

University of Nevada, Reno

The Perceptions of African American Female Therapists in Television

A dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy in Education

by

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Abstract

The study explored eight African American men and women's perceptions of three African American female therapists featured in television. Employing the social norm approach and Black Feminist Thought lens, participants were invited to share their perceptions of the portrayals of *Dr. Akopian* from *My Crazy Ex-Girlfriend*, *Dr. Pine* from *Insecure*, and *Dr. Jamison* from *She's Gotta Have It*, as they relate to Hill Collins' (2000) theme of archetypes/controlling images and African Americans' engagement in mental health. The study was a phenomenological qualitative study, utilizing semi-structured interview questions to answer the following research questions: 1) How are portrayals of African American female therapists in television perceived by African Americans? 2) How do African Americans' perceptions of African American female therapists in television impact their views of mental health? Eight participants were selected for this study. Pseudonyms were provided to protect participants' identities. Selected participants consisted of Imani, an intake counselor at a substance abuse clinic; Deja, a jewelry designer and small business owner; Antonio, a medical support assistant at a Veterans' Hospital; and Quincy, a residential coordinator at a university, all living in the Southern region. Omar, a special education instructor at a high school; Joy, a fitness director at a university; Nicole, a physician's assistant; and Marcus, an education coordinator at a university all living in the Western region. The participants varied in their level of engagement with mental health services. From the interviews, the following themes emerged: *When They See Us: Perceptions of Dr. Akopian, Dr. Pine, & Dr. Jamison*, *What We Had, We Clung To*, and *Progress, But We Still Have Work to Do*. The subthemes consisted of: *Dr. Pine, Reflexive Challenges, Dr. Jamison, Comfort without*

Judgment, Dr. Akopian, Aggressively Upfront, This Is Family Business and What It Would Have Meant to Us. The results of the study reveal participants' perceptions of the three African American female therapists. Participants indicated that family and early exposure to representations on television shaped their initial perceptions of mental health. Participants suggested that the current portrayals were a step in the right direction, but could still be improved.

Keywords: Perceptions, African American female therapists, television

Dedication

I would like to dedicate this work to the African American mental health providers who serve communities of color around the world. We are often forgotten, but through your devoted work in our communities, there is strength. To the African American women who represent the field of therapy, I dedicate this work to you in hopes that you see yourselves the way that I see you: beautiful, strong, resilient, and powerful.

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Chapter I. Introduction

Leah Campbell

Leah Campbell is a 32-year-old African American woman from Bethesda, Maryland. She works as a fourth-grade math teacher at a Prince George County elementary school, and tutors on weekends to make extra money. Leah was raised in a two-parent household. At the age of sixteen, Leah's mother died from heart disease, leaving Leah with the responsibility of parenting her siblings while her father was at work. Melvin Campbell, Leah's father, was a factory worker who began picking up extra shifts to provide for the family, following his wife's death. To help her father with the bills and unburden him with paying for her activities, Leah worked after school and babysat as a teenager. Upon graduating from high school, she chose a local university and commuted from home to cut down her tuition cost. Living at home also made it easier to assist her father in raising her younger siblings. Due to her parentification, Leah decided that she would prefer to work with children in the school setting rather than have her own.

Leah is dating a basketball coach at the local middle school named, Jason. Jason has expressed a desire to marry Leah, but the two regularly disagree on the idea of having children. Recently, Leah's younger brother Malik has increasingly asked her to babysit his two children for long hours, sometimes asking that they spend the night. Jason welcomes these visits as he believes it will persuade Leah to change her mind about having children. Leah finds the extra responsibility taxing, but feels guilty about telling her brother no. Leah's younger sister, Layla, is a junior in college, and hopes to work in public health administration. She has always viewed Leah more as a mother than an older sister, and calls Leah daily to discuss her classes, internship woes, romantic relationships, and friends. Leah feels pressured into a parenting role by her siblings and Jason. The stress of acting as parent has become apparent to her close friends and pastor, who encourage her to see a mental health therapist.

Leah is unsure if she should attend therapy as she has mostly seen therapy sessions featuring White people on television or in movies. Following the death of her mother, the attending physician recommended therapy for the family, but Leah's father declined the offer. Leah would prefer to see an African American female therapist and finds that the few she viewed on television varied in the way they practiced therapy. After watching an especially emotional scene between a therapist and client on her favorite show, Leah decides that she will secure a therapist of her own. She hopes that she will achieve the same level of clarity and catharsis as the main character. Upon her first session with her new therapist, she finds that the session and therapist are not like the show. Although she likes her therapist, she cannot help but want her to be more like the therapist on television. She leaves disappointed that she didn't have a similar experience as the main character in the show, and is unsure if she will return for a second session.

Crystal Allen

Crystal Allen is a licensed professional counselor in Hyattsville, Maryland. She was raised in Baltimore, Maryland and is a 44-year-old African American woman. Crystal earned her undergraduate psychology degree from North Carolina A&T State University and Masters in Clinical Mental Health Counseling from Johns Hopkins University. She is divorced, and has twin sons who attend a local middle school. Crystal has been a practicing counselor for nineteen years. She currently has a successful private practice, but worked in counseling agencies for the first eight years of her career. Her clients are primarily upper middle-class Whites and African Americans.

She volunteers her services at local churches and recreation centers two Saturdays out of the month, in hopes of reaching clients from disenfranchised communities. Crystal often finds that the clients she meets in these settings are persuaded by community leaders to attend sessions, and rarely come on their own. Crystal always begins these initial sessions with clients by discussing why people attend therapy and her role as the therapist. She finds that this discussion helps to ease the anxiety and uncertainty of clients she meets in the community.

While meeting with a new client, Leah, she observes that this client seems particularly closed off. Leah responds with very short answers, and almost seems as if she is waiting for Crystal to say more. Crystal attempts to engage Leah by discussing the roles of therapist, client, and confidentiality in hopes of easing the tension. This discussion, however, only seems to make Leah more withdrawn. The session ends with Leah stating that she will call later in the week to set up the next appointment time, but Crystal is doubtful. Crystal is sure that there was a barrier in session, but is uncertain as to what could have caused it. She decides to give Leah a week to set up her next appointment before reaching out to check-in with her.

On a segment of *The Daily Show with Trevor Noah* (2019), the nighttime television host presented the issue of mental health stigma in the African American community. The episode reported that for some African Americans, the desire to seek therapy was muddled by the lack of African American providers in the field and cultural misunderstandings of White providers. In the United States, psychotherapy services are underutilized in the African American community, with only 6.6 % of African American men and 10.3% of African American women receiving services (National Institute of Mental Health, 2012; Whaley, 2001). This is important because high incidence rates of mental health issues may go unchecked and untreated.

As shown in the cases of Leah and Crystal, four essential elements contribute to Leah's underutilization of mental health services: 1) family upbringing 2) inability to set aside Strong Black Woman characteristics 3) inexperience with therapy/mental health 4) inaccurate portrayals in media. Leah never received any therapy following the passing of her mother. Her father's decision to decline mental health services could be the result of various factors, but ultimately mental health was not prioritized, in this instance. Her knowledge of mental health and therapy were limited to what she viewed in media. Although her expectations were positive, the possibility for disappointment increased as Leah had no real-world knowledge of the therapeutic process.

As her therapist, Crystal, faced the challenge of competing with the dramatized therapeutic interaction Leah viewed on television. Unbeknownst to Crystal, she would not only be addressing Leah's original concerns but also challenging the narrative of what media deemed a supportive therapist and appropriate therapeutic relationship. The

aim of this research is to explore how African American's perceptions are shaped by televised portrayals of African American female therapists.

According to the Health and Human Services Office of Minority Health, African Americans are more likely to experience psychological distress in their daily life than Whites, but even in populations that suffer from gross disproportionate mental illness such as homeless and incarcerated people, African American mental health concerns go unnoticed (Health and Human Services Office of Minority Health, 2007; Snowden, 2014). Underreported and underdiagnosed, Coyne & Marcus (2006) suggested that African Americans may engage in maladaptive coping strategies for mental health issues via suppression, smoking, overeating, and drinking.

The literature identifies stigmatization of mental illness, misdiagnosis, and mistrust of providers as causes of underutilization and inadequate treatment of mental health concerns in the African American community. Burkett (2017) argued that although these findings are valid, they overlook the historical events and cultural constructs (slavery, systemic oppression, toxic urban spaces etc.) that shape present-day mistrust among African Americans toward mental health providers. Historical events and cultural constructs are less-researched contributors to mental health underutilization, but play a significant role in the way African Americans are portrayed in media. These portrayals lend to the way African Americans perceive themselves, which in some cases is a mental health concern. Similarly, historical events and perceptions of mental health providers, contribute to African Americans desire to accept and express mental health concerns.

Purpose

The purpose of this study was to examine the perceptions African Americans hold toward African American female therapists portrayed in television. Conceived from a noticeable cultural shift in the narratives of African American women portrayed in both film and television, this research investigated if these new narratives resulted in a positive or negative shift in perception. Specifically, the study explored how the participants' own experiences with mental health, values, and background shaped their perceptions of current African American female therapists in television and how those perceptions impacted participants' perspectives of mental health. Through this research, the hope was that meaningful connections would be discovered between depictions of African American female therapists and the impact those depictions have on the way African Americans perceive mental health providers, normalize issues of mental health, and potentially seek mental health services.

Rationale

There is little research, that examines the messages African Americans receive about mental health providers, through media. Similarly, there is a small body of literature that examines the portrayals of African American women in media, but no research on portrayals of African American women in the role of therapist or mental health provider in television. To address these gaps in the literature, this study investigated how depictions of three African American female therapists were perceived by members of the African American community.

The rationale for this research, lies in the idea that if media depictions of African American women in the role of therapist are perceived negatively, the stigmatization within the African American community could increase, impacting community members' utilization of mental health. This study draws awareness to the way African American women in therapist roles are portrayed, while challenging the mental health profession and media to account for their role in the exclusion of the African American community. This study also seeks to empower African Americans reclaim ownership of their narratives, sending a positive message about seeking mental health services and normalizing mental health concerns that effect the African American community. The study aimed to answer the following research questions:

- How are portrayals of African American female therapists in television perceived by African Americans?
- How do African Americans' perceptions of African American female therapists in television impact their views of mental health?

Definitions

In this study, particular terminology is used throughout the literature and this work. A description of these words is provided:

Therapist. A term used to describe an individual who performs the psychological and/or mental treatment of problems.

African American. An ethnic identity used to describe persons who are American, but of African descent.

Black. A term used to describe individuals who are descendants of the African Diaspora.

The literature on media's influence, focuses on the historical and cultural context of African American female portrayals in media and how media images become ingrained. Literature on contributing factors of underutilization of services and seeking services outside of mental health networks is also presented.

Chapter II. Literature

Historically, portrayals of African American women in television and film have been a myriad of stereotypes and disempowering images of the Black woman. hooks (1981) postulated that these images, were used to display Black womanhood in a more tolerable way, but lacked any real resemblance of Black women's livelihood. In recent years, African American women have worked to create a space in media that grants them creative license over their narratives. The journey to access, however, is riddled with bias and a desire to keep things the same. The literature surrounding the media portrayals of women, features a sizeable body of work that explores the way media depicts various types of women. Though vast in number, a small collection of research publications exists on the topic of media portrayals and their impact on African American women (Hill Collins, 2000; Chen et al., 2012; Jerald et al., 2017).

In this review, media stereotyping, colorism, and self-esteem are examined to assist in understanding how media portrayals characterized and impacted African American womanhood over time. Following the literature on portrayals, the process of ingraining images is reviewed to explain how media messaging becomes perceived reality. Thirdly, literature on the U.S. healthcare system's treatment of African Americans' physical and mental health is examined to demonstrate how events like the *Tuskegee Experiment*, *Henrietta Lacks*, and social sciences engagement in *scientific racism*, contributed to stigmatization and underutilization of mental health services. Finally, literature on alternative help-seeking behaviors displayed by African Americans is explored.

Portrayals of African American Women in Media

Mask (2009) suggests that since the era of silent films, African American women have struggled to obtain versatile professional roles in acting compared to their White counterparts. Beginning as early as the 1900s, in the Vaudeville era of burlesque and comedy, African Americans were the subject of ridicule in the arts, until the 1930s (Hunt, 2016). With the conception of cinematic film, blackface garnered great success in Hollywood with its display of White actors donning black makeup, frizzy hair, large lips, and exaggerated unintelligence. Dressed in slave era costumes, blackface mocked the African American experience of slavery and pushed a sexualized agenda that audiences used to create a cultural identity for African American people (Nowatzki, 2007; Hunt, 2016). In the 1930s, the popularity of Vaudeville subsided and issued in opportunities for African American actors to play the stereotypical roles assigned to them by Whites.

Limiting in character complexity, the pattern of maid, servant, second class citizen was regularly filled by African American actors. In 1940, Hattie McDaniel won the Academy Award for her role as sassy yet obedient housekeeper, Mammy, in *Gone with the Wind*. According to McCluskey (2002), when challenged about the stereotypical nature of her role, McDaniel responded, "I'd rather play a maid than be one." McDaniel, who was not allowed to sit with her costars during the awards, accepted her groundbreaking award from a back room used to store Academy trophies. Her win was the first for an African American actor, and none would be awarded to another African American woman until Whoopi Goldberg's win for her role in *Ghost*, in 1991. From Hattie McDaniel to Halle Berry, African American actresses throughout film history,

walk a fine line between minstrel grace and complex personhood in their limiting and stereotypical narratives (Wanzo, 2006, p.136). Lott (2017) echoed this notion, suggesting that this struggle was only intensified by the media's push for invisibility of African American women fighting for credibility and recognition, in the 1960s. In response, Hollywood presented a new narrative for African American actresses that resembled strength, but was tolerable to White audiences.

That's Not My Name: Honey, Mammy, Vixen, Hoe, Awkward, Model

With a karate chop, level-headed nature, and unapologetic sex appeal, heroines of the blaxploitation era of film promoted a narrative of African American women based on pride and confidence that was not seen in previous years. Alexander (2019) credited heroines of the Blaxploitation era for their roles that deconstructed stereotypical images of African American women in film, while promoting womanism within the African American community. African American actresses such as Pam Grier, Tamara Dobson, Denise Nicholas, and Vonetta McGee portrayed strength and reliance, but with a feminine edge. Praised by many in the 60s and 70s for their characters' fight against oppression, Staggers (2019) argued that the characters of Blaxploitation amassed conflicting feelings about African American women's portrayals within the Black community.

Labeling the Blaxploitation era as the rise of the *heroines*, *honeys*, and *hos*, Stagger (2019) postulated that the films portrayals of African American women were fraught with contradictions. During this time, lead roles for African American women were still created by mostly White men. With White movie execs still holding the reins,

the accolades, intelligence, and high-power positions afforded to these powerful characters was muddied by their desire to submit to their men. Dunn (2008) argued that these roles were a little more complicated, discussing how one of the pioneering actresses of Blaxploitation, Pam Grier, addressed criticism of the era's heroines like *Sheba Baby*, *Foxy Brown*, and *Coffy*.

Grier in 1975, explained that the roles she took were reflections of the strength and independence she saw in her mother, aunts, and grandmothers. Like her characters, the women in her life were no-nonsense figures that were not only resourceful, but triumphant. Black feminist researchers would most likely disagree. Stagger (2019) suggested that the heroines of 1960s and 70s were a part of the reoccurring archetypes designated for African American women by Hollywood. Until the exposure of reoccurring archetypes by Hill Collins (2000), little research was conducted on the topic of stereotypical labels placed on African American women in media.

Hill Collins (2000) asserted that there are four controlling images or archetypes that are repeatedly assigned to African American women: *Mammy*, *Jezebel*, *Matriarch*, and *Welfare Mother*. The mammy, represents the role of devoted caretaker, obedient and loyal to the [White] family she serves. Film adaptations of this character include Hattie McDaniel, as *Mammy* in *Gone with the Wind*. The jezebel represents the promiscuous, overly sexualized, and aggressive African American woman. Film adaptations of this character include Dorothy Dandridge as *Carmen* in *Carmen Jones*. The matriarch is similar in context to that of the mammy in the role of caretaker. Unlike mammy, however, the matriarch displays emasculating, controlling, and resentful characteristics.

Oprah Winfrey's portrayal as *Sofia* in *The Color Purple* is an appropriate example of the matriarch. The welfare mother archetype can represent a lazy, poverty-stricken woman. She is often uneducated, irresponsibly reproduces, and passes down these same traits to her children. Film adaptations of Welfare Mother include Mo'Nique as *Mary Jones* in *Precious* (Stephens & Phillips, 2003).

From Hill Collins (2000) literature, other archetypes emerged later to include *Sapphire* and the *Strong Black Woman* (Dow, 2015). Images of African American women in film are not solely to blame. The introduction of gangsta rap and rap music videos in the 1980s drew attention to the sexual objectification of the African American female form (hooks, 1992). With the increased popularity of music videos, rap artists incorporated elements from their upbringing that painted African American womanhood from the perspective of African American men growing up in the hood. In gangsta rap videos, the African American woman was often portrayed as struggling to get by, untrustworthy, scheming, and sex-crazed. According to Stephens and Phillips (2003), from these video depictions, new archetypes emerged as images representative of young African American women: *Freaks*, *Gold Diggers*, *Divas*, and *Dykes*.

The freak, represents the sexually insatiable and morally deprived African American woman. She is referred to in terms such as hoe, slut, whore, chickenhead, or hood rat (that is also a term coined within the last ten years). Gold Diggers, represent the woman whose sexual ventures are dependent on the gifts, expenditures, or monetary gains she receives. Divas represent a lighter skinned sultry or tempting women, but not outright in her sexual explicitness. The diva is viewed as having a lot of attitude as she is

used to being the center of attention. Lastly, the dyke is characterized as the feminine overly sexualized woman that enjoys sexual encounters with other women at the pleasure of men.

There are some African American female portrayals in the Hip Hop genre that sparked additional archetypes. Though not overtly sexualized, these archetypes often still hold a negative connotation as bitter or less desirable by men. These archetypes include: *Gangsta Bitch*, *Sister Savior*, *Earth Mother*, and *Baby Mama*. The archetypes birthed out of gangsta rap music told a story of life in the hood, while simultaneously promoting the narrative of division within the African American community. In previous years, the negative depictions of African American women were the result of Whites in the film and television industry. In the era of rap, however, the narratives were devised by members of the African American community, mainly Black men (hooks, 1992). Often based out of their own experiences and notions of success, gangsta rap artists contributed to the sexualization of African American women while erasing their value and accomplishments within the African American community. The reception of gangsta rap has been a mixture of cultural appreciation and preservation as well as disapproval between generations.

As stated by Lott (2017) the invisibility of global action and strength of African American women in media started before the introduction of gangsta rap. Melancon et al. (2015) suggested that in terms of African American women's sexuality the erasing of sexual trauma and abuse accompanies the push for more sexual objectification. Mulvey (1975) coined the term *male gaze*, to describe the way women are used in cinema as

objects of desire for the male spectator. For African American women, Melancon et al. (2015) suggested the concept of “ratchets,” is used to devalue black women, but also serve as way to pathologize African American women’s eroticism (p.79). In the last twenty years, social media outlets also capitalized on the sexual nature and stereotypes of African American women, but allowed for more control of the narratives.

Through the use of social media outlets, businesses, entertainment formats, and political platforms have discovered a new way to convey messages to global consumers. Similar to the emergence of Hill Collins (2000) archetypes, the use of social media applications such as Instagram, Facebook, Twitter, and Myspace promote a reinvented version of media portrayals, this time, showcasing both positive and negative stereotypes of African American women. The variation of both positive and negative publications is due to African American women’s ability to control what content is depicted on social media outlets.

For example, Mondé (2018) suggested that social media’s focus on African American women and the “Black Don’t Crack” phenomenon has contributed to a positive and negative connotation. The insistence that Black doesn’t crack promotes image of Black radiance as timeless, but also sets an unrealistic expectation of the aging process. The truth is, every African American woman won’t look like Angela Bassett at 60, but the expectation from social media becomes the proposed standard of aging gracefully. Less researched is the emergence of the Instagram Model and Social Media Bots. Instagram models are women between the age of 20 to 35 who model via social media platforms. They are considered media influencers, as their number of followers and likes

secure paid-endorsements in exchange for the promotion of various products. Social Media Bots or just Bots are women or persons who pretend to be women, that leave sexually suggestive comments on social media platforms in an attempt to advertise subscriptions to pornographic sites or sexual services.

The push to be more sexual on social media is not the only issue African American women face. Cyber bullying, defined as intentional harm via technology; is experienced by women of all ages in the form of name-calling, revenge pornography, threats, and/or spreading rumors (O'Connor et al., 2018, p. 345). For African American women, the substance of the bullying is often underlined with a racial epithet. In 2020 after a fan on twitter compared her looks to a Pit bull, R&B singer Ari Lennox took to her Instagram feed condemning the disrespect of African American women and self-hate practiced by African American people. Through her feed, Lennox sparked a discussion on public denigration of African American women and how self-hate in the African American community contributes to the acceptability of denigrating African American women by other races.

On the positive end of the social media spectrum, Stanton, Jerald, Ward, and Avery (2017) contend that although social media has contributed to archetypes such as the *Strong Black Woman*, *Mammy*, and *Jezebel*; the emergence of mental health and self-care platforms via social media is assisting African American women with psychological needs. A sense of community and sisterhood is fostered amongst African American women in these instances, even inviting African American celebrities to share their experiences. In 2011 actor and producer Issa-Rae introduced her YouTube sitcom, *The*

Misadventures of Awkward Black Girl, laying the ground-work for the hit series *Insecure*. In the series, Issa-Rae's character *J*, showcases her awkward interactions at work and in romance while challenging mainstream standards of beauty. During its two-year run, *J* a dark-skinned African American woman in her 20s, wore a short natural hairstyle and embraced her larger than size 6 body. The series quashed the norm of light skin divas only roles for African American women in mainstream media. Melancon et al. (2015) asserted that through the images of *The Misadventures of Awkward Black Girl*, the Black woman challenged dominant codes of sexuality in a way that is political and deracialized, unique yet universal (p.73). Similarly, actress Gabrielle Union, discussed her practice of using social media to educate her family on beauty and strength in African American women.

In an interview with Refinery29 (2018), Union discussed an experience she had with her teenaged stepsons and nephew on the importance of combatting racism and colorism against African American women on social media. The issue of colorism is also a contributing factor to the negative depictions of African American women. Through the sharing of her experience Union exposed how social media sites and online boutiques favor a lighter look when promoting beauty products, clothing, and lifestyle. Her interview was met with much support and applause from Black women on social media, thanking her for promoting self-love and appreciation of Black women of all hues.

Complexion and the African American Woman

Physical features and characteristics of African American women are often targeted in media portrayals. Ideas of what is deemed attractive about African American

women are exacerbated by the media's push for a particular look and narrative. Part of the fabricated narratives lie in the notion that certain skin complexions inform African American women's dispositions. The push for this idea is rooted in historical events dating back to slavery, yet the issue of skin complexion still remains a heavily debated topic and source of insecurity for African American women today.

Dixon & Telles (2017) describe colorism as the preference for Whiteness and/or lightness of skin complexion. Western scholars link the beginning of colorism to the concept of race and European colonization (p.406). During the era of U.S. slavery, lighter skin yielded certain privileges, schooling, and trade skills for African slaves working on plantations. Freed Blacks with lighter complexions, referred to as Mulattos, were perceived as more intelligent and attractive than their darker counterparts (Keith & Herring, 1991). Witnessing the preferential treatment and opportunities associated with Whiteness, some light skinned African Americans participated in *passing*, the act of pretending to be of European descent to gain better life outcomes (Harris, 2018). Glenn (1963) asserts that a linkage between skin complexion and life outcomes for African Americans has continued since slavery.

For African American women, lighter skin equated a certain level of attractiveness and softer personality that was more widely accepted by their White counterparts. According to Hill (2002), negative perceptions of skin complexion were found to influence the mental health and self-esteem of African American women as early as preschool age. Throughout their lifetime issues of complexion shape African American women's perception of beauty, partner selection, and social status (Brown et

al., 2003). The Civil Rights Movement in the 1960s-70s and Natural Hair Movement in the late 2000s, sparked a decline in vocalized color preference, but the desire for lighter skin is still evident in aspects of African American culture, today.

Cain (as cited in Mathews & Johnson, 2015) argues that present-day colorist ideology is rooted less in the hue of skin, but more in the facial features, hair texture, and eye color. The desire to be multiracial or look racially ambiguous is a subset of colorism known as exotification (Newman, 2019). The literature on exotification shifted from the invisibility of mixed-race people to the fetishizing and admiration of being a “good mix” (Lewis, 2010). The shift in focus has not prevented colorism from impacting African Americans, especially African American women. Despite the change in focus, skin whitening continues to be a billion-dollar industry, with majority consumers in Asian, African, and Caribbean regions of the world. Each year customers of color flock to the shelves to achieve a complexion that will increase their social desirability (Rondilla & Spickard, 2007).

In the United States, colorism and exotification are skillfully inserted into the commercials, film, and television; shaping the context of beauty and worth within the African American community. Darker skinned African American women continue to face the challenge of being viewed as less intelligent and less beautiful, yet more aggressive than their lighter counterparts. The representation of dark skinned African American women in film and television is limiting, allowing for only a few reoccurring dark skin actresses to be active for a certain amount time. Hollywood’s hold on the Black family archetype of light skinned mom, dark skinned dad, and light skinned children are a

regularly used formula for sitcoms. According to Hill (2002) the lack of representation and negative perceptions put the onus on dark skin women to be more socially desirable and acceptable to society. Not often addressed, light skinned African American women experience their own challenges rooted in belonging due to their complexion.

In the 2020 auto-biographical mini-series, *Self-Made: Inspired by the Life of Madam C.J. Walker*, colorism was a major theme highlighting how dark-skinned women were made to feel unwanted and unmarketable. The series also took time to expose the challenges light-skinned women faced. Two of the main antagonists are portrayed by light skin women depicting how colorism was used in branding products for African American women. In the series, terms such as “high-yellow” and “light-bright” were as a means of shaming or picking fun at lighter characters for their complexion. During one scene, *Addie*, the main antagonist is pressured by her mother to “use her light skin” to continue her successful haircare venture. The challenges light skinned African American women face come with the assumption that they are not Black enough, the presumption that they are mixed-race, or trying to pass as White. They are stereotyped as being “uppity” or bourgeois. The worth of both dark skinned and light skinned women are determined by society’s perceptions.

Ingrained Portrayals

The media’s repeated use of stereotypical depictions initiates a process called activation-recency. Activation-recency is the automatic assumption about an individual or thing created, after prolonged exposure to bias media content (Hansen & Hansen, 1988). Devine (1989) suggests that over time, people develop a certain image of others

based off of recurring stereotypes in the media. This image becomes ingrained, creating a distortion of information that assumes the information is not only correct, but common knowledge to all.

In the context of stereotyping, Dovidio, Kawakami, Johnson, Johnson, and Howard (1997) assert that regularly viewed images assist viewers in their perceptions of others. Using digitally produced photos of White and African American men and women, Dovidio et al (1997) demonstrated how individuals assign certain characteristics to groups in a matter of milliseconds. With no previous knowledge or background of the individuals pictured, the study found that participants were more likely to associate positive traits with White Americans than that of their African American counterparts.

Historically, various forms of media played critical roles in the way African American women were perceived and African American culture viewed itself. These strikes against Black personhood were also felt in the realm of science, as historical acts of racism in healthcare engulfed Black communities in the U.S.

Racist Acts in Healthcare and the Foundation of Stigmatization

Stigmatization is one of the hallmark contributors of the tenuous relationship between African Americans and mental health services. Historically, innumerable acts of racism committed against African Americans seeking better health outcomes, pushed African Americans to develop mistrust in providers. Most commonly mentioned of these acts are the Tuskegee Experiment and misappropriation of Henrietta Lacks' cells.

The Tuskegee Syphilis Experiment was a nontherapeutic clinical study conducted from 1932 to 1972 by the U.S. Public Health Service. Six hundred participants, made up of African American sharecroppers and residents, enrolled in the study designed to observe the natural progression of syphilis in African American men. Although the men were told they would receive free medication, food, and burial insurance if necessary, in actuality, researchers minimized the extent of participants' illness and never provided any form of treatment. At the conclusion of the study, only 74 participants with syphilis were still alive and dozens of wives, children, and grandchildren had contracted the disease (Cortés, 2013).

Historical acts of racism that furthered stigma amongst African American women include: 1) The unauthorized harvesting of cervical tissue from Henrietta Lacks and 2) The compulsory sterilizations of African American women in North Carolina from 1933 to 1973. Henrietta Lacks, an African American woman and mother of five, received several radium treatments for cervical cancer at John Hopkins. During one of her procedures, cervix tissue samples were collected unbeknownst to Henrietta. The cells from her tissue, named HeLa, were used in the development of several drugs for the treatment of Parkinson Disease, polio, and leukemia. Sadly, approximately seven months after her diagnosis, Henrietta passed away from cancer. For the next twenty years, her family remained unaware of her role in HeLa and would not reclaim control of her cells until 2013 (Britannica Academic).

African American women have suffered multiple forms of medical injustice that continues to persist in present day. Most notably the racist practices that impact the

reproductive capabilities of Black women represent a level of misogyny that has led to the coerced/forced sterilizations of Black women from 1933 to 1973 and present-day high rates of mortality amongst Black women in childbirth (Langford et al., 2019; Geller, 2020).

The literature on racist acts against African Americans focus heavily on incidents carried out by medical providers. Mental health providers share a role in the reasons for mistrust, as early psychological research laid the groundwork for racist practices in medicine. Sue and Sue (2016) asserted that the social sciences have a disturbing history of engaging in research that seemed to be linked to White supremacy. The authors postulated that some psychologists have used statistical criteria to determine normality and abnormality between African Americans and Whites, suggesting that African Americans suffer from paranoid delusions about racism. Thomas and Sillen (1972) confirmed through their work, however, that this type of scientific racism is no delusion.

Thomas and Sillen (1972) cited multiple fabricated findings throughout history including the notions that: African Americans' mental health was linked to subservience, African Americans' brains were significantly smaller than Whites, and African Americans were incapable of experiencing mental illness due to their simple comprehension. Similarly, theorists such as Darwin (1859), Galton (1869), and Gobineau (1915) gained notoriety by referencing Whites' mental and genetic superiority, while Shockley (1972) advocated for the sterilization of Blacks out of fear that their low IQs would impact the intelligence of the of society (Sue & Sue, 2016).

Present day examples of racism can be viewed in the way African Americans are assessed for mental health disorders and diagnosis. Mental health providers are not always fair or just in their assessment of African American populations. Snowden (2003) asserted that individual mental health providers make unwarranted judgments about African Americans that become normative beliefs, shared throughout mental health networks. The differential treatment between White Americans and African Americans due to these judgments, is marked by the number of African Americans who brought to the police station because of their mental health versus their White counterparts who are brought to the emergency room (Snowden, 2003, p.241). As a result of these biased practices, therapists received scrutiny and doubt within the African American community about their intentions.

At different points throughout history, racist acts in healthcare and specifically mental health can be identified. The ability to reference any decade, post-slavery, and locate discriminatory practice in healthcare explains how stigma amongst African Americans has persevered and contributed to underutilization of services by the Black community.

Underutilization of Mental Health Services and Help-Seeking

The research on underutilization of mental health services by the African American community mainly center on the idea that African Americans are not seekers of services, denoting various reasons, ranging from cultural mistrust concerns to financial difficulties (Diala et al., 2000; Thompson et al., 2004; Masuda et al, 2012). Ridley (1984) suggested that social norms contribute to underutilization, with the idea being that

therapy is for White people. In sharing vulnerabilities with White therapists, African American clients view participation in counseling as an adoption of White society.

Cost of treatment also presents a sizable barrier between utilization of mental health services and African Americans. For African Americans who do wish to seek services, they often find that the cost of treatment is not within their reach. In some cases, their income may be too high to receive public services, but too low to pay out-of-pocket costs. For others, their insurance companies may not provide coverage for mental health concerns (Williams, 2011).

Whaley (2001) contended that underutilization was a result of cultural mistrust that is often established at an early age. Bell, Jackson, and Bell (2015) asserted that makings of mistrust are introduced to African Americans in childhood as frequent misdiagnosis of emotional disturbances follow them through education, while African American adults suffer misdiagnosis of anxiety disorders, mood disorders, and trauma at high rates. For African American women, the literature suggested that mistrust was shaped by the way therapists communicated information. Slashinski (2017) suggested that lack of respect and feeling unheard by therapists influenced African American women's personal and family use of services. In the study, African American women shared narratives of feeling disrespected and ignored by mental health professionals causing them to remove children from treatment and report having no intention to seek services in the future.

Sue & Sue (2016) pointed to underutilization as a response to cultural incompetence within the mental health field. The authors favored the idea that African

Americans were open to services, but suggested that the high rates of drop-out and low rates of therapy retention was often linked to feeling culturally misunderstood by White mental health providers. Kawaii-Bogue, Williams, and MacNear (2017) aligned with this perspective, stating that African Americans who do receive treatment regularly face cultural barriers and ineffective services from mental health providers. Williams (2011) postulated that African Americans make note of subtle microaggressions and cultural comprehension to inform them whether or not a therapist is a good fit or if they would return for additional service.

Though the reasoning for underutilization varied within the literature, what remained was the understanding that African Americans were using mental health services disproportionately less than their White counterparts or not all. This did not mean, that African Americans were not finding alternative outlets to express their emotional concerns.

“Black people don’t go to therapy. We to Church!”: Alternatives in Help-Seeking

African Americans have relied on resources within their communities for years. Many African Americans display help-seeking behaviors by seeking emotional and support and guidance from alternative and/or trusted outlets connected to their culture. Viewed as safe sharing spaces, local barbershops, beauty salons, and churches serve as a therapeutic outlet within the African American community. Linnan and Ferguson (2007) and Murphy et al. (2017) maintained that the Black barbershops and beauty salons were a culturally safe space where African American men and women forge relationships, discuss current events, and bond over life experiences. Hanson (2019) postulated that

clients of hair stylists share so much of their daily life, that beauticians often use the same type of self-suppression and active listening skills used in therapeutic settings.

Offering safety and security, African American churches served as not only a place of worship, but an escape for African Americans, since the slavery era. Snowden (2003) asserted that African American women were more likely to view mental health concerns as spiritual or supernatural issues, requiring religious attention rather than therapeutic intervention. Along with Hispanic and LatinX populations, African Americans have the highest involvement rate of religious activities in the United States (Gallup & Lindsey, 1999, as cited in Aten et al., 2010). Blank et al. (2002) reported that African American churches in the South provided mental health services at higher rates than White churches. The authors also concluded that African American churches had the historical standing to link communities to formal mental health services.

Research also suggests that community outlets such as churches and salons may be more appealing to African Americans because of the familiarity and level of comfort they provide for community members. Alvidrez et al. (2008) found that African Americans who used mental health services were concerned about their image, worrying that others would view them as “crazy” for seeking services. Similarly, Thompson et al. (2004) suggested that African Americans were uncomfortable with the term “psychotherapy” and preferred the term “counseling” as seeking counsel could imply seeking advice on anything, not simply mental health concerns.

Established community outlets also have the advantage of belonging. In a Psychology Today article entitled, *Why African Americans Avoid Psychotherapy*, Dr.

Monnica T. Williams suggested that African Americans could be uncomfortable with the setting of therapy, feeling that they do not belong in the space not only psychologically, but physically. African Americans share a collectivist prospective, so sitting one-on-one with an unfamiliar therapist may not feel as comfortable as the known group structures in church or in the salon. In these community spaces, it is known that the members engaging are all there fellowshiping or communing together. There is little cause for mistrust, as the members are all known to one another. With the exception of group therapy, the therapeutic process tends to be more individualistic, featuring the therapist as an unknown figure.

The literature offered a critical view of how portrayals have impacted the African American community and specifically African American women throughout history. The U.S. health care system featuring mental health providers continue to play an active role in maintaining mistrust and stigma amongst the community. From the literature, the following assumptions of this research were provided.

Assumptions

Newer portrayals of African American women in empowering positions and situations that address mental health concerns are on the rise, but are viewed as a contrary opinion due to lack of representation. With more African American women creating their own narratives and depictions of African Americans seeking mental health services, the dissonance could be reduced. I am proposing that perceptions of these newer portrayals of African American women in the role of therapist will yield some differences, but ultimately stick with the reoccurring archetypes described by Hill Collins (2000). I

anticipate that the current shift in previously inadequate representations in television will result in more positive attitudes towards mental health.

Chapter III. Methodology

This chapter provides a detailed description of the procedures, instruments, data collection process, and participants. Due to the coronavirus pandemic, the initial quantitative methodology for this study was altered to a qualitative phenomenological design. This modification served as a better course of action in the protection of participants and achievement of a sample size large enough to produce sufficient data. It was the researcher's belief that opting for a qualitative methodology would provide equally enriched descriptions of the explored phenomenon.

A phenomenological design was best suited for this research as the study sought to explore the perceptions and overall experiences of African Americans engagement with mental health. Phenomenological research focuses on the commonality of a first-hand, lived experience within a particular group (Creswell, 2013). In terms of this particular study, the researcher hoped to capture participants' perceptions of the viewed content, as they relate to their experiences with mental health.

Theoretical Framework

The theoretical frameworks used in this study were Social norms theory and Black Feminist Thought. Social norms theory or social norms approach suggests that our individual behaviors are influenced by misperceptions of other social group members' thoughts and actions (Berkowitz, 2004). Berkowitz (2004) gives the example of an individual who overestimates the approval of their peers' attitudes and behaviors towards alcohol and drug use, while underestimating their engagement in healthy behaviors. According to social norms theory, the overestimations of the negative behaviors will

increase the problem behavior and decrease the healthy behavior, unless the misperception is corrected (p.4).

The approach was initially suggested by Perkins and Berkowitz (1986) as a way of determining drinking patterns in college students. However, social norm approach was found to provide important implications for health promotion and prevention (Berkowitz, 2004, p. 5). Cislighi and Heise (2019) contended that social norms approach can assist healthcare practitioners and scholars in the creation of programs aimed at promoting healthy behaviors in low-income and mid-income countries.

Black Feminist Thought or U.S. Black women's critical social theory encompasses bodies of knowledge and practice that actively grapple with the central questions facing U.S. Black women collectively (Hill Collins, 2000). One of the core themes of Black Feminist Thought examines stereotypical portrayals as a means of oppressing African American women. Hill Collins (2000) references Gilkes' (1983) assertion that the majority group in the U.S. crafted negative images of Black womanhood as a way of justifying their oppression of Black women and maintaining their status.

Black Feminist Thought contends that post slavery, White Americans still viewed African American women as mammies, and were incensed by their resistance to racism and inequality. In response to African American women's rejection to unequal treatment, social constructs were created in an attempt to keep African American women in the position of subservience. These assaults on the African American woman's image are the archetypes known in U.S. society as mammy, matriarch, welfare mother, and jezebel

(Hill Collins, 2000, p. 76-78). Black Feminist Thought calls for the dismantling of these controlling images.

Research Questions

The goals of this study were to: 1) Understand African American experiences with mental health. 2) Discover what perceptions they held about each therapist presented. 3) Explore if their perceptions were linked to experiences with therapy and African American women. 4) Identify any shifts in perception that could potentially impact the way mental health is viewed within the African American community.

RQ1: How are African American female therapists in television perceived by African Americans?

RQ2: How do African Americans' perceptions of African American female therapists impact their views of mental health?

Participants

Participants of the study included eight African American men and women, living in the United States' Western and Southern regions. The eight participants were selected from a pool of 30 survey respondents previously examined in the initial quantitative design of this study. Participants were required to be over the age of 18 and had to identify as African American and/or Black. Participants had to consent to sharing their experiences or thoughts about mental health. Selected participants were provided pseudonyms to protect their identity and information. Participants consisted of Imani, an intake counselor at a substance abuse clinic; Deja, a jewelry designer and small business

owner; Antonio, a medical support assistant at a Veterans' Hospital; and Quincy, a residential coordinator at a university, all living in the Southern region. Omar, a special education instructor at a high school; Joy, a fitness director at a university; Nicole, a physician's assistant; and Marcus, an education coordinator at a university, all living in the Western region.

Researcher Background

I am honored to do this work as an African American mental health provider, believing that descendants of the African Diaspora are naturally oral and spiritual people who find healing through sharing experiences and connecting with one another. I started my journey as a Mass Communications major at Xavier University of Louisiana, studying broadcast journalism. Studying broadcast at a Historically Black College created a space for my learning on the history of media through a lens that emphasized Black culture's ascendancy, not merely struggle. As a freshman, I studied portrayals of African Americans in media and was frustrated by the effort to distort our narratives and ultimately destroy our being. For four years, I immersed myself in various aspects of media, eventually producing and writing short films that told stories about African American livelihood. I aimed to restore the human aspect of our culture, showing the beautiful complexity of our personhood, while denouncing the designated roles created for us by the majority.

I continued my studies at Xavier as a clinical mental health counseling student in their counseling master's program. I was dissatisfied with the current literature's focus on mental health stigmatization within the African American community, where it seemed

provider distrust was repeatedly discussed, but failed to highlight the continuous efforts, policies, and daily messages used to dissuade African Americans from seeking treatment. I was interested in accessibility; particularly, the ways in which novice to therapy could engage in therapeutic sessions that felt safe and nonjudgment. I entered into my doctoral studies with a passion for counseling diverse populations, but could not shake my love for media and storytelling. In the midst of studying qualitative research, I was reacquainted with Patricia Hill Collins' *Black Feminist Thought* and remembered my very first attempt at research as a college freshman. It was a paper that addressed my concerns with the *Mammy* image displayed in films. I brainstormed various topics of interest. My thoughts returned time and time again to the idea that media has contributed to upholding oppressive ideas, but also had the potential to serve as a platform in the reclaiming of Black narratives.

Diving deeper into the literature, my enthusiasm was clouded by the realization that there were still so little representations of African American people vocalizing their emotions and seeking mental health treatment in media. As a child, my earliest memories of African Americans' ability to be emotionally vulnerable on television was on daytime talks like *The Montel Williams Show*, *Maury*, and the *Oprah Winfrey Show*. Oprah Winfrey's ability to discuss topics that brought people to a place of understanding was the closest, televised representation of an African American woman acting as facilitator for African Americans' emotions and struggles. She was our therapist and she was accessible to people, like myself, who had never considered that others shared my feelings and experiences.

As I grew, I lived with two very different and sometimes conflicting aspirations of the type of Black woman I wanted to be. I wanted a mind and career like Oprah, but a body, perceived desirability, and confidence of my favorite early 2000s video vixens, K.D. Aubert and Lashontae Heckard. This version of myself was crafted directly from the television screen, and the failure to meet those expectations of myself were emotionally devastating. As an African American woman, I have fought the comparisons within my own mind and struggled to identify mental health concerns by name, out of fear. I speculated about my mental health, considered therapy in early adulthood, but ultimately decided that my concerns weren't "severe enough" to seek treatment.

It was important that my research revealed the harmful targeted messages the media has subjected African Americans to through their portrayals of African American livelihood, while also highlighting the attempts of contemporary artists to combat stereotypes and create space within the community. I did not seek therapy until I was twenty-three years old. Even then, my plan was to attend one session to get a better understanding of what my future clients would experience. I was twenty-three during my first session, and have continued to attend sessions for the last six years. The African American female therapists I have encountered in my experiences changed my understanding of mental health. They are knowledgeable and gifted assets to the field of mental health who deserve images that accurately depict their eminence.

As an African American therapist, I understand that my passion for mental health and love for community increased risk of bias and participant pressure. To address these risks, I engaged in supervision, to process my thoughts and feelings on the subject matter

and reveal any undisclosed bias. These sessions gave me the opportunity to practice interviewing to ensure that I was not knowingly influential when speaking to participants. Before engaging in interviews, I presented interview questions to my advisory committee for feedback to ensure that no question was leading or left insufficient room for participants to answer authentically. I invited participants to review their transcripts and discuss ways (if any) in which they felt they were misinterpreted. I reviewed the recordings to ensure that I did not interrupt, display gestures, or expressions that would impact participants' answers. My hope is that through my efforts I can provide an honest interpretation of the African American experience within mental health.

Instruments

A semi-structured interview was used as instrumentation for this study. Prior to each interview, participants were read an interview protocol script that highlighted the purpose of the study and invited participants to ask clarifying questions and share any concerns. Following the interview protocol script, participants were asked a series of interview questions as a means of collecting information about the participants' experiences with mental health over their lifetime, their perceptions of the African American female therapists presented in each clip, and their general thoughts on the role of African American women. Participants were also asked to provide demographic information, including: race/ethnicity, age, social economic status, gender, sexual orientation, highest level of education, and religion/spiritual background. Demographic information was beneficial as it added possible contributing factors to participants' reasoning.

Data Collection

Quota sampling was utilized in the recruitment phase of this study. Quota sampling was the most appropriate as it requires finding certain characteristics that fit into subgroups of a population (Mack et al., 2005) Participants were initially recruited using advertisements to participate in the previous quantitative study. The participants selected following the modification of design, were chosen after a vetting process. The first step required recasting a net to recruit interested participants from the survey respondents. Next, interested respondents' surveys were pulled to determine whether or not respondents had prior experience in therapy, and identify if their primary focus was on the therapist or client.

Respondents who indicated on their survey that they had primarily focused on the therapist versus the client were selected over respondents who focused solely on the client's reaction. Eight respondents were deemed appropriate for the study. The eight participants selected were read a recruitment script detailing their reason for selection and offering an invitation to join the study. The recruitment script was followed up by an information consent sheet that explained their participant rights', who to contact should they questions or concerns, and contact information for the Institution Review Board.

Interviews for each participant were scheduled upon agreeance to study terms. Each participant was scheduled for 60-minute Zoom interviews. Following scheduling, participants were sent two emails. The first included the three clips of the African American female therapists, and the second included the Zoom interview invite as well as an online copy of the information consent sheet. During each interview, participants were

asked a set of semi-structured questions that were video recorded on Zoom and audio recorded via phone. At the conclusion of each interview, audio recordings were saved to a secure file and transcribed using the transcribing software, Otter. Transcripts were reviewed and corrected, manually, to decrease chance of errors. The transcripts were then saved under the name of each participants pseudonym on a secure USB drive in preparation for data analysis.

Data Analysis

Participants' transcripts were printed and coded manually. In order to code the transcripts, the researcher reviewed each interview, highlighting words and phrases that were significant to the questions and repeated throughout the interview. These phrases were then placed in a table that would later be used to condense the phrases into themes shared across the different participant experiences with mental health. For example, participants discussed early experiences with mental health. The researcher noticed that different family members were identified. The researcher tallied the number of times a family was mentioned across the interviews. The various family members were placed in a table and their reactions were categorized as emotional response, verbal response, and action. Participant response was its own category to denote how participants responded in their thinking or action to their family members' perspectives. The participants' responses to their families' perspective lent insight into what degree family members' influence had on participants' initial understanding of therapy. Direct quotes that mentioned family were then compared to identify the theme.

Trustworthiness

Rossmann and Rallis (2017) suggest that trustworthiness and credibility increase the usefulness and integrity of a study. The matter of trustworthiness lies in the belief that researchers aim to report findings that are usable and worth taking into consideration when working to improve social circumstances (Lincoln & Guba, 1985; Rossmann & Rallis, 2017). To ensure the study was trustworthy the researcher shared interpretations and emerging findings with participants. The researcher reflected answers back to participants to make certain there were no areas that they felt needed clarification. Background information was provided about the researcher to bring awareness to how researcher's position shaped the study and findings (Rossmann & Rallis, 2017). For example, being an African American woman gave me the ability to access a level of authenticity and comfortability with the participants that members from outside of the community may not have been able to achieve. To ensure credibility, the researcher used a peer reviewer to examine themes and identify potential areas of bias.

Limitations

A limitation of this research is its focus on participants from the southern and western regions and economic status of participants. Participant selection from the original survey respondents, yielded a sample of all college educated, low-middle class to upper-middle class African Americans. There is a possibility that African Americans from the North and South, as well as those from a low-income or high-income background would have offered additional insight into their experiences. Another limitation was the participants' level of familiarity with the television shows that featured

the African American female therapists. It was unclear, at times, if participants' enthusiasm for one therapist over another was the result of being a regular viewer of the show or if they simply did not perceive the therapist in a positive way.

Chapter IV. Results

Chapter four presents the results of the data analysis. Results are presented in the form of themes, interpreted from the data collected. The researcher employed a qualitative phenomenological design, engaging participants in semi-structured interviews. The frameworks used were social norm approach and Black Feminist Thought. Application of the framework will be explained in this chapter. The themes: *When They See Us: Perceptions of Dr. Akopian, Dr. Pine, & Dr. Jamison*, *What We Had, We Clung To*, and *Progress, But We Still Have Work to Do* were interpreted from the individual experiences of each participant.

Featured Therapists: Dr. Akopian, Dr. Pine, & Dr. Jamison

Three African American female therapists from popular fictional television shows were featured in this research. Participants were sent an email with links to a private YouTube channel, created by the researcher. Initially, eight television shows and films were identified as featuring African American female therapists. The researcher began the process of creating criteria to eliminate clips that would be inappropriate for this study. Of the eight, three were deemed appropriate for this research after meeting the following criteria:

- Must feature African American female therapists.
- Must come from a contemporary show, no older than 10 years.
- Must simulate an appropriate therapeutic interaction between therapist and client.
- Must be between one to three minutes in length.

Distinguishing older clips that feature African American therapists was important, as the researcher did not want to include content that was outdated or did not reflect issues of the current decade. A certain level of relatability was needed in order to hold participants' interest and increase authenticity of responses. Similarly, clips of an overly satirical or comedic nature were eliminated, as goal was to display interactions that simulated as closely as possible, a real therapeutic process between therapist and client. Finally, clip duration was factored into the criteria to decrease chances of viewer fatigue. Yu, Chan, Zhao, and Gao (2012) suggested that video messages with a duration of 180 seconds or lower were perceived as acceptable and impactful in decision making amongst consumers (Carlson, 2018).

The three portrayed therapists utilized in this study were: *Dr. Akopian* from *My Crazy Ex-Girlfriend* (2015-2019), *Dr. Pine* from *Insecure* (2016-2021), and *Dr. Jamison* from *She's Gotta Have It* (2017-2019). The therapists' sessions depict therapeutic interactions between three female clients, who's reasons for attending therapy range from relationships, difficulties at work, misogyny, and assault.



Michael Hyatt as *Dr. Akopian* in *My Crazy Ex-Girlfriend*



Denise Dowse as *Dr. Pine* in *Insecure*



Heather Headley as *Dr. Jamison* in *She's Gotta Have It*

When They See Us: Perceptions of Dr. Akopian, Dr. Pine, & Dr. Jamison

The theme of *When They See Us* was an opportunity to highlight how participants perceived the three therapists: Dr. Pine, Dr. Akopian, and Dr. Jamison. Participants shared what stood out for them when viewing the therapeutic interaction between the African American female therapists and clients. The subthemes: *Dr. Pine, Reflexive Challenges*, *Dr. Jamison, Comfort without Judgment*, and *Dr. Akopian, Aggressively Upfront* showcased what qualities peaked participants' interests if they had the choice to seek services from Dr. Akopian, Dr. Pine, and Dr. Jamison.

Dr. Pine, Reflexive Challenges

Insecure Dr. Pine, played by Denise Dose, is an African American female therapist working with her client, Molly Carter. Molly, an African American attorney, expresses her frustrations with her work environment and expectations she has for her future at the firm. Dr. Pine facilitates a discussion on Molly's high expectations of self and questions her willingness to accept that life won't always go as expected.

Participants were asked to share who they would be the most likely to seek services from and the least. Participants discussed Dr. Pine's therapeutic approach, suggesting it was challenging or confrontational, but just what the client needed.

Omar related,

She was challenging Molly's, the words that she chose, you know. Telling her you know, um like 'hey you know, do you think you know you need to be okay with things not being okay.' But it was still in a loving manner, a loving tone...I

would probably go to Dr. Pine simply because, as you know, in therapy I need somebody, and not saying the other two therapists wouldn't, but she- Dr. Pine she really was like 'hey you say this. You need to be- if you don't have a husband or you think things shouldn't be going as they should be you need to be okay with that, you know what I mean? You need to be okay with shit.' I'm sorry for cursing. I don't know if that's okay [laughs]. But um 'you need to be okay with that. Do you understand what I'm saying?'

Similarly, Imani stated:

So, I feel like both of them were doing healthy confrontation in a way. And I liked it. Because again, if you're not in counseling, building your confrontation, you think it's something volatile. A type of situation. You think it's where it's me versus you type of thing. But even with Dr. Pine, I think well with the *Insecure* counselor or therapist, it was very soft. She was very soft spoken, but she was calling Molly out like 'you notice that you say this a lot.' I feel like it's a form of confrontation...I think I would be most likely to see the *Insecure* counselor and I say that because *She's Gotta Have It* counselor was cool but the *Insecure* counselor for how she kind of worked her way on in when she said you notice that you say you should a lot. I like that. Like for me as the client, I need someone who can do, who can kind of tiptoe in because I feel like...I don't know. I just appreciated the *Insecure* counselor because of how subtle and effective she was.

Deja commented:

[Dr. Pine] I like how she showed you with your own actions like ‘this is what you did, you’re doing it now and then it went to I documented it so like you can’t say that you didn’t. I literally am showing you and so like I feel like for me especially I need for people to like show me like this is what you did wrong, so now we can move forward, so I would definitely go to her.

Joy continued with her focus on Dr. Pine. She expressed:

Yea, so if I were to rank them, my number one would be Dr. Pine. I have this thought of age equaling, equating to wisdom. So, I’m thinking she’s experienced more. She’s experienced more and she is a Black woman, so I know she’ll get me right. You know, she’ll get me where I need to be.

Quincy, similarly, addressed Blackness. He stated:

Choose number two [Dr. Pine] personally. Because what I need is a challenge back. So, I do a lot of things right, correctly. So that kind of sets me up there. Or at least I think I do things right, correctly. And that sets me up for what um, what are going to be my next steps. Sometimes I just don’t know those steps and I move through. But you need a reflective component, as well, towards that. So, after spending, all my, all my youth being told what was right, what was wrong, how to go about things that was in your best interest, like that, I’ve kind of internalized that sort of mentality. So, I need a respectful challenge back. But I also need somebody who understands being Black in the world. And I think number two did that.

Finally, Antonio said:

Awesome things that have stood out was um Dr. Pine. At the time, she was very comforting. I would just say her aura, her essence. She had an approach that was definitely that says 'hey I'm here for you.' And it was welcoming you know, so I guess I saw it in the client as well. That kind of stood out to me for the simple fact that, you know, you want somebody that- I knew for me going to therapy, I want somebody that's warm and genuine. You know, they have that unconditional positive regard.

Participants who appreciated Dr. Pine's approach all seemed to speak to her ability to confront her client's faulty thinking, but do so in a way that was not intimidating or condescending. Participants' appreciation of Dr. Pine's approach suggested that participants favored a challenge, and would even be open to receiving feedback on their actions. Omar, Deja, and Quincy pointed this out as they described how they needed someone who could reflect back to evidence of their actions and behaviors. Imani, Joy, and Antonio spoke to the caring nature participants described. They used words like soft, wise, and warm when describing her personality. Antonio used Carl Rogers' term of *unconditional positive regard*, to describe what he perceived as Dr. Pine's genuine air of acceptance and support for her client Molly. Several of the participants would share their perceptions of acceptance they viewed when watching Dr. Jamison's session.

Dr. Jamison, Comfort without Judgment

Several of the participants shared their perceptions of acceptance they viewed when watching Dr. Jamison's session.

She's Gotta Have It Dr. Jamison, played by Heather Headley, is an African American female therapist meeting for the first time, with Nola Darling. Nola, an African American freelance artist, is meeting with Dr. Jamison after experiencing an assault by a man who cat-called at her on the street. During the session Dr. Jamison and Nola discuss the objectification of women's bodies, and Nola shares her details about her polyamorous relationships. Participants expressed their appreciation of Dr. Jamison's comforting demeanor and nonjudgmental approach to Nola's polyamorous lifestyle.

For example, Joy reported:

Dr. Jamison was so, she had this calming effect. Um nonjudgmental, not that the other two were judgmental, but um right away I felt this just 'oh my God, I just feel so, she's so [calm gesture].' The way she spoke, even just the way she delivered it. The presence in the space. But then also to their movements and the way when something got serious, and more direct, and 'no you need to listen to what I'm saying.' There was a lean in.

Similarly, Omar stated:

Even with Nola Darling, in the last one, I forget that doctor's name, but just you know making her feel comfortable. You know, letting her feel vulnerable and truly feeling um, truly, truly um not being judgmental. You know what I mean? Nola Darling expressed her lifestyle with the types of men and you know in most

situations, women who have, you know. They may think, 'oh it's kind of crazy that you're dating multiple men and having sex with multiple women, but the therapists still supported her and was all about enrichment and empowerment of Nola Darling, while doing it in that nurturing, loving motherly way...Nola Darling shared something nontraditional with her and being involved with three different men in or I don't know. She said three multiple men and talking about her sexuality I didn't feel like she was judged. You know, I didn't feel like she was judged and so I feel like that, that why I would want to go to her first.

Joy and Omar identified Dr. Jamison's nonjudgmental approach as qualities that stood out for them, while watching her session. For Deja and Nicole, her patient approach to trauma provided a level of comfort for the client that resonated with both participants.

Deja indicated:

[Dr. Jamison] for someone who is very sensitive, like she would definitely be the perfect therapist to go to because she was very like 'okay take deep breaths. It's okay, like just deal with the feelings that you have at hand like.' Essentially for someone who is going through something very traumatic I feel like she was very good um at just like taking it slow and like going at the patient's pace. Like instead of just trying to pull everything out of you. Cause like the last patient, I don't remember exactly what happened but it was kind of taking her a while to like process and get through like what she was trying to say so like she was being very patient and very like walking her through the emotions and stuff she was

experiencing right then and there so like I think that was really good for the person she was dealing with in that moment.

Further, Nicole said:

Dr. Jamison, I really like the way she talked to her [client] about her trauma, about what happened to her. And I also like the fact that she told her, you know being more covered will not change the fact that you know, people will look at you a certain way. So, that stood out to me...I will say Dr. Jamison, just, I felt I know when I was listening to it, she was very comfortable. Like I wouldn't mind talking to her.

Nicole pointed to Dr. Jamison's assertion that modesty does not prevent others from creating their own assumptions about you. This moment, in the session, also echoed by Imani who discussed Dr. Jamison's ability to reaffirm and validate her client despite her client's self-doubt.

Imani said:

[Dr. Jamison] I feel like she did a lot of... What is it called? Like reaffirming the client's feelings, validating the client's feelings. Um, so that was also something that stuck out to me because it seems like she was almost like...Nola didn't say it but the therapists could feel that she was questioning if she was wrong. And she was basically validating. And I saw that validation kind of helped her, you know, relax in some way...I feel like she did good as far as like, you know. relating to the client. Like when she said like 'you know, men will still harass you,' which is

true. I like how it was like a break from talking like a counselor and just being real.

Dr. Jamison's ability to comfort her client was repeatedly mentioned between participants who favored her therapeutic approach. Deja, Nicole, and Imani asserted that her handling of a traumatic event was validating, mentioning her attention to nonverbals, listening, and reaffirming skills. Nicole and Imani complimented Dr. Jamison's response to her client's experience of sexual harassment, specifically. They felt that her comments supported the client and liked that she did not allow the client to blame herself. Joy and Omar were moved by Dr. Jamison's nonjudgmental attitude. Omar stated that he felt others would not be able to handle discussing a polyamorous relationship without judgment. Dr. Jamison's nonjudgmental reaction was important to him, as he related to wanting to be in a space where he wouldn't be judged.

Dr. Akopian, Aggressively Upfront

For Dr. Akopian, participants perceived her affirmations very differently, suggesting that too much affirmation can sometimes be overwhelming.

My Crazy Ex-Girlfriend's Dr. Akopian, is an African American female therapist meeting with her longtime client, Rebecca Bunch. Rebecca, is a White attorney who quit her job at a prestigious law firm in pursuit of a past romantic relationship. During the session, Dr. Akopian provides affirmations to a doubtful Rebecca, insisting that she deserves happiness in her current relationship. Participants shared mixed responses to Dr. Akopian's approach, discussing her direct yet aggressive nature.

Antonio indicated:

Yea it did [grimace expression]. Aggression, a little bit. A little bit of aggression. A little bit aggressive, you know [laughs]? More than like, pushy, and you know, 'I know what's best.' Given I come from African American culture so I know that we tend to be those type of individuals that, those types that go 'hey yea I hear you but we're gonna push through.' We're gonna persevere. Endurance you know. But um, that can seem a little bit intimidating given a different culture and counseling. That could be seen as a little bit intimidating. But I do know that she's coming from a good place. She's coming from a good heart and angle. But it's a little bit too pushy [laughs].

Deja and Imani described their discomfort with Dr. Akopian's approach, making literal and figurative mention of her in-your-face style of communication. Deja sided with Antonio's feelings of aggression, while Imani indicated she felt anxious.

Deja stated:

She was very like in your face, like I'm trying to get you to see what's the problem and like 'I'm going to show you. I'm in your face, putting the problem in your face so you can't really run from it.' So, for that I think I wouldn't really have a problem going to a therapist that like if someone presented it to me like that, I wouldn't like really run from it...I would say the least likely I would go to is Dr. A just because I would like, like the others were less combative. Even though I'm not really sensitive or anything, I feel like if someone is being

combative with me then it's like 'Oh [disapproving expression].' So, yea she would be the least likely to go to.

Imani said:

I was really focused on her faces. Something about her faces were very like extreme. Like it was like [extreme facial expression] and I'm like, um [laughs] so that was something that probably be a reason. Not even her faces because I'm the Face Queen. Like I know I'm very expressive in counseling sessions. Um more so why even for like body language is very like uh I don't know. So, like I just need you to know you're driving my anxiety.

Quincy remarked:

I think she was supportive, it sounded like she had dealt with this woman for a very long time...It seemed like she had been dealing with this woman for a very long time...There was more of a familial conversation um, between them...Personally I think she coddled her a little, a little too much but maybe that's what she needed at the time, given what she was saying and the situations she was going through. But it seemed like a repeat after repeat after repeat after repeat after repeat situation rather than maybe let's meet once a month... [Dr. Akopian] was friendly and affirming but was more catering to the subject... I feel like she was a little more affirmative and for me that feels not as...Affirmation is good but you should, I think the point of it is you should be about to reflect who you are as a person and sometimes push that and so depending on your state,

maybe that's why she interacted with the woman the way that she did but for me I need someone who is going to push me to look at my life.

Of the participants who spoke about Dr. Akopian at length, Marcus was the only one who seemed to be an admirer of her approach and identified her as his choice for most likely to seek service. He excitedly applauded her directness and identified the ability to be upfront as important to him. He said:

[laughs] I sit and laugh because a few of them I'm like 'oh yea you remind me of this therapist I had or that therapist.' So, they each had different approaches that worked for their client and me being someone who did initially want to be a marriage and family therapist and did those trainings. I get it. I get how different approaches work for different clients... Who is the first one? [Dr. Akopian] I loved it. I loved her approach and how she was up in it. Yea, yea, yea that was just a whole, it was just like boom! That's the type of therapist I like [laughs]...

[Dr. Jamison] Yea I was just kind of like yea her approach worked for that client but I wouldn't have been easily cool with that... It was like a slow to warm and I was just kind of like 'give it to me straight, stop beating around the bush.' But that's the kind of person I am though. If I ask you about this and you keep repeating the question back to me it's like 'listen I get what you're trying to do because of who I am, but I don't need that right now. Tell me what it is.'

Dr. Akopian received the most criticism out of the three therapists. With the exception of Marcus, many of the participants felt her approach was too aggressive and intensely animated. Antonio described her as pushy and aggressive, while Deja referred

to her style as combative. Imani and Deja spoke to her physical movements suggesting that her facial expressions made them uncomfortable. Marcus was the only participant who mentioned her direct style as an approach that worked for him. He seemed to agree that her approach had a level of intensity using the word “boom” when talking about her presence in session. However, Marcus did not seem to mind this, stating that he loved Dr. Akopian’s approach, and insisting that he be “told how it is” while in session.

What We Had, We Clung To

Representation was a significant factor for participants as they described early influences that shaped their initial understanding of mental health amongst African Americans. *What We Had, We Clung To*, emerged as participants expressed how rare it was to see positive representations of African Americans engaging in mental health, during their upbringing. Two subthemes, *This Is Family Business* and *What It Would Have Meant to Us*, arose as participants suggested that their initial understanding of mental health was shaped by family members’ perspectives and the limited examples on television.

This is Family Business

The subtheme of *This is Family Business*, identified family members as the first early influencers of their understanding of mental health concerns and services. Family representations proved crucial to participants. Some shared, that to this day, they still hesitate to seek services in adulthood or fear disclosing interest in therapy with family. Participants discussed how ideologies within the family provided instruction of what to do in times of emotional distress.

Omar indicated:

From the beginning, you know, one thing that when counseling or therapy was brought up in my house, when I was a kid, you know, my father and mother used to say things like, 'you know, we don't want to go and you don't want to go into, you know talking to White folks about our business.' So, growing up, you know, therapy and counseling things, like kind of, kind of something that was frowned upon... There are some other people in my family, they're still extremely, extremely reluctant to go to therapy or counseling. And, you know, in so many words all the time their like you know 'pray. Pray about it.' God is only going to do so much; you know what I mean?

Like Omar, Joy shared how prayer and spirituality were deemed appropriate methods of addressing issues. She noted that messages she received about mental health were not always overt but present enough that they shaped her belief that therapy was not an aspect of her life or the lives of Black people. She said:

So, no experiences with any, I guess you would say, like clinical therapy attendance of sessions, or what you experience with that... I think it was never presented in a manner to where that was something we do. When I say we, I mean, Black people. Um there's been, you know, you see it on tv and even in, you know, movies. And tv shows you never really saw Black people go to therapy. And when I really think about it, and really dissect, I think some of the foundational components attached to it, I think it's um, when you look at the Black culture, and look at it, kind of structurally in terms of like spirituality, and

you know, leave it to a higher power. A lot of that, you know, is being Black. It's like okay well, you go to church, and you pray about it. Pray about it, and at some point, you know, those prayers are being answered. So, I think it's just maybe conditioned to think that there wasn't something that was a part of me or going to be a part of me. I think without it being said, I think it's actionable. You know, parents saying this, and your grandparents saying this, and not really knowing if anybody was ever going to therapy. I mean when you get to hear about it, you know, it was tied to 'oh, that person is crazy or they don't have it together,' such like that. So, there was a stigma on it and then the negative connotation kind if connected to it. I think maybe I automatically steered away from it. It was rooted, right? It was never really said, you know, we do this but instead with society and culture and on tv and such there was no real representation of it. So, then it's like it's not even for me. I'm not even going to consider it...And when you look at, you know, the culture of Black people in this particular area of, you know, mental health and expressing yourself and it, it has that stigmatism of being, you know, weak and being, you know, not believing in God and what God does for you... My aunt, who wasn't essentially a clinical, you know, you know, psychologists or anything, but she was a social worker. So, when I think about, you know, the person in the family that would get everybody together and talk about, you know, 'so and so's drinking problem, or, you know, this person is not, you know, we need to come in together and pray or even just talk about how we're going to help this person.' So, I guess, in the sense of representation, it was there, but it wasn't in that field. And I think also what that did for me, as, in my youth, and even, and

I don't think undergraduate, from my time and undergraduate, of being able to express my feelings. So, there's that influence as well to have knowing that it's okay to tell people how you feel... So, it kind of has that spiritual ground of it, but then also too just like this, this racially constructed thing. So, I think, if I would have known of somebody in my family or somebody, a friend of the family, that was actually, you know, have that title and knowing I think, at this point in my life that would, I would have had early access and recognition and exposure to it. So that maybe I would have been a different person with, you know, expressing my emotions, emotions and such. It was like give your problems to the Lord above, and you don't have to worry about going to therapy.

Joy used the term *rooted* when describing her conditioning and acceptance of cues from family and the culture, that therapy was not for her. Quincy discussed that sharing of emotions was viewed as noncompliant. He said:

Um, I'm probably going to say as a self-diagnosis, I had some mental health issues. Probably a lot of it like anxiety, nervousness, twitchiness, some of that more closed and withdrawn as a kid, partially due to my upbringing. I probably shouldn't say it out loud, because I'm at my mom's house [laughs], but partly due to my upbringing, we really didn't talk too much about issues that were happening with us. It was about getting your schoolwork done and being a complaint kid, which is seen as a good kid. One who listens to instructions, comes and does things when asked to do so. So, you don't get to reveal a lot of your true self, so I think that tended to play out when I was in school. I acted out a lot during

elementary school, started lessening up as I made it to middle school and high school. And as I become an adult, I'm starting to learn how to open up more and involve people in my life and how I think. You know, processing and feelings about things that affect my mental health.

Antonio shared a similar experience of family influence. He discussed opposing his family's position, and his choice to lean into mental health in adulthood.

Back then it was, therapy was not discussed, you know. I mean my grandmother and my mother's generation, but you know thanks to um my grandmother's generation they believed in taking things to the grave, unfortunately [laughs]. And um I had a problem with that, you know. I believe in therapeutic treatment and alliances, you know. Um, so given that climate, I um kind of had taken the other route and trust therapy and the therapy process. But um I was told um as an African American, 'Black folks don't talk about those things,' you know. And apparently there is research that shows we don't talk about those things, you know, given the previous generation.

Antonio provided a different perspective in that he was the only participant who openly shared any doubts or internal rejection of his family's perceptions of mental health therapy at a young age. When asked how his family feels about his current position as a mental health professional, he shared mixed reactions of acceptance and reluctance to change. He said:

You can't hammer Jell-O to a wall right, with a nail [laughs]. So, I think that given our upbringing on certain generations, some people have formed that behavior to

where their thought process is stuck there to where they're gonna believe whatever they want to believe, no matter how much proven research you present to them or show them it worked. But then you have on the other hand, you do have those who, who kind of like identify. Say yeah, this may hold some validity to what you're saying and they tried. But um, I think it's you know, different strokes for different folks, you know. Given the lifespan of them as well, you know. Because I have a grandmother that's in her 70s and she don't want to hear too much about it, you know.

Nicole, a fellow healthcare provider, discussed her family's avoidance of mental health issues. Her experience was unique in that she was the only medical healthcare provider and Haitian American in the study. Her background demonstrates the level of shared ideas and assumptions about mental health, experienced across people from the African Diaspora. She said:

Well, I've never actually done any therapy or mental health services. I think my only experience would be last month, when I was placed at a site at [Hospital], the psych hospital for my psych rotation...I guess my experience would be more from the provider side, and not necessarily a patient...Now I actually grew up in Haiti. So, I would say like when I was 10, I guess mental health was not a topic that was discussed. It um, even like suicide, that's not something you hear about in Haiti. But like so coming here [U.S.] that was like my first time hearing about it. It's just different. Like, we don't really talk about mental health [laughs]. We honestly never really talked about health, until somebody actually gets sick. And even

now, like even being in this country, my family does not talk about mental health. Like I actually have an aunt that's an alcoholic. And she actually is taking medication because they think she's bipolar. And my grandpa would not talk about it. Like he got mad. Like the idea of her needing mental health services, it's like he does not discuss it. So, I guess my family is very, like I don't want to think about it. They're just not open to it.

Imani and Deja shared the experiences of having mothers who did not shy away from mental health. Imani's mother took steps to decrease emotional discomfort by trusting mental health professionals to a certain extent. Imani's recollection of the experience revealed some underlining assumptions about therapy on her mom's part, that still influenced how Imani understood the need for therapy as an adult. Imani reported:

I would say my first time going to therapy, I feel like I went to therapy like early teen years. Just because I was having problems with like, being in school and adjusting to being at a new school with new people and things like that. And I think my mom has just always been very proactive in that way. So, um that was my first experience. I didn't go long, because my mom I think she was very, just like, you know 'it's not like she's suicidal or anything.' So that was that. And I don't think I ever went again until undergrad. I went once to the campus Counseling Center, um when my aunt died. And that wasn't even to receive counseling services, that was to get like an excuse not to go to class. So that was it.

Deja's perspective was distinctive in that she was raised by a mental health provider. Her experience of watching her mother practice, provided a contrast to many of the participants experiences, and served as an example of seeing representations of mental health services within the family. She said:

Um, my mom is actually, she had her own private practice. She used to be a psychotherapist. So, for me, from a young age I was in her office watching her talk to people. She dealt a lot with like children that were in foster care to like counseling them like when they went to a new family and things like that and getting them acclimated to families. So, it was very interesting seeing her do that because what I think of a therapist you just kind of think you go lay on somebody's couch. And seeing someone do that, I mean, it was just my mom. So, I'm sure like it could probably be even more in depth. And she like tries to like build a relationship with the person, especially since it was children.

Participants identified various family members and the roles they played in their early understanding of mental health services. Family members provided not only in-home examples, but implicit and explicit instruction of where to turn when participants experienced emotional concerns. In the next subtheme, participants discuss examples from the media.

What It Would Have Meant to Us

Participants recalled their earliest memories of televised representations of mental health featuring African Americans engaging in therapy. The subtheme, *What It Would Have Meant to Us*, emerged as participants discussed what it would have meant to them

and the Black community to have representations of African Americans and mental health positively portrayed on tv. Reminiscing about episodes of their favorite shows and movies, in their youth, participants suggested that the few representations that were visible contributed to their perceptions of therapists and understanding of mental health.

Imani said:

I'm just more so thinking about Molly and Nola Darling, and how, like, you know, it would have been cool seeing, like, fly Black girls going to counseling. But also, I think of both of them as a mess. So, I don't know if I would have been like 'I don't know because they are a mess. So that's [therapy] for them crazies.' You know what I mean? So, I think on one hand, it would have made it more normal to talk about because it was normal, my household, but like, there was this limit... And I think just the way I view those characters, I'm not really sure if I still would have had a positive outlook on therapy... Or even if you think about it, like on those Black sitcoms like *Living Single*, or even as we were more- because that was when we were really young. But even as we were more like preteens, there was *Half and Half*, *One on One*, like everything that's on Netflix right now. And they would have that one or two episodes where it was like a funny episode where they go see a therapist and so even with that, I definitely feel like that was contributing to the way that we viewed therapy before, because it was definitely more of like 'oh, this is a kooky situation. This is like a funny situation,' where you can laugh and where you may come off as a little insane. I think about the one

episode of *Jamie Foxx*, where it was like a twin. He had an evil twin who was also him and it was like he was in a psychiatric ward and a whole bunch of stuff. So, I think we had those. I definitely don't think they were positive. And that's why we don't remember them off the top of our heads. But I always remember that first scene when Molly was in the therapist's office.

Joy indicated:

I actually do think it would have impacted my not only knowledge of it, but just the level of comfort with it... So, there's a ton of resources out there for individuals that may not feel comfortable. Being in this physical space, or this virtual space now with everything is kind of, you know, telehealth and sense of with somebody that looks like them. So, they're like, Okay, I'm just gonna go get it and take what I need from it. And I think that's what I do. Because Oprah, you know, *SuperSoul Conversations*, that's a part of my, my weekly thing. I think I just listened to the loved one, and the seeds and you know, she pulls in all these people that she's interviewed and the little things I take away from that I take away, you know, when I'm listening to church, I just got done doing that, you know, so, like you said, there's no, there's no wrong way to do it, but at the same time, it would be very interesting to see if you know, in my teenage years of, you know, being a student athlete and having you know, that stress in school stress and family stress, if I had an opportunity to go see a therapist, would that have changed, like my trajectory of, you know, being who I am today. And yeah, and the funny thing is when I really think about, you know, individuals in this position

of representation, it's so funny, I think of an episode of *Living Single*, where Khadija went to see either a therapist and it actually was Jasmine Guy, was the character. And she went in with a wig. And she went in with her glasses on, which is literally what she [Queen Latifah] wore, in *Set It Off*. And she was like, embarrassed to go, you know, so she's putting on this, this costume because she doesn't want people to know that she's going to therapy. And it was funny when she got back, you know, Max found out and Regine. Regine was like, 'therapy is in right now.' You know, that was in the 90s, right? You know, you think of just that group of Black women. And Khadija was the one that actually went and they showed that piece. I wonder what that did for the Black community or, you know, the Black culture when they saw you know, who it was, going to therapy? I'm like, Oh, it might be okay... I remember seeing that, like years ago, and I even think for myself, because I mean, you think just what that show did for Black culture, but you know, I think we're all those shows that the messaging that was in there, it I think it kind of brought forth, it's like, oh, therapy, you know, maybe it's okay to go to because you know, you see someone that you'll never meet, you know, the celebrities, but they have this influence on, you know, a culture and society. And it's like, Okay, well, maybe it is okay, that, you know, if I'm Black, and I want to go see a therapist, and hopefully I can get a black one. But it was just it kind of opened up, you know?

Marcus said:

One movie in particular that comes to mind is, *Antwone Fisher*. That was, um, that was like one of my favorite movies of all time. That was the first time I've seen a Black person or Black male in the therapy role. The next one after that was *The Brothers*. So those were the two films where I saw one Black man as a therapist and a Black woman who was a therapist. And um, one was more serious than the other, if that makes sense. So yeah. Those two movies in particular, whether representations I saw, in film. As far as in person, I didn't have a Black therapist until I became an adult.

Deja acknowledged:

Um, hm, I'm trying to think. Is there any? I can't really think of any like Black therapist that I know of or that were known. I'm sorry. I can't remember any. The people that were in the videos, definitely, would have been like a good representation of like, a variety of like, 3 different styles or their function. So, I think those are really good representation for somebody who just didn't have so much knowledge, besides seeing my mom, about their desires, likes, or dislikes.

Omar believed:

I believe that I've seen several movies and TV shows where, where, you know, you had the people laying on a couch, the couches or whatever. You know what I mean. But it wasn't like- I don't. I don't think it was really registering, you know, what was actually happening. However, in those movies, in those shows, the therapist or counselor or psychiatrist, whoever they were, they were all White, you understand. I'm saying, so that kind of fit into that, kind of fit into, you know,

my parents' point, you know what I mean. But I definitely saw the counselor side, and I'm pretty sure that, you know, I would have probably sought out counseling sooner if there would have been more representation as a kid. And at least in the things that I was watching, and there would have been more representation of therapists, there were people of color, than I would have been more likely to engage in counseling sooner. Because it took me a while to, you know, to shake the shake those, those feelings of my parents that, you know, were instilled in me from as long as I can remember.

Quincy indicated:

And I would, I would say, for me, like, I think I was in a place that like, literally, as long as you're both willing to listen to me, actually listen to me and kind of work with me, I was more open and receptive to that, because admittedly, that wasn't happening with everybody that I talked to. So, I don't know if seeing someone who looked like me wouldn't necessarily have changed that outcome.

And I think some of that is more of a product of just kind of how just kind of how I grew up. So, while positive Black images were being reinforced, in my house, I think, I think that there, there was also some separation between that and I think like a Black psychiatrist, or psychologist or therapist, is something that would be seen as weird, you know, like, 25 years ago. So nowadays, you know, everybody, everybody is talking about mental health, like, 25 years ago, Black people in mental health don't- that doesn't even go together.

Nicole described:

[...] I think the problem with a lot of communities is that they're not aware of some of the mental illnesses. So, because of this lack of awareness, they don't really know how to address the issue. And I also think it's because sometimes they don't see it as often. And because they don't see it, they don't know how to address these issues. So, I think if those clips were shown, and they can actually see it, then that's a topic that will be more prevalent in that community... one of the shows that I think is very, I think it's really good for the community is that show Iyemma? Fix my life or something [Iyanla, Fix My Life]? Is that what she calls it? Yeah, yeah. Okay, so I think it's really a good show, because I guess Black people can actually see themselves, see somebody in therapy and kind of see some of the things that they're dealing with. And kind of understand that maybe they need to see a therapist, or maybe you know, that's not normal, or it's okay to talk to somebody about it. Um, so yeah, so I do think that shows really good right now.

Antonio said:

I mean, that's just, I think that's how behavior works. Um at first, at first modeled in the home system and in the home family dynamic. And it then is then witnessed. To identify and to be a representative, you know, for self and awareness, and that, that dynamic, if it makes sense. So, I'm thinking that, like, for example, in order to for one to learn how to tie the shoes, or to put clothes on, you know, they first have to see it, be accustomed to what they are seeing from others. So given the mental health, as in having a therapist around, having someone to um

kind of like be a mediator in a family crisis, or state for wellness, I think that would have been a different outlook in my perspective of growing up.

Participants all seemed to agree that televised representations in their upbringing would have contributed to a more open perspective in respect to mental health. Nicole and Antonio suggested that the exposure to these representations would have acted as a form of modeling mental health for Black people. Joy and Imani discussed how nice it would have been to feel like it wasn't abnormal to seek therapy. Participants' memories of televised representations exposed the scarcity of Black characters who positively engaged in mental health. Imani, Joy, and Deja mentioned Black sitcoms from the 90s that broached the topic of mental health, but usually fell short of presenting a positive interaction. Imani asserted that she felt mental health always was presented as a comical or quirky experience, unfamiliar to Black characters. Deja struggled to think of examples initially, but later commented that she felt censorship made it difficult for Black sitcoms to create a narrative that empowered certain perspectives.

Progress, But We Still Have Work to Do

Participants shared their perspectives on the current state of mental health as it applies to their own mental health and that of the African American community. Some participants identified their new interest in seeking therapy, while others pointed to specific instances where disclosure of the use of therapy was normalized. Their belief that newer representations in television contributed to a positive shift in the communities' perceptions, did not prevent them from calling out issues of accessibility and continuous stereotyping in the media.

Imani said:

I feel like it's great. I feel like it opens the conversation up... I think regardless, regardless of culture and race, I see a lot more of therapy being talked about. And it's kind of like a thing, I intern at a university here for my practicum. And something that I've noticed is the students have no problem telling each other out loud, 'hey, I got a counseling session with my counselor,' or I'll be walking and they'll be like, 'there's my counselor.' And they're very excited. And I think that's, I think that's something that's happened recently in the past five years, just amongst millennials, and also Generation Z, because that's what I'm working with, Generation Z. They're a crazy bunch [laughs]. And then I think when you add in race and culture, I definitely think that it means a lot, I definitely believe that more Black women are acknowledging that there's nothing wrong with them. And that therapy is more so of a tool, it does not mean that anything's wrong with you. And even some Black men, I've seen, you know, Black men on social media talking about therapy, and more Black couples are going to counseling. So, I definitely feel like having those examples on TV helps.

Omar indicated:

For sure, you know, I the fact that I'm, you know, in therapy, you know, individually as well as collectively. I think that it's very, it's very reinforcing, to know that, you know, and feel that, that I'm doing the right thing. You know, I mean, because, you know, whether it's true reality TV, or whether there's, you know, other shows, like all of these things are someone's reality, you know what I

mean? And so, enough people, you know, on television, you know, looking like me that are engaging in therapy, as well as being the therapist or the psychiatrist is that Uh, you know, is definitely reinforcing, you know that, you know, I'm on the right path, and I'm doing the right things to, you know, be successful in all aspects of my life... Um, yeah, I believe that. I believe that they're, they're all positive, you know, especially in the you know, especially in the video, they, you know, they're all positive. I'm trying to remember. I can't really recall, I know, there are some out there, but I can't remember any shows or like movies, currently, just drawing a blank on it, where there is Black male therapists or psychiatrists, or counselors. But, yeah, it's positive, you know, anything, you know, yeah. That it's positive. It's allowing, you know, me and people and other people like me, to know that this is possible. You can be the therapist. It's okay, if you're going in to see a therapist, you know, what I mean? So, it is, it's very, I believe, it's very beneficial. Especially for the younger generation to see that, you know, it is possible, you know, when I was a kid, you know, my parents told me, oh, you know, you could be anything you want to, you know, you want to be. However, the images that I, you know, a lot of things that I saw on television, you know, there wasn't too many, you know, Black teachers, it wasn't too many Black professionals, you know. When I was growing up on television, where I consistently seen Black people, you know, Black men, I should say, is on Sunday afternoons, or Saturday during the day, you know, Black men playing sports, you know, and so, I think is, is really important, you know, for the younger generation, to have this exposure and seeing a diverse group of professionals

playing or wearing many hats, you know, as far as you know, their roles on TV, so it's, it's very beneficial. I think it will, I think the younger generation will be well. At least, I'm hoping they will be a lot more mentally stable than the generation that have come before.

Nicole reported:

I think one of the things that the therapists did in the clips is that they kind of made me more self-aware. Because I think one of them talked about self-care and kind of just being in tune with how you feeling you know, what's going on with your life, and not so much worry about other people. So, I will say, that actually did catch my attention. Because I feel like I'm always on the run. I'm always doing things but I never take time and be like, 'hey, [identifier], how you doing? You know, are you okay? You know, like, how's your mental health?' Like, I see a lot of things daily...I never take time to actually like, just to make sure that my mental health is okay, you know. I keep going, going and going. So, I will say they caught my attention and actually thought about seeing a therapist. So, I have a lot of things I think about and also think about if I do this like long term, I will need a therapist myself. Because it's a lot like having a 12-year-old saying she was raped by her dad. It's like, damn, that's not something you want to hear every day... But then I try to find one and I can't find one! So, let's talk about these barriers [laughs]. But yeah, I did try to find one and I couldn't because I don't

think- I don't know and then I was like, forget it. And then I totally kind of like, left it alone. But that was on my to do list.

Joy said:

I think for me, personally, it makes it more comfortable, in the sense, I guess, to talk about. If I had an experience of where I would go see a therapist. So, right now I don't have a therapist, but a lot of my close friends do. And they'll openly discuss and talk about it and share their experiences. And what they talked to their therapists about. So, for me, I guess it doesn't make me feel uncomfortable, right? Because it's, I think it's like the word 'divorce,' like people, you know, talk about, you know, you just don't do it, or it's a bad word or why would you ever get a divorce? It's just like, same thing. And I think in the Black culture and community, why don't you go to therapy? You know, why- why aren't you doing that? You know, so I think for me, it just allows me to be in a space with people and be comfortable. And then, it kind of ignites to where it's like, okay, when I make a decision, if I make the decision to go see a therapist, then I'm, um, I know that I have a community surrounding me that will be supportive. So, I think that's what it ignites in me. And thinking, okay, if I decide to, even if I only go once, you know, I don't necessarily feel like I have to keep it a secret or that attachment to something's wrong with me... I do some check-ins in a sense of seeing kind of where I am and my balance of work and being a student... I've never have taken that step to reach out to a licensed clinician, therapist. And I think, as I grow and get a little bit further in my professional career, that is something I've thought

about, and I may want to do that... And I have myself, I would prefer, if I were ever moved to a therapist, I would want them to be a person of color. Either African American or someone of color, because that is the light. That's our connection. They may understand me a little bit more than somebody else, not black or brown.

Marcus said:

I think, you know, it's positive or maybe my response is different. I think, it's kind of subjective. Because for someone who's, I have a different experience because as someone who's been in it, it's different for me where I'm like, I look at that I'm like, well, that goes on in therapy rooms. So, I would say like, okay, it's a positive, it's positive because now you're showing like, you get to see like, these types of situations, or what goes on in therapy or this could happen. But the situation itself, is it- is it good or is it positive or effective or negative for that client? That's the question. But will I say, they are good representations? Yes.

Deja described:

Well, I definitely see and shows, like people are being encouraged to express our feelings. Like, I don't know, if you're familiar with the show, like, you know, they have those different ones that are trying to. Like I kind of like those shows. I like watching those because I feel like they kind of give a good representation of mental health, like, kind of making that really big a light, but like bringing forward like some situations that we have to deal with without like the stereotypes. I definitely think that a lot of shows that I watch, a lot of old shows

like *Martin*, *A Different World*, like all those shows. I watch those and I see, like even back then, how they were trying to talk about different things. But I also see what those older shows, I notice they couldn't because they were so censored. Like they really couldn't even talk about certain subjects, you know. They can't really talk about issues like that, just noticing the language of certain things. So, you know, back then it was really censored. Even then they were trying to bring forth and make people aware of different issues and like so much was censored. A lot of things are being allowed on TV that weren't before. So, we definitely have a lot more freedom to express different things.

Quincy remarked:

I think it's um, I think it's a positive thing. You know, the speaking more of um, kind of like a globalizing community, there's more acceptance, or being particular spaces that, you know, Black people weren't able to be. Before I was actually, I've been reading a lot of literature about Black space, and institutionalized colonialism and things like that, um, I would also say is somewhat dissociated for me, because I don't know, like, what that impact would mean, for me personally, I just know that like, some cousins that I have, some nieces and nephews who are younger, like having somebody that looks like them, would be very beneficial in understanding their struggles, but also instilling a sense of pride in their knowing who they are. Because I think that there, there are narratives, only somebody that looks like you can provide to you, I think that for pretty much anybody, anybody across the board. But for Black people, especially you need somebody who

sometimes will tell you, you know, what you're doing is not a product of just being born bad because somebody is telling you nature versus nurture. But it was more about seeing someone who's gonna look like you, who may understand your experiences may come from like an older school period where it definitely wasn't acceptable to showcase any sort of emotion now that in complicity what you're going to be met with some sort of age, where some sort of issue or reprimand or discipline, things like that. I think that it goes far away with children, especially. And that's kind of it since that's the perspective of kind of coming from it. It'll do well with children. Especially, maybe not all of them. And not all of the of the three. Yeah, maybe not all of them, but a little bit to everybody's appeal, but I think each one of them can get to at least one person.

Antonio said:

[...] as African Americans, we are now in our own cohort. And we're now a representation in this platform of mental health and media, given the generational pathology that we've seen historically, in the U.S. Um, nonetheless, I do see some microaggressions and some aggression there, you know. Um given that climate of, our cultural dynamics, if that makes sense. Like the aggression that I pointed out in one of the them... But that aggression, right, there was just- it let me know. I identified what I saw in, you know, what I seen amongst family dynamics around in my environment, you know, to a certain extent, to where I was just like, well, I don't know if this is professionally receptive right now in this dynamic, you know. So, um there was some pros and some cons you know... I think that

there's a misconception with that fierce attitude, you know. I think, um, I think we, I think as therapists, we have to kind of, like explore that dynamic in itself. You know, because some people think that being fierce is that 'I got to be all in your face and all,' but no, just fierce that means that you're comfortable with who you are and you are comfortable in that, you know.

Lastly, participants shared their approval of current portrayals, suggesting that depictions were heading in the right direction for the most part. Participants were happy to see a new narrative that supported Black people healing, but remained critical of some messaging.

Chapter V. Discussion

In this study, eight African American men and women shared their perceptions of contemporary portrayals of three African American female therapists on television. Their perceptions of the therapists included thoughts and feelings about each therapists' personality, approach, gestures, and even tone. Through their perceptions, participants revealed their likes and dislikes as well as characteristics needed in order to have a working therapeutic relationship. Secondly, participants detailed their experiences with mental health throughout their lifetime and early influences that shaped their perspectives. They described how perspectives of family members were initial examples of how they understood mental health issues, while early portrayals of African Americans and mental health on television created messages of abnormality within the Black community. They expressed how they felt contemporary portrayals were starting to shift the narrative of mental health within the community, yet acknowledged that there is still room for improvement.

The purpose of this chapter is to discuss the results in relation to the literature. Following the discussion of the results, implications for media portrayals and the mental

health field will be provided. Finally, suggestions of where to go next with this research will be discussed.

SBW, Matriarch, Mammy

Despite progress made through these current portrayals, controlling images were still incorporated into aspects of at least two of the African American female therapists featured in the study. From the interviews, it was noted that participants used language that aligned with the archetypes of Strong Black Woman (SBW), Matriarch, and Mammy when describing Dr. Jamison and Dr. Akopian. It can be surmised that the attempts to display a new narrative of Black womanhood and mental health prevented characters from fully embracing the controlling images. Participants' perceptions of the two suggested that the characters adopted characteristics synonymous with at least one or more of the archetypes. Dr. Pine was the exception, as participants' description of her did not fit the characteristics of any archetype.

Participants who discussed their perceptions of Dr. Pine mentioned her warm confrontation style similar to being told what they need to hear. The words loving, welcoming, and subtle were used to describe her disposition. Participants referenced her in the way of a mother figure, but not in the terms equivalent to Mammy or Matriarch. Mitchell (2018) outlined Mammy as the subservient, loyal, and de-sexualized depiction of White people's favorite grandmother. Dr. Pine was not viewed by participants as subservient or overly placating like that of the Mammy archetype, and certainly not belonging to White people.

Appendix E

The Counselor Rating Form – Short Version

Directions: We would like you to rate several aspects of the three therapists shown on television. Though all of the following aspects are desirable, therapists differ in their strengths. We are interested in knowing how you view these differences. Your responses are completely anonymous. For each aspect below, there is a seven-point scale that ranges from “Not very (1)” to “Very (7).” Please circle the number on the scale which best represents how you view the therapists. This is not a test. There are no wrong answers. The examples of ratings, below, might show that the viewer felt like therapist did not joke around much, but dressed nicely. For example:

FUNNY

Not very __1__ 2__ : __3__ : __4__ : __5__ : __6__ : __7__ : Very

WELL DRESSED

Not very __1__ : __2__ : __3__ : __4__ 5__ : __6__ : __7__ : Very

Please be sure to move to the next therapist link and scale, until you reach the end of the survey.

After you have completed the ratings, please email this form to the researcher at taylordupree@nevada.unr.edu.

Please identify for race/ethnicity:

Black / African American

Hispanic / Latino

Native American / Indigenous

Asian / Pacific Islander

Arab / Middle Eastern

White / Caucasian

Other

Please identify your gender:

Female

Male

Transgender

Non-Binary/Gender Fluid

Please indicate if your current university's classification:

HBCU

PWI

AANAPSI

HSI

Please indicate your SES (socioeconomic status):

Low

Middle

High

Please indicate your classification:

Freshman

Sophomore

Junior

Senior

Graduate

If you have viewed all three therapists and completed all scales, you are finished! Please email this document back to taylordupree@nevada.unr.edu. If you are a part of the in-person forum, please hand in your survey to the researcher. Thank you! 😊