listed to complete my literature review.

Theoretical Foundation

The frameworks that ground my study included Heidegger's (1962) phenomenology (qualitative research design) and Hochbaum et al.'s (1952) HBM (theoretical). Binder (2022) focused on the Heidegger framework to explain how people view the world. People actively address existential concerns that shape human experiences (Binder, 2022). Heidegger (as cited in Binder, 2022) described *existential* as structures that form human experience and are rooted in ontological beings. Heidegger's phenomenology provided the research design to guide my study.

Carroll and Atcherson (2022) focused on the hermeneutic design to better understand the participants' themes through back-and-forth discourse. The philosophies of Heidegger focused on the meaning behind descriptions and the everyday life of people experiencing the phenomenon (Carroll & Atcherson, 2022). Heidegger's method of constant-comparative analysis was used to understand an event (Carroll & Atcherson, 2022). Heideggerian philosophy states that the universe and one's existence are linked, and people define themselves via life events (Carroll & Atcherson, 2022).

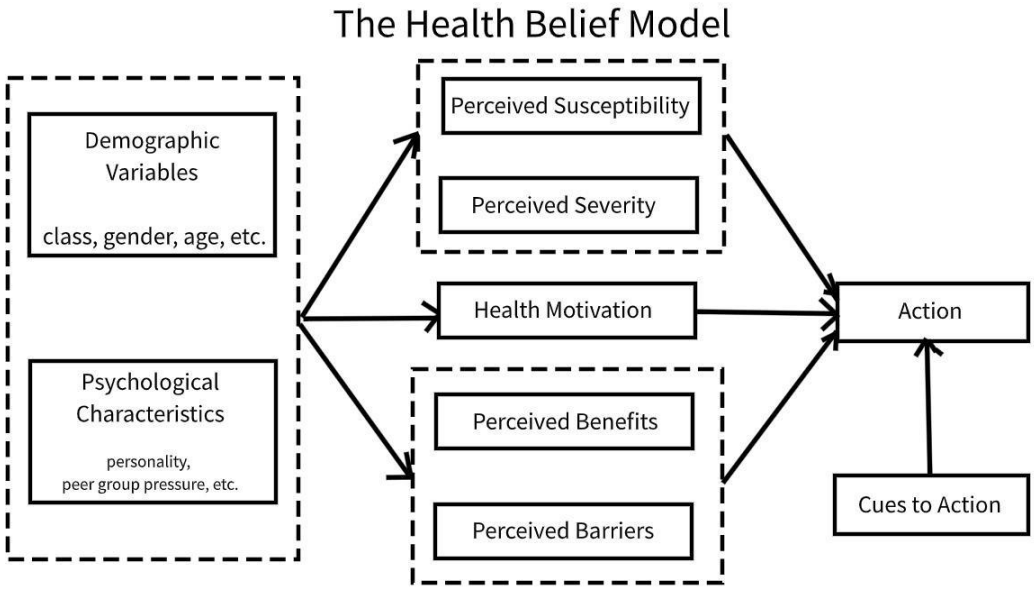
Social psychologists Rosenstock, Hochbaum, Kegels, and Leventhal developed the HBM in the 1950s in response to the widespread challenge of managing tuberculosis (Aleyfei & Easton-Carr, 2024). Their conceptualization has undergone extensive development since it was described (Alyafei & Easton-Carr, 2025). The theoretical framework HBM is a set of beliefs shared by a patient, their family, and their community (Mansoor & Mansoor, 2022). These beliefs impact the patient's feelings about health, illness, and getting treatment (Mansoor & Mansoor, 2022).

The HBM consists of demographic variables and psychological characteristics that influence an individual's perceived susceptibility and perceived severity of a health condition. Health motivation is part of an individual's response to acting on their sense of susceptibility to a disease and how bad it will be for them. Perceived barriers and perceived benefits are added to the individual's assessment and influence their action. Their actions can also be influenced by cues (information) that might affect them (Aleyfei & Easton-Carr, 2024).

The model constructs, shown in Figure 1, are defined as the following: (a) demographic variables, characteristics that define an individual, such as age, gender, etc.; (b) psychological characteristics, individual characteristics such as personality, resilience, and self-efficacy; (c) perceived susceptibility, the perception of one's likelihood of acquiring a disease or unhealthy outcome; (d) perceived severity, an individual's perception of the intensity of the disease if they acquire it and how the severity of the condition might affect them; (e) health motivation, an individual's impetus to engage in health-seeking or wellness behaviors based on their perceived susceptibility, the perceived severity of the issue, the perceived barriers, and perceived benefits; (f) perceived barriers, obstacles seen as stumbling blocks to achieving the desired health outcome; (g) perceived benefits, perceptions of the value of following a plan to address a health condition to achieve a desired state; (h) action, the activities and processes an individual does to achieve health and wellness; and (i) cues to action, internal or external stimuli that propel an individual towards specific actions to address the health behaviors needed based on their perceptions of perceived susceptibility, severity, barriers, and benefits (Aleyfei & Easton-Carr, 2024).

Figure 1

Health Belief Model



Note. From *Health Belief Model Diagram*, by Wikimedia Commons, 2019, https://commons.wikimedia.org/w/index.php?title=File:Health_belief_model_diagram.jpg&oldid=991640394.

The constellation of constructs that make up the HBM provided a basis to understand how Black college women voluntarily seek psychiatric services. However, the model constructs lacked defining characteristics that could make it more applicable to Black college women. For example, the strong Black woman schema (SBWS) could be a dimension of the psychological characteristics and enhance the HBM's applicability. Furthering this conceptualization, exploring the role of the strong Black women schema might strengthen the relationship between psychological characteristics, health motivation, and action. Integrating the SBWS could also provide explanatory power to the perceptions of susceptibility, perceived barriers, and perceived benefits.

In their study on barriers in mental health settings, Monsoor and Monsoor (2022) described a pathway to care based on the HBM, which is a plan that helps patients decide whether to seek treatment based on their understanding of the perceived susceptibility and seriousness of their sickness and the barriers that prevent or delay treatment. Cultural reasons related to symptom origin could pave the way for avoiding psychiatric services (Mansoor & Mansoor, 2022). The pathway to care could be used by exploring how interviewees decide whether to seek treatment based on their understanding of the perceived susceptibility and seriousness of mental health issues (Mansoor & Mansoor, 2022). The pathway to care could be used to understand barriers that prevent or delay treatment (Mansoor & Mansoor, 2022).

Researchers (Castelin & White, 2025; Liao, 2019; Parks & Hayman, 2024) exploring the perceptions of Black women included culture and environment in some of their studies but also utilized the SBWS as an additional dimension to understand health behaviors and health-seeking behaviors. These studies noted the value and disadvantages of the SBWS to Black women, including college women. HBM is a valuable way to understand and address the problem of people's underutilization of psychiatric services (Hathorn et al., 2021). This framework could predict help-seeking intentions and determine the barriers to seeking psychiatric services (Hathorn et al., 2021). Heidegger's phenomenology can explain how people view their experiences.

Literature Review

To capture the essence of Black women's experiences using psychiatric services, I found the literature was divided into three main themes: perceptions, barriers, and facilitators. In the following paragraphs, I present perceptions, barriers, and facilitators

for Black women seeking psychiatric services voluntarily. The perceptions are from the viewpoint of the participants in literature review I conducted. Barriers impede participants from obtaining psychiatric services. Facilitators make obtaining psychiatric services easier for participants.

Perception

According to HBM, patients are more likely to adhere to a certain health behavior if they perceive that they are vulnerable to the disease and feel that the target behavior would reduce the likelihood of health problems and disease-related costs (Sousa et al., 2023). A person's decision and motivation to change a health behavior relies on moderating factors (e.g., age, socioeconomic status, knowledge of the disease and its treatments), cues to action (e.g., symptoms, reminders of the disease and its needs), and personal beliefs (Sousa et al, 2023). Other possible factors that influence behavior are barriers such as distrust of the medical system, stigma, and unmet cultural needs.

Motivation to Change a Health Behavior

Binder (2022) focused on the Heidegger framework to explain how people view the world. The study examined the existential context of physical and mental health and found that everyone actively addresses existential concerns that shape human experience. Heidegger (as cited in Binder, 2022) described existential structures as structures that form human experience and are rooted in the ontological being. Ontological being creates an individual's sense of being and determines factors with dealing with human experiences.

Personal Beliefs

Foster et al. (2023) focused on health and well-being. The qualitative study used a descriptive phenomenological design to describe older Black women's health and wellbeing. Health was used to describe the physical and mental health status of the studied population, and well-being was used to describe the overall quality of life of participants.

Berry and Holloway (2022) focused on gender-role stereotypes in Black men and women. The study focused on the experiences of Black cisgender (e.g., a person's gender identity and gender expression align with their sex assigned at birth) college students' gender-role conformity and experiences with stress and depression. Gender-role conformity expectations and assumptions of Black women may cause stress, and Black women often engaged in internalizing behaviors such as depression and anxiety (Berry & Holloway, 2022).

Barriers

Barriers impeded Black women from voluntarily seeking psychiatric services. Black Americans face significant barriers to psychiatric services, such as subpar care and lack of access to culturally competent care (American Psychiatric Association, 2017). Barriers to obtaining the needed help included distrust of the medical system, insurance, stigma, and unmet cultural needs (Wright, 2020).

Distrust of the Medical System

Monaro et al. (2021) focused on clinicians' need to engage in authentic discourse to create shared meaning and facilitate decision-making. This qualitative study, using hermeneutic Heideggerian phenomenology, found that effective discourse between client

and clinician was hampered by changed circumstances of being with. The study also revealed a retreat from discourse through deficient discourse and filtering information. Discourse requires engagement and information shared to make meaning and arrive at decisions (Monaro et al., 2023).

Stigma

Godbolt et al. (2022) focused on how the strong Black woman (SBW) schema may cause eating disorders and overeating among a sample of Black female college students and evaluated racial discrepancies in eating disorders and obesity. This qualitative study identified stereotypes and microaggressions as stressors that negatively affect mental and physical health. It was found that Black women overcome social constraints, discrimination, and injustice at considerable personal sacrifice and worry about being misunderstood while discussing mental health.

Unmet Cultural Need

Jones et al. (2020) focused on psychosocial adjustment among Black college women. This quantitative study conducted with a small sample of Black college women who attended HBCUs was aimed at enhancing psychosocial competence and reducing stress. Black undergraduate women at HBCUs participated in culture-relevant group therapies to improve psychosocial competence and reduce stress. One consistently highlighted shortcoming was that the college mental health counseling models are culturally inadequate, lacking the depth to address the multiplicative oppressions associated with the intersections of racism, sexism, classism, heterosexism, and all other forms of oppression.

Facilitators

Facilitators are people or things that make an action or process easier. Facilitators identified in previous studies included self-esteem (Da Silva & dos Santos Monteiro, 2020) and culturally competent providers (Jones et al., 2020). In addition, facilitators included less intense feelings of isolation and increased social support because of being surrounded by cultural peers (Jones et al., 2020). Facilitators also include a sense of community, belonging, and encouragement (Jones et al., 2020). When clients are matched with mental health providers who shared important identities such as race, clients are more likely to seek and receive psychological care and have better experiences in therapy because the mental health professionals are motivated to provide culturally sensitive care to clients who had been historically marginalized in the field (Yoon & Petrie, 2023). Individuals who believe their clinicians are not sensitive to cultural factors may feel mistrust, leading to potential premature termination of services (Yoon & Petrie, 2023).

If athletes knew that their sport psychologists had played high-level sports, they would likely feel more comfortable with and trust the sport psychologists. Similarly, if a Black female when to a Black psychologist, then they would likely feel more comfortable with someone of the similar culture. Feeling more comfortable with and trusting the psychologist would also help the provider understand and put the athlete's concerns in the proper context and avoid making suggestions that are not in line with the client's goals and realities, such as quitting the sport (Yoon & Petrie, 2023). This study addressed college student athletes, but the concept could apply to any culture or group of individuals (Yoon & Petrie, 2023). These facilitators, such as culturally competent

providers, less intense feelings of isolation, and a sense of community, can assist individuals in seeking and maintaining the psychiatric services they need.

Sense of Community

Castelin and White (2022) focused on Black women's SBWS endorsement, mental health, and resiliency. Past qualitative research found that the SBWS may help Black women deal with microaggressions and that Black women associate the SBWS with adaptive functions such as resilience and positive self-concept (Castelin & White, 2022). However, this quantitative evidence did not provide strong support to indicate that the SBWS had direct positive effects on mental health (Castelin & White, 2022). It was found that Black communities' SBWS endorsement may harm Black women's mental health because strong Black women do not show weakness (Castelin & White, 2022). This quantitative study revealed Black women's incapacity to disclose their inner problems and limitations, perpetuating internalizing psychological suffering (Castelin & White, 2022).

Hall et al. (2021) focused on women in a study who agreed with the SBW idea and women who felt strongly, either positively or negatively, about using mental health services. This qualitative study examined how the SBW cultural ideal affects Black women's mental health utilization (Hall et al., 2021).

Belonged and Encouragement

Da Silva and dos Santos (2020) focused on race/skin color-based self-esteem among 18–24-year-old female university students. This quantitative and cross-sectional study found that young female university students must increase their self-esteem to avoid injury to their physical and mental health and academic performance (Da Silva &

dos Santos Monteiro, 2020). High self-esteem is manifested by accepting responsibility for their actions, taking reasonable risk, and assuming total command and control over their own lives, including adopting healthy behaviors (Da Silva & dos Santos Monteiro, 2020).

Conclusion

The majority of research on mental health and psychiatric services was on the white population with sparse literature related to Black women. Despite some literature, additional research is necessary. Black people (men and women) are less likely than White people to obtain care that adheres to guidelines or to participate in mental health research (De Angelis, 2021). Because they had not received the proper preventive treatments, they were also more likely to seek treatment for mental health issues in emergency rooms or primary care (De Angelis, 2021).

While there was a lack of knowledge about Black men, there is limited literature on the experiences of Black women in Black colleges voluntarily seeking psychiatric services about facilitators and barriers. Facilitators identified in previous studies included self-esteem (Da Silva & dos Santos Monteiro, 2020) and culturally competent providers (Jones et al., 2020). Barriers to getting the needed help include distrust of the medical system, insurance, stigma, and unmet cultural needs (Wright, 2020). This study focuses on Black women because about 30% of Black and African American homes are headed by women, while only 9% of White homes are headed by women (Mental Health America, 2023).

Several social and cultural factors have been identified as contributing to Black women's low utilization of mental health treatment, including distrust of the medical

system, insurance, stigma, and unmet cultural needs (Wright, 2020). Investigating the experiences of Black women in Black colleges voluntarily seeking psychiatric services provided insight into the barriers and how Black women overcame these barriers to get the needed psychiatric services. Black women experience racism and sexism simultaneously and may feel compelled to suppress unpleasant feelings (Pappas, 2021).

Black women, with this stigma, should be strong and not seek out psychiatric services. Psychologists who work with Black women said there are improvements in Black women's mental health, from minimizing racism and microaggressions to increased access to licensed specialists with experience treating women of color (Pappas, 2021). Others had not explored the following possible facilitators of Black women in Black colleges voluntarily seeking psychiatric services. These facilitators included less intense feelings of isolation and increased social support because of being surrounded by cultural peers (Jones et al., 2020). Facilitators also include a sense of community, belonging, and encouragement (Jones et al., 2020).

Exploring the lived experiences of Black women in Black colleges who voluntarily seek psychiatric services provided insight into facilitators and mitigating barriers. My study contributed insights about facilitators and mitigating barriers based on interviewees' responses. Mitigating barriers identified in previous studies included racism, microaggressions, and stigma (Hall et al, 2021).

Summary

This chapter summarizes the literature review process, which includes keywords such as mental health, college, and Black college. The information obtained from the literature review provided insight into the perception, barriers, and facilitators of Black

women enrolled in Black colleges who voluntarily seek psychiatric services. The chapter elaborated on what influences the perceptions, such as motivation to change a health behavior and personal beliefs.

In the chapter, I discussed the barriers such as distrust of the medical system, stigma, and unmet cultural needs. And finally, an explanation of facilitators such as sense of community and belonging and encouragement concluded the chapter. The next chapter will discuss the research design, role of the researcher and trustworthiness.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to explore the lived experiences of Black women in Black colleges who voluntarily seek psychiatric services. The lived experiences of Black women in Black colleges who voluntarily sought psychiatric services shared their stories and defined facilitators and barriers faced during the process of seeking psychiatric services. Adjusting to college is often a challenging process that requires students to devise effective strategies for coping with the various demands of higher education (Jones et al., 2020). Through the lived experiences of Black women, insight is gained. In this chapter, I discussed research design and rationale for exploring the lived experiences of Black women in Black colleges who voluntarily seek psychiatric services, the role of the researcher, and recognizing biases, on instrumentation, participant selection, and recruitment for the guidance of future researchers.

Research Design and Rationale

My main research question was: What are the lived experiences of Black women in Black colleges voluntarily seeking psychiatric services?

Concepts of interest were experiences of Black women in Black colleges who voluntarily sought out psychiatric services. Each term was used as a variable or concept. The concept of *experience* was defined as direct observation of or participation in events as a basis of knowledge. The concept of *Black women* was defined as a woman who selfidentifies as having origins of any Black racial group. The concept of *voluntarily* is an act of one's own free will. The concept of *seeking* is to attempt to acquire or gain something.

The concept of psychiatric services is services that deal with mental, emotional, or behavioral disorders.

Hermeneutical phenomenology was employed to explore how participants made sense of their personal experiences and the meanings they attach to them. The specific concepts of interest shed light on the phenomenon and provided the foundation for a wider scope and perspective of the themes. Phenomenology is a school of thought that emphasizes a focus on people's subjective experiences and interpretations of the world. The phenomenologist wants to understand how the world appears to others (Trochim, 2022). The samples are from people who contribute to the story of the experience (Tomaszewski et al., 2020). Phenomenology describes the meaning of the lived experience of a phenomenon by people who lived it (Tomaszewski et al, 2020).

Role of the Researcher

My role in this research was primarily as an interviewer. I recruited my participants, determined if they met the inclusion criteria, scheduled the interview, and conducted the research and review. My task was to elicit the perspectives of Black women and their experiences of voluntarily seeking psychiatric services. I was looking for the barriers and facilitators these women experienced during their time as students at Black universities and colleges.

In developing the participant criteria, I planned to recruit from a college campus, utilizing flyers posted in areas such as student lounges to reach my participants. I did not intentionally recruit students with whom I had a personal or professional relationship. Ravitch and Carl (2021) indicated that researchers need to be aware of any indication that they might have power over the participants and manage that situation appropriately.

My first action was to create and maintain a journal to manage potential research biases and other research perspectives and insights noted during the research (see Amankwaa, 2016). I avoided interviewing participants I knew personally or with whom I had worked to avoid potential power issues. Other ways I managed the issues of power were to develop an encouraging, conversational tone and an interest in each participant's individuality and the value of their experiences (see Andress et al., 2020).

Another strategy I used was to provide an incentive, a $20.00 Visa gift card, to participants who completed the interview. Incentives have been controversial over the years; however, recent research has indicated that incentives can be a strategic tool for improving the recruitment and retention of participants without them being coercive or undermining their informed consent (Krutsinger et al., 2019).

Methodology

This section describes the methodology, including the size of the participant sample, recruitment procedures, and data collection. I also describe how data collected from semistructured interviews were transcribed. This section concludes with the planned data analysis.

Participant Selection Logic

My sample consisted of approximately nine Black women who met the inclusion criteria and were selected for semistructured interviews using purposive sampling, until saturation was achieved. Saturation occurs in qualitative research when a researcher's amount of data collected, the number of studied participants interviewed, and the number of documents or observations yield no new knowledge or a phenomenon that could not be explained (Burkholder et al., 2020).

Purposive sampling is a sample with a purpose in mind (Trochim, 2022). Purposive sampling is helpful in reaching a targeted population to gather their opinions. My inclusion criteria included women of Black or African American descent who enrolled in college and who voluntarily sought psychiatric services. I invited participants via social media and recruitment posters placed around campus in female student dormitories, cafeterias, student unions, and mental health service offices.

To maintain confidentiality, names were deidentified using codes such as P1, P2, etc. I transcribed the data collected from the audio-recorded interviews into a document and uploaded it into MAXQDA. Then I saved the document and used the same alphanumerical code from above. While using MAXQDA, I wrote down my thoughts as described above on the sidelines of the primary document as well as any thoughts about how well the interview went.

Instrumentation

I used Zoom for my face-to-face interviews and audio-recorded the sessions. The recordings were saved using the assigned alpha-numerical code used to identify the participant during the interview. An interview guide was utilized to explore further responses to the main research question (Appendix A). A collaboration of the committee team, literature review, and examples of interview guides designed the interview guide. Based on the participants' responses, I asked open-ended, probing questions to elaborate on a topic to understand its meaning better. The interview guide was developed in collaboration with my committee, based on my literature reviews and examples of interview guides. The one central question was, "Tell me about your experiences as a

Black woman enrolled in a Black college who voluntarily sought psychiatric services." Based on their stories, I expanded on what they had said, such as, "You said … tell me more about xxxxx." I asked the participant how a particular experience made them feel. I used memos to decrease biases and derive themes or missing codes.

Procedures for Recruitment, Participation, and Data Collection

Before recruiting participants, I obtained approval from Walden University's Institutional Review Board (IRB; 09-17-24-0720529). The study's recruitment flyer (Appendix B) consisted of a summary of the research study and the study's criteria, eligibility, and contact information. Individual face-to-face interviews were conducted, lasting less than 60 minutes. Prior to the initiation of the interview, informed consent was obtained from each participant via email. Each interview was recorded for transcription purposes. Data from Zoom were transferred to Microsoft Word, and information was stored via my private, password-protected hard drive. Participants were interviewed only once. I was the only individual collecting the data for this study.

After participants responded to the recruitment flyer via email, I conducted a formal invitation via email and attached the informed consent to the selected participants. I scheduled a Zoom meeting for each participant based on their availability. I included a phone number on the flyer in case further clarification was necessary. All participants had the opportunity to ascertain a clear understanding of their voluntary effort and were ensured they would be unharmed in the research process. The informed consent form included the details of the study, the purpose of the study, the methods used to select participants, confidentiality, research guidelines, boundaries, and any possible risk that may occur by participating in the study. Once the participants agreed to participate in the

study, they acknowledged their agreement by sending an email stating, “I consent.” Afterward, the participants received a second email correspondence asking them to select a date and time suitable for their interview. I conducted audio only interviews via Zoom with each participant. I asked probing questions during the interview to obtain insightful data and gathered as much information as possible to identify themes. I ensured that all instruments were used ethically to avoid harming participants.

Some researchers propose incentives for research studies to increase recruitment and retention (Friedel et al., 2023). Each selected participant who completed the interview received a $20 electronic Visa gift card as an appreciation for participating in the study. In compliance with Walden University’s IRB policy, participants received a $20 VISA electronic gift card as my appreciation for their participation in my study. There were no follow-up procedures required.

Data Analysis Plan

Every participant participated in an audio-recorded interview, followed by transcription. Semistructured interviews are commonly employed in qualitative research to gather data. To ensure precision, I employed the Zoom feature to transcribe all interviewees’ responses and subsequently export the collected data into Microsoft Word. Then, I used the Zoom recording’s playback feature to listen several times to ensure all words were transcribed verbatim into Microsoft Word and made any necessary corrections. I adopted a receptive mindset, refraining from preconceived notions, to delve into the fundamental nature of the participants’ experiences. This approach enabled me to comprehend the topic under investigation and articulate it in a significant and pertinent manner to others.

I quoted the participants I interviewed correctly by using the recording. I used color coding to differentiate between the interviewees responses and my responses. My questions and prompts were not coded (Saldana, 2021). My statements as the researcher were more functional than substantial and did not need a code. Participants' data were given precedence when analyzing the interviews. The meaning-making process involved using codes to interpret participants' narratives.

Based on the exact words of each participant, a pattern of words was recognized, and this grouping of words was placed into categories. Valued coding is the application of codes to qualitative data that reflect a participant's values, attitudes, and beliefs. Value coding is appropriate for almost all qualitative studies, particularly those exploring cultural values and belief systems, identity, intrapersonal and interpersonal experiences. (Saldana, 2021).

The use of repetitive phrases was seen by doing an analysis of verbatim transcription. The pattern was categorized as values, attitudes, and beliefs about Black women's experiences with psychiatric services. I manually used color coding, group codes, and later pull-out sections to analyze. I went line by line and entered a code for each group of words stated by the interviewee. It is imperative to understand the textual data comprehensively, encompassing interviews, reflective memos, and meticulous reading and rereading of the content, known as the constant comparative approach, against the original recordings. Ongoing comparisons are made between emerging codes and concepts, as well as newly collected data, previously analyzed data, researcher observations, and analytical memoranda (Milliken, 2022). Open coding began with a line-by-line and phrase-by-phrase examination of the data to identify concepts and

processes. The concise information segments are allocated in vivo or substantive identifiers constructed primarily from the interviewee's vocabulary (Milliken, 2022). My field notes were utilized to guide me in my coding selections. Preliminary coding is placing certain groups of words in different drawers to review later. My final codes put meaning to those different drawers to answer my research question: What are the lived experiences of Black women in Black colleges voluntarily seeking psychiatric services?

After I manually coded the data, MAXQDA facilitated the effective administration of substantial volumes of qualitative data, encompassing interview transcripts, field notes, and various documents. This methodology enabled me to systematically categorize data into distinct codes, categories, and themes, facilitating the analysis and interpretation of the obtained findings. This procedure facilitated the identification of patterns and correlations within the data and cultivated a more profound comprehension of the fundamental themes evident in the research. To ensure the confidentiality of the collected paperwork, the raw data were saved in Microsoft Word. Furthermore, the information was securely stored in a designated file cabinet where only I had the key. I stored the backup data in Google Drive on a password-secured laptop. Following the conclusion of the initial interview, the data processing process commenced and persisted throughout the study. In order to bolster the research's credibility, I prepared memos that facilitate the comprehensive documentation of the procedures undertaken and the underlying reasons behind them. While engaging with the material, I incorporated self-reflection and meticulously recorded the sequential arrangement of the data to sustain concentration.

The acquired data were uploaded to Microsoft Word for categorization, code generation, and analysis. The process of manually coding qualitative data without the use of qualitative analysis software can be time consuming (Saldana, 2021). I coded the data using Saldana's guide for manual coding. The codes manually extracted from the transcripts were replicated in the subsequent step. A new Excel document was generated and subsequently inserted into a distinct table labeled *compilation sheet* to apply a code based on values, attitudes, and beliefs according to the guides provided by Saldana.

A thematic analysis methodology was employed to ascertain the prevailing topics within the investigation. The concepts of the thematic analysis technique, including data coding, theme identification, theme refinement, and findings reported, can be applied to different qualitative research methods. Thematic analysis is a technique used to examine qualitative data. Data analysis entails recognizing and documenting patterns within data collection, which are subsequently analyzed to determine their underlying significance. These patterns can be identified by comprehending the significance of the keywords employed by the participants. The six stepped of systematic thematic analysis are (a) transcript creation and data familiarization; (b) keyword identification; (c) code selection; (d) theme development; (e) conceptualization through the interpretation of keywords, codes, and themes; and (f) finally, the development of a conceptual model (Naeem et al., 2023). Additionally, as a component of theme analysis, manual coding was conducted using Microsoft Word.

I demonstrated thorough data analysis with accuracy, uniformity, and attention to detail. Throughout each analytical phase, I examined the significance of the data sets and the evidence they encompassed. Comprehending the codes and precisely defining each

descriptive code was essential. Upon collecting the codes, they were subsequently systematically arranged into several themes and categories. According to Saldana (2021), data structure plays a crucial role in defining and refining assumptions, concepts, and interpretations related to data representation. The emergent codes and concepts were incorporated into the final analysis. There were no discrepant cases.

Issues of Trustworthiness

This study collected data that were trustworthy, and the results obtained were addressed. Four criteria—credibility, transferability, dependability, and confirmability—were employed to ensure the study's trustworthiness.

Credibility

Establishing credibility is essential in any research or academic work to ensure the information presented is trustworthy, valid, and reliable. Credibility relates to the confidence one could have in the truth of the findings (Beck, 2021). Quality-enhance strategies for credibility included reflexive journaling, comprehensive field notes, audio recording, and verbatim transcription, saturation of data, and transcription rigor (Beck, 2021). One strategy employed in this study to establish credibility was saturation, which refers to the point at which new data no longer added significant information to the existing findings. By reaching saturation, I was confident enough that data had been collected to represent the phenomenon under study accurately.

Another strategy for credibility that was employed in this study was reflexivity. This strategy involved reflecting on my positionality, biases, and assumptions, and how these factors may influence the research process and findings. By acknowledging and addressing potential biases, I was able to increase the credibility of exploring and

analyzing the experiences of Black women who voluntarily seek psychiatric services. Establishing credibility in research requires careful consideration of multiple factors, including the methods used, my positionality, and the participants' perspectives. By employing strategies such as saturation and reflexivity, I increased the work's credibility and ensured that the findings were valid, reliable, and trustworthy.

Transferability

Transferability is the extent to which research findings from one context can be applied to other contexts or settings. However, this is not the purpose of qualitative research due to the unique, individual responses. To establish transferability, in-depth descriptions provided insightful, detailed descriptions of the research context, methodology, and design involved in the study. This technique allows readers to gain a deeper understanding of the context and the experiences of the participants and helps them determine whether the findings will be applicable to their own contexts (Shufutinsky, 2020). By employing transparent reporting, in-depth, detailed descriptions, and reflexivity, the researcher can facilitate meaningful connections to other settings or populations (Neubauer et al., 2019).

Dependability

Dependability is the degree to which the findings of a research study were consistent and can be trusted (Shufutinsky, 2020). Several strategies can be used to establish dependability, such as audit trails and triangulation. In this study, audit trails will be the strategy employed (Shufutinsky, 2020). An audit trails is a detailed recording of the research process encompassing data collection, analysis, and interpretation. Audit trails serve the purpose of providing an explicit and transparent record of the

decisionmade process that was used in the study. Audit trails assist in ensuring that the research process will be consistent and trustworthy (Shufutinsky, 2020).

I manually went line by line and entered a code for each group of words stated by my interviewee. It was imperative to comprehend the textual data comprehensively, encompassing interviews, field notes from participant observations, reflective memos, and meticulous reading and rereading of the content, known as the constant comparative approach against the original recordings.

My dissertation committee provided intercoder reliability by examining and validating that my coding approach was sound. Intracoder reliability was achieved through my attention to my coding process and evaluating each transcript for consistency in the application of my coding process (Saldaña, 2021).

Ethical Procedures

Ethical procedures are essential in research to mitigate the risk of ethical issues. When working with human participants in research, the researcher protects the participant's dignity and autonomy, ensures that the participant has provided informed consent, ensures that no harm is done, and that the participant is treated fairly throughout the process (Morris et al., 2019). I followed the ethical standards of the IRB at Walden University; approval number for this study was 09-17-24-0720529 and expires on September 16, 2025. This approach warranted credibility to the study and ensured compliance with standard policies (Walden University, 2019).

Each participant's identity was shielded as part of the privacy and confidentiality policies. The participants were identified during the interview with an alpha-numerical code. All participants were provided a list of contact crisis numbers (911 and local crisis

numbers) in the event of an emergency, mental distress, or triggers resulting from an interview question during or after the interview process.

To ensure privacy in the recruitment process for this study, I provided contact information along with a flyer for participants to contact me directly. I was the only researcher for this study. I ensured confidentiality by creating unique alphanumeric identifiers to identify the participants.

The participants were provided a formal invitation via email correspondence. Along with the invitation, I provided an informed consent form to participants to allow them to choose whether to participate in the study voluntarily. By providing informed consent to participants, I ensured they understood the purpose of the study, their right to refuse to participate, and the opportunity to withdraw their participation without concern for retaliation or punitive measures.

Summary

An in-depth, detailed account of the research process for this qualitative study was outlined in this chapter. The research study entailed a semistructured interview process to explore the experiences of Black women in Black colleges who voluntarily sought psychiatric services. The research methodology, research design, participant recruitment strategies, data analysis plan, informed consent, trustworthiness, and ethical procedures of the research study were explained in this chapter. The study results were discussed in Chapter 4.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to explore the lived experiences of Black women in Black colleges who voluntarily seek psychiatric services. The social problem that prompted me to search the literature was the experiences of Black women in Black colleges who voluntarily seek psychiatric services and are unable to obtain them from qualified therapists. The research question was: What is the lived experience of Black women in Black colleges who voluntarily seek psychiatric services? The data gathered during this inquiry were used to elucidate the variables accountable for the discrepancies in seeking psychiatric services. The findings that emerged from the methods and procedures described in Chapter 3 will be revealed. In Chapter 4, I will describe the study setting, demographics, data collection, data analysis, trustworthiness, results, and end with a summary of the chapter.

Setting

Zoom interviews were utilized to collect data from participants presently enrolled at a southern university. The participants had to meet the following criteria: (a) ages 18 or older, (b) woman of Black or African American descent, (c) currently enrolled in a Black college, and (d) voluntarily sought or presently seeking psychiatric services while enrolled in college. Flyers were distributed on campus at locations specified by the administration.

The posted flyers resulted in interest in my study. The interested individuals contacted me via the contact information on my flyer. The initial contact allowed me to ask about my inclusion and exclusion criteria (Appendix B). Once individuals were

assessed to meet the inclusion criteria, I sent them the informed consent and reminded them to contact me again if they had any questions. When I received the signed consent form from them via email, I contacted them via email to schedule the Zoom meeting. During the Zoom interview, the audio-only feature was utilized. I reiterated the purpose of the study and briefly reviewed information in the signed consent. There were no organizational conditions that might have influenced the participants.

Demographics

Participants population consisted of nine Black women who self-identified as female, Black, currently enrolled in a southern university, and who voluntarily sought psychiatric services. The participants were obtained by posting flyers at designated areas assigned by the administration. The participants contacted me via email and were selected based on the above criteria.

Data Collectio

A total of nine interviews were conducted. Saturation was achieved in the first nine interviews due to a lack of new information and redundancy in participants' responses. Saturation occurs in qualitative research when a researcher's collection of data, the number of study participants interviewed, and the number of documents or observations yield no new knowledge or a phenomenon that cannot be explained (Burkholder et al., 2020).

Each interview lasted less than 1 hour and was recorded via Zoom using the audio-only feature. No follow-up interviews were needed. Data were collected from October 6, 2025, to December 19, 2025.

In addition to obtaining IRB approval from Walden University, I also obtained approval from the southern university to distribute flyers on campus. After approval from the university was obtained, flyers were posted only at locations specified by the administration. Zoom was utilized to record interviews. The interviews, Word document, and other tools utilized for analysis were stored in a password-protected laptop. Raw data information was secured in a designated file cabinet to which only I have access.

Data Analysis

Utilizing the IRB approved questions, I interviewed nine women to understand their experiences of voluntarily seeking psychiatric services. After completion of the interview process, I organized and transcribed the data as described in Chapter 3. Zoom has a feature to transcribe a recording into a Word document. Each Word document was meticulously reviewed by me for accuracy by utilizing the playback feature on the recordings. After reviewing for accuracy and being coded by me, the documents were uploaded into MAXQDA. I utilized MAXQDA to organize data and apply codes I derived from the exact words of the participants. The codes were placed into categories after recognizing patterns of word groupings. Value coding is the application of codes to qualitative data that reflect a participant's values, attitudes, and beliefs. Value coding is suitable for nearly all qualitative studies, particularly those that examine cultural values and belief systems, identity, and intrapersonal and interpersonal experiences (Saldana, 2021). There were no unusual circumstances encountered in data collection.

The interviews were organized in an Excel spreadsheet for clearer understanding of the data extracted. The exact words from the interviews, codes, categories, and themes were included in the Excel spreadsheet. The HBM can be used as a framework for data

analysis; however, after careful examination of the transcripts, the model was only applicable to certain emerging themes. From there, the model was only used as a reference during data analysis.

I extracted my data points from the semistructured and audio-recorded interviews to capture tones and pauses and used analytic memos to identify and mitigate the influence of biases. Interviewer questions and prompts were not coded (Saldana, 2021). The reason for not coding interviewer questions and prompts was because researcher statements are more functional than substantial in these instances and do not need a code (Saldana, 2021). When researchers analyze interviews, the participants' data have precedence. The meaning-making process involves using coding to interpret the participants' narratives. I wrote down any thoughts that came to me as I manually coded from the transcriptions. I performed this task by keeping my thoughts in a separate memo file. As I journaled, I discussed in my notes how well I thought the interview went and if I noticed any bias. Quotes that stood out pointed to ideas I wanted to learn more about and themes I wanted to try.

Evidence of Trustworthiness

Credibility

Credibility relates to the confidence one can have in the truth of the findings. Quality-enhance strategies for credibility includes reflexive journaling, comprehensive field notes, and audio recording and verbatim transcription, saturation of data, transcription rigor (Beck, 2021). Strategies implemented in this study to increase credibility included audio recording, verbatim transcription, and saturation of data. I utilized Zoom to transcribe audio recordings to Word documents. In addition, I used the

playback feature to ensure the words were transcribed verbatim. I was confident, after several readings of each interview, that saturation had been achieved when new data no longer added significant information to the research findings.

Transferability

Transferability is the extent to which research findings from one context can be applied to other contexts or settings. This is not easy to achieve in a qualitative study because of the unique individual responses. To establish transferability, I used in-depth description, providing insightful, detailed descriptions of the research context, methodology, and design involved in the study. This technique allows readers to gain a deeper understanding of the context and the experiences of the participants, helping them determine whether the findings will be applicable to their own contexts (Shufutinsky, 2020).

Dependability

Dependability is the degree to which the findings of a research study are consistent and can be trusted (Shufutinsky, 2020). In this study, audit trails were the strategy employed. Audit trails assist in ensuring that the research process will be consistent and trustworthy (Shufutinsky, 2020). Audit trails serve the purpose of providing an explicit and transparent record of the decision-making process used in the study. I manually went line by line and entered a code for each group of words stated by my interviewee. It was imperative to get a comprehensive comprehension of the textual data which encompassed interviews and meticulous reading and rereading of the content known as the constant comparative approach against the original recordings.

Confirmability

Confirmability was established through identifying recurring themes through data analysis. Rereading and cross-checking data to ensure that findings were supported by evidence and not potential biases. One advisor also reviewed transcripts and documents to validate themes.

Results

The following four themes were revealed after data were reviewed and analyzed multiple times: (a) resilience, (b) self-empowerment, (c) stigma, and (d) vulnerability. The analysis process included meticulous reading and rereading of the content as stated by participants and applying codes. I read the document transcribed from the audio recording from Zoom for each interviewee. I reread the document as placed in the Excel document, line by line, for each interviewee. I read each line as coding the words or phrases for each interviewee. I compared each coded document to the other to reveal common words or phrases mentioned, then assigned different categories. After another reading, themes had developed. The result of the data analysis addressed the main research question about the experiences of Black women in Black colleges who voluntarily seek psychiatric services and are organized by theme. A final reading was completed to ensure none of the coded information was missed. Findings that support the data include direct quotes such as Participant 5 stating, “I want to be a clinical social work psychologist and you know I realized I can’t be a person that helps people mentally and then you’re not helping yourself.” These direct quotes answer the research question: What are the experiences of Black women enrolled in a Black college who voluntarily

seek psychiatric services? After analyzing these direct quotes, I had a better understanding about the motivation to voluntarily seek psychiatric services.

Resilience

Table 1 shows participants' responses related to resilience. Merriam-Webster (2025) dictionary defines *resilience* as the ability to recover from or adjust to misfortune or change. Resilience in my study was defined by the participants' determination to excel despite mental health struggles. The HBM attempts to predict or explain health behavior choices. HBM incorporates the role of self-efficacy in decision making. Self-efficacy is the confidence one has in their ability to make a positive health change. Participant 1 revealed her determination to succeed despite mental health issues and to overcome the obstacles and obtain access to services. Participant 2 shared her capacity to maintain a sense of self and make independent decisions despite challenging interactions. Participant 9 had a fundamental desire for a more meaningful and impactful therapeutic experience. Participant 1 acknowledged a resilience and determination in overcoming the obstacles to accessing appropriate and culturally competent therapy.

Table 1

Sample Responses Related to Resilience

Question	Example quote
1	Participant 1 said, "My therapist who is also a Black woman umm who also has pursued postgraduate studies has just been very supportive in helping me to realize," and "It's okay to take care of my mental health and to be a student and to not allow things with my mental health to make me feel like I like I'm not in the position that I should be in."
3	Participant 2 said, "So she was a White woman. I was with Monarch, and we were talking about colleges right before I went, and I was telling her I wanna go to HBCU and, "I explained it to her and then I told her about Campbell. And she was asking me, like, what my religion was, not that it mattered, but like, what was my religion?" and "And I still go to church and stuff. I just don't like. She pushed it on me, 'cause. I don't even push Christianity on other people. Don't believe you? Just don't."
2	Participant 9 said, "Like the woman, I was, it was, yes, it was a woman at school, but she was a White male, uh, a White female, and I just feel like there was kind of a disconnect.
3	Participant 1 said, "But I will say having the therapist I have now as a Black woman I do wanna add that it's been transformative in my clinical therapy experience," and "It has definitely been helpful so although it was a lot of work for me to find a Black therapist like…"

Self-Empowerment

Table 2 shows participant responses related to self-empowerment. Cambridge dictionary (2025) defines *empowerment* as gaining freedom and power to do what you want or to control what happens to you. My study defined self-empowerment by the participants' sense of empowerment derived from feeling seen and valued in the Black college context. Participant 5's response to Interview Question 1 reflects their newly discovered capacity to take charge of their life and mental wellness. Participant 8 reflected on feeling appreciated and valued in the HBCU setting, which gave the participant a sense of empowerment. Overcoming social and personal challenges gave

Participant 8 strength and purpose. The goal of the participants was to enhance the representation of Black people in research. Participant 1 indicated a sense of empowerment and liberation from working with a therapist who shares their racial and gender identity. Participant 1 expressed a need to take an active role in one's sense of empowerment derived from feeling seen and valued in the Black college context. Participant 5's response to Interview Question 1 reflects their newly discovered capacity to take charge of their life and mental wellness. Participant 8 reflected on feeling appreciated and valued in the HBCU setting, which gave the participant a sense of empowerment. Overcoming social and personal challenges gave Participant 8 strength and purpose. The goal of participants is to enhance the representation of Black people in research. Participant 9 took the initiative to reach out for support. Participant 7's determination to seek help again despite the initial unsatisfactory experience showcased their empowerment.

Table 2

Sample Responses Related to Self-Empowerment

Question	Example quote
1	Participant 5 said, "During this time of year, like I'm super stressed out, and so it really helped me to know how I need to do my work, how I need to go about school if I wanna do extracurriculars if I wanna work it."
1	Participant 8 said, "But, however, being at an HBCU has also provided me with a unique—I'm sorry—a unique environment where I feel seen and valued for who I am."
3	Participant 8 said, "Ultimately, I feel this journey has not only helped me grow personally … but it has also deepened my commitment to breaking down barriers surrounding mental health in the Black community."
2	Participant 1 said, "So to find Black therapist like it's like you have to know a link or there's a particular website or I have to ask my friends." Participant 9 said, "We're all searching for things and to find the link where all of the Black therapists are put in."
2	Participant 9 said, "Umm yes, I did I like called them and asked them for like help and then like they schedule me with appointment."
2	Participant 7 said, "So the first time. I had met with a counselor. At that time, it was only at that time she was able to provide me like different options of like you know seeking therapy, whether on campus or outside of campus."

Stigma

Table 3 shows participant responses related to stigma. Cambridge Dictionary (2025) stated that *stigma* can mean a feeling of disapproval. Stigma in my study was defined by a negative perception of mental health services in the Black community, as indicated by the responses of participants. A qualitative study (Godbolt, 2022) identified stereotypes and microaggressions as stressors that negatively affect mental and physical health. Participant 2 expressed that Black women are expected by society to be strong and independent. Participant 3's internal conflicts and reluctance to seek therapy were due to their feeling vulnerable. Participant 8 articulated that there is an underlying stigma

in society related to mental health problems in the Black community. Participant 5 indicated that the therapist's failure to recognize and treat the patient's cultural background is another barrier. Participant's 9 hesitancy and reluctancy to response can indicate that there is a perceived stigma attached to obtaining mental health care. The viewpoint of Participant 4 included that Black community members have a poor opinion of mental health care and that to lessen the stigma, conversations about mental health need to be normalized.

Table 3

Sample Responses Related to Stigma

Question	Example quote
1	Participant 2: "During my enrollment as a Black woman voluntarily seeking psychiatric help, sometimes it is kind of hard because I think it's a stereotype of the Black woman that you really don't need help and you can do stuff on your own."
1	Participant 3: "And it was really easily done. And I didn't really feel judged … by like anybody going in there 'cause, I know it can be very umm It can be. I'm looking for the word it can be. Ummm like hesitating."
2	Participant 8: "So for me growing up, especially in a Black household seeking a psychiatric services weren't something always talked about, especially in our community."
2	Participant 5: "Then I went to go see a therapist and. My therapist was a Caucasian woman, and so I was speaking to her about, like, problems in my Black community that I felt like Black people go through. Was like, yeah, you know, like."
3	Participant 9: "Um, I feel like. They should like broadcast, like mental health, more in like HBCU."

Vulnerability

Table 4 shows participant responses related to vulnerability. Merriam-Webster dictionary (2025) defines *vulnerable* as capable of being physically or emotionally

wounded, or open to attack or damage. My study defines vulnerability as struggles with a willingness to discuss and address personal mental health openly. Participant 6 felt reluctant to talk candidly about and deal with their mental health issues due to a lack of trust. Participant 1 had to deal with discrimination and a lack of culturally sensitive treatment. Participant 3 sought a setting that supported and validated their viewpoint and experiences. Throughout the lengthy process, Participant 4 felt frustrated and emotionally drained. The first counselor's failure to follow up quickly damaged the participant's faith in the counseling process.

Table 4

Sample Responses Related to Vulnerability

Question	Example quote
1	Participant 6 said, "And umm you know, get started and schedule with my sessions, but I would say like one of the hardest thing was that they weren't like professionals in a sense that they weren't really there to help as much."
2	Participant 1 said, "Then it was very difficult for me for a while to find another Black woman as a therapist because that's what I desire in the area."
2	Participant 3 said, "It wasn't super terrible, but. There were classes because I am. I'm a psychology major, so there were classes where I would be the only Black girl in there," and "It was like I would just. I would be kind of shocked 'cause like they don't have the same experiences I do." "I didn't want to be surrounded by surrounded and uncomfortable by the White woman in the field because they have their own way of doing things, for sure."
2	Participant 4 said, "Specifically like counseling and that took a bit longer to get like accepted and then long process of finding a therapist for me."
2	Participant 7 said, "Umm. Honestly. It made me feel the first time the counselor did not follow up with me. It made me feel like, oh, okay, you know, maybe I was forgotten about."

Summary

The results of this study revealed the experiences of Black women voluntarily seeking psychiatric services in Black colleges. Facilitators and barriers to Black women seeking psychiatric services have been identified. The facilitators included the participants' resiliency and self-empowerment in overcoming obstacles. The participants' persistent determination to seek psychiatric services helped them to achieve the goal of obtaining psychiatric services. The selected setting was a southern Black college. Facilitators included increased social support because of being surrounded by cultural peers (Jones et al., 2020). Facilitators also included a sense of community, belonging, and encouragement (Jones et al., 2020). Attending a Black college surrounded the participants with their cultural peers. Barriers were also revealed, such as vulnerability and stigma. The participants felt reluctant to talk about their mental health issues and experienced discrimination and a lack of culturally sensitive treatment. The therapist failed to recognize and treat the cultural background of the patient. Another barrier was the participant's internal conflict and reluctance to seek therapy. The chapter reviewed the setting, demographics, data collection, and data analysis. The chapter also included a discussion on trustworthiness, which includes the topics of credibility, transferability, and dependability. Discussion of the interpretation of the findings, limitations of the study, recommendations and implications of the study will be revealed in Chapter 5.

Chapter 5: Discussion, Recommendation, Conclusion

Introduction

The purpose of this qualitative study was to explore the lived experiences of Black women in Black colleges who voluntarily seek psychiatric services. In this study, I addressed the social problem of the challenges faced by Black women who willingly seek psychiatric services in Black universities but are unable to access such services. Analyzing the results of the participants' interviews revealed the barriers and facilitators experienced by Black women in Black colleges who voluntarily seek psychiatric services.

Purposive sampling was used to reach the targeted population to obtain the perceptions and experiences of the target population. The flyers were posted at specified locations for the greatest yield of participants. The data were collected via individual Zoom interviews lasting no longer than 1 hour. Each participant was asked a series of IRB approved questions.

Four themes emerged that answered the research question: What are the lived experiences of Black women in Black colleges who voluntarily seek psychiatric services? The themes included (a) resilience, (b) self-empowerment, (c) stigma, and (d) vulnerability. One key finding of my study was each participant encountered barriers discussed in the literature review in Chapter 2. In addition, my study revealed overcoming factors to these barriers (Godbolt et al., 2022) such as resilience and selfempowerment to achieve the goal of obtaining psychiatric services. The barriers listed included distrust of the medical system, stigma, and unmet cultural needs. Barriers to obtaining needed help included distrust of the medical system, insurance, stigma, and unmet cultural needs (Wright, 2020). My study also revealed barriers such as

vulnerability and stigma. My study defined vulnerability as struggles with a willingness to discuss and address personal mental health openly. Participant 6 felt reluctant to talk candidly about and deal with their own mental health issues due to a lack of trust. Participant 1 had to deal with discrimination and a lack of culturally sensitive treatment. Participant 3 sought a setting that supported and validated their viewpoint and experiences. Throughout the long process, Participant 4 felt frustrated and emotionally drained.

Stigma in my study is defined by negative perceptions of mental health services in the Black community as indicated by the responses of participants (Jones et al., 2020). Participant 2 expressed that Black women are expected by society to be strong and independent. Participant 3's internal conflicts and reluctance to seek therapy were because they felt vulnerable. Participant 8 articulated there is an underlying stigma in society related to mental health problems in the Black community. Participant 5 indicated the therapist's failure to recognize and treat the cultural background of a patient is another barrier. Participant's 9 hesitancy and reluctancy to respond can indicate that there is a perceived stigma attached to obtaining mental health care.

The overcoming factor to these barriers includes resilience and selfempowerment to achieve the goal of obtaining psychiatric services. Resilience in my study is defined by a participant's determination to excel despite mental health struggles (Castelin & White, 2022). Participant 1 revealed her determination to succeed despite mental health issues and to overcome the obstacles and obtain access to services.

Participant 2 shared their capacity to maintain their sense of self and make independent decisions despite challenging interactions. Participant 9 had a fundamental desire for a

more meaningful and impactful therapeutic experience. Participant 1 acknowledged a resilience and determination in overcoming the obstacles to accessing appropriate and culturally competent therapy.

Self-empowerment is defined in my study by the participant's sense of empowerment derived from feeling seen and value in the Black college context (Da Silva & dos Santos Monteiro, 2020). Participant 5's response to Interview Question 1 reflects their newly discovered capacity to take charge of their life and mental wellness. Participant 8 reflected on feeling appreciated and valued in the HBCU setting and the setting gave the participant a sense of empowerment. Overcoming social and personal challenges gave Participant 8 strength and purpose. The goal of participants is to enhance the representation of Black people in research. Participant 1 indicated the sense of empowerment and liberation that comes from working with a therapist who shares one's racial and gender identity. Participant 1 expressed a need to take an active role in one's own recovery. Participant 9 took the initiative to reach out for support. Participant 7's determination to seek help again despite the initial unsatisfactory experience showcased their empowerment.

Interpretation of the Findings

In interpreting the findings, I examined whether my findings confirmed, disconfirmed, or extended the research cited in Chapter 2. The four themes that emerged during the data analysis were resilience, self-empowerment, stigma, and vulnerability. The main themes from the literature review focused on perceptions, barriers, and facilitators. The themes identified from the data collected reflect the themes of resilience, self-empowerment, stigma, and vulnerability (Castelin & White, 2022; Da Silva & dos

Santos Monteiro, 2020; Hall et al., 2021; Jones et al., 2020; Yoon & Petrie, 2023). According to HBM, patients are more likely to adhere to a certain health behavior if they perceive that they are vulnerable to the disease and feel that the target behavior would reduce the likelihood of health problems and disease-related costs (Sousa et al., 2023). This was a similar finding in my study. A person's decision and motivation to change a health behavior relies on moderating factors (e.g., age, socioeconomic status, knowledge of the disease and its treatments), cues to action (e.g., symptoms, reminders of the disease and its needs), and personal beliefs (Sousa et al, 2023).

Other possible factors that influence behavior are barriers such as distrust of medical system, stigma, and unmet cultural need. Barriers impede Black women from voluntarily seeking psychiatric services (Sousa et al., 2023). Black Americans face significant barriers to psychiatric services, such as subpar care and lack of access to culturally competent care (American Psychiatric Association, 2017). Barriers to obtaining the needed help include distrust of the medical system, insurance, stigma, and unmet cultural needs (Wright, 2020).

Facilitators are people or things that make an action or process easier. Facilitators identified in previous studies included self-esteem (Da Silva & dos Santos Monteiro, 2020) and culturally competent providers (Jones et al., 2020). In addition, facilitators include less intense feelings of isolation and increased social support because of being surrounded by cultural peers (Jones et al., 2020). Facilitators also include a sense of community, belonging, and encouragement (Jones et al., 2020).

My study's frameworks included Heidegger's (1962) phenomenology and the HBM (Hochbaum et al. 1952). Heidegger's phenomenology explains how people view

the world and address existential concern that shape human experiences. The philosophies of Heidegger focus on the meaning behind descriptions and the everyday life of people experiencing the phenomenon. HBM is a set of beliefs that impacts a person's feelings about health, illness and obtaining treatment (Hochbaum et al. 1952). HBM was used to explore how interviewees decide to get treatment based on their understanding of the perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action (Hochbaum et al. 1952). Heidegger's phenomenology explains how people view their experiences, and HBM is a valuable way to understand and interpret how people deal with mental health issues.

Theme 1 and Theme 2 derived from my data collection align with the theme of facilitators (Castelin & White, 2022; Da Silva & dos Santos Monteiro, 2020; Hall et al., 2021; Jones et al., 2020; Yoon & Petrie, 2023). Theme 1 of resilience and Theme 2 of self-empowerment are attributes facilitating the drive to obtain psychiatric services (Castelin & White, 2022; Da Silva & dos Santos Monteiro, 2020; Hall et al., 2021; Jones et al., 2020; Yoon & Petrie, 2023). During the literature review in Chapter 2, facilitators that emerged were sense of community and a sense of belonging (Castelin & White, 2022; Da Silva & dos Santos Monteiro, 2020; Hall et al., 2021; Jones et al., 2020; Yoon & Petrie, 2023).

A sense of community and a sense of belonging were revealed during my study when Participant 7 stated "And it made me feel like, okay, I am cared about. I feel heard." The participant felt like she belonged to the community because she felt cared about and heard. Participant 2 mirrored that response when stating she wanted to attend a Black college. Resilience and self-empowerment were key components revealed in my study as

facilitators. Resilience is a facilitator because of a participant's ability to maintain their sense of self and make independent decisions despite challenging interactions (Castelin & White, 2022; Da Silva & dos Santos Monteiro, 2020; Hall et al., 2021; Jones et al., 2020; Yoon & Petrie, 2023). Self-empowerment is a facilitator because of a participant's sense of empowerment derived from feeling seen and valued in the Black college context.

Theme 3 and Theme 4 from my data collection aligned with the theme of barriers (Godbolt et al., 2022; Jones et al., 2020; Monaro et al., 2023; Wright, 2020). Theme 3 of stigma and Theme 4 of vulnerability were deterrents that made it difficult for participants to obtain psychiatric services. During the literature review in Chapter 2, barriers that emerged were distrust of the medical system, stigma, and unmet cultural needs (Godbolt et al., 2022; Jones et al., 2020; Monaro et al., 2023; Wright, 2020).

Throughout my study, discussions emulated the barriers of distrust of the medical system, stigma, and unmet cultural needs. Participant 5 directly stated she was afraid of therapy because she had a bad experience during her first time. Participant 8 stated the barrier to pursuit for psychiatric services stemmed from a stigma around mental health in the Black community, which made it difficult to feel completely supported or understood. Participant 6 obtained psychiatric services but felt like nothing was being achieved and nothing changed. Participant 1 stated she wanted a Black woman therapist to be compatible with because a Black therapist is so affirming. Participant 2 stated she told her White female therapist about going to a HBCU and the White therapist stated, "What is that?" and Participant 2 "had to explain to her what HBCU meant." Participant 2 went on to share: "The therapist suggested [a] university because it was a Christian university.

The conversation was weird, and I told her I was a Christian. It was weird and I have not talked to her since."

Perceptions that emerged were motivations to change health behaviors and personal beliefs (Berry & Holloway, 2022; Binder, 2022; Foster et al., 2023) The themes that emerged during my study (resilience, self-empowerment, stigma, and vulnerability) encompass the perceptions of the participants toward seeking psychiatric services. Some perceptions revealed during my study were motivating factors stated by Participant 3, such as attending a Black college provided a Black therapist that made her feel more comfortable because they could relate. Another participant's perception emerged through her personal belief that normalizing conversation about mental health in the Black community decreases the stigma. Participant 8 also stated her motivation was "to become a resource and a voice for others who may feel hesitant" to seek help mental health service. When one person overcomes obstacles, it shows others it can be done. Participant 8 indicated a desire to become an advocate for change around mental health.

During the literature review, other researchers revealed facilitators, barriers, and perceptions about mental health in the Black community. My study adds to the body of knowledge by specifically studying the most underserved population, which is Black women. The study reveals that Black women attending Black colleges voluntarily sought psychiatric services because they were in a comfortable setting and felt they would be heard and cared about. Furthermore, the participants had abilities to overcome the barriers of distrust, stigma, and unmet cultural needs because of their resilience and selfempowerment, likely gained by supportive community with therapists who related to their struggles. This statement is supported by participants obtaining the mental health

services they needed despite distrust, stigma, and unmet cultural needs. The quotes in the tables in Chapter 4 demonstrate their struggles, which were overcome by perseverance and not stopping until therapy was obtained.

Limitations of the Study

Limitations to trustworthiness that arose from the execution of the study were minimized in the following ways in reference to credibility, transferability, confirmability, and dependability. Strategies implemented in this study to increase credibility included audio recording, verbatim transcription, and saturation of data. I utilized Zoom to transcribe audio recordings to Word documents. In addition, the researcher used the playback feature to ensure the words were transcribed verbatim.

Transferability is the extent to which research findings from one context can be applied to other contexts or settings (Shufutinsky, 2020). This is difficult to achieve in a qualitative study because of the unique individual response. The in-depth description was involved to establish transferability, providing insightful, detailed descriptions of the research context, methodology, and design that will be involved in the study.

Dependability is the degree to which the findings of a research study are consistent and can be trusted. (Shufutinsky, 2020) Audit trails assist in ensuring that the research process will be consistent and trustworthy (Shufutinsky, 2020). I manually went line by line and enter a code for each group of words stated by participants. It was imperative to get a comprehensive comprehension of the textual data which encompassed interviews and meticulous reading and rereading of the content known as the constant comparative approach against the original recordings.

Limitations indicated in Chapter 1 in reference to access to knowledge of the study via internet was resolved. The challenge was participants access to the awareness of the study. The resolution was to post the flyers at designated areas around the campus which presented another challenge. Only the participants who took the time to read the flyers inquired about the study. Through current participants discussing their activity of participating in my study, I was able to obtain more participants. Another challenge discussed in Chapter 1 included obtaining valid information from the participants. The solution for obtaining honest information involved providing a safe atmosphere to assure interviewee there is no judgement about their response. I provided the safe atmosphere by conducting interviews via Zoom with audio only. In addition, I assured the interviewee that her identity would be kept confidential. I used the dates of interview to differentiate between participants instead utilizing any identifying information about the participants' names.

Recommendations

Future researchers may want to expand the participant pool by specifying the geographical location or clinical setting or educational level to offer a more comprehensive understanding of the perception of Black women who voluntarily seek psychiatric services. A comparative analysis of Black women in different settings would be an opportunity to integrate and emphasize the participants' perceptions. The literature review and the participants of this study indicated that this is a critical topic to investigate and fill the gap of knowledge about the lack of Black women access to psychiatric services. My data and the literature confirm many features that effect the access to psychiatric services such as distrust, vulnerability, and unmet cultural needs. Due to

limited research on Black women specifically, further studies are needed to increase awareness of the disparity. An additional suggestion is to expand beyond a qualitative approach to focus on the specific reasons as no other studies were identified prior to the commencement of my study regarding Black women's perceptions. My study lays the groundwork for future investigations into Black women's experiences from the therapist's point of view. My study offers a foundation for further research that can further expand the knowledge base in this area.

Implications

The potential impact for positive social change at the community level is a strong community. One of the goals for social change to strengthen our communities is through recognizing disparities and discussing solutions. My study revealed that barrier to Black women usage of mental health services to be overcome by normalizing mental health issues. Types of interventions that can be used to promote normalizing mental health issues include conducting mental health fairs in the community and on campus. These mental health fair will provide opportunities to engage in conversation about types of mental health issues, types of services, and discussions on screenings to access for mental health issues.

Heidegger's phenomenology guided my research design. Heidegger's phenomenology states that individuals define themselves through their experiences and must confront existential issues that affect humanity (Binder, 2022). Heidegger (1962) defines "existential" as the structures that shape human experience and are based in our ontological being. My study employed a hermeneutic design to analyze participant themes via dialogue. Heidegger's views center on the significance of descriptions and the

daily lives of those witnessing the phenomenon. Despite positive attitudes towards seeking help, many participants hesitated or declined treatment. During my research, there was also an underlying theme that seeking help is important, but there was hesitancy for oneself. Despite external opinions, the participants acknowledged the necessity of seeking help and prioritizing self-care.

The HBM is a framework useful in predicting the outcome and likelihood of participants voluntarily seeking psychiatric services (Hochbaum et al. 1952). Participants continued to its perceived positive outcomes, including serving as a source of motivation, an adaptive coping mechanism, and a means of challenging societal stereotypes of Black/African American women. An underlying theme that emerged was the participants' intrinsic drive to demonstrate strength, or in asserting their independence.

My study also revealed overcoming barriers to Black women access to mental health services to overcome the stigma by a supported culturally competent therapist. Participants in my study stated they felt supported and heard in an atmosphere of their peers and therapist who understood them.

Conclusion

The purpose of this qualitative phenomenological approach was to explore the lived experiences of Black women in Black colleges who voluntarily seek psychiatric services. My study sought to contribute to the existing body of knowledge by exploring this specific context. The participants described their journey through seeking psychiatric services and the challenges they faced. The participants described an environment of peers motivated and supported their decision to seek mental health service despite the barriers such as distrust and stigma. Each participant expressed their viewpoints

regarding the societal and communal support they deemed essential. Having more discussions about mental health in underserved communities is a key component to overcoming the stigma. Strong communities can be built by normalizing mental health care for all member of society.

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Appendix A: Interview Questions

Main Question:

What is your experience as a Black woman in a Black college who voluntarily seek psychiatric services during your enrollment?

Possible probing questions based on participant stories:

You said you had received services in the past while enrolled in a Black college……tell me more about that……

You mentioned some issues with seeking services….. would you share with me more about some challenges you may have faced?

Tell me about how it made you feel.

You said xxxx, can you tell me more about…..?

When reflecting on your experience, is there anything else you would like to add that I have not asked you about?

Appendix B: Recruitment Flyer

INTERVIEW STUDY

Seeking Black/African American Women currently enrolled in college who voluntarily seek psychiatric services

The study is about the experiences of Black women in Black Colleges voluntarily seeking psychiatric services that could help providers better understand the barriers and facilitators encountered. Black women underuse mental health services despite higher rates of depression and mental illness. This study is being conducted to allow your voice to be heard while enriching knowledge of Black women's use of psychiatric services.

About the study:

- One 60-minute interview via Zoom Link that will be audio recorded (no videorecording)
- You would receive a $20 Visa gift card as a thank you
- To protect your privacy, the study will not share any names or details that identify you

Volunteers must meet these requirements:

- Women ages 18 or older
- Female of Black or African American descent
- Currently enrolled in Black colleges
- Voluntarily sought or are presently seeking psychiatric services while enrolled in college

This interview is part of the doctoral study for Linda Brown Ph.D. student at Walden University. Interviews will take place starting the month of September 2024.

To confidentially volunteer, contact the researcher: