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A PHENOMENOLOGICAL INVESTIGATION OF THE LIVED EXPERIENCES OF
AFRICAN AMERICAN ADULTS IN INDIVIDUAL MENTAL HEALTH COUNSELING

by

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A dissertation submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy
in the Department of Child, Family, and Community Sciences
in the College of Education and Human Performance
at the University of Central Florida
Orlando, Florida

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2015

Major Professor: David N. Boote

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ABSTRACT

Background: African Americans continue to access non-emergency mental health care at a lower rate than White Americans, despite having equal risk for mental health issues. Currently, literature in counseling focuses on this deficit and why African Americans do not attend counseling, as opposed to those African Americans who do choose to go into counseling.

Purpose: The purpose of this study is to investigate the lived experiences of African American adults who have engaged in mental health counseling. This study also seeks to add a counter-narrative to the current counseling literature by focusing on the experiences of African Americans who engage in counseling as opposed to those who do not.

Setting: Participants were recruited from two counseling clinics in the Orlando, FL area and through snowballing by asking participants and other mental health community partners and professors.

Subjects: Six African American women were selected to be in this study based on the inclusion criterion of: (a) self-identify as African American or Black, (b) are over the age of 18 and (c) currently participate in outpatient, individual mental health counseling and have completed at least three counseling sessions.

Research Design: A heuristic phenomenological research design was used to answer the research questions for this study.

Data Collection and Analysis: Data for this study were collected through audio recorded face-to-face interviews, a demographics questionnaire and researcher field notes. The interviews were transcribed and hand coded for emergent themes.

Findings: This study found that the participants approached counseling as a result of going through a personally traumatic event. All participants experienced some level of stigma toward counseling from family and friends, due to do something that is considered counter-culture or from fear of being labeled. Study participants also noted that one of the most important aspects that they looked for in a counselor was professionalism. Lastly, through the experience of attending counseling study participants found that counseling helped them to find a level of acceptance for their own perceived flaws and the perceived flaws in other people.

Conclusions: This study provides a counter-narrative that can inform counselors and counselor educators about the experience African Americans have while being in counseling. This counter-narrative demonstrates that African Americans who engage in counseling still deal with some of the stigmas that non-attendees deal with but that counseling can provide a place where they gain acceptance and coping skills for dealing with traumatic events in their lives.

For Momma and Pauline

Here's to strong women.

May we know them.

May we be them.

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LIST OF ACRONYMS/ABBREVIATIONS

CAPS – Counseling and Psychological Services at the University of Central Florida

CCRC – Community Counseling and Research Center

CRT – Critical Race Theory

UCF – University of Central Florida

CHAPTER ONE: INTRODUCTION

Introduction

African Americans are a diverse group of people and there is “no one description that can accommodate their various identities, behavior and perceptions” (Harley & Dillard, 2005, p. 149). However, even with their diversity and differences, African Americans do have some shared history, culture, and experiences. These shared experiences allow researchers to explore specific phenomena and gain a greater understanding of how to interact and serve diverse populations in their respective fields of study. The field of counseling is no exception. The experiences of African Americans in counseling remains a phenomenon that has been underrepresented in the academic literature and one that has been buried in a sea of majority driven narratives that highlight the multiple reasons African Americans cannot, do not, and should not receive mental health care services.

Statement of the Problem

Researching and understanding the experiences of clients in counseling has been a growing area of research in recent years. Counselor educators have emphasized the importance of understanding what therapy looks like through the eyes of clients (McLeod, 2001). This understanding is hypothesized to help counselors to better understand clients, discover more effective counseling interventions, and increase clinician world view and awareness. Through this understanding, counselors are also made aware of areas that may not come up during the usual counseling conversation such as client’s dissatisfaction or avoidance (Elliot, 2008).

As the body of knowledge focusing on client perceptions of counseling grows, one area that is still considerably lacking in mental health literature is the voice of African American experiences in mental health counseling (Ward, 2005). African American and other minority populations continue to be underserved in mental health systems. In fact, one in every three African Americans who needs mental health care actually receives it (American Psychiatric Association, 2012). African Americans tend to delay seeking outpatient mental health services which in turn leads to higher rates of acute emergency care, which in turn create higher medical costs (Ward, 2005). As counselors and researchers seek to find more effective interventions to help African American clients decrease their use of emergency services and utilize mental health services earlier, counselors first must understand their thoughts, motivations and feelings that have made this trend the norm. Masters level counseling programs offer multicultural classes that teach counselors how to work with African American clients, however, the information available in these classes may be based on outdated research and stereotypes. Counselors and counseling students should be aware of and competent to work with clients of diverse cultural and ethnic backgrounds. The literature available to these counselors and counseling students that reflects the current state of African American clients is part of that awareness.

The Surgeon General's Report: Mental Health Culture, Race, Ethnicity (2001) noted that there is an increased need for mental health care services in African American communities (APA, n.d.). African Americans are at equal risk for mental illness as their White counterparts, yet African Americans receive substantially less treatment for their mental illnesses (American Psychiatric Association, 2012). There have been several studies that support the fact that African Americans and Blacks have lower rates of utilization and therefore are less likely to visit mental

health clinics (Nickerson, Helms & Terrell, 1994). Notably, African Americans and Blacks hold more negative views of mental illness and mental health treatment than their Caucasian and White counterparts (Alvidrez, Snowden, & Kaiser, 2010). This lack of mental health care utilization can have long term and long lasting consequences. Historically, African Americans tend to delay seeking outpatient mental health services which in turn leads to higher rates of acute emergency care, and higher medical costs, which continues to perpetuate the negative attitudes toward mental health care. (Alvidrez et al., 2010; Ward, 2005). African Americans engage in mental health services at a significantly lower rate than their White counterparts and are half as likely to seek out mental health services for issues such as depression as Whites (APA, 2012). The issue of reducing mental health disparities among racial minorities has been a research initiative for the National Institutes of Health (NIH) and the National Institute of Mental Health (NIMH) for many years but was promoted to the NIMH's Strategic Plan in 2001 (NIMH, 2001).

The need to reduce the disparities in mental health counseling for African Americans has created a call to action for counselors and counselor educators. As counselors and researchers seek to find more effective interventions to help African American clients decrease their use of emergency services and utilize mental health services earlier, counselors first must understand the thoughts, motivations and feelings that African Americans have toward mental health that have made this negative trend the norm. The understanding of client experiences is hypothesized to help counselors to better understand clients, discover more effective counseling interventions, and increase clinician world view and awareness (McLeod, 2001). As the body of knowledge focusing on client perceptions of counseling grows, one area that is still considerably lacking in

mental health literature is the voice of African American experiences in mental health counseling (Ward, 2005).

Purpose of Study

Although numerous studies in psychology and marriage and family therapy have identified the reasons that African Americans have reported for not going into counseling, little analytic attention has been paid to those African Americans who have chosen to utilize non-emergency counseling services. Most current literature specific to African American experiences in mental health counseling is theoretical and lacks empirical evidence to support claims. In response to these gaps in the literature, the purpose of this study is to investigate the lived experiences of African American mental health clients and the meanings they make of those experiences. The study also seeks to contribute to the current counseling literature by providing a counter-narrative, which highlights African Americans who have chosen to go to counseling, as opposed to those African Americans who have chosen not to. This study analyzed statements from current mental health clients in regard to their experiences.

Theoretical Underpinnings

The theoretical underpinnings and review of the literature of this study are largely influenced by Critical Race Theory (CRT). The role of CRT is to serve as a guide to the design of the study, rather than the traditional role of theory as the mechanism for which the study results are analyzed. Consistent with phenomenology, the research design of this study, CRT is being used to frame the lens by which the study was conceptualized and developed, rather than the actual analysis of the data.

CRT is a theory that was born from Critical Legal Studies; which is an examination of society and culture, through the lens of the intersection of race, power and law (Ladson-Billings, 1998; Gordon, 2011). CRT argues that racism is engrained in the fabric of American society and that racism exists institutionally and is part of the dominant culture of society at large (Delgado, 2013). CRT helps the researcher to look at the literature with a critical eye and ask the question whether the information being presented is what it is at face value or if deeper institutional barriers (i.e. racism or prejudice) have created an environment where expectations are different (Delgado, 2013). CRT is not a traditional theory found in the education of counselors; however, its tenants have been applied to racial issues in the field. CRT found its way into educational studies in an attempt to explain the inequalities in educational curriculums that were based on the needs and voices of Whites (Ladson-Billings, 1998).

Daniel Solórzano (as cited by Yosso, 2005) noted that there are five tenants of CRT that should be utilized when developing educational related theory, research and pedagogy: (1) the intercentricity of race and racism; (2) the challenge to dominant ideology; (3) the commitment to social justice; (4) the centrality of experiential knowledge; and (5) the utilization of interdisciplinary approaches (p. 73). In regard to working with African American clients, counseling students are trained to see race as a construct, be vigilant in their commitment to social justice, seek knowledge through experiential learning and utilize counseling theories and techniques that are congruent with the needs of clients (CACREP, 2009; West, J. D., Bubenzer, D. L., Cox, J. A. & McGlothlin, J. M, 2013). However, when looking at the five tenants of CRT that Solórzano has proposed, the one that counselors have neglected is the challenge to dominant ideology. In response to that challenge, this study seeks to gain an understanding of a minority

group in counseling and to understand their experiences in an institution that is traditionally associated with dominant culture and society. For this reason, the literature review will focus on the stigmas, histories, and intuitions that encapsulate the experiences of African Americans in relation to mental health.

A secondary focus of this study is to provide counter-narratives to those that are currently being presented in the literature about African Americans and mental health and to explore the lived experiences and meaning making of those experiences of adult African Americans who have engaged in individual mental health counseling.

Research Questions

This study has been developed to answer two central research questions: (a) What are the lived experiences of African American adults who engage in individual mental health counseling? and (b) What meanings do these participants make of their experience in individual mental health counseling?

Design of the Study

This study utilized a heuristic phenomenological research design to answer the research questions. In this study, I interviewed six African American female mental health clients in a face-to-face format and collected a total of 11 interviews. The transcripts of the interviews, a demographics survey and researcher field notes were used to identify participants experiences and associated meanings related to mental health counseling. I grouped the experiences and meanings in to larger clusters in order to answer my two research questions. Additionally, I provided a statement of positionality and bracketing interview to highlight my own experiences

and meanings associated with my status as a mental health counseling client and professional counselor.

Assumptions of the Study

This study assumed that the six participants who agreed to participate in this study would be comfortable expressing their thoughts, feelings, and opinions in a face-to-face interview. This assumption was due to the nature of the interviews being similar to that which the participants would have experienced during their sessions with their counselors. This study also assumes that participants identify as African American when agreeing to participate in the study. Since there is no test or assessment to verify one's racial or ethnic identity, I will assume that participants are of Black or African American decent.

Organization of the Study

The literature review presented in this study is to inform readers of the general topics associated with African American experiences in mental health counseling. The current review of the literature will explore the relevancy and need for counter-narratives in the counseling literature, the history of African Americans and the mental health system in the United States. It will also explore the general cultural attitudes of African Americans toward mental health, the role of the Black Church as it pertains to the mental health care of African Americans, mental health services education, accessibility and utilization of African Americans, and the counselor-client match in mental health counseling with African Americans.

The methodology section will address the research design and rationale, the sampling procedures, the data collection and the data analysis and validity of the findings. The findings

section of this study will present information about the study participants, their demographics, and their experiences in mental health counseling. It will also discuss the meanings these participants made of their experiences in mental health counseling. Finally, the discussion section of this study will discuss the findings of the study and how those findings inform both counselor education and clinical practice. I will also discuss the limitations of the study, future research and provide my personal comments on my own experiences conducting this study.

CHAPTER TWO: LITERATURE REVIEW

Introduction

This chapter reviews and critiques the research and scholarship that relates to the experiences of African Americans and mental health in the United States. Although previous reviews on the topic of African Americans in counseling have examined African Americans who have not received counseling services, these reviews did not look at those African Americans who have decided to seek out mental health services. As such, this literature review provides additional insight into the history and cultural influences that have influenced the experience of being African American and engaging in mental health counseling as a client.

This review analyzes the history of African Americans and mental health; the influence of the Black Church, mental health services education, utilization, and access; and the counseling relationship. In addition, although numerous studies in counseling and psychology have identified the reasons that African Americans have cited for not going into counseling however, little analytic attention has been paid to those African Americans who have chosen to utilize non-emergency counseling services. Lastly, this chapter introduces the concept of counter narratives and emphasizes the need for counter narratives in the current mental health literature as it pertains to African Americans.

Search Strategy

The strategy utilized in searching for and identifying relevant scholarship for inclusion in this literature review was designed be as exhaustive as possible while still maintaining a focus on the topic being studied. Therefore, the goal of this literature review is not only to gather all

relevant information available that speaks to the experiences of African Americans but also to synthesize it in order to develop an appropriate and rigorous study. This search utilized both manual and automated searches of the literature. The main resource used for this literature review was the physical and electronic library sources available at the University of Central Florida. Due to the focus of this study being the experiences of African American in mental health counseling, databases that contain North American academic journals were used. Manual searches were also conducted to identify article that may not have come up in the automated search as well as any additional references such as books and websites. Exclusions criteria for academic sources identified included resources that were: (a) not available in English, (b) contained sources that could not be verified, (c) sources that were not available or accessible through the University of Central Florida libraries or personal membership in academic associations (e.g., American Educational Research Association and American Counseling Association). Remaining resources were reviewed, synthesized, and grouped according to a central theme or concept.

Research as a Counter-narrative

Counter-narratives, are narratives that disagree with and are contrary to the master narrative. Counter narratives deconstruct master narratives and offer a different point of view than what is typically presented in academic literature (Stanley, 2007). Master narratives, scripts that have been used to specify, control and shape how social processes are carried out and policies are developed, have long dominated educational literature (Stanley, 2007). While these master narratives have been hailed as the hallmarks of enlightenment and are used to universalize

and support dominant groups and cultures, they do not come without problems. Master narratives are created by dominant culture, which in academia consists of White males, and limits who and what is valued as a scholarship within academia (Stanley, 2007). This limitation leaves out marginalized and minority groups such as women and people of color (Stanley, 2007). While multicultural awareness has increased over the years, there continues to be a deficit in research regarding racial and ethnic minorities and counseling services (Kearney, Draper, & Baron, 2005). The response to these problems has been for educational researchers to provide counter-narratives in the academic literature. This study also seeks to add another counter-narrative to the counseling literature focused on counseling with African Americans.

An example of one of these counter narratives in regard to the experiences of African American experiences in counseling was presented by Hall and Sandburg. Hall and Sandburg (2012) conducted a qualitative study in which they explored the experiences of adult African Americans who overcame barriers to engage in marriage and family therapy. This study focused on the experiences of the participants in their pursuit of therapy and what influenced their success in this endeavor, rather than the reasons for their failures. The larger themes that emerged from the study that addressed how African American participants were able to overcome barriers to engagement include: (a) family and friends, (b) stigma, (c) accessibility, and (d) confidentiality (Hall & Sandberg, 2012). Each of these themes contained subthemes such as supportive vs. non-supportive influences and access and affordability of services. Contrary to the study being proposed, the study by Hall and Sandburg focused only on clients who were pursuing marriage, couple, or family therapy and participants were recruited from one university clinic. This difference is significant in that clients who attend marriage, couple or family therapy

are not attending individual counseling and may be motivated or influenced to attend counseling sessions for and with significant others.

A History of Distrust

The story of African Americans and their experiences in counseling starts with a checkered and distrustful history. There are many factors that may influence a person's attitudes toward seeking health care, and one of those factors is history (Diala et al., 2001). History has cultivated and encouraged the cultural attitudes that many African Americans have expressed toward mental health services. Many African Americans are still affected by the historical repercussions of American slavery, segregation, and racism (Chandler, 2008). These historical experiences are often cited by African-Americans and clinical researchers as explanations for why there is an increase disparity of both mental and physical health services (Ward, 2005). The verbal sharing of experiences and historical events are a time honored tradition among African Americans. The history of healthcare and African Americans has inspired many stories and even more fears about system that is supposed to help them.

Storytelling and Mental Health

Stories are a part of all cultures and societies. Stories are vehicle for sharing and preserving common themes and characteristics of a culture and passing those on to future generation (Banks-Wallace, 2002). Storytelling is one of the most important traditions in African American culture and is how history, customs, themes and language are passed on over time (Banks-Wallace, 2002). Over 25 years since being exposed in the public media, the Tuskegee Syphilis Experiment has been solidified in the minds of many as the quintessential

example of how scientific, medical and clinical communities as objects for abuse and neglect African Americans (Suite, La Bril, Primm, & Harrison-Ross, 2007). A lessor known story that has many of the same elements of the Tuskegee Syphilis Experiment that has recently come to the attention of African Americans is the story of Henrietta Lacks. Henrietta Lacks was an African American woman whose cancerous cells were harvested and sold for profit without the consent or knowledge of her or her family is another example of how the medical community has previously viewed African Americans as lessor consumers (Skloot, 2010). The heinous nature of the Tuskegee Experiment, the experiences of Henrietta Lacks and other lesser known medical experiments that were detrimental to African Americans have made trusting any health related institution difficult for older African Americans and younger generations who have been exposed to the stories (Chandler, 2008). The argument could be made that many of the incidents that have negatively affected African Americans have been within the medical community and not specific to counseling and mental health. However, there is significant research that discusses the link between mental and physical well-being (APA, 2012).

Stigma and Beliefs

As previously discussed in this chapter, beliefs and stigma play a large role in the experiences of African Americans and mental health. The topic of stigma has been discussed heavily in the counseling literature and how stigma affects the likelihood of people engaging in counter-culture, or social taboo behaviors. Stigma is a barrier that is widely discussed in counseling and psychology literature as a reason many African Americans still do not engage in mental health services. As previously discussed, mental health and physical health are closely

related and often when a person experiences decompensation in one area, they often experience it in the other as well. For many African Americans, the two areas are synonymous and therefore the grievances in mental health and medical services are often shared. Many African Americans have noted that they get their opinions and feelings toward mental and medical services from their family and immediate community. Historical injustices toward African Americans such as the Tuskegee Syphilis Experiment and the Henrietta Lacks cell issues are often thought of as reasons why African Americans might experience a high level of mistrust towards medical professionals. Often these stigmas come from a place of miseducation such as the belief that mental health practitioners are attempting to “shrink” their brains or tell clients what they should do with their lives without the consultation of the client.

Kranke, Guada, Kranke, & Floersch (2012) completed a study on adolescent African American youths with mental illness and their feelings about using psychiatric medication and the origins of stigma about using these medications. Research participants were recruited from local community health agencies and an alternative high school. There were 11 female and 6 male participants. The average age of the participants was shy of 14 years old ($M = 13.76$; $SD = 1.79$). The Teen Subjective Experience of Medication Interview (TeenSEMI), was used to gather narrative data from participants. The TeenSEMI is a modification of another instrument that is used to gather stigma and medication data from people who have been diagnosed with schizophrenia. Themes were pulled from the data collected from the TeenSEMI and coded. The authors identified the following themes: (a) Family Beliefs, (b) Cultural Beliefs, (c)Autonomy/Self-Reliance, (d) Media Messages, (e) Images/Peer Perceptions, and (f) Faith Beliefs.(Kranke et al., 2012). Some of the study participants stated that they would attempt to

forgo their medications because they had grown up learning that if they could not deal with their issues without medication they were weak (Kranke et al., 2012). This qualitative study found themes that were consistent with the current literature on African Americans and their utilization of mental health services; however due to the research design these results cannot be generalized to the population.

While there are several issues related to the problem of African Americans who do not engage in counseling services, there are some positives being reported in the literature in regard to those who do. Psychologist Elise Ward (2005) conducted a study of African American clients in a community counseling clinic and found that the clients reported increased life satisfaction and decreased symptoms of distress. Studies focusing on the experiences of African Americans are largely missing in the current counselor education literature. The few studies that have been conducted on the focus of African Americans in counseling have been done in psychology and marriage and family therapy. As the counseling profession starts to focus on the mission and goals of the 20/20 vision, one of the areas that have been given significant interest is the increase in multicultural competence in counseling. In recent years, there has been an increased push toward more empirical research in counselor education; much of this focus has been on producing more quantitative studies. The focus of looking at the experiences of African Americans in counseling is relatively new and should first be looked at through a qualitative lens. Counselor educators need to understand what this phenomena is, what it is like for African Americans to engage in counseling, an activity that on its surface seems counter-culture.

The Black Church

Few institutes have been as influential and integral to the history and culture of African Americans as the Black Church. The Black Church is a term that refers to churches whose ministers and congregations are made up of primarily Black and African American membership (Sutton, 1992). The oldest independent African American denomination is the African Methodist Episcopal (AME) church which was founded in 1787, with many other denominations, such as the African Baptist Church, being founded in the late 1700 to mid-1800s (First African Baptist Church, 2011; Sutton, 1992). There has been increased interest in the significance of the role and importance of the Black Church in regards to the mental health of African Americans (Plunkett, 2014). Previous research has provided detail into the therapeutic benefits of religion and religious affiliation in the Black community however, there remains a call for more complex and in-depth look at the Black church, its complexities, and its role as a social institution (Thompson & McRae, 2001). The traditional role of the Black church has been to provide a place of spiritual revival and social gathering. In a society where African Americans have traditionally been discriminated against and placed on the outside of society, the Black church has given its members a place of belonging and “with-ness” (Thompson & McRae, 2001). Due to this comforting presence, place of gathering and home of spiritual awakening, the Black church has also traditionally been viewed as a place where African Americans can go to deal with their mental health issues.

Thompson and McRae (2001) completed a qualitative study that investigated “the need for belonging as a possible source or well-spring of the therapeutic effect of the Black church” through the use of focus groups with black church congregation members. The researchers used

seven focus groups from churches in the New York Metropolitan area with congregational memberships of 99% Black (persons who self-identify as being of African descent). Focus groups consisted of 5 to 17 members. Audio recorded tapes were transcribed and coded for themes. The following themes were noted in the transcripts: (a) Church as a Place of Belonging, (b) Church as a Place of Shared Positive Affect, (c) Church as a Place for Thinking About the Self in Relation to Others, and (d) Church as a Place for Goals and Goal-Directed Activity on Behalf of the Group. Each of the themes focused on the importance of gathering and belonging as a function of the Black church (Thompson & McRae, 2001). These themes speak to importance of having a place to gather for the congregation members who participated in the study. This emphasis on the importance of gathering also speaks to the level of comfort and security the Black church provided African Americans. Part of this comfort is rooted in the leadership of the Black church, the clergy.

Clergy, as the primary leadership of many Black churches, have fulfilled this traditional role as counselors and therapists to their congregations (Stansbury, Harley, King, Nelson, & Speight, 2010). Stansbury and colleagues completed a qualitative study, utilizing a grounded theory approach, of 18 African American clergy and their beliefs and attitudes toward pastoral care and pastoral counseling. Each participant interview lasted between 1.5 to 6 hours and were audiotaped. The ages of the sample ranged from 36 to 68 years ($M = 51$) and all participants were male (Stansbury et. al., 2010). The findings of the study noted two major themes: (1) *Shepherding the Flock* and (2) *Distinguishable Concepts with Different Meanings and Functions*. The first theme, *Shepherding the Flock*, characterizes responses that the participants made in regard that pastoral care was perceived as the single most important duty of a minister. These

clergy members likened their roles to those of shepherds and their clergy as sheep and that it was the duty of the clergy to lead the congregation toward spiritual and religious guidance. The second theme, Distinguishable Concepts with Different Meanings and Functions, was derived from the majority (16 out of 18) of the study participants agreed that pastoral care and pastoral counseling were different concepts. Pastoral care was seen as giving spiritual nurturing and pastoral counseling was seen as something deeper. Clergy members also expressed that there was some apprehensions about the lack of training ministers receive to be able to provide pastoral counseling. This study's findings revealed that while many African Americans turn to the Black church and its clergy for mental health care and support, several ministers did not feel that they were qualified to provide pastoral "counseling " but that they could provide pastoral "care" which entails more an understanding of religious doctrine as opposed to the mechanisms of counseling and therapy. A significant limitation to this study is the lack of diversity in its participants. This study had all male participants. While a majority of clergy members are male and majority of church congregation members are female, the voice of the experiences of a female minister would have added to the validity of the study's findings (Sutton, 1992). This study highlights that while church clergy may be aware that they are not trained in mental health counseling techniques, that their congregations may not necessarily understand the difference between pastoral care and pastoral counseling. The study did not address whether or not these clergy members referred their members to mental health counselor who required more intensive help.

Mental Health Services Access, Education, and Utilization

The U.S. Census Bureau (as cited by the American Psychological Association) states that in 2001 it was found that almost 25% of African Americans were uninsured and therefore more likely to use emergency and/or primary care specialists for mental health issues. In 2005, African Americans were 7.3 times as likely to live in high poverty neighborhoods with limited to no access to mental health services as compared to their White counterparts. (American Psychological Association, 2012). While some African Americans have noted that they have a general mistrust of the medical system, it seems from these statistics that those who do not share a fear of the system may not be receiving services due to lack of access.

There are several suggestions in the literature as to why African Americans do not engage in mental health services. Some of the reasons noted include: (a) lack of financial resources, (b) lack of access to services, (c) institutional barriers, (d) personal stigma and (d) social stigma (Alvidrez et al., 2010). African Americans in the United States have had a long history of financial hardship and lower access to resources. African Americans are also more likely to make lower salaries on their jobs than their White counterparts, when controlling for equal education and experience (Schwartz & Feisthamel, 2009).

Mental Health Services Access and Utilization

Another aspect of the mental health experience of African Americans is their ability to access the services that they need. Mental health services underutilization is often cited as the result of the combination of service availability and stigma (Fabian & Edwards, 2005). The topic access and utilization can be seen from two vantage points: the reasons why African Americans

underutilize mental health services and what type of services they utilize when they do make the choice to access them.

As previously noted, stigma and beliefs are major components of why many African Americans have chosen not to access or use mental health resources in their communities. African Americans who do decide to utilize mental health services often disproportionately use community mental health programs or emergency rooms rather than specialized, outpatient mental health (Fabian & Edwards, 2005). Kearney et. al. looked at a sample of 1,166 college students who were receiving mental health counseling from a college counseling clinic to understand client utilization rates and client levels of distress at intake and termination (2005). The study found that African American and Asian American students attended significantly less counseling sessions than White Americans (Kearney et al, 2005). However, Latinos attended the fewest number of sessions of all racial and ethnic groups who attended services at the clinic (Kearney et al, 2005).

African Americans are at equal risk for mental illness as their White counterparts, yet African Americans receive substantially less treatment for their mental illnesses (American Psychiatric Association, 2012). In fact, one in every three African Americans who needs mental health care actually receives it (American Psychiatric Association, 2012). There have been several studies that support the fact that African Americans and Blacks have lower rates of utilization and therefore are less likely to visit mental health clinics (Nickerson, Helms & Terrell, 1994). Notably, African Americans and Blacks hold more negative views of mental illness and mental health treatment than their Caucasian and White counterparts (Alvidrez, Snowden, & Kaiser, 2010). This lack of mental health care utilization can have long term and long lasting

consequences. Historically, African Americans tend to delay seeking outpatient mental health services which in turn leads to higher rates of acute emergency care, and higher medical costs, which continues to perpetuate the negative attitudes toward mental health care. (Alvidrez et al., 2010; Ward, 2005). African Americans engage in mental health services at a significantly lower rate than their White counterparts and are half as likely to seek out mental health services for issues such as depression as Whites (APA, 2012). The issue of reducing mental health disparities among racial minorities has been a research initiative for the National Institutes of Health (NIH) and the National Institute of Mental Health (NIMH) for many years but was promoted to the NIMH's Strategic Plan in 2001 (NIMH, 2001).

African Americans are more likely to suffer from long term chronic illnesses such as diabetes, obesity and cancer (AMA, 2012). Without constant and continued care, these illnesses will get worse with time, decreasing functionality and ability to work as well as overall quality of life. The decrease in functionality often comes with co-morbidities of anxiety and depression (Baker, 2001). With continuous medical care, medical professionals can identify mental health issues and needs earlier and refer the client in a timelier manner. The American Psychological Association (2008) estimates that nearly 50% of all African Americans who require mental health services to continue to lead productive and healthy lives do not seek and/or receive the necessary services. Of those African Americans who do engage in mental health counseling, nearly a third waits until they require emergency services including being involuntarily committed for suicidal ideation and attempts (APA, 2008). African Americans are also more likely to report not being compliant with prescribed psychopharmacological medications (Kranke, Guada, Kranke, & Floersch, 2012). This lack of compliance in medications can affect

the level of progress that mental health clients would experience when medication management is combined with talk therapy with a mental health counselor.

One of the main barriers to obtaining mental health services is the lack of access to mental health insurance. The average cost to see a counselor or psychotherapist is about \$80.00 an hour (APA, 2013). Usually American workers obtain their mental health coverage through their employers. Having health insurance through a place of employment is typically a privilege reserved for those employees who are paid a salary. African Americans overwhelmingly occupy jobs that pay hourly wages and therefore do not qualify for health or mental health insurance (Chandler, 2010). In 2002, African American men were more than twice as likely than White men to work in service industry jobs and African American women were less likely to be in managerial positions than White women (Dillard, 2005). Notably, 27% of African American families had combined earned incomes over \$75,000 as compared to 40% of White families (Dillard, 2005). The answer to this issue has been attempted to be answered by non-profits and universities that have opened free or reduced cost clinics, however, these clinics tend to have their own barriers for would-be clients. One issue is that many of these clinics do not have the resources to keep up with the demand. Many are riddled with long wait lists, few practitioners to see the number of clients, small spaces and limited budgets (Ward, 2005). Another issue that may be a barrier for would-be clients is the location of the clinic. Many African Americans who have limited financial resources often use public transportation and these buses and subways may not go in the area where the clinic exists. Also, due to the dynamic schedule of wage jobs, clients may not be able to commit to a specific day every week for counseling. The ability to have steady work schedules and great financial resources is often tied to one variable: education.

However, access to the educational resources needed to make this shift can prove to be a unique set of problems as well.

Mental Health Services Education

Education of African Americans is directly related to higher socioeconomic status, physical and mental health and overall increased quality of life. The current primary and secondary educational systems do not provide education on the importance of mental health services nor does it attempt to dispel myths about mental health. African American students are less likely to be identified by school counselors for issues such as abuse or depression, however, they are more likely to be identified for conduct problems and given in school or out of school suspension. African Americans, in particular African American males, receive high school diplomas at a lower rate than their White counterparts and therefore are less likely to attend college and enter the workforce in salary paying positions (Dillard, 2005). Without access to the insurance and financial resources that come with salary and higher paying jobs, African Americans are likely to not receive medical services or wait until the medical necessity is an emergency.

Client-Counselor Relationship

There is something to be said for the role of counselor preference with African American mental health clients. Atkinson, Furlong and Poston (1986) note that African American clients find value in counselors that share their same cultural and racial background. American Psychological Association notes that in the 2001 U.S. Surgeon General's Report, African Americans only accounted for 2% of all psychologists in America (n.d.). In fact, mental health

counselors are more likely to come from a White, middle class background (Wade & Bernstein, 1991). Literature indicates that African American clients have a preference to be seen by Black or African American counselors (Ward, 2005). Would-be clients may be discouraged by the lack of Black and African American clinicians and decide to not seek treatment or delay treatment until it becomes an emergency issue. A study by Wade and Bernstein (1991) noted that African American women's perceptions of their counselors have been made as early as the first session. The likelihood for these clients to make early decisions about the effectiveness of their counselors could mean that counselors only have one opportunity to make a positive impression.

Conclusion

In this chapter, I presented literature that focuses on the experiences of African Americans in the mental health care system. I explored some of the origins for some of the negative responses toward receiving mental health care such as historical events that were detrimental to African Americans and traditional folklore where these negative stereotypes have been passed through the generations. I talked about the role of the Black Church and how its presence has been a source for mental health care for many who are not comfortable seeing secular counselors and therapists. I also discussed issues facing African Americans and mental health such as the ability to learn, access, and use the mental health resources that are currently available. This literature review served as the foundation for the study methodology that is outlined in the chapter three.

CHAPTER THREE: METHODOLOGY

Introduction

Qualitative research is the combination of natural inquiry, general assumptions, and a specific outlook on the world as a researcher attempts to answer questions that are central to the human experience (Creswell, 2007). Therefore, the development of a qualitative research study should remain close to these roots, while still maintaining the rigor with which all research should be grounded. The purpose of this chapter is to discuss and describe the methodology that was used in creating and conducting this research study. This study utilized a heuristic phenomenological research design.

This chapter will present the purpose of this study, the research questions being investigated and answered by this study, the research design, the sample under investigation, the data collection process, and data analysis procedures.

Purpose of the Study

The purpose of this study is to understand the lived experiences of African American adults who had engaged in mental health counseling as clients.

Research Questions

The research question is central to the research study. It guides the researcher's focus for the study and can be used to explore, explain, or describe the subject or phenomena that are being investigated (Creswell, 2007). The research questions for this study was developed to

follow the purpose and tradition of phenomenological studies. Phenomenological studies are conducted to answer a question of personal interest to the researcher, to understand an experience and the meaning behind the experience (Creswell, 2007; Moustakas, 1994). The following research questions were created to fulfill the mission of a phenomenological study. This study investigated the following research questions:

- (a) What are the lived experiences of African American adults who engage in individual mental health counseling?
- (b) What meanings do these participants make of their experience in individual mental health counseling?

Research Design

This study employed a qualitative research design, specifically phenomenology, as outlined and described by Van Manen (1990), Moustakas (1994), and Creswell (2007). Utilizing a research tradition that is congruent with the purpose of the research, as well as the orientation of the researcher, makes for a trustworthy and thorough study, which was a primary objective in creating this study design (Hays & Wood, 2011). The goal of this study was to understand the experiences of African American mental health clients and the meaning of those experiences. As the researcher, I felt that it was important to implement a research design that would allow me to gain an in depth understanding of my participants' experience, while also emphasizing how my own experiences as a counselor and mental health client can help to further explore and explain this phenomenon.

Background of the Methodology

Phenomenological studies describe the lived experiences of several individuals who share a similar concept or phenomenon (Creswell, 2007; Patton, 2015). Phenomenological research seeks to take these individual experiences and reduce them into their essence, or the “nature” of the shared experience (Creswell, 2007). Phenomenology is a popular methodology in health and social sciences and has a strong philosophical component to its structure (Creswell, 2007). The study of the lived experiences of people requires a conscious understanding of people and their experiences. Phenomenological research is especially congruent with counseling because counseling researchers have been trained to find the meaning in clients’ stories, lived experiences and perspectives (Hays & Wood, 2011).

Phenomenology has within it four philosophical perspectives. The first is what is described as a “return to the traditional tasks of philosophy” (Creswell, 2007). This perspective describes the original tradition of philosophy, prior to the advent and application of “scientism”, or exploration of the world through empirical methods (Creswell, 2007). This return to the traditional task of philosophy calls on phenomenological researchers to look beyond numerically based research methods to explore phenomena in the world. The second philosophical perspective of phenomenological research is a “philosophy without presuppositions”. This perspective of philosophy without presuppositions describes the act of suspending judgments that have not been supported or founded through a thorough investigation (Creswell, 2007). German mathematician Edmund Husserl (1859-1938), whose writings have greatly influenced the philosophical underpinnings of phenomenology, described the suspension of unfounded judgment as “epoche” (Creswell, 2007). The third philosophical perspective of

phenomenological research is “intentionality of consciousness” which describes the idea that the reality and existence of an object is tied to one’s consciousness of said object. Lastly, the fourth philosophical perspective of phenomenological research is the “refusal of the subject-object dichotomy.” This perspective characterizes the idea that an object is only perceived through the meaning and experiences of an individual (Creswell, 2007). Each of these philosophical perspectives make up the whole of phenomenological research and help to guide the researcher to a fuller understanding the lived experiences of the research participants.

Rationale for Research Design

The exploration of the experiences of African American adults in individual mental health is a relatively new phenomenon in the mental health counseling literature, as discussed in the previous chapter. Creswell (2007) notes that when looking to identify a research methodology for a newer phenomenon, a qualitative method should be utilized to explore and gain an understanding of the experiences of the participants and the larger population being studied and affected by the research. However, qualitative research provides us with much more than the basis for future quantitative studies. Qualitative research provides a more detailed and thick-rich description of the data that cannot be accomplished through the use of quantitative methodologies

Phenomenology, specifically heuristic phenomenology, was selected for this research study. Moustakas (1994) describes heuristic inquiry as “a process that begins with a question or problem which the researcher seeks to illuminate or answer. The question is one that has been a personal challenge and puzzlement in the search to understand one’s self and the world in which

one lives” (p. 17). When engaging in a phenomenological study, the topic being studied should be of personal and social significance to the researcher (Gall, Gall & Borg, 2007). Since I as the researcher have had personal experiences with being both a counselor and client, this study has been the best way of answering my research question while including the value of my experiences. The idea for this research study originally stemmed from my collective experiences on both sides of the counseling spectrum. Utilizing a heuristic approach to this phenomenological study seemed most appropriate based on the origins of the research questions and the phenomena the researcher is seeking to understand.

Instrumentation and Qualitative Research Protocols

Human Research Procedure

The data collection procedures were developed using suggested methods for phenomenological research as outlined by Moustakas (1994) and Creswell (2007). Prior to data collection, Institution Review Board (IRB) approval was obtained from the University of Central Florida Office of Research and Commercialization (Appendices A & B). This study was found to be a minimal risks study by the IRB board and therefore, participant signatures were not necessary for the informed consent process. All study participants were given a copy of the informed consent (Appendix C) to review prior to giving their permission to participate in this study (Gall, Gall, & Borg, 2007). I reviewed the informed consent with all participants and discussed with them their right to opt out of the study at any time. Participants were given a copy of the informed consent to keep. Participants were also assured of their confidentiality in regard to keeping and reporting the data for this study. All recordings were maintained on a password

protected external hard drive and a password protected digital file. No names were used during the interview and each participant was given a participant number (Creswell, 2007; Gall, Gall, & Borg, 2007). All interviews were transcribed through an online transcription service where participants were only identified by a participant number. Participant numbers were converted to participants names during the transcription process. Demographics surveys were scanned and uploaded to a password protected digital file. The paper copies were destroyed at the conclusion of this study.

Before conducting any participant interviews, I as the researcher needed to engage in a reflective process called “bracketing.”

Bracketing Process

Bracketing is a vital aspect to validating the results a of a phenomenological research study. Bracketing is a process by which the researcher identifies his or her personal experiences, interests, and assumptions that could unduly influence his or her’s views on the research data (Creswell, 2007; Fischer, 2009) In order to view the data with an awareness of my own biases, these experiences and interests are “bracketed” as much as possible during the time of the research study (Creswell, 2007; Fischer, 2009; Hamill & Sinclair, 2010). In bracketing, the researcher is the “instrument for analysis” in all aspects of a qualitative study (Creswell, 2007). Therefore, it is important to be aware of the unintentional and somewhat inevitable appearances of biases and assumptions (Starks & Trinidad, 2007; Tufford & Newman, 2010). Bracketing is a process that is a major principle of phenomenological research (Hamill & Sinclair, 2010). While it is impossible to completely remove all assumptions and biases from the data, the use of

bracketing as a part of the audit trail allows readers and consumers of the research to make their own conclusions about the effects of the researcher's experiences on the data (Hamill & Sinclair, 2010).

The timing of bracketing can be just as important as the process itself. There have been arguments in the literature as to when is the optimal time to begin the bracketing process. Tufford and Newman (2010) note that the bracketing process can start prior to the start of the research project, at the analysis stage or a combination of the two with the process continuing throughout the life of the study. In order to capture my initial assumptions as well as those that will reveal themselves throughout this study, I performed the bracketing process concurrently with the research project. There has been debate as to whether the process of bracketing should be limited to just the phenomenon being studied or the researcher's world view (Hamill & Sinclair, 2010). I believe that both elements of the phenomenon and my world view presented themselves in my bracketing interview. Since I have experienced all aspects of the phenomenon under investigation, it is difficult to separate these experiences from the lens by which I also view the world I live in.

The bracketing process involved: (a) a bracketing interview, (b) the use of a reflective journal, (c) development of an audit trail, (d) use of a faculty supervisor for support and review of the data, and (e) review of current literature for themes that do not occur in the data findings (Creswell, 2007; Hamill & Sinclair, 2010). The bracketing interview was completed prior to the collection of data. This interview was conducted by a peer who interviewed me about my assumptions and experiences with the phenomenon of being an African American in mental health counseling as both a counselor and as a client. I wrote in a spiral bound journal to note any

additional assumptions that occurred after the bracketing interview and during the data collection process. I also developed the audit trail through the collection of research artifacts such as maintaining the original audio recordings, field notes, and documents that outlined the analysis process. I recorded my thoughts and experiences into a written bracketing interview (Appendix G). Dr. David Boote served as the faculty supervisor for this study and reviewed the bracketing interview, data collection and findings. Dr. Boote is an associate professor of Curriculum Studies in the College of Education and Human Performance at the University of Central Florida. He is the chair for my dissertation study and supervised the entire research process.

This study was designed to be as congruent with the foundations of phenomenology as possible. However, there was one principle of phenomenological research that was deviated from in the process of designing and conducting this study. Since this study is part of a doctoral dissertation, a review of the literature was completed prior to the collection of participant interviews. There is the assumption that a thorough review of the literature can bias the researcher's view of the data prior to collection (Creswell, 2007). However, to mitigate this deviation, the literature review was limited as much as possible, noting general themes in the literature without intensive detail. Once the bracketing interview was written and coded, the next step in this study was participant recruitment.

Sampling Procedure

The sample for this study was recruited from two mental health clinics in the Orlando, FL metropolitan area. A purposive sampling procedure was used to identify appropriate participants for this study. The goal of purposive sampling is to be able to select cases that would provide

rich information related to the proposed study (Gall, Gall & Borg, 2007). The ability to identify participants for this study that can provide information rich data was especially important due to the qualitative foundation (Gall, Gall & Borg, 2007; Patton, 2015).

There are multiple types of purposive sampling. In selecting which type of purposive sampling to use for this study, I referred to the research questions to identify which sampling procedure would best answer them. For this study I used two types of purposive sampling: criterion and snowball. Criterion sampling, the selection of participants that meet a specific set of vital criteria, was used for this study (Gall, Gall, & Borg, 2007). Snowball (also referred to as chain sampling) is a sampling procedure that requires asking specific individuals to recommend possible participants (Gall, Gall, & Borg, 2007; Patton, 2015). This sampling procedure was used to gain access to a population that is currently a minority in both counseling and counseling related research. I distributed flyers and recruitment letters to professors, counselors, and other mental health personnel to give to potential study participants in their facilities. I also asked participants to recruit family, friends and associates who may meet my study criteria. I continued using this sampling technique until I met both saturation of results and exceeded my minimum number of participants.

The research questions seek to gain an understanding of the lived experiences of African American adults in individual mental health counseling. It was vital to the success of this study to find participants who can speak to that experience. Participants who were selected to participate in this study had to meet the following qualifications: (a) self-identify as African American or Black, (b) are over the age of 18 and (c) currently participate in outpatient, individual mental health counseling and have completed at least three counseling sessions.

Determining sample sizes for qualitative studies can prove to be a complicated task. The size for the sample being used in a study can be one of the markers of a successful or unsuccessful research study (O'Reilly & Parker, 2012). There are no set rules as to how many participants are required for a quality qualitative study (Gall, Gall & Borg, 2007; Morse, 2000). There are several factors to take into consideration when attempting to determine an appropriate sample size for a qualitative study. These factors include: (a) the scope of the study, (b) the amount of useful information that each participant provides to the researcher, (c) the quality of the data provided to the researcher, (d) the number of interviews or observations that each participant provides to the researcher, (e) the qualitative method being used for the study and (f) the research design being employed within the study (Morse, 2000). Even when a researcher has considered all of these factors, the number of cases needed for a specific study cannot be fully determined. Sample size becomes an exercise in researcher judgment and the ability to defend the rationale of why a certain number of participants is required to make a particular qualitative study rigorous and complete with the data needed to appropriately answer the research questions being proposed (Gall, Gall & Borg, 2007; Morse, 2000; O'Reilly & Parker, 2012). One of the most important factors to remember when determining sample size for qualitative studies is that the goal of qualitative research is not statistical generalizability but rather to gather detailed and specific data about the phenomena being studied (Creswell, 2007). Phenomenological studies tend to have sample sizes that range from one to ten participants (Starks & Trinidad, 2007). Polkinghorne (1989; as cited by Creswell, 2007) notes that qualitative researchers should interview 5 to 25 individuals who have experienced the phenomena being studied. Hall and Sandberg (2012) had a sample size of nine in their phenomenological study that focused on how

African American marriage and family therapy clients overcame barriers to therapy. In following the tradition of similar studies on this topic and based on the desired depth of data for this study, a sample size of a minimum of five participants was considered. However, the final participant count was determined after an analysis of the data to achieve saturation.

The sample for this study consisted of six African American adults who self-identified as having participated in mental health counseling within the last 12 months. The study included female participants between the ages of 19 and 67 ($m = 33.83$). There were no males who agreed to participate in this study. All study participants completed a high school diploma and had either completed some college courses without a degree ($n = 1$), a two year/associates degree ($n = 2$), or had a master's degree or higher ($n = 3$). The sample was split on how participants were recruited for the study between word of mouth/referral ($n = 3$) and flier ($n = 3$). All but one of the study participants stated that they were a current college student. The one participant who was not a current college student, is a college graduate. The participants who stated that they were college students ranged from undergraduate to doctoral level. The only participant who did not identify herself as a college student stated that she was currently unemployed. Most participants identified as being single and never married ($n = 4$), with the other two participants stating that they were either married ($n = 1$) or divorced ($n = 1$). All participants were given a fictional name in an effort to keep the confidentiality of study participants. (Table 1).

Table 1: Participant Demographics – Study Participants

Participant	Age	Gender	Education	Marital Status	Employment
Alice	19	Female	Some college without degree	Single, never married	College student
Lorraine	39	Female	Masters or above	Single, never married	College student
Maya	21	Female	Two year/associates degree	Married	College student
Octavia	67	Female	Masters or above	Divorced	Unemployed
Terri	26	Female	Two year/associates degree	Single, never married	College student
Zora	31	Female	Masters or above	Single, ever married	College student

Recruitment of Participants

Participants for this study were recruited from mental health agencies in the central Florida region. Participants were recruited from the mental health agencies either by personal invitations, in the form of a letter, or a flyer given to clients during their clinical sessions (Dillman, Smyth & Christian, 2009) (Appendices D & E). Clients who agreed to participate in the study contacted me by phone or email, as noted in both the letter and flyer.

Recruitment Sites

The primary sites where participants were recruited are the Community Counseling and Research Center (CCRC) and the Counseling and Psychological Services (CAPS) at the University of Central Florida. The CCRC and CAPS are both located on the campus of the University of Central Florida, a large, southern, urban, state-funded university. The CCRC is a counseling clinic that focuses not only on providing services to clients but on collecting data from these clients for research purposes. The CCRC serves over 2000 clients a year. The CCRC serves the greater Orlando area and is not limited to just the UCF community. This site is also being utilized for this study because all counseling services are free. This would allow for the researcher to have access to clients who may be interested in counseling services but due to cost would not otherwise be able to receive them. The counselors employed at the site are counseling students in the master's level program. The CCRC has six therapy rooms, including an adolescent and play therapy room. CAPS is a counseling clinic that serves the mental health needs of students who attend the University of Central Florida. CAPS does not require students to pay an additional cost and the operations of this clinic are paid for through student tuition and fees. CAPS is staffed by psychologists, mental health counselors, social workers and marriage and family therapists who are either licensed, license-eligible or graduate interns in their respective fields (Counseling and Psychological Services, n.d).

Interview Process

Each participant was asked to participate in two individual interviews with myself as the interviewer. Both interviews were completed in person and were audio recorded. Interviews were

completed at the CCRC, CAPS or another mutually agreed upon location. Prior to the initial interview, research participants were asked to complete a demographics survey (Appendix F). The demographics survey asked questions about the participants' gender, highest level of education, age, partnership/relationship status and employment status. I also asked participants to identify their race/ethnicity with a fill in the blank response. While the research recruitment materials noted that identifying as "African American" was a requirement for participation in this study, I wanted to know how participants would identify their racial and ethnic background without a forced choice.

In addition to the demographic survey, I made field notes during each interview. These notes included information about the settings, additional conversations, and the physical reactions made by the participant that could not be captured in the audio recording (Creswell, 2007; Moustakas, 1994).

Interview Questions

The interview questions for this study were developed following the phenomenological tradition and in an effort to gather the essence of the experiences of the participants' experiences in counseling (Moustakas, 1994). Having an established interview protocol is a necessary step in reducing bias in the data collection process (Creswell, 2007). Each interview was designed to increase in depth of questioning and to build rapport between the researcher and participants.

The interview questions were broken up into two interviews. Each interview was estimated to be 30 to 90 minutes in length. Each interview contained standard questions and were asked in a semi-structured format. This format allowed me the opportunity to ask additional

clarifying questions as needed to gain a better understanding of the participants' experiences (Gall, Gall & Borg, 2007). The initial interview questions, and subsequent sub-questions, that were asked to study participants during the first interview are as follows:

1. Tell me about your current experience in counseling.
 - a. Is this your first time in counseling? If not, please tell me about your previous experiences in counseling.
 - b. How were you referred to this counselor/clinic?
 - c. What are your thoughts and feelings about your current counselor? Have those thoughts and feelings changed over time?
2. How has the experience of being in counseling affected you? What changes have you experienced that you attribute to being a client in counseling?
 - a. What were your expectations of counseling before you started coming to sessions?
 - b. Have you expectations changed since you have been receiving counseling services?
3. Can you tell me about how you made the decision to come to counseling?
4. Have you told anyone about the fact that you are going to counseling?
 - a. What did you tell them about your experience?
 - b. What was their reaction?
5. Is there anything else you would like to add about your experience in counseling that you didn't get a chance to say before?

The second interview included a second set of questions that were developed to probe deeper into the participant's experience of counseling. These questions were also developed to address some areas that were not fully covered during the first interview and to explore themes that emerged from the first round of interviews. The second set of interview questions for the second interview included the following:

1. Describe a typical counseling session.
 - a. What are your thoughts or feelings at the end of your session?
2. What are some of the positive experiences you have had while in counseling?
3. What are some of the negative experiences you have had while in counseling?
4. What has the experience of being in counseling taught you about yourself?
5. What has the experience of being in counseling taught you about others?
6. How does the race and gender of your counselor factor into your counseling experience?
7. What are your thoughts about psychiatric medications?
8. Can you tell me about any mental health issues you have experienced within your own family and friends?
9. What do you think about the connection between your mental and physical health?
10. If you could change anything about your counseling experience what would it be?
11. Do you have any final thoughts about your counseling experience that you would like to share that we did not cover?

Participants were also encouraged to send emails at the end of each interview if they had any questions or additional thoughts to add to the study data.

Data Analysis Procedures

All interview recordings were sent to Nonotes.com, an online based transcription service, to be transcribed. Participants were originally identified by participant numbers. These numbers were changed to the current participant names prior to the coding process. Any other identifying information on the transcripts was removed in order to maintain participant confidentiality. All transcriptions were formatted with number lines to assist with coding. The transcriptions were printed and organized into a three ring binder by participant.

The data analysis process for this phenomenological study is a multistage process. There are multiple parts to phenomenological data analysis including: (a) a description of personal experiences with the phenomenon under examination via a statement of positionality and a bracketing interview; (b) transcribing the audio recorded interviews into written transcripts, (c) reviewing the written transcripts multiple times to compile a list of significant statements; (d) identifying significant sentences and codes that relate to the experience; (e) interpreting meanings and chunking them into common themes across all the transcripts; (f) integrating the results into an all-inclusive description of the phenomenon; and (g) validating the findings with participants (Creswell, 2013; Moustakas, 1994). For this study, I chose to utilize Colaizzi's (1978) phenomenological method of data analysis to analyze the participant interview transcripts.

Analysis of Participant Interviews

Colaizzi's method is a multistage process that was designed as a guideline to help phenomenological researchers have a framework for data analysis (Creswell, 2007). Colaizzi's

method of data analysis is particularly helpful for novice researchers who may find phenomenological data analysis procedures to be abstract and overwhelming (Moustakas, 1994; Saunders, 2003). For my study, I used Colaizzi's method in combination of more recent interpretation of the process as presented by Moustakas (1994) and Saunders (2003).

The first stage of Colaizzi's method requires the researcher to get a sense of each transcript and to consider each statement in the transcript for its respective significance. After all recorded interviews were transcribed and checked against the original recording for accuracy, I organized the transcripts in a binder. Next, I read through each transcript thoroughly, considering not only the stated significance of each statement but the implied significance as well (Creswell, 2007; Moustakas, 1994; Saunders, 2003). At the conclusion of my first reading of all the transcripts, I continued my analysis of the data into Colaizzi's second stage which asks researchers to extract and record the significant statements (Moustakas, 1994; Saunders, 2003). At this stage in the analysis process, I reviewed each transcript again and highlighted the significant statements. All of the highlighted statements were copied and pasted in to a new digital document so that collectively they would represent the essence of each participant's interview and experience in counseling (Saunders, 2003). The third stage of Colaizzi's method involves formulating and discovering the meaning behind the significant statements (Moustakas, 1994; Saunders, 2003). For this stage of the analysis process, I made short statements beside each significant statement to summarize the meaning or emotion behind what was said (Appendix P). I also made note if a participant made multiple statements that had similar meanings, noting that the sentiment was especially poignant for that participant. Additionally, I created a frequency table (Table 2) where

I made note of how often a particular experience or meaning was mentioned in participant interviews.

Table 2: Frequency of Participant Experiences and Meanings by Cluster Group

Major and Minor Category	Typical	Frequent	Variant
Navigating Crisis			
Loss of parent		X	
Abortion			X
Sexual assault/molestation			X
Issues with significant others		X	
Issues with aging			X
Issues with parents/family		X	
Issues with school/work		X	
Physical health issues			X
Counselor and Client Relationship			
Talk to someone without negative consequences/non-judgmental	X		
Preference for black female		X	
Relatability of counselor is important to counseling process		X	
Want more access to counselor		X	
Preference for older counselor			X
Counselor credentials			
Professional behaviors		X	
Acceptance of Self and Others			
Counseling helps with understanding personal issues	X		
Counseling helps to be more understanding of others	X		
Counseling brings up other issues	X		
Medication necessary part of counseling (and life)		X	
Counseling helps with overall health		X	
Counseling helps to be more Christ-like			X
Stigma of Counseling			
Fear of being medicated		X	
Fear of negative diagnosis	X		
Resistance from others		X	
Counseling is not what black people do (counter-culture)	X		
Counseling misunderstood by others	X		
Counseling is not a one-time fix for problems	X		
First person in family/friend circle to attend counseling	X		

Note. Typical = 5-6 participants; Frequent = 4-3 participants; Variant = 1-2 participants

Each experience or meaning was categorized as typical, frequent, or variant (Nelson, Englar-Carlson, Tierney, and Hau, 2006). Typical experiences and meanings were mentioned by 5 or 6 participants, frequent by 3 or 4 participants and variant by 1 or 2 participants.

Colaizzi charges the researcher with taking the meanings that were identified in the previous stage and converting them into clusters of themes (Moustakas, 1994; Saunders, 2003). In this step, I listed all of the statement meanings and looked for themes that had a commonality and grouped them together. I describe the themes I identified and how I grouped them in chapter four.

At this point in the data analysis process, I reviewed my significant statements and themes with my advisor Dr. Boote. This is an important step in validating my findings. Employing the assistance of another person review the themes helps to reduce researcher bias in the final research findings (Creswell, 2007; Moustakas, 1994). After reviewing my clusters with Dr. Boote, I started the fifth stage of Colaizzi's method. In the fifth stage, Colaizzi states that the researcher should use the themes and clusters to describe the textures of the participants' lived experience (Colaizzi, 1978; Moustakas, 1994). In this stage, I attempted to create a shared narrative, using the themes and statements that were collected and compiled in the previous stage. The result of this synthesis is the narrative contained in the next chapter.

The sixth stage of the analysis process is the where the researcher engages in reflection and reduces the textural description created in the last step into a statement of the fundamental structure of the phenomenon (Colaizzi, 1978; Moustakas, 1994). This can also include a description of the meanings that were identified in the previous analysis steps (Saunders, 2003). In this step, I created a short statement of the experience of my participants. This statement

appears as the summary of the results in the fifth chapter. Lastly, the seventh step is a continuation of the sixth step asks the researcher to engage in a more extensive reflection and summary (Moustakas, 1994). Saunders (2003) contends that the seventh step is where the researcher returns the new textural description to the participants. In the interest of best practices, I decided to incorporate both interpretations into a single stage. I emailed my final description to all participants. I did not receive any feedback in return other than acknowledgement of receipt. I also decided that in an effort to add texture to my summation and description of the phenomenon, to incorporate visual representations of the data. I decided to represent the data analysis procedures and findings by using tables to further organize the data and highlight the patterned regularities (Creswell, 2007; Miles, Huberman & Saldana, 2014).

Participant Interviews

As stated previously, all study participants were asked to participate in two, in-person interviews about their experience as a mental health counseling client. All participants completed the first interview, with all but one participant (Alice) completing second interview. “Lack of availability” was the reason given by Alice for being unable to complete the second interview. Interview times ranged from just over 13 minutes to 1 hour and 25 minutes. There was a period of approximately two weeks between the first and second interview. Participants were initially asked if they would feel comfortable completing their interviews in the CCRC. Alice, Maya and Terri all agreed to complete their interviews in a counseling room in the CCRC. Lorraine and Zora requested to have their interviews completed outside of the CCRC and they were both

interviewed in a general classroom or office on the university campus. Octavia's interviews were completed in her home at her request.

In addition to the recorded interviews, I made notes about each of the participants such as their behaviors during the interviews that could not be captured by audio recording, discussions that occurred before or after the interviews and observations about settings in which the interviews took place. I encouraged each participant to call or email me if they had any questions or thoughts after the interviews were completed. I received two emails from Octavia following our second interview where she detailed some additional thoughts about the study and her experiences in counseling.

Trustworthiness of Research Findings

There were multiple measures in place to ensure the trustworthiness of the study findings. One example is the use of triangulation. The themes that were identified from the data occurred in more than one interview, as noted in the next chapter. This step was taken to ensure that the themes I noted were not just isolated incidents and are a true indication of the lived experiences of the research participants (Creswell, 2007; Patton, 2015). I emphasized this using the direct statements of participants as evidence of the shared meaning and exploring the themes that emerged from my first two interviews with the rest of the sample in the second interview. Another measure of trustworthiness for this study was the use of an external auditor, or research advisor, to review the themes that I identified in the data (Creswell, 2007). The external auditor had no involvement in the data collection process. The external auditor went through a similar process of data analysis and reviewed the research data for themes. Those findings were

compared to my findings. My external auditor also reviewed the data to look for any themes that I may have been identified which could be the result of research bias as opposed to themes that actually occur in the raw data.

Additionally, I added a statement of positionality and a bracketing interview to this study. The statement of positionality states my personal stance on the research topic (Creswell, 2007). The bracketing interview is the final product of a process of bracketing my own biases and experiences with the phenomenon under investigation (Chan, Fung & Chien, 2013; Creswell, 2007). The purpose of both the statement of positionality and the bracketing interview is to add an additional level of transparency about any biases that I may be bringing into the research process (Creswell, 2007; Tufford & Newman, 2010). In following the tradition of phenomenological research, it is necessary for consumers of the study findings to be able to read the bracketing interview and statement of positionality and make a determination whether or not they feel that the my biases, experiences, and associations with the phenomenon under investigation have influenced the results (Creswell, 2007). Transparency will help to reduce this limitation in the research design. Furthermore, I engaged in ethical research by obtaining IRB approval, consent from all participants, and maintaining participant anonymity throughout the research process (Gall, Gall, & Borg, 2007).

Researcher Positionality

I am a 33 year old, female, African American, doctoral candidate in a Counselor Education program at a large southeast university. I was born and raised in the Southern part of the United States and completed all of my formal education in this region. I completed a master's

degree in rehabilitation counseling from a historically Black university in the South and I have been counseling clients for over six years. I have worked with African American adult and adolescent clients, as well as served as supervisor for counselors who have worked with this same population. I have previously been and, at the time of this research study, am a current mental health client. I am currently seeking counseling at a student counseling facility. I was responsible for developing this research study, the interview questions and protocols, the data collection and data analysis.

I believe that the African American experience in counseling is unique because African Americans are typically less likely to go to counseling. There are several stigmas and boundaries that I have seen and experienced that I can attribute to why I think African Americans are less likely to go to counseling. I wanted to do a study where the focus was not on the reasons what African Americans do not go to counseling. I am doing this study because I would like to see more African Americans engage in counseling and it is my hope that by (a) highlighting the fact that there are some African Americans who are currently attending counseling, and (b) learning more about the experiences of African Americans who have gone to counseling, I can help inspire someone to try counseling for their mental health needs.

Conclusion

In this chapter, I presented the methodology used in this phenomenological study and the measures I implemented to ensure the rigor and trustworthiness of the findings. In this study, I also incorporated elements of heuristic qualitative research design as a bridge between my

personal experiences as a counselor, and a client, with the experiences of my participants. The findings of this study are presented in chapter four.

CHAPTER FOUR: FINDINGS

Introduction

The purpose of this study was to investigate the lived experiences of African American adult mental health clients and to understand the meanings that they make of that experience. This study employed a phenomenological research design to investigate the aforementioned phenomenon. A thematic analysis of 11 interviews was performed and the emergent experiences and meanings were used to help answer the research questions.

This chapter will present the study sample, biosketches of the study participants, the interview process, the analysis of the data collected, emergent experiences and meanings identified in the data, and how those experiences and meanings informed the understanding of the research results.

Participant Biosketches

The essence of a phenomenological study is in the lived experiences of the participants who share their stories and give life and depth to the phenomenon under investigation. There were six women who participated in this study and shared their experiences with being mental health clients. The following are short biosketches, about the women who participated in this study:

Alice

Alice is a single, 19 year old, undergraduate college student. Alice has been in counseling for anxiety and issues communicating with her family. She feels her family does not understand her mental health issues. Alice described herself as being “introverted, kind, and creative.”

Lorraine

Lorraine is a 39 year old, graduate student. Lorraine has been in counseling on and off for over 10 years. She is currently in counseling to deal with personal struggles dealing with graduate school. She described herself as being “smart, funny, and easy to get along with.”

Maya

Maya is a married, 21 year old undergraduate college student. Maya is currently in counseling to help with figuring what she wants to do after graduation. She is also looking for tips to help her with communicating with her new husband. She described herself as “kind, caring, and outgoing.”

Octavia

Octavia is a divorced, 67 year old, unemployed woman. Octavia is currently on social security disability due to her mental health issues. She has been in counseling on and off for most of her adult life. She was previously employed as an attorney. Octavia described herself as articulate, educated and a woman who has led a “fascinating life.”

Terri

Terri is a single, 26 year old, undergraduate college student. Terri has been in counseling for less than a year and is currently in counseling to deal with issues with depression and anxiety. Terri described herself as a proud Jamaican-American and someone who wants to do more than just a bachelor's degree.

Zora

Zora is a single, 31 year old graduate student. Zora has been in counseling on and off for almost two years and is currently in counseling to deal with issues with the stress of being in graduate program and to deal with the loss of her mother. She described herself as “nice, funny, smart and reserved.”

Findings

Research Question One

The first research question for my study asks, “What are the lived experiences of African American adults who engage in individual mental health counseling?” The women in my study decided to seek out counseling services after dealing with major traumatic events such as the loss of a parent, sexual assault, and abortion. The decision to go to counseling came after finding that they were unable to deal with the emotional after-effects through conventional methods such as talking to friends and family. The women engaged in traditional talk therapy and met with the counselors on a regular basis to discuss the issues they were dealing with.

The participants felt that one of the most important aspects of their counseling experience was the relationship they had with their counselor. They felt that having a counselor who they considered to be professional to part of what made counseling positive and beneficial. They also found that having a supportive, professional counselor was more important than the counselor's gender or race. The women described a professional counselor as someone who wore professional clothing and hairstyles, who was focused and attentive to their issues, and who was trustworthy. The women stated that another aspect of the relationship that was important to their counselor process was that the counselor was unbiased and empathic toward the issues that they were going through. They felt that it was important that their counseling relationship remain professional and not evolve into a friendship-type relation.

Research Question Two

The second research question asked, "What meanings do these participants make of their experience in individual mental health counseling?" The meaning behind the counseling experience is found in the description of the experiences of the women who shared their stories about counseling and what stood out for them from the experience. The women felt that the experience of going to counseling was both positive and beneficial. Counseling helped the women to be able to cope with negative experiences, problematic life situations, to be more understanding and accepting of themselves and other people.

One of the first revelations that my participants had was that the experience of going to counseling helped them to understand that some of their previously held beliefs about counseling and the counseling process were not completely accurate. The women came to counseling

looking for a one time, quick fix for their issues. Through the process of counseling, they realized that dealing with their issues was a long-term investment and that going to counseling did not make them weak. They also found that counseling helped them to be more understanding of themselves and other people. The women expressed that they were more forgiving of themselves if they made mistakes or did not meet the standard of their ideal self. They also felt that counseling helped them to see that other people are not perfect either and that others could be going through similar issues as well. My participants also discovered that going to counseling did not mean that they had an automatic diagnosis of a severe mental health disorder or that they would be forced to take pills. The understanding that some of the previously held beliefs about counseling were false also led the women to suggest counseling to other friends and family and to become mental health advocates.

Supporting Data

Answering the research questions required an in-depth review and understanding of the interviews conducted with the participants. In reviewing the written transcripts to answer the research questions above, four main experiences and meanings emerged: Navigating Crisis, Counselor and Client Relationship, Stigma of Counseling, and Acceptance of Self and Others.

Navigating Crisis

The experience of Navigating Crisis was derived from statements made by the participants in regard to how they decided to engage in the counseling process. All of the participants talked about the reasons why they were currently in counseling and for those who had been in counseling previously, the reason why they initially went into counseling.

Loss

Zora, who is currently in counseling to deal with school issues, originally began going to counseling after the death of her mother. In the process of going to counseling to deal with her grief, she also discovered that there were other things for her to work through in the counseling process. She talked to me about what counseling looked like for her in the beginning following her mother's passing and how the focus of counseling has changed for her:

So when my mom passed I was there every week...I realized a lot of things about myself that really didn't have to do with my mom's death, and who I was as a person, and that was the first time I actually had to face myself.

Zora spoke about how she initially felt that she could deal with her mother's loss by spending time with her grandmother and by continuing to go to church. She tells me the story of when she knew that she needed more intense help. She described a night when she could not stop crying and called a woman in her church who is a professional counselor to help her. Zora admitted that it was difficult for her to talk to a counselor because she felt that counselors were associated with being "crazy." Octavia reflected on the over 30 years she has been in counseling. She described and spoke about the first time she went to counseling following her mother's death:

I've been to counseling ever since my mother died in 1980... When my mother died I just never could get up out of it, do you ever get over your mother dying? I don't think so. You learn to live with it, but... I tried...

Both Zora and Octavia acknowledged that the loss of their mothers was a major event in their lives and dealing with such a major loss required them to look for assistance outside of immediate family and friends. They also both stated that what they were doing was something

counter-culture and “something that Black people didn’t do.” However, despite these thoughts, they both felt that counseling was the best option, even if others may not agree with the decision.

Lorraine, a 39 year old graduate student, experienced a loss as well. Her loss was not the loss of a parent, that of an unborn child. Lorraine has been in counseling several years but notes that the first time she went to counseling was after an abortion. She talked initially about her most current experiences in counseling but then reflected on her initial reason for starting counseling years prior, “I had seen somebody before, a few years before ...we did a group therapy though so it wasn’t like an individual thing but that was through abortion recovery group...” Lorraine did not go into great detail about the experience in the abortion recovery group but did state that she has had some feelings of anger and confusion over the decision to abort her child, mostly due to the fact that it was not her own decision. She said that she was pressured by her boyfriend at the time to not have the child, even though she says she felt she was in a place where she could have taken care of the child financially and emotionally. When describing the situation in more detail she states that her ex-boyfriend was not supportive of her decision to go to the counseling group. Lorraine talks about the first time she went to the group after it was recommended to her by a nurse:

I hesitated for a little bit but I went in there [abortion support group]. I think at that point

I was like I don’t care what he thinks, I felt like I needed to do it or wasn’t sure what my mental state was going to be like if I didn’t do something at that point.

Similarly to Zora and Octavia, Lorraine felt apprehensive about going to counseling, however the gravity of the situation she was dealing with was enough for her to make the decision to do something that was not being supported by her significant other.

Trauma

While the loss of someone was certainly a crisis that brought these women to counseling, other women dealt with issues that demanded they find help outside typical resources. Terri, a 26 year old college student, started going to counseling one year after being sexually molested. She describes how she had seen the effects of depression on her own family and did not want the same to happen to her, despite her own conflicted feelings toward counseling. Terri's experience in counseling was also precipitated by the emotions she was dealing with years after her father's death. She observed the effects of mental illness with her father:

I think that it [mental health counseling] happened too late, I do believe that stress and depression killed my dad, I don't care what that doctor puts as, it's just I look at life and I'm like well if it was 10 years ago before the economy went down, then maybe daddy would have been okay.

Seeing the effects of stress on her father brought Terri to the conclusion that she did not want to have the same experience. An important part of navigating crisis for Terri was the realization that mental illness could affect her overall health if not taken seriously.

Octavia, as previously mentioned, has been in counseling multiple times over the last 30 years. Her most recent stint in counseling was the result of a Baker Act. Baker Act defined as "a means of providing individuals with emergency services and temporary detention for mental health evaluation and treatment when required, either on a voluntary or an involuntary basis" (Okeechobee Clerk of the Court, 2015). Octavia voluntarily checked herself into the hospital after having reoccurring suicidal thoughts. She says these thoughts came to her after she stopped taking her psychiatric medications. She stayed in the hospital 10 days before she was discharged. She

described feeling like she wanted to die prior to checking herself into the hospital. She said she felt like she was a prisoner in her own apartment. Octavia stated that she interviewed several counselors before settling on the two she is currently seeing now. Octavia stated she also learned that part of her well-being and being able to deal with her daily struggles was tied to continuing to take her medications. She also states that she needs to continue going to counseling sessions, when is able to afford them. Octavia stated that during the time she was interviewing counselors that she felt especially drawn to two of them and therefore decided to keep both.

Counselor/Client Relationship

One of the integral parts of the experience of counseling for my participants was the impact of the counselor and client relationship. The participants in the study talked extensively about the role that their counselors played in their experience as mental health clients. Counseling is a unique profession where the only tool of the trade is the counselor. There are no special tools or devices needed to counsel a client. The participants experienced what Octavia termed, “traditional talk therapy.” This traditional talk therapy is the basis of the counseling relationship. It involves the counselor and client sitting together in a room and talking about the client’s issues and how best to address them. The traditional talk therapy way of counseling allows the counselor to learn about the their client, their needs and what course of action to take when helping them to figure out the next steps in dealing with their issues in a healthy, positive way.

Counselor as a Consultant

One of the first things that the women in this study learned about counseling from their counselors is that counselors are not here to give clients the answers to their problems. The foundations of counseling are built on the idea that counselors are agents of change and their role is to help the client to find their own answers, rather than telling the client what to do. Many of the women voiced that they had expected their counselor to tell them the answers to their problems. They were surprised and sometimes frustrated when this expectation was not met. Maya, a 21 year old college student who came to counseling to discuss issues with communication in her marriage, expressed her feelings when she came to understand the true role of her counselor:

I guess now that we have a relationship... I expect his feedback and I just expect him to help me when I come to him about certain things. I don't expect him to tell me what to do because he won't.

This revelation that counselors did not give answers to problems was in direct conflict with some of the beliefs these women had about the counseling process. However, once the women realized that counseling was more of a partnership they felt empowered by the fact that they were not in a position where someone was telling them what to do. Through the process of working with their counselors on their issues the women discovered aspects of their counselors that they liked and some that they did not. From these experiences, the women started to identify and define what traits they felt made up the best counselor possible.

Counselor Professionalism

One of the most discussed about aspects of the counselor and client relationship was the role of professionalism. The women in my study had very clear ideas about what they considered to be professional and not professional. The women had some distinctive thoughts about what they considered to be a professional counselor. For some of the participants, one of the first things they mentioned when discussing their counselors was their appearance. Appearance was an important part of what the women felt made up a professional counselor. Lorraine requested to be placed with an African American female counselor because she felt that she could better address her issues. However, Lorraine felt that she struggled with her counselor, due in part to her physical appearance:

...she dresses very unprofessional to me. And all those things, you know, matter to me like, you know, you don't want to go to a hair stylist whose hair always look like a hot mess every time you see them.

Lorraine goes on to describe her counselor's unprofessional clothing, stating that she often wore skirts that were too high, heels that were better suited for social occasions and revealing tops. The physical appearance of Lorraine's counselor was distracting to the counseling relationship. Lorraine feels that even though her counselor was the exact race and gender that she requested, she did not give her the counseling experience she was hoping for.

Other women described their counseling experiences as being positive due in part to the professional dispositions of their counselors. They emphasized that they did not want to work with a counselor who treated them like a friend, but rather someone who was open to listening to their issues. Octavia has worked with several counselors in the over 30 years she has been

attending counseling. She spoke at length about what she felt she expected from a counselor when working with them, “[I expected] That I would talk to somebody, I would tell them things that I wouldn’t tell anybody else ... I expected confidentiality, I expected someone who had my interest at heart.” Many women, who had expressed some trepidation about the counseling experience talked about the importance of confidentiality. They noted that it was important know that even though they were speaking to a stranger about their issues, that they would be able to take confidence in knowing that their information would not be discussed with other people. None of the women stated that they did not trust their counselor or felt that their counselor would talk to other people about what was said in the counseling sessions.

As Lorraine mentioned above, she came into counseling with a preference for an African American counselor. The role of counselor preference was yet another aspect of what the women felt made up part of their counseling experience.

Client Preference

The subject of client preference was one that each of the women discussed, and had varying opinions on. As previously noted, Lorraine requested to work with an African American female because she felt that having someone who was the same gender as herself would create a positive environment for her counseling experience. Other women in the study also echoed the sentiment. Both Zora and Terri stated that they had a preference for working with an African American female. Zora found her counselor in her church. She discussed her thoughts on her counselor and how her gender and race impacted the counseling relationship:

She is black too ... So it was just a lot of common things that she is able to relate to and address it from a professional background ... That was important to me because even though for the most part you think you are open, it is comforting having someone who looks like you, talk to you about experiences like they can relate and they are not going based on something they read.

Zora's description of her counselor highlights the association she makes between race and relatability in her counselor. Zora also noted that she appreciated not only that she felt she could relate to her counselor but that her counselor could address that relatability from a professional background. Zora also makes an interesting point in stating that she appreciated that her counselor could relate to her based on personal experiences rather than information that she learned. There is the clear assumption that having a counselor who is of the same race and gender would also have similar experiences that could be used to help foster the counselor and client relationship dynamic. Terri also expressed similar feelings when she discussed her own preference for an African American counselor. However, unlike Zora and Lorraine, Terri was assigned a White female counselor at the clinic where she was receiving services. Terri described her counselor as "nice" and "free-willed." She did not express displeasure with her current counselor but she did state that she did not feel that her current counselor was as effective as her previous counselor, another White female. When discussing her current counselor, Terri noted that she did have some concerns about her counselor's ability to understand and relate to race related issues: "I don't know if she understands, understands the issues, like when I tell her that my ex broke up with me because his mom said I was too dark. Like she'll never understand that." Even with Terri's doubts about her counselor's ability to understand issues such as skin

color, she says that the counseling experience has been positive and that her counselor has been supportive and non-judgmental.

Consequently, Octavia had an opposing view as Lorraine, Terri and Zora. Octavia has received counseling services from an African American female in the past but expressed that she does not want to work with another African American counselor in the future. Unlike the other women, Octavia felt that having a counselor who had a shared cultural identity would be detrimental to the counseling relationship:

I have a somewhat reluctance to gauge in counseling from another African American for fear that that same thing might happen...the African American experience in the world is so unique that they might not have the ability to distance themselves from me within their professional stunts and within the fact that we share the same identifier, meaning our color, and that we share the same gender identification meaning that we are female.

Octavia went on to discuss that she purposely avoids African American female counselors because she did not want her counselor to get caught up in the “fascination of her life.” Octavia felt that a counselor who has a shared gender and cultural background as herself would not be able to remain objective. She also noted that she had a fear of her counselor becoming too casual and familiar with her because of their similarities. She expressed this sentiment toward counselors of Hispanic or Asian background. She felt that the shared racial minority background would also detract from the objectivity of counselors of Hispanic or Asian heritage. Octavia also felt that having a male counselor would be difficult because she feels that the male mind is “anchored on sex.” Octavia felt that she worked best with White females as counselors and until her most recent counselor, someone her age or older. She is currently working with two White

female counselors, both of whom are younger than she is. She does feel that her opinions toward younger counselors has changed because she expressed that her counselors are both professional and supportive toward her.

Maya's counselor was a 29 year old White male. She said that she did not have any preferences for a specific race or gender but does feel that a Black female counselor may be able to relate to her more on specific topics. Maya notes that having a White male did not take anything away from her counseling experience and that having good communication with her counselor was more important than race. Alice did not discuss the race of her counselor but did note that having someone to talk to who would be supportive of her decisions was what she was looking for when meeting with a counselor.

Acceptance of Self and Others

One meaning that emerged from the data was "Acceptance of Self and Others." This meaning was a reflection of the statements given by participants as they described how the experience of being in counseling helped them to find acceptance within themselves and toward other people with whom that had previous conflict.

Self-Acceptance

Self-acceptance was one of the outcomes described by the participants as a result of their experiences in counseling. Self-acceptance describes the participants' experiences with relenting their own feelings of not meeting their ideal selves or not being able to meet other people's standards. Zora spoke in depth about how counseling helped her to deal with personal issues that had come up for her while in counseling to deal with her mother's passing. She is described her

experience in counseling and how she was able to learn to start to accept some of the issues she was currently dealing with in school: "... I said I learned more about myself as a person. Things that I can handle, things that I can't handle and accept who I am and that has been a good experience." Zora continues with her experiences about learning to accept who she is and her circumstances by commenting on a common misconception about counseling.

I am not crazy. I don't need medication and it's more of getting help or assistance with dealing with certain things because I had to learn how I handle stress and I had to learn how I handle disappointments...

Zora noted that she initially feared going to counseling because she felt that she might be forced to take medication in order to deal with her issues. However, her statements about learning how to deal with stress emphasize how counseling helped her with dealing with her current issues. The women recognized that counseling did not change their life experiences and situations.

Maya also chimed in with her initial experiences in counseling and how she is learning to accept the "grey" in life: "I like things like black and white. In responsive situations, I don't have to always be right or wrong. I can just accept things how they are and let it go..." Maya felt that learning how to accept things and let go was a positive aspect of her counseling experience and has helped her with dealing with the uncertainties that come with her upcoming graduation. She notes that counseling has helped her to learn to be ok with the fact that she is graduating and unsure of what her career path should be. She said that ruminating on her undefined path has created stress and anxiety in her life that she is able to handle better now with the help of counseling.

Both Zora and Maya noted that the experience of being in counseling has helped them to handle people and situations that they may not be able to change. They also both considered this experience of being coming more accepting to be a “good thing.” Prior to going into counseling many of the women discussed that they had talked to friends and family members about their issues. Some women noted that this route resulted in either friends or family members who were unsupportive or misunderstandings. Others felt that the issues they were dealing with could not be solved by talking to people who could not be impartial or who did not know how to address their problems effectively. Octavia notes the difference between gaining such acceptance through life experiences and through the help of a professional counselor:

I had accepted that I cannot do this on my own, and I cannot do this by using friends or family as a sounding board, I need something that is more professional, I need treatment just like you would, now you need to put it in those words then, but then I needed somebody who was like a doctor for a physical ailment, I had some other ailment.

Octavia’s comparison of her physical ailments and her mental ailment provides powerful imagery of how both physical and mental health issues require the assistance of a professional who can help individuals find relief. All of the women remarked that they felt that there was a connection between physical and mental health and that the two could not be separated. Octavia discusses that the same importance placed on physical health and attending medical doctors should be placed on mental health treatment. The discussions of how counseling helped the participants accept themselves, led into how through self-acceptance the women were able to better accept other people.

Acceptance of Others

Acceptance of Others describes how the women in the study learned how to better accept other people and their issues through the experience of attending counseling. The participants in this study discussed how other people's opinions have impacted their opinions about themselves. The women felt that they were letting down other people or not meeting a certain standard by going into counseling. Zora discussed how through learning to accept herself she had learned to be more understanding of other people: "... other people lash out because they have issues within themselves and I only learned that through the process of understanding me." Zora's words amplify the feelings that many of the women in the study had toward other people after their experience in counseling. The women expressed that they learned that sometimes the negative interactions they had with other people was the result of others going through their own issues. The participants learned to be more empathetic toward other people while learning to become more forgiving of themselves. Lorraine remarks that counseling has made her learn to be more understanding of others and she now tries to see situations from their point of view rather than being upset or angry. This outcome directly mirrors the relationship the participants had with their own counselors. In the counseling relationship, the women were listened to and provided with support and empathy. In turn, they have learned to express that level of care toward other people who may have not treated them as kindly. Maya's spoke about her feelings toward other people after going through the counseling experience. She remarked about how she has mirrored the counseling relationship with other people she encounters: "...there are other people in similar situations. People are willing to sympathize or talk to you if you give them a chance...If you give people the opportunity to develop that relationship, then it usually works out well."

Through the experience of counseling the participants in this study have found a place where they can explore who they are and learn how to accept their thoughts and feelings. They have also learned to accept other people's opinions and find solace in the fact that other people may be hurting as well and have not yet had the benefit of being in a safe place where they can explore their ills.

Stigma of Counseling

A second meaning that emerged from the data was the stigma of counseling. The counseling literature speaks often of the role of stigma in reasons why African Americans decide to not go to counseling. What makes this meaning unique to this study is that these women still experienced stigma and talked about how they were able to overcome their personal stigmas and the stigmas other people had toward counseling to get the services they needed. These women experienced stigma based on their race and from family and friends.

Race Based Stigma

One of the most frequently talked about sources of stigma for the women in this study came from the societal norms about being African American and engaging in mental health counseling. All of the women talked about the role of race in their counseling experience. They expressed that they were doing something different by going to counseling. Counseling for them was a counter-culture experience. Octavia started going to counseling in the early 1980's and said that she felt that she was judged harshly for her decision. She notes that she felt different from other black people by deciding that she wanted to go to counseling. She spoke about how

she felt that other people considered her crazy for considering talking to a counselor about issues she was dealing with following her mother's passing:

I was doing something radically different because, black people... if you say are were having problems, especially problems in your head, and problems with your living, you just crazy in the fully sense in the word, everybody else is sane and you are on the other side and something is drastically wrong with you.

Octavia stated that it was the commonly held belief that any issues should be resolved with the help of family and friends. Both Lorraine and Zora noted that they had learned that they should pray to God for help with any issues they were dealing with. Going to see a counselor was an unheard of event. In fact, all of the women in this study stated that they are the first person in their family to go to counseling. The women had learned over time that going to counseling was seen as something that weak people do. Counseling was also associated with being an activity that only White people.

Terri expressed that even though she has been going to counseling on and off for a couple of years that she still has some stigma associated with the experience. Terri described her thoughts and feelings when she attended her counseling sessions and saw another African American in the waiting room:

I'm not going to lie, when I went to the office, I'm like, I see a Black person like, "You gave in too."...well it's amazing how we always just smile at each other like "Yeah, I'm here, I don't have anybody." But I make sure, I walk in, I don't let anybody see me. I don't wear any bright colors.

Terri's internal dialog expresses the messages she has learned over time toward counseling and African Americans. She noted that even though she continues to go to counseling, she is still fearful of being seen by someone she knows. Terri was recruited to the study by a flyer that she had seen in her clinic. She said in an unrecorded interview that she looked around before picking up the flyer and putting it in her purse. I asked her why she decided to contact me for the study and she said that she wanted to help out anyone who was willing to help Black people with mental health issues. During both interviews, Terri requested to come into the clinic through the back door to avoid being seen coming in through the main door. She also wore dark clothes and a baseball cap at both interviews. Terri said that she told her roommate that she was going to counseling and now her roommate is interested in trying counseling as well. Terri said that she is still struggling with the stigma of being an African American in counseling but it has not stopped her from going to sessions.

Lack of Support

The sentiment of feeling alone in the decision to go to counseling was shared among the women in discussing how stigma affected their counseling experiences. As previously stated, the women in the study were the first people in their families to go to counseling. Some of them were even met with hostility from family members when discussing counseling. This stigma made the women begin to question their own sanity and whether or not they should continue to go to counseling. Alice had an especially difficult time getting support from her family to attend counseling. She said that her first experience with counseling occurred in high school when she decided that she needed to seek out help for anxiety issues. She said that her parents were against

her decision. She sought counseling services again when she started college. She says on the second day of school she started going to the college counseling center. She said that her intuition told her that she needed to find counseling services in order for things to get better for her. She expressed that she has a tense relationship with her parents: "... I recognize that my parents are not going to support me. Or at least get me the counseling I needed..." She goes on to describe specifically how her mother feels about her daughter going to counseling: "My mom, I guess it makes her feel sad. I don't know like that, I had to go to counseling. She's like, one of the people that were kind of against it." Alice notes that despite her mother's disapproval of counseling she continues to go because she feels like counseling provides her a safe place where she is not judged. She has told a few friends about her decision to go to counseling and she said that they have been supportive, especially one friend who is currently taking anti-depressant medications. Alice says that she does not keep in contact with her family much but has been working on how to communicate better with them through her counseling sessions.

Alice's story as well as the stories of the other women who have decided to go into counseling highlights the level of resilience these women have. They have been able to endure stigma from society, close friends and family members to be able to go forward and get the counseling services they needed. The experience of counseling has helped them to continue to build their resiliency as well as advocate for their own needs as well as the needs of other who could benefit from counseling.

Conclusion

This chapter presented the findings of my study looking into the lived experiences of adult African American mental health clients and the meanings they made of their experience. In my study, I interviewed six African American women and analyzed their statements to discover the answers to my two research questions. In examining the data collected through the interviews and field notes, I found four emergent experiences and meanings. The women in this study came to counseling for help with navigating crises and were supported through that delicate time by counselors who fostered a positive and professional relationship. While in counseling, the women discovered that they could accept themselves as they are. In turn, the women learned to be more accepting of other people and empathetic toward them. Finally, the women endured stigmas about counseling placed on them by other people. The experience of counseling has made them advocates for their mental health needs and the needs of other people.

In chapter five, I continue the discussion about the experiences of the women in my study and how this study positions itself within counseling literature.

CHAPTER FIVE: DISCUSSION

Introduction

The focus of this chapter is to present a discussion about the study that was conducted and presented in the previous chapters. In this chapter, I will present how this study positions itself in the current body of research, how the findings corroborate and contradict previous research, the implications to counselor education and clinical practice, areas for future research and the limitations of this study. I also give my personal reflections on this study and what I have learned in the process of developing and conducting this study.

Discussion of Findings

This study began with a mission to answer two research questions:

- (a) What are the lived experiences of African American adults who engage in individual mental health counseling?
- (b) What meanings do these participants make of their experience in individual mental health counseling?

The answers to these questions painted a picture of the experience of African American mental health clients' experiences in mental health counseling. That experience found that these clients came to counseling looking for help to navigate the crises they were dealing with and how to cope better with these situations. The women in this study found that having a supportive and professional counselor and client relationship made the experience of counseling positive and beneficial. The clients also found through the experience of going to counseling that they learned more about who they were and about other people around them. They learned how to accept

themselves and the importance of not trying to fit idealized versions of themselves. The participants also learned how to accept other people and understand that people they interact with may also be hurting and dealing with their own issues and traumas. The experience of going to counseling made these women advocates for mental health care and they all expressed that counseling is something that has helped them make improvements in their overall well-being.

In looking at previous research focusing on the relationship between African Americans and mental health counseling, this study both corroborates and contradicts findings in some previous studies.

Corroboration with Earlier Research

The findings in this study both corroborated and contradicted previous research that focuses on the experiences of African Americans in mental health counseling. Stigma is a topic that is discussed frequently in the literature concerning African Americans and mental health counseling. Many of the participants discussed stigma toward mental health counseling from others and in some cases from themselves. Stigma was the topic that was discussed most frequently among all participants. Hall and Sandburg's (2007) qualitative study on the experiences of African Americans who overcame barriers to engage in family therapy found that stigma was one of the top barriers African Americans over came when receiving counseling services. The study also identified therapist factors, family distress, and confidentiality as barriers that African Americans had to overcome, which was consistent with findings in my research.

This study is also consistent with one of the findings from Wade and Bernstein's (1991) study that focused on the effects of culture sensitivity training and counselor race. Wade and Bernstein found that when client's rated their counselor on expertness, attractiveness, and trustworthiness it positively influenced the client's perception of the counselor. Also, it was found that client's form opinions about counselors as soon as the first session and these opinions are less likely to change over time (Wade & Bernstein, 1991). As noted in my study, the women that felt their counselor could be trusted and adequately address their needs had seemingly more positive experiences than the women who did not have those same feelings about their counselors. The subject of attractiveness was not discussed by the participants in my study. However, participants did make comments about the way their counselors presented themselves, specifically if that presentation did not match what they considered to be a professional dress code.

Contradiction with Earlier Research

While there were some studies that the findings of this study supported, some studies were contradicted. When looking at the utilization rates of mental health services by African Americans, there is the common notion that African Americans overwhelming access emergency services for their mental health care. Chow, Jaffee, and Snowden (2003) found that Blacks were more likely than Whites to utilize emergency mental health services were at higher risk for involuntary commitment, and be referred to mental health services by law enforcement officials. These findings were inconsistent with the findings in my study as none of my participants had been involuntarily committed, or referred to counseling by law enforcement officials. One

participant did utilize emergency mental health services when she chose to check herself into the hospital but it should be noted that her commitment was voluntary. The counselor and client relationship was one of the experiences that emerged from the data. My study noted that while about half of the women in the study said that they preferred an African American counselor, they all noted that they were satisfied with their counselors. In fact, of the two that did have African American female counselors, one participant was dissatisfied with the way the counselor presented herself. This finding contradicts Smith and Wermeling's (2007) finding in their study that looked at the counseling preferences of African American women. This study found that African American women who were paired with an African American counselor expressed more satisfaction with their counseling experience. My study found that while there was a preference for an African American counselor, it did not necessarily equate to a more satisfying counseling experience.

How This Study Adds to the Body of Research

In the beginning of this study, I presented the concept of counter-narratives in counseling research. This study adds a new counter-narrative to the counseling literature by virtue of presenting a narrative that describes what African Americans experience when attending counseling sessions. This study highlights that even despite some less than ideal experiences with stigma and particular counselors, the participants were still dedicated to going to counseling and working on their mental health issues. This study is also unique in that it was conducted by an African American researcher who has experienced being both a counselor and client.

Revisiting the Counter-Narrative

At the beginning of this study, I introduced the concept of the counter-narrative and the need for more counter-narrative in counseling based research. I wanted to create a study that could be seen as a counter-narrative that challenges the master narratives that currently dominate counseling literature. The mental health literature for African Americans tends to be sparse and limited in scope, often focusing on deficits (Dillard, 2005). When looking at the mental health literature that is focused on African Americans much of it is theoretical as opposed to research based. The current master narrative says that African Americans that choose to not engage in counseling do so out of a fear of being labeled, medicated, or due to a general distrust of White counselors and psychologists (Alvidrez, et al., 2010; Kranke, et al., 2012; Nickerson et al. 1994). Lack of expendable income, adequate health care coverage and education are often noted as barriers to mental health care utilization for African Americans (Dillard, 2005). When African Americans are in need of counseling services they are more likely to use emergency mental health resources and be referred to those resources by law enforcement officials (Chow, Jaffee, & Snowden, 2003). The master narrative also notes that African Americans are more willing to receive mental health care from religious clergy and extended family members as opposed to formal mental health care (Neighbors, Musick, & Williams, 1998). Additionally, those African Americans who do decide to go into counseling, there are not enough African American therapists to meet the needs and requests of African American clients (Fabian & Edwards, 2005; Ward 2005). Once they African American clients have gone into counseling, they are less likely to attend sessions than Whites (Kearney et. al., 2005) and are more likely than Whites to be diagnosed with psychotic and childhood disorders (Schwartz & Feisthamel, 2009). This master

narrative has affected clinical practice, as clinicians are more likely to diagnosis African Americans with more serious mental health disorders because African Americans are perceived to have symptoms that are more serious than Whites (Schwartz & Feisthamel, 2009; Snowden & Cheung, 1990).

My study challenges this master narrative by providing the story of six women who despite their awareness and fear of stigma decided to get the mental health they needed. They identified the services they needed in a timely manner, which prevented them from needing emergency care. They also were able to identify counseling centers that were free to them due to either their status as a student or recipient of SSDI or a community counseling center that provided free counseling to all clients. The women in my study had counselors from various backgrounds; however, none of the women received counseling from a church minister. Some of the women expressed interest in working with a Black female counselor; however, client satisfaction seemed to be associated more with counselor's level of professionalism rather than counselor's race. The women in my study had been counseling clients for at least 3 months, with one participant having gone to counseling on and off for over 30 years. None of the women in my study expressed that they were forced to take psychiatric medications or were given diagnoses that they did not agree with. In looking at the results of my study against the master narrative described previously, there is a stark contrast between the two stories. The women in my study did not experience some of the horrors of counseling that are often told in the master narrative and in general, African American folklore. Moreover, they had seemingly "normal" experiences in counseling. They realized they had issues or crises that they needed to resolve with the help of a professional.

What makes my study a counter-narrative in counseling research is that it does not focus on the deficits. It does not focus on why African Americans do not going to counseling, or why they do not like their counselors. It does not focus on the bad aspects of being seen by a counselor or the consequences of not going to counseling. Rather it provides a picture of what counseling was like for these women. They described the positives and negatives of their counseling experiences equally. The benefit of this phenomenological study is that it provides information that could not be captured quantitatively. This counter-narrative is not dramatic in that it breaks all master narratives about African Americans and counseling, but it does provide a foundation where counselor educators can start to look to doing more strength-based research.

Implications

Implications for Counselor Education

One of the implications for counselor education that comes out of this study is the importance of the dynamics in the counselor and client relationship. My study found that professionalism was important to the clients and to the counseling experience overall. The importance of professionalism is emphasized in graduate level theoretical and clinic courses. Additionally, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) notes in its 2009 standards that one its goals is to ensure the students “develop a professional counselor identity” (p. 2) and develop “counselor characteristics and behaviors that influence helping processes” (p. 12). As counselor educators, we are charged with the task of making sure that students are not only taught but can demonstrate the mastery of the CACREP standards. My study findings are in direct support of these standards and emphasizes why they

should continue to be taught to counseling students. What makes the findings in my study significant to the training of future counselors is that my findings come directly from current mental health clients. In an effort to continue to grow and maintain with current society, the material that is taught in counseling programs should be rooted not only in theory but also bound by client-based research. As counselors, we are taught to look to our clients for answers on the best way that we can serve them. The same should also be true for counselor educators. As such, studies such as this that directly focus on the experiences of clients should be used to help develop and emphasize the standards by which future counselors are trained.

Another implication of my study for counselor education is the need for more counter-narratives. As presented at the beginning of this study, the goal of my research was to present a different view of the relationship between African Americans and mental health counseling. In my study, I chose to focus on the experiences of African Americans who are current mental health clients, as opposed to the narratives of African Americans who are not clients. By presenting my study and its findings, I want to emphasize that there African Americans who do go to counseling and have found a benefit from the experience. Counselor educators should continue to conduct research that challenges some of the taboos of counseling for marginalized populations such as African Americans.

My study also found that the participants did still have to overcome their own stigmas and biases toward counseling. My study highlights that stigma is an issue for both African Americans who do and do not receive counseling services. Counselor educators should emphasize in their research and teaching that stigma will be present in all client populations, but especially in African Americans. Stigma was a topic that was brought up multiple times by all the participants

in my study and they each discussed how it played in their reluctance to go to counseling and to tell other people about their participation in counseling. Stigma has been cited as one of the top reasons why African Americans avoid going to counseling. The relationship between counseling and stigma continues to have a strong bond. One of the ways that counselor educators can use this study is to highlight how the participants found a benefit in counseling after learning and understanding what counseling was. Continuing to conduct studies that focus on the narratives of clients can help counselor educators to better understand client experiences, their clinical needs and how to better recruit marginalized groups to engage in counseling more often.

Implications for Clinical Practice

As noted previously, the counselor and client relationship is an integral part of the counseling experience. As such, one of the implications of this study to clinical practice that the counseling relationship matters to clients. Counselors are their own tool in the practice of counseling and they should be aware of how their behaviors impact the client's experience in counseling. My study found that African American clients felt that they had a positive experience in counseling when they had a professional counselor. Counselors should continue to strive to maintain a professional relationship with clients and avoid non-therapeutic behaviors. For counselors, this may mean being more cognizant of their physical appearance and professional dress and attending to their own mental health needs if they feel they are becoming too personal with their African American clients. In addition, counselors are encouraged to maintain continuing education credits that focus how to remain professional and up to date on multiculturally based counseling techniques and practices.

A second implication of this study for counseling practice is the focus on clients who are experiencing significant losses or other crises. Each of the women in this study came to counseling after having experienced a significant loss or crisis in their lives. This study emphasizes the important role that counseling plays in helping clients to deal with traumatic situations. The clients in this study found that they were able to better cope with their situations through working with counselors who was professional and empathetic. The findings emphasized that these women found that being in a counseling environment where they felt they could speak openly and without judgement contributed greatly to their positive experience and helped them to learn how to become more accepting. Counselors should also be aware that aspects such as professional dress code are important to clients and their perceptions about the counselor's competence. Many clients in this study felt that professional dress code was as important as the actual counseling the counselor provided. Clients look at all aspects of the counselor when making their judgments as to the counselor's level of professionalism.

Implications for Researchers

The process of conducting this study revealed some future implications for researchers who are looking to work with and study African American counseling clients. I found that one of the most important aspects of working with the participants in this study was my ability to build rapport with each of them. As previously noted, African Americans are a marginalized group whose voices are often unheard in research. As such, they can be can difficulty to engage in the research process (Bean et al., 2002). There are several ways that researchers can work to build rapport with African American study participants and have them be more engaged in the research

process. For my study, I started building rapport with participants during the initial phone call or email by explaining the importance of my study and how the study had personal significance to the participants. I explained to my participants that I wanted to highlight the voices and experiences of African Americans who had been mental health counseling clients. I also explained to my participants that I wanted to use this research to help to inform counseling professionals about the experiences of African American clients. Several participants stated that they were interested in the study because they wanted to help to make counseling more acceptable and better for future African American clients. Researchers should find ways to present how their studies can be of personal significance to African American participants. Researchers could also present ways that participants can be engaged in the study by suggesting friends and family members who would meet study criteria.

A second way that I built rapport with my participants was through the use of multiple interviews. The first interview had fewer, less probing questions about the participants' experiences in counseling. I also encouraged my participants to ask me any questions they had about the study or email me if they had questions after the interviews. Several participants asked about my professional background and why I decided to do a study on African American clients. I took those opportunities to talk to my participants about my own experiences as a counselor and a client so that I did not appear as a nameless or faceless researcher. I wanted my participants to feel safe sharing their personal stories and know that I would maintain their confidentiality while still achieving my research goals.

Another way of building rapport with participants is to conduct interviews in environments where they feel safe. Most of my participants felt safe meeting in a counseling

room that I suggested. However, I did have one participant who preferred to be interviewed in her home. I wanted the participants to feel safe while speaking with me so I asked each of them for their own input as to where they would be ok having our interviews. I also wanted to allow the participants to have some ownership in the experience and not feel like they were being told what to do throughout the process. I also scheduled their next interview within a week of the first interview. I wanted to make sure I kept my participants engaged in the study process and did not let a large gap of time pass between interviews. I wanted to show them that I was eager to hear more from them and to respect the time that they chose to spend with me. Future researchers will want to talk to their participants about where they feel comfortable interviewing.

Lastly, many of my participants were recruited through a snowballing and therefore I had come recommended by someone else. I feel that this step added a layer of legitimacy and safety for the participants in my study. Since people they knew suggested my study, my participants were given the impression that I was someone who could be professional and could be trusted. Future researchers may find that their best recruitment strategy for working with African Americans and other marginalized populations is to find allies who work closely with the groups they are looking to study. Having that connection helps participants to feel more comfortable with the researcher and less skeptical of the ill-fated intentions of a novice researcher or someone who is looking to create another master narrative that would cast the group in a negative light.

Study Limitations

While saturation for this study was achieved with this sample, some limitations should be mentioned. The first limitation of this study is the homogeneity of the sample. All of the

participants in my study were female. Participants were recruited from counseling clinics that served both male and female mental health clients, however no men contacted me or were identified for inclusion in the study through snowballing sampling methods. African American males are a population that often go unnoticed in research studies, due in part to the fact that they can be difficult to recruit for both counseling and research studies. (Hall & Sandburg, 2012; Hines & Boyd-Franklin, 2005)

In both counseling clinics where participants were recruited, there are a higher number of female clients than male clients. African American men make up only a percentage of that number of males. In addition, all of the members of the sample were college educated. This limitation is due in part to the bias in the sampling method. Both of the clinics where participants were recruited are located on a college campus. The CCRC serves both the UCF and larger Orlando community, while CAPS serves only UCF students. Due to the location of these clinics, it was an inherent likelihood that many of the participants would have some exposure to college, as either a current student or previous student. There was a lack of diversity in where participants lived and worked as all but one of the participants live in the Orlando, FL metropolitan area. These similarities among the sample speak to the experiences of African American female mental health clients in the Central Florida area. The results of this study should not be used to generalize to all African American mental health clients in the United States.

A second limitation of this study is the recruitment of study participants. Recruitment for this study proved to be a difficult task. Most of the participants in this study were recruited through snowball sampling. Participants were referred to the study by their counselors, professors, or friends who were currently participating in the study. As discussed in chapter two,

there can be a level of distrust among health researchers and the African American community and that may have accounted for the hesitancy of possible participants responding to the letters and flyers asking for participation. Some participants remarked after the interviews that they wanted to participate in the study when they realized that the researcher was a Black female. This would suggest that meeting with a researcher who has a shared racial or ethnic identity might make the participants feel more comfortable participating in a research study where they are being asked to discuss personal information about themselves.

There were two other adults, a male and female, who agreed to participate in this study. However, I was unable to interview either of them for varying reasons. I was unable to interview the woman because she expressed several concerns about being seen anywhere in public with me. She also did not want to meet in any of the counseling clinics or on the college campus to do the interview. I spoke with her about several options for meeting places in the community but she did not feel comfortable with any of the suggestions. I believe she would have felt more comfortable with an option such a phone interview or questionnaire where she did not have the risk of being seen or “outed.” I had a similar experience with trying to schedule the interview with the male potential participant. He stated that he had a limited availability and requested to do a phone interview instead. Since I wanted to maintain the structure of the interviews, I decided to not complete phone interview with either of these potential participants.

Future Research

In response to the limitations of this study, there are some areas where future research should be conducted. One of the first areas would be to conduct a similar study that focused on

the experiences of African American male clients in mental health counseling. My study did not have any male participants and a study that would focus on the experiences of African American males is a needed addition to the counseling literature. In that same vein, a study that compared the findings in my study with a similar study focusing on male African American clients would provide insight into the similarities and differences that the two genders had in regard to their counseling experiences. Populations that should be explored in future research studies are African Americans mental health clients who are not college educated or who do not live in the central Florida geographic region.

Another area of consideration for future research would be to do comparative analyses of the experiences of African American mental health clients with mental health clients of different racial and ethnic groups. A study that focuses on looking at the differences in the groups would bring focus the similarities and differences among the experiences of mental health clients. A suggested comparison would be to look at the experiences of adult White mental health clients in the Orlando metropolitan area and compare the results of that study to the ones presented in this study. A similar study should also be performed comparing the experiences of clients of varying racial and ethnic backgrounds who are receiving counseling treatment from the same counselor or facility to see if there are any differences in their experience and therapeutic outcomes.

Personal Reflections

In reflecting on this study, I find myself reflecting on the interactions I had with each of the women I interviewed. I cannot express adequately the experience of meeting and hearing their stories. My goal in presenting this study was to highlight their words and to present

research that I could say was truly centered on the client experience. It was important for me to present their words and experiences as authentically as possible. I started this study as a result of searching the current literature on African Americans and counseling. I quickly found myself disappointed by what I found because much of the research conducted focused on African American's stigma against counseling and counselors. I also found that there was a lack of research and several theoretical articles that were based on unfounded ideas and untested hypotheses. I wanted to do a study that was strength based and focused on the experiences of African Americans, who like myself, did go against the grain and tried counseling. I wanted to highlight as much of their experiences as possible. This included both positive and negative aspects. I feel that have been successful in my attempts and hope that readers of my study will take away new knowledge about the relationship between African Americans and counseling.

APPENDIX A: ORIGINAL IRB APPROVAL



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Jessica L. Martin**

Date: **January 12, 2015**

Dear Researcher:

On 1/12/2015, the IRB approved the following human participant research until 01/11/2016 inclusive:

Type of Review: UCF Initial Review Submission Form
Project Title: A Phenomenological Investigation of the Lived Experiences of African American Adults in Individual Mental Health Counseling
Investigator: Jessica L. Martin
IRB Number: SBE-14-10817
Funding Agency:
Grant Title:
Research ID: N/A

The scientific merit of the research was considered during the IRB review. The Continuing Review Application must be submitted 30 days prior to the expiration date for studies that were previously expedited, and 60 days prior to the expiration date for research that was previously reviewed at a convened meeting. Do not make changes to the study (i.e., protocol, methodology, consent form, personnel, site, etc.) before obtaining IRB approval. A Modification Form **cannot** be used to extend the approval period of a study. All forms may be completed and submitted online at <https://iris.research.ucf.edu>.

If continuing review approval is not granted before the expiration date of 01/11/2016, approval of this research expires on that date. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

Use of the approved, stamped consent document(s) is required. The new form supersedes all previous versions, which are now invalid for further use. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Participants or their representatives must receive a copy of the consent form(s).

All data, including signed consent forms if applicable, must be retained and secured per protocol for a minimum of five years (six if HIPAA applies) past the completion of this research. Any links to the identification of participants should be maintained and secured per protocol. Additional requirements may be imposed by your funding agency, your department, or other entities. Access to data is limited to authorized individuals listed as key study personnel.

In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](#).

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

APPENDIX B: IRB ADDENDUM APPROVAL



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Approval of Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Jessica L. Martin**

Date: **March 12, 2015**

Dear Researcher:

On 3/12/2015 the IRB approved the following modifications to human participant research until 01/11/2016 inclusive:

Type of Review: IRB Addendum and Modification Request Form
Expedited Review
Modification Type: Protocol revision, revised recruitment procedures.
Project Title: A Phenomenological Investigation of the Lived Experiences of African American Adults in Individual Mental Health Counseling
Investigator: Jessica L. Martin
IRB Number: SBE-14-10817
Funding Agency:
Grant Title:
Research ID: N/A

The scientific merit of the research was considered during the IRB review. The Continuing Review Application must be submitted 30 days prior to the expiration date for studies that were previously expedited, and 60 days prior to the expiration date for research that was previously reviewed at a convened meeting. Do not make changes to the study (i.e., protocol, methodology, consent form, personnel, site, etc.) before obtaining IRB approval. A Modification Form cannot be used to extend the approval period of a study. All forms may be completed and submitted online at <https://iris.research.ucf.edu>.

If continuing review approval is not granted before the expiration date of 01/11/2016, approval of this research expires on that date. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

Use of the approved, stamped consent document(s) is required. The new form supersedes all previous versions, which are now invalid for further use. Only approved investigators (or other approved key study personnel) may solicit consent for research participation. Participants or their representatives must receive a copy of the consent form(s).

All data, including signed consent forms if applicable, must be retained and secured per protocol for a minimum of five years (six if HIPAA applies) past the completion of this research. Any links to the identification of participants should be maintained and secured per protocol. Additional requirements may be imposed by your funding agency, your department, or other entities. Access to data is limited to authorized individuals listed as key study personnel.

In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](#).

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

APPENDIX C: INFORMED CONSENT



**A Phenomenological Investigation of the Lived Experiences of African American Adults in
Individual Mental Health Counseling**

Informed Consent

Principal Investigator(s): *Jessica L. Martin, M.S., CRC*

Faculty Supervisor: *David Boote, PhD*

Investigational Site(s): *Community Counseling and Research Center*

Introduction: Researchers at the University of Central Florida (UCF) study many topics. To do this we need the help of people who agree to take part in a research study. You are being invited to take part in a research study which will include about 10 people in the Orlando Metropolitan area. You have been asked to take part in this research study because you are currently in mental health counseling and self identifies as African-American or Black. You must be 18 years of age or older to be included in the research study.

The person doing this research is Jessica Martin of the College of Education and Human Performance at the University of Central Florida. Because the researcher is a graduate student she is being guided by Dr. David Boote, a UCF faculty supervisor in the College of Education and Human Performance

What you should know about a research study:

- Someone will explain this research study to you.
- A research study is something you volunteer for.
- Whether or not you take part is up to you.
- You should take part in this study only because you want to.
- You can choose not to take part in the research study.

- You can agree to take part now and later change your mind.
- Whatever you decide it will not be held against you.
- Feel free to ask all the questions you want before you decide.

Purpose of the research study: The purpose of this study is to understand the experiences of African American adults in individual mental health counseling. African Americans are an underrepresented population in mental health counseling research and this study seeks to give voice to African American clients about their experiences within the mental health system.

What you will be asked to do in the study: You will be asked to participate in 2 to 3 audio recorded semi-structured interviews with the Jessica Martin. Each interview should last from 60 to 90 minutes depending on the depth of responses from the participant. Jessica Martin will complete the second interview within 3 weeks of the initial interview. A third interview may be required if additional information is necessary for the study. Study participants will be asked to verify themes found in interviews via email, phone or in person interaction at the conclusion of the interviews.

Location: This research study will take place at the Community Counseling and Research Center on the University of Central Florida main campus.

Time required: We expect that you will be in this research study for approximately 4 months. You will be asked to participate in 2 to 3 audio recorded interviews. Each interview should last from 60 to 90 minutes. These interviews will be conducted during a time that will be mutually agreed upon by the researcher and the participant.

Audio recording: You will be audio recorded during this study. If you do not want to be audio recorded, you will *not* be able to be in the study. Discuss this with the researcher or a research team member. If you are audio recording, the recording will be kept in a locked, safe place. The audio recording will be erased or destroyed a year after the completion of this research study.

Risks: There are minimal risks or discomforts involved in taking part in this study. During the interviews, we will be discussing sensitive issues, similar to those you may be discussing with your mental health counselor. Interviews are not intended to cause anxiety, however anxiety may result from interviews. If after the interview you need to discuss any of these issues further please contact the Community Counseling and Research Center at (407) 823-2052. Jessica is certified rehabilitation counselor and is available to discuss any concerns that may come up as a result of

participation in this study. Main risk of this study is breach of confidentiality. In order to minimize risk, you will be asked how you would like the researcher to contact you.

Compensation or payment:

There is no compensation or other payment to you for taking part in this study.

Confidentiality: We will limit your personal data collected in this study to people who have a need to review this information. We cannot promise complete secrecy.

Study contact for questions about the study or to report a problem: If you have questions, concerns, or complaints, or think the research has hurt you, talk to: Jessica Martin, Doctoral Candidate, Counselor Education Program, College of Education and Human Performance, (407) 823-3593 or Dr. David Boote, Faculty Supervisor, College of Education and Human Performance at 407-823-4160 or by email at David.Boote@ucf.edu.

IRB contact about your rights in the study or to report a complaint: Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901. You may also talk to them for any of the following:

- Your questions, concerns, or complaints are not being answered by the research team.
- You cannot reach the research team.
- You want to talk to someone besides the research team.
- You want to get information or provide input about this research.

APPENDIX D: RECRUITMENT POSTER



Research Volunteers Needed!

Study investigating the experiences of African American Mental Health Clients

Volunteers are needed to participate in study about the experiences of African Americans who are currently in mental health counseling.

Study participants must:

- Be 18 or older
- Self identify as African American or Black
- Be a current mental health counseling client and have completed at least 3 individual counseling sessions in the past 12 months

Study participants will be asked to complete two or three interviews that will be approximately 60 minutes each.

Interviews will take place at the Community Counseling and Research Center at the University of Central Florida, or at a mutually agreed upon time and place.

For more information about the study please contact:

Jessica Martin, M.S. at (407) 823-3593 or Jessica.Martin@ucf.edu

David Boote, PhD at David.Boote@ucf.edu

Jessica Martin, M.S.
Phone: (407) 823-3593
E-mail: Jessica.Martin@ucf.edu

Jessica Martin, M.S.
Phone: (407) 823-3593
E-mail: Jessica.Martin@ucf.edu

Jessica Martin, M.S.
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Jessica Martin, M.S.
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E-mail: Jessica.Martin@ucf.edu

APPENDIX E: RECRUITMENT LETTER



**Department of Child, Family,
and Community Services**

Study Title: A Phenomenological Investigation of the Lived Experiences of African American Adults in Individual Mental Health Counseling

Greetings!

My name is Jessica Martin. I am conducting a research study on the experiences of African American adults who participate in individual mental health counseling. If you decide to participate:

- You will be asked to meet with me for two or three interviews for about 60 minutes each.
- You will be asked questions about your experiences as a mental health client.
- The meetings will take place at the Community Counseling and Research Clinic at the University of Central Florida, or a mutually agreed upon time and place.

Your participation is very important and needed! I am doing this research study in an effort to help broaden researchers' and clinicians' understandings of what African American clients experience in counseling.

Participation is confidential. I will be happy to answer any questions you have about the study. You may contact me at (407) 823-3593 or Jessica.Martin@ucf.edu or my faculty supervisor, Dr. David Boote at David.Boote@ucf.edu.

Thank you for your consideration. If you would like to participate, please contact me at the number or email listed above. I look forward to hearing from you soon!

With kind regards,

Jessica L. Martin, M.S., CRC
Doctoral Candidate – Counselor Education
University of Central Florida

APPENDIX F: DEMOGRAPHICS QUESTIONNAIRE

Participant Code _____

Demographics Questionnaire

Directions: Please answer the following questions.

Today's Date: _____

Name: _____

Phone Number: _____

Email Address: _____

How would you like to be contacted? _____


How did you learn about this study? _____

Age: _____

Race/Ethnicity: _____

Gender (check one): ☐ Female
 ☐ Male
 ☐ Other (Write in) _____

Highest Level of Education (check one): ☐ Some school without high school diploma/GED
 ☐ High school diploma or GED
 ☐ Some college without degree
 ☐ Two year/Associates degree
 ☐ Bachelor's Degree
 ☐ Master's, professional degree, or higher

Continue to next page 

Participant Code _____

Partnership Status (*check one*):

- ☐ Single, never married
- ☐ Married/Domestic Partnership
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Living with partner, not married or in domestic partnership

Employment Status (*check one*):

- ☐ Employed Full-time
- ☐ Employed Part-time
- ☐ Student, Employed Part-time or Full-time
- ☐ Student, Not Employed
- ☐ Not Employed, Not a student

THANK YOU! 😊

APPENDIX G: BRACKETING INTERVIEW

Bracketing Interview

Introduction

The bracketing interview is considered to be an important element of phenomenological research. Bracketing, a term that was initially coined by Edmund Husserl, refers to the process by which the researcher places the phenomena under investigation under closer scrutiny (Patton, 2015). The process of bracketing involves: taking the researcher's personal experiences with the phenomena, recording the personal narrative into text, and dissecting that text for themes (Creswell, 2007; Patton 2015). This bracketing interview is the product of that bracketing process. Below I have detailed some of my own experiences with mental health, both as a counselor and a client.

My Narrative

Childhood experiences with mental health

I was born in the early 1980's in North Carolina to my mother, who at the time was a homemaker and my father who was at the time in the Army and stationed in South Korea. I am the oldest of three children and the only girl. Both of my parents are African American or Black. The story as it has been told to me is that on my mother's side of the family we are from Bahamian descent and my father's side is a mystery as he was adopted during his early childhood. My mother was a stay at home mother for about the first 8 years of my life before she went to work as a bank teller. Later, she found a career as a pre-kindergarten teacher's assistant. My father was in the Army until I was in the 5th grade. He worked several manual labor jobs after retiring from the Army and eventually settled into a career as security supervisor at a local hospital. Both of my parents took community college classes at various points in their lives and

my mother attended one year of college. I was the first person in my family to get a college degree, with my youngest brother getting his bachelor's degree 5 years later. I am the only person in my family to get a master's degree, and soon a PhD.

I don't remember the first time that anyone ever spoke to me or when I learned what "mental health" or "counseling" meant. I remember having a guidance counselor in school and even though I attended multiple elementary schools due to my father being in the military, I always remembered the guidance counselor as being a "nice lady." I am not sure that I knew what a guidance counselor, or school counselor as they are called now, did until I was in high school and looking to attend college. Even then, the guidance counselor felt more like someone you talked to about which colleges you should apply to or when you should take the SAT. I remember in elementary school that I would have friends pulled out of class to go and talk to the guidance counselor but that was typically because they were class clowns or troublemakers. I was once told by a friend that if you didn't want to go to class one day you could just tell the teacher you needed to talk to the guidance counselor about something that is bothering you. I think I tried that once but I don't remember what I talked to her about and she just smiled and sent me back to class. I don't think I ever understood exactly what she did. I think she did a program on reporting child abuse for class. Otherwise, I don't remember much about the guidance counselor.

I am not sure if there were any classes that were dedicated to learning about mental health. The most obvious class would have been my health classes, however health classes in elementary and middle school were solely dedicated to physical health. We talked about healthy eating, exercise, dental care, and sexual education. I don't think anyone ever talked to me in

school about mental health until I got into high school. I remember seeing videos on signs to watch for if someone is suicidal or if you are dealing with a physically abusive boyfriend. High school was when I really started to recognize that some students were “different” and “outsiders”.

I didn’t know any counselors or psychologists in my family or among family friends. Anyone who would be identified as having some type of mental illness was referred to by a number of names: “crazy”, “special”, “touched.” I learned early in my life that you met someone who fit the definition of someone with a mental illness that you should leave them alone. The picture that comes to mind of someone that would be identified as crazy, special or touched in my neighborhood was someone who would talk to themselves or other invisible people, someone who was homeless or generally unkempt, or someone who didn’t speak and kept to themselves. Even though these people were out casted in some ways I did learn that you should never be cruel to them. People who were mean to someone like that were considered to be a person of poor character or as my grandmother would say, someone without “scruples.” Older people in the community would always say that you should pray for someone with a mental illness. I think that in the minds of my family and the greater community in which I grew up, that there is a relationship between mental health disorders and income/class status. It seems that those people I have known to have a mental health disorder have come from a low income background.

I have a distant cousin in my family who has been considered “crazy” for many years. I now understand that she has been diagnosed with schizophrenia. She hasn’t been able to afford her medicine and even when she does have it, she does not always take it. She has been in and out of the emergency room for as long as I can remember. If I had to guess she is admitted into

the emergency room about 3 to 4 times a year. I have seen other family members who have had symptoms of less severe mental health issues such as anxiety, depression and attention deficit hyperactivity disorder. I have never known any of them to attend any type of outpatient counseling. If they did, they never spoke about it. I once suggested to my parents that someone in our family might have ADHD and I was told that was a horrible thing to say about someone and that I should never say that again.

My family was not very religious but as a child we attended church regularly. Whenever someone was sick we would add them to the prayer list. This included any type of mental health issue. If someone was dealing with depression or just general sadness it was said that they were “feeling down in their spirit.” The way to deal with that was to talk to God and ask him for strength. Someone who committed suicide was committing a sin against God and they were considered weak. No one in church ever said much about secular counseling, good or bad. However, it was always emphasized that the pastor was a guide and a counselor and that she was available to talk about any issues you needed to talk about. I talked to my pastor once about a personal issue and she was kind and told me to talk to God and he would forgive me of any of my sins. I felt relieved by her answer and did just that. If I know someone is of Christian faith and they are dealing with a difficult issue, I will suggest they pray about it before making a quick decision. I don’t think that prayer should be a replacement for professional counseling, rather, I feel that for the right person, they work in tandem.

On being a counselor

I decided to do my masters in Rehabilitation Counseling a year after I completed my bachelors in sociology. I had a difficult time finding a job and had done some volunteer work

with adults with disabilities. A friend told me she was going to Winston-Salem State to do her masters in rehabilitation counseling and asked me to come to school with her. I lived in Winston-Salem at the time so I didn't have to travel and I figured I had nothing else to do at the time. I completed the program in two years and did my internship at a state vocational rehabilitation office. My first supervisor was an African American woman in her mid to late 30's, who was also the wife of a preacher. I noticed that she would incorporate God in her work with many of the African American clients and they seemed to connect with her easily. She taught me that for many African Americans it was difficult to come to counseling and that it was our job to just listen sometimes. While she was very empathetic with clients, she was also very stern. She explained that it wasn't enough to just talk about issues but also about what needs to be done to create solutions.

When it comes to clients, I have found that I tend to be have more patience and empathy towards children and African American females. I think it's because I related more to their stories and experiences. I do not think that my work with clients from other racial or gender backgrounds has been affected.

On being a client

I had some strong reservations toward being a client myself. I had several points in my adolescent and adult life when I felt I might have benefited from some type of counseling, however typically I would just ride these moments out. I always felt that I was able to deal with any issues I had by praying, talking to friends or generally waiting things out. The first time I decided to go to a counselor was at the end of a long term, live in relationship. The relationship was my first long term; live in relationship and one that ended after several months of

disagreement between me and my ex-boyfriend. Since I was living in California and my family was in North Carolina, I did not have an immediate support system outside of the family and friends that I had connected with through my ex-boyfriend. I felt that I needed to have someone to talk to that could help me figure out my next steps in life. Specifically, I was dealing with some depressive symptoms. I remember one week I had spent three days in bed sleeping and crying. I consider this time, second to the passing of my mother, to be the lowest time of my life emotionally.

The person I decided to meet with was a white male psychologist in his mid-50's. Coincidentally, I had met him through my ex-boyfriend but I still felt that he would be able to keep personal and professional relationships separate. I saw him for approximately five sessions before I decided that it was not working for me. My sessions felt fruitless and he would end the session exactly on time with very little wrap up. After about three sessions I started to feel as if he might be taking my ex-boyfriend's side in the relationship break up. The counseling did not feel warm or genuine and I decided that I was better off going back to my old devices. A few months after I stopped seeing that therapist I looked him on the state licensing board and found out that his license had been revoked. I felt slightly violated in that, one I had been working with a therapist that the state board had already deemed was unfit to see clients, and two, I had made him for all our sessions in cash and had no proof of payment to take him to court. I did report him to the board for continuing to practice without a license. He has been revoked for life from ever being able to get his license to counsel in any state. I decided after that incident that I might be more comfortable seeing a black female therapist. I felt that perhaps a black female counselor would be able to better relate to me and therefore be more understanding and empathetic. I

searched and found a couple of black female counselors in the area but unfortunately they were booked for several weeks. I gave up my search for a counselor after that point.

My second time in counseling occurred approximately a year and a half after my mother passed away. I was in my second year of my doctoral program and the pressures of school, plus the growing realization that my mother was gone was getting to be too much. I went to the university counseling center and did an intake with an African American woman. She seemed very nice and we spent about an hour together talking about my issues. She told me to call back in a week to get my appointment. I was surprised and disappointed to find out that I had been placed with a Hispanic male. To my surprise, I actually enjoyed my time with him. I saw him weekly for about five weeks. He had a master's degree in psychology, and I admitted to him I was a bit wary of psychologists. In contrast to my first counseling experience, this counselor was much more empathetic and warm and even seemed to understand my struggles of being a Black woman trying to find her way in the Ivory Tower.

During our fourth session he informed me that he would be leaving the counseling center and moving out of state. He discussed with me the possibility of transferring me to an African American therapist who had her PhD. I really liked that idea of working with an African American female counselor, however I was assigned to a Hispanic female counselor. I was hostile toward her during our first two meetings: one because she was a recent masters graduate, and two I was disappointed that I did not get the chance to get the African American professor that I was promised. I felt I was taking a step backwards by having a counselor was at the same level as my own clinic supervisees. I found myself commenting on things that she did in session,

as if I were supervising her. I eventually found myself backing off and allowing her to take on the full role of a counselor in our sessions.

I am, as of the date of this interview, continuing to see her on a bi-weekly basis. I did not tell anyone I was going to counseling until I started going to the counseling center at my university. I think the first person I told that I was going to counseling was one of my best friends. It was easy to tell her because I knew she would not have anything negative to say about the experience and she was already aware of the stress and issues I had been dealing with after the passing of my mother. I have also told some of my supervisees and students; however I am selective about who I talk to and why I tell them. Typically, I tell my students and supervisees that I am in counseling because they have expressed hesitancy toward getting counseling for their own personal issues. It is my hope that knowing someone who is their senior and is somewhat relatable will help them to find their own permission to at least try counseling once.

My positionality in this study

My desire to do this study stemmed from my years as a counselor and the clients that I personally encountered. I was always aware that there were fewer African American clients and the ones that I did meet often came with hesitation. Having grown up in mostly Black neighborhoods, I knew that mental health often carried a stigma with it and that many people were reluctant to talk about it. One of the goals I had when entering the PhD program was to be able to help more Blacks and African Americans with their mental health needs. As such, I started to develop the idea for this study in my second year of my program. The study was met with some hesitation by some non-Black faculty who felt that the topic had been researched before and that a study such as this should not be done. In discussing my ideas with Black

faculty both in and out of my university, I found significantly more support for the topic and the impact of future research in the area.

I come into this study with some thoughts about what I expect to find and what I do not expect to find within my data. Based on my personal experiences, I expect that I will have more female than male participants in my study. I have noticed that women seem to be more open to the counseling experience than men, across all races and ethnicities. Also, when I have encountered male clients in my clinical work, many of them were in counseling because it was either court-ordered or part of family or marital counseling. I believe that some men find it to be more difficult to connect to the emotional components of counseling and therefore are not as interested in the services. I expect to hear from my participants that they have had positive experience with counseling and that they feel it has been beneficial to their lives. I also believe that many clients will express some type of stigma that they had about counseling prior to starting it. One thing that I do not expect to find or would be surprised to find is if any of my participants felt that they were doing worse after counseling than they were before.

Themes

In reviewing and reflecting on my bracketing interview, several themes have emerged from my narrative. These themes include: Stigma and the intersection of Culture and Gender.

Culture and Gender

The first theme that emerges in my narrative is that of the role of culture and gender in my life. I am the product of multiple cultures: Black, working class, and Christian. Each of these cultures come together with each other and are enhanced by the fact that I am also female. One point that emphasizes this theme is the statement I made concerning my empathy toward black female

clients. My own personal integration of racial identity and gender directly impact my personal feelings of empathy toward the same group. Also, the use of Christian doctrine and ideals in my counseling came from the training I received from my first supervisor.

Stigma

I think it is hard to talk about the experience of being a counselor and client without the topic of stigma being present. This theme is initially present in my narrative starting as a young child. Much of the initial information that I received as a child about mental health and mental illness was incorrect. I learned that mental illness was something that made a person an outcast and in need of prayer. The overall stigma of mental health in my community created a barrier for individuals to not learn about the nature and treatment of mental illness. I think that if the stigma of mental illness did not exist, my understanding of mental health as a child would have come from a place of education, rather than that of fear or pity.

Conclusion

The bracketing interview is an opportunity to provide an insight into the thoughts, feelings, and experiences that the researcher brings with them while conducting a phenomenological study. In my bracketing interview, I attempted to provide an insight into my experiences with mental health stigma and how race and gender have provided a unique outlook for how I view mental health. I also believe that my experiences as a client and counselor also add another layer and lens to this study. This additional layer adds to this study by presenting my worldview, where I have experienced both sides of the counseling relationship. As I present my study, it is my hope that readers will understand how my experiences have affected and shaped this study.

APPENDIX H: INTERVIEW PROTOCOL 1

1. Tell me about your current experience in counseling.
 - a. Is this your first time in counseling? If not, please tell me about your previous experiences in counseling.
 - b. How were you referred to this counselor/clinic?
 - c. What are your thoughts and feelings about your current counselor? Have those thoughts and feelings changed over time?
2. How has the experience of being in counseling affected you? What changes have you experienced that you attribute to being a client in counseling?
 - a. What were your expectations of counseling before you started coming to sessions?
 - b. Have you expectations changed since you have been receiving counseling services?
3. Can you tell me about how you made the decision to come to counseling?
4. Have you told anyone about the fact that you are going to counseling?
 - a. What did you tell them about your experience?
 - b. What was their reaction?
5. Is there anything else you would like to add about your experience in counseling that you didn't get a chance to say before?

APPENDIX I: INTERVIEW PROTOCOL 2

1. Describe a typical counseling session.
 - a. What are your thoughts or feelings at the end of your session?
2. What are some of the positive experiences you have had while in counseling?
3. What are some of the negative experiences you have had while in counseling?
4. What has the experience of being in counseling taught you about yourself?
5. What has the experience of being in counseling taught you about others?
6. How does the race and gender of your counselor factor into your counseling experience?
7. What are your thoughts about psychiatric medications?
8. Can you tell me about any mental health issues you have experienced within your own family and friends?
9. What do you think about the connection between your mental and physical health?
10. If you could change anything about your counseling experience what would it be?
11. Do you have any final thoughts about your counseling experience that you would like to share that we did not cover?

APPENDIX J: ZORA INTERVIEW 1 & 2

Jessica: Okay this is interview one with participant number two. Okay so my first question for you is how do you describe yourself to other people?

Zora: I just say my name and characteristics about myself. I am nice, funny, smart. That is pretty much it. Do I need to go in some more detail I really gender is very rare that I have to tell them ethnicity I don't bring that up, but that is pretty much it.

Jessica: Okay, so how does your description of yourself change depending on your setting?

Zora: Depending on my setting. Settings like what just social academic professional?

Jessica: Yeah.

Zora: Okay.

Jessica: With the crowd you are with or the environment you are in.

Zora: Actually I am usually more reserved I don't describe myself unless people ask specific questions I am not the one to be up there saying hey this is me, but I am very reserved unless people ask me questions specifically and that is pretty much across all settings.

Jessica: So tell me about your current experience in counseling?

Zora: Actually it's good now at a happy place so that's good, it's good. I talk to my counselor often it's kind of informal the relationship we have so it's not like a schedule I have to come in

every Tuesday. It was in the beginning, but now it's just very casual checking in let's talk this out. It's a very good; open yeah it's a good experience. That was the question right?

Speaker1: Yeah.

Zora: Okay.

Jessica: So was this your first time at counseling?

Zora: With this counselor or?

Jessica: Or just counseling in general?

Zora: Yeah, I didn't start going till after my mom passed. So yeah this has been the same counselor and has been continuing.

Jessica: So about how long ago was that?

Zora: 2012. So I started a little bit after 2012.

Jessica: Can you tell me about what it's been like throughout that period, the whole time of counseling. What the experience has been like?

Zora: I can tell the difference when I used to go frequently verses every now and then at different point. So when my mum passed I was there every week and found had some other issues I had to talk about which extended the time I was supposed to be there. And then everything was fine after that so working with her I realized a lot of things about myself that

really didn't have to do with my mum's death and who I was as a person and that was the first time I actually had to face myself. So during that time like I said it was every week it's supposed to be for an hour but they would go for like two hours.

They would go for two hours and then it started going to just an hour once because she was like if you don't want to stay in here you need to talk I talk to friends and stuff and we talk but to really talk? I am not a talker especially about my feelings or like you want me to really tell you how I feel? That was tough and then like I said there were some other issues and we got over that then I was fine and then this PhD program we have had some sessions.

I haven't scheduled them weekly she thinks now I need to come back weekly which was a little surprising but I can see why but that we haven't been able to do that and I can tell the difference from when I was going weekly to check ins I guess at different phases you think that you are I guess healed and I am using my little quotes, but you are not because new things are happening. Because I thought it was a one time boom done that's it and I am learning that is not the case.

Jessica: So, how is the experience of being in counseling affected you?

Zora: I think it was a good experience like I said I was adamant about not going into a certain age with a lot of drama and a lot of issues that I know that older women usually have. And I said I don't want to be bitter I don't want to always be the mean girl and all stuff like that. So when I had to really like I said I had to really face myself and get over things it made me a better person and I think it is mostly because of who my counselor is.

I don't know is it because she has known me and she treated me like I was am I a patient or... am I a patient? I guess so. She didn't treat me as someone she has known. I was a real lets come here and sit down and talk and it was trust from the beginning like that. So I was able to really open up and like I said I learned more about myself as a person things that I can handle things that I can't handle and accept who I am and that has been a good experience, it has been really good.

When things come up I learn how to handle it because I realized well that is just me that is how I handle things take it or leave it whereas before I would get so beaten out of shape like why are they acting like this or why do people treat me this way and try to fix myself to adapt to other people and when I started counseling I learnt I like to do that and that is okay. So it has been really a good experience and I guess starting it at 27/28 to me that was now a perfect time especially not having my mom so that was like a perfect transition to now into my 30s.

Jessica: Okay so what changes have you experienced that you attribute to being in counseling client or calling to counsel other?

Zora: Oh, I am a client not patient okay [laughter] what changes? Really again I got stuck on clients what was the question again?

Jessica: So what changes have you experienced that you attribute to being a client in counseling?

Zora: How I handle situations and how I...things that come up because I am still dealing stuff with my mum and so when things come up being in counseling help me understand how she was

and how certain decisions that she made are more understanding. Getting closer to my grandmother which I always thought I was close to my grandmother but I was really close to my grandfather and then my mum my grandmother was always in the background.

So now I am learning to understand my grandmother for the first time and so going through counseling and exposing some issues well not really issues but exposing some things help me to appreciate my grandmother understand her and tolerate her and how she is. Help me be open to my sister and tolerate my sister because that relationship was strained and I didn't realize. You don't realize relationships and how they affect you or how you are being at certain way affects the other person and that has changed for me because I didn't know that so it brought awareness to that.

Jessica: So when you think about before you got into counseling what expectations did you have about counseling before you started.

Zora: I wonder nobody think I was crazy [laughter] I did because like I said I have known my counselor forever. I knew who she was and I knew what she did and I was like you talk to crazy people all day but she was like no it's not that and I was like yes you do and then when I came to the point where it was like I think I need to talk to somebody and I was like okay and I will see her writing notes so like are you writing that I am crazy.

But I really thought that then I thought she is going to give me some medication, and I was like okay am I bipolar because I had read and she was like stop reading stuff that is not how this works. So yes that is what I thought and then like I said before I thought once you do that one or

two sessions you are healed but you are never really healed and so that is what I thought going in. That was the question?

Jessica: Yeah.

Zora: Okay.

Jessica: And so how have your expectations change since you have been in counseling?

Zora: I am not crazy [laughter] I don't need medication and its more of getting help or assistance with dealing with certain things because I had to learn how I handle stress and I had to learn how I handle disappointments and things like that and I was angry and I didn't know I was angry so it brought awareness to this is how you need to control yourself or this is how you approach this when something like this happens. So counseling has just helped me understand me more.

Jessica: And can you tell me a little bit you haven't touched on this earlier but how did you make the decision to go into counseling?

Zora: Okay, it was a few months after the funeral of my mum and grandfather and I think a little bit of reality hit and I started paying bills that I had never had to pay for and one day I looked and I had, and I was working at this time but helping the family now that I had 11 dollars left in my account and I had never ever had that issue. I mean I have had money saved but just checking the account with 11 dollars and you are like wow wait a minute and then making life decisions I had got a accepted into the PhD program.

It was like oh my God did I just make the biggest mistake you know I am trying to help take care of my sister, my grandmother who has been alone for the first time and I was about to lose it and I was mad at a lot of people and then my counselor she wasn't my official counselor at that time and she was like if you ever want to talk let me know. And I was like I told you, you deal with crazy people and then one night I just I fell out crying and I called her and said I need to come in and she said okay. And I think it was a weekend so I think that Tuesday I was in there and that is how it all started.

Jessica: So have you told anybody about being in counseling for your counseling...

Zora: Now I don't have, I kind of like its like trendy for me hey you need therapy you need to go talk to somebody I am not ashamed anymore because its not about being crazy and then I look at people who doesn't go to counseling and I was like this is where you have some issues you need to go talk to somebody. I am not ashamed of it like I was before and I have even made my sister go to counseling because that baby girl she needed to go and yes so I told my sister know so of my friends know and I don't go around when I first meet people hey I am in therapy I don't do that, but if it comes up then I am not ashamed to say I am in therapy or I get counseling I guess.

Jessica: So when you first started did you tell anybody?

Zora: When I first started no, I did not because I didn't want people to be like so what are you talking about or automatically assume that was because of my mum and that is why I was in there and I learned very quickly it had nothing to do with my mum, but I didn't feel like going

through that whole thing and then one guy he is my financial guy and their offices are kind of close to each other he was like yeah I see you over there going to talk to her and I would be like why do you people keep looking at your office window?

That is between me and her, but when he was like well that is good I am glad you are going then that made me feel like okay he is not going to really ask why I am there, people generally don't ask why are you there and I thought people did why are you there and so when that happened I was okay but initially I didn't tell anybody.

Jessica: And so when you had told people what kind of reactions have they given you?

Zora: Surprisingly it has been like okay me too [laughter] or maybe I should go see somebody. And every now that you may tell one person they are like oh, you are crazy? But for the most part it has been fine.

Jessica: Okay and so even like with your family members how they reacted?

Speaker2: Well the only family members I know are my sister and my grandmother and I don't really think my grandmother fully gets it. I told her that I do go to talk to somebody and then I joke more so about my sister I say yeah Chars is in therapy. So I would say that and grandma is fine but I haven't come out saying because I don't want her to worry or think because I know my grandma still thinks its for crazy people and we come to conclusion that my sister is a little crazy so that is fine for her, but I have told grandma that yeah I will go talk to somebody about some issues and she is like okay but I don't say I am in therapy with grandma no.

Jessica: So that is actually kind of my last question so my last question to you is there anything else you would like to add about your experience with counseling?

Zora: Like I said well maybe my experience is different because my counselor is still my church. So I think that is probably why I was a little more open to going because it wasn't one of those random places where you go like you see in the movie it's the big office, the counselors is over there on a chair you are on this couch and they have the no pet and all these.

So that is not my experience I want to say maybe because it was through my church and is a Christian counselor and even though she is a Christian counselor it's rare that, she doesn't follow everything with scripture which that was another reservation like okay I know the bible please don't quote the real life here. But when we were talking then every now and then she would bring in some scripture and say this is how it is.

I referred one of my lesbian friends to her and I was nervous, my friend was nervous but it turned out that my counselor is like this is what I...I think she told her this is what I believe but we kind of put both of those aside I need to help you and you have some issues regardless if you are lesbian or heterosexual because my friend is crazy too, she is. But I think that is what made me and my grandma feel better because it wasn't like a stare office or who is this stranger trying to pry into my life kind of thing. I think that helped my experience being in my church.

She is black too I think that...actually I am going to say I think that helped also because like I said learning about issues because there were certain thing I told her I don't want to have these issues at a certain age being like the angry black female or I don't know how to handle that and

being in this PhD program because she also has a PhD. So it was just a lot of common things that she is able to relate to and address it from a professional well her background and all of that that also helped. That was important to me because even though for the most part you think you are open, it is comforting having someone who looks like you, talk to you about experiences like they can relate and they are not going based on something they read.

They have experienced certain things and she shares, surprisingly she shares a lot about her I don't know if they are supposed to do that it made me feel better and she wasn't judgmental and that was the hesitation I had because she had known me so long and I had to talk to her about some real stuff and it was kind of like oh my gosh what is she going to think about me.

I don't know how she does it but she keeps it like whatever happens in this room and it stays and then when we see each other at church it's just like nothing ever happened and I avoided her I think after the first two sessions in church. I was like [PH] do you know I just told you [laughs] but it was nothing like that so yeah so I think that would be important to have really good experiences with my counselor.

Jessica: That's good okay.

Zora: Anything else?

Jessica: No that was my last question. Do you have anything else?

Zora: No I don't think so.

Jessica: Okay well thank you.

Zora: You are welcome.

Jessica: Okay, this is interview number two with participant number two. So I want you to think about your current or your most recent counseling experience. Tell me what does a typical counseling session look like?

Zora: Okay, now typical and most recent, those aren't the same.

Jessica: Okay, so tell me about a typical counseling session.

Zora: Okay, so my typical would be in my counselor's office. It's a small office and she sits at her desk and I sit in two chairs, like in front of her, but there is like no barrier in between us. So her desk is against the wall and she's facing me and I'm facing her. We start off these casual conversations and if I say something that triggers an experience for her, she talks about it. So sometimes we go off on a tangent, but it sets the tone and then we get into some drill. Whatever issues that come up, she'll look at her notes and say once we get throughout the preliminary stuff.

She looks at her notes and then say, "Okay, this is the last thing we stopped off on. How are you feeling about that? Has anything changed? What has changed?" Then we go from there depending on whether or not it has changed. And then she just lets me talk and it's a lot of back and forth. She doesn't sit there in silence all the time, just lets me talk. She jumps in and it's like more of a dialogue with us during the session. Even though it's supposed to be for an hour, she usually lets me talk until I say, "Okay, I'm done."

Jessica: Okay.

Zora: And that's my typical.

Jessica: So it is supposed to be an hour but you'll talk until you're done. About how long is that?

Zora: I'll say in the beginning when I started, it would go two-and-a-half hours, but then as time went on, an hour would be good. Like I felt myself, I'm like, "Okay, it's been long enough."

Jessica: Okay. So what are some of your thoughts and feelings that you have once the session has ended?

Zora: Actually, I felt like a sense of relief. Like, okay, I'm glad I got that out. Because there were times where you can't really talk about certain things. Just open and free with no consequences. So this is... I feel like a huge... like hah! I'm glad I said that out loud. Then feeling that I said this without being judged. That does a big thing. It makes me want to continue to the next session. Like, okay, I look forward to it so I can get this cleared up and move on out of the way.

Jessica: Okay. So can you tell me what are some of the positive experiences you had in counseling.

Zora: Well, like I said before, the ability to be able to be free in what I say and how I feel without being judged. That's been a very positive experience because a lot of times, when I talk to people,

it's like, well, what are they going to think about me or I hold back because I don't know what kind of reactions. But going through counseling with that feeling of not being judged, at this point, I really don't care what I say to people and how they take it because I've learned how to own my feelings and own my words through counseling.

That's been the most positive thing I will say that I experienced through counseling.

Jessica: All right. And what about some of the negative experiences you had while being in counseling.

Zora: Negative experiences? Actually facing the truth. I will say this, that's kind of negative because you don't want to do that and it took me a while to do that. I would go in and say well, these are my issues that I thought and then realizing that you haven't been truly yourself. I think that's negative because it's like I've always thought I was true to myself and then you get down to some issues just like, oh my gosh, have I been fake this whole time? I was going on.

That hit me kind of hard because I started going to this whole, like who am I? Am I being true? Have I been truthful? Should I not be feeling this way? Why am I feeling this way? And it caused me to do a lot of soul searching that I was not prepared for and I told her I felt that I would be in some kind of mild depression. You're causing me to face certain things that I didn't think were there. I didn't think that was an issue and I stopped going for a little bit.

Because I was like just, I don't like that. Which was to fix things, not make things worse, that's what I thought. I'll say that's the negative experience that I had. Like I did feel a little depressed and then I stopped going for a while. Because I didn't understand that's what you're supposed to do.

Jessica: So what does the experience of being in counseling told you about yourself?

Zora: It's only that I'm not crazy. I am not crazy and it's fine to really just be me and accept everything about me and then a lot of things... we talked about my mom a lot, and accept her as she was. Like the things she did, did not do, said, did not say. Accept that but that's who she was and she did the best she could. So I'm more accepting. Even though sometimes I will come across that way, but deep down, when I really think about things, I accept things a lot more especially with me when things happened. Like it is what it is.

I handle things a whole lot better, a whole lot. So I will say that's what... yeah, that's the big thing.

Jessica: So what's the experience of being in counseling told you about other people?

Zora: Other people have issues. Yes, there are a lot of people that need to go to counseling. That's why it's not me. I mean that's the [indiscernible] [00:07:30] because being in counseling, well, it helped me to be more understanding. I was able to understand my sister more. I realized, all right,

you look tense, you need to go to counseling, too. Whereas before, I never... we're sisters, we're close, but I never talked to her. I always talked at her. So then when I became... got myself together and said, okay, listen to her.

Then I realized, okay, this is what we need to do, you go talk to somebody. Yeah, and then other people lash out because they have issues within themselves and I only learned that through the process of understanding me. That's what I learned about other people. Then other people, they don't have to be nice. And I know that now. I used to think that why am I getting treated this way? Why are people so mean? Other people, they don't have to. They don't owe you anything. That's what I learned.

Jessica: How does the race and gender of your counselor factor in to your experience?

Zora: My counselor is... she looks like me. She's Black female and I will say that I.... see, I don't know. I don't know if this is bias because I've known her forever. She has been my counselor forever. I've known her since I was young. I recently started going to her when my mom passed. I don't know if that has anything to do with it, or the fact that she does look like me, I'm more open to talk to her. I don't know, it could be her persona— I don't know. That's the hard one, I don't know. Is it like the chicken before the egg?

Just because I've known her and she looks like me? Or the fact that she looks like me or I can relate? Yeah, I don't know. Well you know what? With our last conversation, I'm going to say

that it has been a bonus because I talked to her about this PhD process and she also has a PhD in addition to all these other things. She was able to identify specific things about my experiences. So I will say since starting the program, or once I started having issues in the program outside of academics, it's a plus that she's a Black female and she can relate. So I will say that's a plus.

Jessica: Okay. Would you see a counselor who was a different race or gender?

Zora: I would. But I don't know how much we'll be able to talk about based on my experiences because... let's see, okay, relationship issues. What is a guy, what's he going to tell me, in my opinion, other than the male perspective? But then to understand why I'm hurt even though I know he was wrong, that I don't know if a guy could understand where I'm coming from. I'm a different race, to a certain point, yes. But like I said, once I started to have daily issues here, I don't think he can relate at that point.

Like I can talk to you but I think I will stop to a certain point. Yeah, maybe a Hispanic. Yeah, if I ever go to another counselor, I will still try to find a Black female.

Jessica: Okay.

Zora: And then if not, then I would do it... see, I'm not [indiscernible] [00:11:45] ethnic woman, since it got... then if I couldn't do that, I will do a white Caucasian female. And then last resort, I'll do a black male and then I'll do a white male.

Jessica: So what are your thoughts about psychiatric medications?

Zora: Okay, I thought I went in counseling saying okay, I think I'm bipolar, I need meds. I had no idea, so you know WebMD gets people in trouble. Honestly, I don't think meds should be the first resort. I'm glad my counselor feels that way also. Because I think it could be used prematurely, but there are some days where I really, really probably could have taken some depression pills to get back together. But my counselor, she's not one for... it takes a while for her...

I mean, depending on the whole situation, it takes a while for her to say you need real medication. Let's refer some [indiscernible] [00:13:01]. That's a hard one. I do see a benefit, but for me, I will want that to be the last resort because I want to make sure that I've cleared out everything I could and I've done everything in my power. And then if it comes to it, I'll pop some pills.

Jessica: Can you tell me about any mental health issues you've experienced within y our own family and friends?

Zora: That's the thing. People aren't really going to counseling, so if they were mentally ill, we don't know. But as far as taking actual medication for mental illness, I don't know any.

Jessica: Did you ever encounter anyone who you think might have an issue that... meaning was undiagnosed?

Zora: Is depression like a mental illness or no? I don't know.

Jessica: According to DSM, it is.

Zora: It is? Okay, well, if that is, I'll say my mom had depression. Looking back, yeah. I would say my mom. Depression. Thinking, thinking. Direct contact, no. I know my grandparents would say one of my uncles were... can't get right in the head. That's what my granddad will call him. Can't get right in the head. It was like [ileform] [00:14:47].

Jessica: What was that?

Zora: [Ileform] [00:14:50]. I don't know.

Jessica: [Inaform] [00:14:52]?

Zora: [Ileform] [00:14:53].

Jessica: [Ileform] [00:14:53].

Zora: My granddaddy. That's what he said. I don't know. But that's... I'd never had contact with [indiscernible] [00:14:59], but the only one I [indiscernible] [00:15:02] will be depression with my mom. Don't look at me like that. That's my granddaddy word. I don't know still to this day, I don't know what he meant. But can't get right in the head.

Jessica: Okay. What do you think about the connection between mental and physical health?

Zora: Using the example of my mom, I think that depression caused her to be stressed and it led to her cancer. I really do... can't change my mind about that. Even my own gynecologist, she says that because of that history, you have to keep stress and everything else down because that's the link. I don't know if she said it because that's in my family or in general, but just watching my mom, I do believe that there is a correlation, relationship, whatever is that word you want to use. Anything, there is a link.

Jessica: Okay. If you could change anything about your counseling experience, what would it be?

Zora: Well, me, I'm a little high maintenance, so I need my counselor like on speed dial whenever I feel like talking. She is like we schedule whenever, like right now, if I felt like a session, I want the freedom to just pick up and call. I'll say, let's talk for an hour. I think she would, but technically she couldn't but I would need one like just me by myself. Like I would need my own

personal. Like don't see any other patients or clients. I would if I could just do that, have my own, ready for me, or maybe if she had, like just buy people.

I know, so selfish, but yeah, all of my time, all of me. Yeah, that's the only thing though. So it's not really realistic. Don't look at me like that. That will be it. Like I want to come... even though she says call me whenever or we can talk, most majority of the time we're in the office, but sometimes I won't go to the office. Like I want to call you. When I was working, it worked that way because during the day I was occupied and okay, it was time to talk at the end of the day.

But being in this program, we don't have free time, but we do. I want to call you whenever I have a thought in my mind and I want you to pick up and let's fix it right then and there, but that's it.

Jessica: Okay. So that was my last question. I just want to know, do you have any final thoughts or maybe something I didn't ask about that would speak to your experience in counseling?

Zora: No, I'm just the first one. I [indiscernible] [00:18:10] about. I think I'm the first one in my family, especially immediate family to go to a counselor.

Jessica: Okay.

Zora: I made my sister go. Then I think if my mom had... because my mom talked to people, but I think had she talked... because it was so much in there. I think if she would have gone to a

counselor as just actually work through some things, things could have been a whole lot better and that's what pushed me also to want counseling. I don't want to have baggage. Let me just put it all out and let me learn how to deal with certain things. Even with my grandmother, knowing her and her history, that also made me want to go to counseling.

So it's like what led me there. I know I think before I said my mom's death, but really thinking about it, past experiences and not wanting to... not that they are bad or whatever, but not wanting to walk around holding so much. Yeah, that's really what led me. And then, yeah, I think that's it.

Jessica: Okay.

Zora: Yeah.

Jessica: Perfect. Well, thank you.

APPENDIX K: LORRAINE INTERVIEW 1 & 2

Jessica: Okay, this is interview number one with participant number one. So the first question I have for you is how do you describe yourself to other people?

Lorraine: Let's see, I would say smart funny, easy to get a long with, I guess those would be the top three, smart, funny, easy to get along with, nice, sweet, kind, that is probably it.

Jessica: Okay, so how does that description of yourself change depending on your setting?

Lorraine: I guess depending on where I am or who I am with, well it doesn't change too much, I think for the most part I am always nice, at least I try to be. I don't think it changes too much, I may not be as talkative perhaps like if I am in a new situation with new people that I don't know well, so I may not be as talkative so I may not appear as nice or kind or as sweet as I think I am. So I may kind of appear stand offish or whatever at that point. I don't it changes too much though from situation to situation. I think I am pretty laid back for the most part, I think.

Jessica: Okay, so can you tell me about your current experience with counseling.

Lorraine: Yes, I am going to a counselor at the university, I go to, actually I have started off, I started out last semester with a counselor there, she was really good, she was just kind of helping me to do some things with school trying to get to the PhD, deal with the people in my department and just everything else that was going on in lives. She was really good, she gave me some really good things to do, trying to encourage me to start back with meditation and praying,

make sure I am reading the Bible, just things that kind of help me to distress. She was really, really good and I think I was making a lot of progress with her but I came back after Christmas she said she was leaving.

So I was kind of sour about that, about the fact that she was leaving, but they connected me with another, one thing I requested was after the American counselor, so a female, so they connected me with another one that was there. She is nice, she is very nice but so far I think I have seen her 30 times, it's just not the same with her she does not, I know that she probably knows what she is doing or whatever but I think she really deals more with undergraduates and maybe masters students and a lot of legal problems that they have.

She has given me good advise on things to do as far as we are talking with my chair and stuff but it's not the, I don't know it is just not the same as it was with the first counselor I had.

Jessica: Could you pinpoint something that's maybe different.

Lorraine: I think with the first counsel like a lot of things that I have talked about she could understand a lot of things that I was going through because she has a PhD also so she had been through that whole process of being African American woman like the only one in your program so everything that I was talking about she knew. She had experienced those things first hand so I think that made a big difference because the other girl she has this ID from one of these online places, I think it's like artsy or something.

She tries to say, well when I was, my chair, my advisor and even when she says that at the back of my mind I am like yeah that is not the same as what I am going through here. So I don't know, she is like I said she's given me some good information, some good feedback but it's just not the same as with my first counselor, I mean I feel like she really understood what I was going through a lot of the stuff that she said made sense and I thought about it, when we would continue to talk, it all made sense and like I said I was able to see some progress with a lot of things.

Jessica: So with your first counselor, was that your first experience with counseling?

Lorraine: No.

Jessica: Can you tell me about your first experience with counseling?

Lorraine: My first experience was in 2008, I started seeing a counselor then, either the end of 2008 going or beginning of 2009 something like that, I think it was actually the end of 2008. But I actually I was attending a church in the city that I lived in, it was a large church and I was a part of a large ministry there. So actually she was, I guess she kind of considered herself a Christian counselor, but time, a couple of things happened.

I was involved with the ministry there and ended up getting involved with one of the leaders there, so I think he was married, so it kind of turned into a really ugly thing or whatever so I ended up leaving the church, he left the church and I just realized I needed somebody just kind of talk to, kind of deal with all that.

Because it was really, it was a big deal because it was a pretty big church, it was a pretty big church and the ministry was a pretty big ministry, it was a big deal because I was really close to the person and his wife and his family. So it was pretty rough having to change, pretty much my whole life at that point because at that point my life revolved around going to work and doing things there at the church. Actually I was in the process of getting prepared to actually take a full time job there at the church and quit my job that I had. I started seeing a therapist then so that was the first time, actually well that was the first time in Atlanta.

Actually I take that back, that was the first time in Atlanta but I had seen somebody before, a few years before when I lived in Chattanooga but it wasn't, it wasn't it was like a group, we did a group therapy though so it wasn't like an individual thing but that was through abortion recovery group, so that was something a little bit different. But then I started individual when this stuff happened in Atlanta.

Jessica: Okay, so the first experience with counseling was the group and then this other counseling later on?

Lorraine: Yeah.

Jessica: So what is the experience of being in counseling through all those different modalities of counseling so to speak, how has that affected you?

Lorraine: Actually it has been good, I have no problem telling people about the stuff that, I think at first when I went to the group counseling, I think I was hesitant because just going through that whole experience with the whole abortion thing which is kind of difficult because the person that I was with was real bent on okay you don't say nothing, you don't tell anybody anything, I have always been the type of person who has liked to talk to people, talk about problems, figure it out. So I have never really been one to really keep stuff in for the most part.

It was kind of difficult I think he was kind of mad that I was actually trying to get help and talk to somebody, I feel like I was going behind his back and doing it with everybody at the same time, I felt like I needed to do it for me. So I never have a problem seeking help, I actually like it, I like talking to somebody who doesn't necessarily know everything about me or doesn't know everything that went on, whatever they are trying to give, a different perspective versus if I am just talking to a family member or a friend, somebody who knows things.

So I like going to somebody brand new and fresh and just laying all of it out there and let them do what they do with it and analyze or whatever.

Jessica: Okay, so what changes have you experienced that you can attribute to being a client in counseling?

Lorraine: Changes just in myself or just changes period.

Jessica: It could be either or.

Lorraine: Attribute to going to counseling. I think it has made me more, I think it has made me more understanding to an extent because I know a lot of people, especially black people, not always very open to talking to strangers about their problems. So I think I can understand why because you are telling somebody, just like I am telling about all this stuff that he knows that you may not necessarily want to share with everybody. I can see that but I think as, I think in some ways it has made me, I guess to be more open I guess to receiving help or just to talking to somebody like now, I don't have a problem, if anything would ever come up, I would not have a problem going and finding somebody to talk to.

I am trying to think what else, I don't know I guess the main thing, I guess it has really made me more open and more willing to talk things out with people no matter how crazy it is or whatever, I think a lot of people I know end up, even some of my family members say, I like to go to counseling talking to somebody they are kind of like oh, like why would you do that and tell all your business.

I think for me too it is kind of freeing, like I said it was only outside and they are giving you un vice advice because if you tell, like someone said I told you, if I told that some of my family members, certain family members or friends, whatever they are just going to be like oh. It would be much different versus coming from somebody who has no judgment, they are just here to listen and then to give their advice. So I hope that answered your question, I think I went all the way around.

Jessica: So the people that you have expressed that you have gone to counseling to, have they changed towards you?

Lorraine: No, they haven't, they haven't changed, they were just like okay, they just maybe sometimes they ask me what kind of stuff did you say, I don't like some stuff, I told you this, some people who know about that there were some people who don't. But even like my friends, my family members who I told some of these stuff to and said, I have been going to counseling they are just like okay, it's like well do you tell them everything and I am like yeah.

This is kind of the whole point of going. So I mean there feelings or anything they haven't changed towards me or they haven't, the way they interact with me or anything like that hasn't changed. Deep down inside they probably want to ask me questions about it because I probably want to go themselves and talk to somebody so.

Jessica: Have you recommended counseling to anyone?

Lorraine: Not in a nice way, I think I have said yeah you need to see somebody but I did recommend it to my brother right after he had gotten a divorce, he had tried to go to marriage counseling with his wife at the time and she didn't want to do it. And I actually recommended him just going by himself, just talking to somebody because he didn't want to get a divorce or was really, it hit him hard and so I told him it would be good to go and talk to somebody, just get that all out because he didn't necessarily want to talk to us about it at the time which was fine.

But I don't think he, he may have went once or twice because I think his job was paying for it and I think he stopped going I don't know why, I didn't ask him.

Jessica: Okay, thinking back to when you first decided to go to counseling, what were your expectations of counseling before you started?

Lorraine: That they would tell me what to do about my problem, whatever the problem was that they would be able to fix it, whatever these are, this is what you need to do. So I was looking for somebody to say, I think sometimes some of the stuff I was looking for somebody to validate whatever choice I had made. Yeah between that tell me what I did was right and now fix it so that is what I was looking for.

Jessica: Have your expectations changed since then?

Lorraine: Yeah they have, because even that first time with the group counseling that I went to, even though I kind of, at that point I don't think I really wanted them for that particular reason, I don't think I wanted them to up and validate what I did because one of the best things to do, that wasn't something I had really wanted to do but I did anyway, but I think in the back of my mind with that would I still wanted them to fix, I wanted them to make everything better, to tell me I was going to be okay, that I was going to get past this, I was going to wake up tomorrow, there was going to be sunshine, rainbows everything is going to be okay from this day forward.

I think now understanding a little bit better is not necessarily we are going to validate you and say that everything, the choices that you made were right. And I don't see him now is a way to fix it, to fix whatever problem that I have. I like it because it makes me think differently about whatever it is that is going on with whatever it is I am talking about. I like him because it gives me a different perspective because in a lot of the counseling sessions a lot of the things that they told me it is like okay, well I never thought about it that way. I never even wanted it think about it that way, but I guess now I have to.

I don't see it as a... I don't see it anymore, I think I have seen it then as okay what can you do for me, I am here, I am paying you, you are suppose to do this then the other. It's kind of... there is work to do on my part, so it is not just me sitting there and saying okay, so you do that and now they'll do these things you are going to be fixed. There is work for me to do that, I come in there, there are things that I have to do, things that I take away, things that I have to think about

and then ultimately at the end it's my choice to decide to do what I want to do regardless of what they say. But I think I have grown through counseling now and I know that it is not a ... not just me coming to get, get, get.

Jessica: How did you make the decision to first go into counseling?

Lorraine: The first time with the group counseling, actually that was recommended by the Planned Parenthood people. Because after what had happened I was like well we have a group, a recovery group for people that have been through this or whatever, so we think it would be good for you. I was like well okay, I didn't want to at first because my boyfriend at the time was like no, I am like okay, this has got to happen, we've got to fix it and keep it moving.

And I just, I guess it was at that point in my life I was fine because I was different, I was an undergrad, I had a good job, I was taking some graduate courses, I felt fine at that time, actually being a parent, when I actually times out I was like hey. This will be okay, it is not the end of the world, things will be good, family support, actually his family was great, I was like okay well you know it is what it is, we just make the best out of it.

So to have that just turned around all of a sudden like no, that is not what we are going to do and I think another reason it was really good for me because I was mad at myself for actually listening to him and going along with his plans.

I was mad that I didn't stand up for myself and make a better decision; I was like yeah we need to talk to somebody. I hesitated for a little bit but I went in there. I think at that point I was like I don't care what he thinks, I felt like I needed to do it or wasn't sure what my mental state was going to be like if I didn't do something at that point.

Jessica: And so I know you have mentioned before that you talked a few people about you going into counseling but who exactly have you told as far as like maybe friends and family?

Lorraine: I told my nurses, the group one that I did at first I told telling my fiancé or my boyfriend he is the only person who knew about that, and I think that one of my girlfriends because she knew about that so she knew about that. The lady I was staying in Atlanta, a lot of my friends who I was working in the ministry with at the church some of them knew about the ones that continued to talk to me.

They knew about it. Did my mom know about it, I can't remember if my mom knew about that one or not because since I have been here I mean shot everybody know at this point its like I don't you know my family knows, my friends know at this point its like yeah you know, my thing is you know I have to see somebody and talk to somebody just to stay sane. Right now with everything that is going on. So at this point I would be quick to tell somebody you know yeah I go see a therapist I talk to somebody.

Jessica: Okay, and so the people that you have told, even more so maybe these more recent ones since you are telling more people, what have their reactions been like?

Lorraine: They haven't been anything negative it was like oh you know, okay. There hasn't been anything negative and I think when I talk about it when I say you know I had to see somebody just because people at school were driving me crazy or this and that was driving me crazy I think when I started out there when I said yeah I want to see somebody its like they don't ask any questions then he goes like okay well you know things are crazy right now that is why she is going to see somebody.

If I just bust out like well yeah I am seeing a therapist they probably would be like what and but you know I am just always say well you know everything people drive me crazy and then the whole thing with I think was doing some stress eating just without that going on I was like you know I just need to talk to somebody and so yeah it works out.

Jessica: So when you talk about counseling what parts of the counseling experience do you tell them about?

Lorraine: I think I am mainly stress effect. This is just nice being able to talk to somebody who is kind of in the outside. They are not and then they are unbiased and they are not on my side they are not the one whoever I am talking of outside they are just a person who is there, they

are listening you know, they give me a nice head nod every couple of minutes that I like and they give me good feedback.

So it's just nice being able to talk to somebody who can kind of really doesn't have an opinion they are just there to listen and then they are going to give some feedback they are going to make suggestions but you know it's just nice having somebody that just... somebody to talk to that doesn't really know about what is going on and then it's nice being able to sit down and tell somebody because even sometimes when I am telling them what is going on I can hear what I am saying and there is sometimes I will be like well you know.

Sometimes I think well maybe I just started thinking this stuff on my own at that point like well you know either this sounds kind of crazy or yeah you were wrong for that or you know well maybe if you did this or blah, blah, blah so it's kind of good to talk about your problems with somebody else because then you kind of start to hear yourself and you will be like well maybe that was my problem. So I tell them that it was just nice having somebody that doesn't know what's going on, somebody who is just total outsider.

Jessica: So this is our last question, is there anything else you would like to add about your experience in counseling that you didn't get a chance to say before?

Lorraine: No not really I mean I have had good experiences even with the new one I am in. I am still going to keep around and see what they are having but I haven't fortunately I have not

had any negative experiences at all. So that is good I am definitely moving forward in life with everything that has happened I wouldn't have a problem, finding another counselor if I needed to. So I like telling people my problems so it works for me.

Jessica: Okay, well thank you.

Lorraine: You are welcome.

[00:00:01.13] Jessica : Okay! This is interview number 2 with Lorraine. So, the first question I have for you is... Thinking about your current counseling or your most recent counseling how would you describe a typical counseling session?

[00:00:24.09] Lorraine: Hmm... I guess the last one I went to was not a waste of time, but I don't know. I guess it was maybe somewhat beneficial I suppose. Actually, it was the last because the one that I was going to, she was a new person so she wasn't my original person that got me to the point to where I am now. So, she gets no credit (laughs).

[00:01:03.13] Jessica : (laughs)

[00:01:03.23] Lorraine: For where, for where I am. She's just been... She's supposed to be maintaining, you know me, but nah.... I mean, I guess it was okay, you know to kind of share with her, you know just updates or How everything is going now, or the things that I'm doing, or things that I put in place. And I feel like every time I see her at this point is like I'm just reporting on, How I'm doing. You know, what I've started doing this, or I started doing that, she pretty much is just like, "Okay! Well that's good!" And that's kind of like it. So she really hasn't been.... I mean, she's been good because she's listening whatever, but she really hadn't helped me out to much, or really given any significant feedback. I guess I would say so.

[00:02:00.19] Jessica : So how long is your session with her?

[00:02:04.25] Lorraine: Um...An hour....almost an hour.

[00:02:09.08] Jessica : Okay.

[00:02:09.28] Lorraine: I think, maybe like 50 minutes and the last 10 minutes is just kind of wrapping up and scheduling the next appointment or whatever so, yeah I guess we have 50 minutes that I do.

[00:02:19.10] Jessica : So when you first come in, how does the session start?

[00:02:22.26] Lorraine: Ah.... First come in, I sit down. She asks me how is everything going and then it just kind of goes from there, she may say how is your...depending on when I see like how has your week been or did you have a good weekend if I see her on a Monday, or something like that.

[00:02:45.09] Jessica : Okay. Does she ever give you any type of homework or anything to take home?

[00:02:51.09] Lorraine: Nope.

[00:02:51.19] Jessica : Oh....

[00:02:53.00] Lorraine: Never had any homework. Not her. Now, the previous one I had, she used to give me stuff to do. She would have me like, one of the things that she did, which was really helpful the old one... Last semester, she had me to write a letter to everybody I was pissed off with.

[00:03:11.05] Jessica : (laughs)

[00:03:11.24] Lorraine: So in this letter, I was able to write whatever it is I wanted to say and that was like really good. You know, having me to do that and she had me to do a couple of other

you know, little assignments and take them back and discuss them with her whatever, but not this new chic she didn't ask me to do anything.

[00:03:30.11] Jessica : Oh... So when you... At the end of your sessions, so you've had you 50 minutes or an hour of session, how do you describe how you feel at the end of the session?

[00:03:42.07] Lorraine: Hmm. How do I feel? That's a good question. Hmm I will say sometimes I feel like, "Okay, this is just something else I can check out from my to do list for today." Like he knows something else got done or whatever. It's just probably about it. I mean, because really I don't I've really gotten anything, just profound out of like "Oh! You know, I'm just going to go out now and everything is going to be great." I mean, I feel like "Okay, I've done it. You know, they're not going to charge me, I can go on with the rest of our day now." So...yeah, unfortunately...

[00:04:24.03] Jessica : Okay. So, what are some of the positive experiences that you've had while being in counseling?

[00:04:33.13] Lorraine: This one or just counseling overall?

[00:04:35.26] Jessica : .Just overall.

[00:04:37.10] Lorraine: I've had some really good experiences. I've become aware of things about me that I was not aware of previously. Like the first time, when I was getting counseling. There were a lot of issues that a lot of relationship issues that I had that were kind of causing some of the problems that were going on then. So, all those things were kind of brought off. I was made aware of those things. It's really caused me to sit down and think about the situations

that are going on to kind of look beyond. I think for a lot of too, I kind of have to get passed my feelings, or get passed how this feeling at a time, to kind of look beyond, to be like "Okay, why is this going on? Why do I feel this way? Did I contribute to within any form or fashion?" So I like the fact that's really made me aware of a lot of different things. Aware of how previous things that happened in my life can...you know, play out in relationships or whatever and friendships, even in working situations and everything.

And those were all things that I don't think I would have been aware of, or even thought about if I haven't actually sit down with someone. It's also helped me too to get back on track with just my own personal meditation. You know, I'm just making sure that I take time out of the day and just kind of sit and be still. And you know when to think about a lot of things. And then too to realize that you know, it's not always the other person's fault. When things happen, it's not always my fault when things happen. But, I think too it's made me be more responsible. You know, take more responsibility for...you know, my thoughts, my actions. So, it's been great! I mean, I don't think those things definitely wouldn't have happen if I wasn't able to sit down and you know...and talk to somebody about the issues that were going on.

[00:06:44.16] Jessica : Okay. And so what are some of the negative experiences you've had while being on counseling?

[00:06:50.05] Lorraine: Hmm... Negative... I guess probably started off having to go back and think about some of those things that happened. You know, some of those things that kind of push way back in the back of my mind. So I was like "Ugh... I don't want to talk about it again. I don't want to think about it again." So... Just haven't to relay of some of that stuff. It was kind of

negative at first, but I mean there was...eventually, I was able to see the good, and I was able to see the reason behind of it. At first, that was kind of hard. And I think like now, it's just been kind of negative I think because the person that I have now, I just feel like she doesn't what she's doing. I mean, like she's just not... And I think too, because the previous one I had before her, she was really good. I really was able to have such break through with her. And then she, you know, left. And then I got stuck to this one. And you know, she doesn't know what's going... I just, yeah... She just doesn't know what's going on so I think that's kind of the negative in a way because you know I was really wanting somebody like my previous counsel. And I was willing, you know, to work with this person and see. You know if we could. If I can continue to work with her, see if she could help me, but yeah at this point it's like umm... So, yeah...

[00:08:15.25] Jessica : Okay. So what would you...kind of touches this a little bit more before, but what would you say the experience of being counseling has taught you about yourself?

[00:08:28.21] Lorraine: That I need somebody to talk to (laughs).

[00:08:32.12] Jessica : (laughs)

[00:08:34.22] Lorraine: I like. I don't know. I guess I've just I'm never been a... I've never really been a type of person to keep stuff and... So I like being able to sit and talk to somebody especially somebody who doesn't know and then somebody who's kind of outside, looking in. And I think that like for me, I don't know, I see that's been a long term type of thing. You know, even if everything is great, I still like to be able to sit down and talk to somebody. I feel like it kind of keeps me... It makes me more... I don't know. I almost want to say at some form maybe

accountable. It definitely keeps me more aware of you know, what I'm thinking and maybe some of the things that I should be doing. How I should be viewing different situations and viewing different people. Yeah I mean, it's really...it's... I really see that's a great thing. I think I would be disappointed if I couldn't like have that opportunity to sit and talk with somebody on a, you know, frequent basis about everything that's going on.

[00:09:55.07] Jessica : Okay.

[00:09:55.29] Lorraine: Now if you hit me with the original question was that I think I answered this. So...

[00:09:59.02] Jessica : Okay. Do you want me to repeat it?

[00:10:01.01] Lorraine: Yes, maybe on more time, make sure I...

[00:10:02.06] Jessica : So, what does the experience of counseling taught you about yourself?

[00:10:06.23] Lorraine: Okay, I think I did.

[00:10:08.15] Jessica : Okay.

[00:10:10.00] Lorraine: Yeah, I think I did. Okay.

[00:10:13.10] Jessica : And my next question is, what is the experience of being in counseling taught you about other people?

[00:10:18.20] Lorraine: Ah... They need counseling too? (laughs)

[00:10:22.08] Jessica : (laughs)

[00:10:22.24] Lorraine: No I guess it's... it's taught me to be a little more understanding. I think, especially with the first council that I had, this was everything I was going through even though the people that I was upset and mad with, I think... And she showed me, you know, some of those concerns were legitimate like I had or for real legitimate reasons to be made. But some of it I just had to kind of step back and see, you know, that in the visual for who they are. I've had to learn that everybody doesn't do everything the way that I want them toward the way I think they should do it. I think I was like... Well you know, I kind of had this attitude where I'm... You know, student. I should be getting this than the other.

And even though why some of it's true, you just have to realize, everybody doesn't work the same way that you do. Everybody don't think the same way that you do so therefore, everybody is not going to do everything the way you think it should be done. I think that was really important for me to see, because I was just thinking. Well, they're not doing this for which ever reason, or they should be doing this, or they should be doing that. Well, that's not always the case in the end. On the other hand, they could be of your same way of you know, she needs to be doing this, or she needs to be doing that about me.

So, it's really helped me to see that, you know. It's not all about me. Everybody does everything different. You have to accept people for where they are, for who they are, or for what they're doing. And you just have to move on. I mean, you put your stuff out there, you say "Hey, this is what I need. This is what I want and whatever." And if it happens great, if it doesn't, you can't be mad at that person, you can't be mad at yourself. You just have to move on. So, that's the big

thing that you know, was taught me about others and like I said that they all need counseling to...everybody should be required. I don't care where you work, you should be required to sit down and talk with somebody at least once in your working career or whatever we should be needing towards especially for certain professions, but hey, this is what I think, but yeah.

[00:12:29.13] Jessica : Okay. So, how does race and gender factor into your counseling experience?

[00:12:37.05] Lorraine: Woo! It's a big part of, because honestly, I've only had council as we were African-American and they have all been female and actually, it has been by choice. The first time I started, well thinking about it, the first time when I was seeing a councilor, when I did any type of counseling whatever, it was with a Caucasian lady, but it was the... organization that I was doing the counseling with and that was my really my first time so I mean, it really was about picking somebody, like you know, this is their group, they were offered for this situation and she just went to.

This is the person who's over it", that type of thing. So it was good for that point in my life for what I was going to, going through that work. As I get older, it's like going through different situations I was like...well you know for this situation, I think I just felt like somebody who... look like me. I guess, I felt like I could... I would probably open up more with them and actually, that first African-American female counselor I had was referred to me by somebody else that I know. She was actually a Christian counselor. She was referred to me by somebody at my church. So I already do, I was getting African-American female and it worked out really good,

because I felt comfortable saying some things to her that I did not feel like I would feel probably would have been comfortable saying to a Caucasian female, or even a man.

I've never wanted a male counselor. I'm sorry, but I just, I just don't feel I mean, saying like what the OBGYN; I don't want a man for OBGYN. So I don't want a man counselor I just feel like, you know...you... But then here, being in school when I went over there, I requested an African-American female counselor. And that was because at the time, a lot of issues that I was having were with white people. So I felt it was not going to be good for me to be sitting across with some white women, telling her about how much I hate the other white women

[00:14:50.11] Jessica : (laughs)

[00:14:50.28] Lorraine: (laughs) that in my department. And some of the things that I said she probably you know. Even though I know that they're you know...trying to have other... I'm not trying to deal with that. So I requested an African-American council and they gave me one. And she was great so...and even at this point, even moving forward. You know, getting back into the council at one point, I think I would still probably request an African-American council, because I think that it is moving forward. In my career, some of the things that I going to be dealing with, and the white people's still going to be somewhat of a problem moving forward in my career, so I feel like I'm still not going to be comfortable having those conversations with a Caucasian woman. or a man. So...

[00:15:40.29] Jessica : And so... Tell me, what are your thoughts about psychiatric medications?

[00:15:46.02] Lorraine: I think they're okay. I think a couple of years ago; I saw a psychiatrist and was prescribed something for anxiety. I don't think it really worked well for me. But I mean, I think if they're... If it helps, then that's fine. I mean, if it's not it's going to help you to you know, be able to function on a daily basis and you know, do the things that you need to do then that's okay. You know, you have to better dead than you know, people just spas now than being all out of control. So I mean, if even now with everything that I had going on at one point, I thought maybe when I first met with my good counselor here, I thought that maybe at some point I was going to have to have something that kind of keep me... you know, meld out or whatever, but I ended up not doing it of course, but I mean I think it's graphing more people need to just go on and (laughs) get on something to make up you know. Like I said, it's all about being able to function. You can't function... You know, the way you need to on a daily basis and there's something out there that's going to help you then yeah, by all means, do it. I mean, I don't know... Well I know for some people to have certain disorders that it is an everyday you know, thing that they will have to take, but you know, I think as much as possible; people shouldn't rely on it too much. You now, become dependent on. You know, half and a half of something in order to make them...you know, act right or function or whatever, but you know, if you needed it to get you through then by all means take it.

[00:17:28.28] Jessica : All right and can you tell me about any mental health issues you personally experience within your own family or friends?

[00:17:38.11] Lorraine: Ah... Diagnosed, undiagnosed (laughs)

[00:17:40.05] Jessica : (laughs) Both?! (laughs)

[00:17:42.16] Lorraine: I do not know anybody that has any diagnosed mental conditions. I think about people in my family (laughs) that has some mental problems they just seem not been diagnosed. Yeah, I mean yeah, nobody I think, I know I have some friends that have probably has some battles with depression, but I mean, no nothing like really serious. I guess like bipolar or well I know some people who act like they had bipolar but, like I said, I know more people who are undiagnosed than diagnosed so yeah. I mean, I've...and that's just my opinion, you know. Just being around them and how they act one day and you know, different another day or whatever. Yeah, I had diagnosed them but it's not my job so...

[00:18:42.26] Jessica : Would you go comfortable suggesting counseling to them?

[00:18:45.26] Lorraine: I would, I suggested it before on to my brother, not that he had mental problems, but He was having some relationship stuff after his divorce. I suggested counseling to him. I think he went like once or twice. His job was like paying for it and everything. I think he went once or twice, and then he stopped going. So... And I know, you know, I mean they're kind of icky with you know, stuff like that anyways so... I really think it would have benefited him especially, but you know, he decided not to go anymore. And so I didn't ask any questions, I didn't want to you know, pressure him or whatever. It's felt like you know, if he stopped, I guess he had a good reason for stopping or whatever, but... And I've been real honest and open about telling people you know. And I've gotten counseling or whatever so... You know, if anybody were to ever ask me, I would definitely recommend. I guess you know, certain people I've said "Well you know, maybe you should talk to somebody about that, you know, get you a council or

whatever." so... But it's not a conversation that's come with a lot of my friends and family; maybe just only a few, only a handful.

[00:19:57.17] Jessica : Okay. So what do you think about the connection between mental health and physical health?

[00:20:05.09] Lorraine: I think there's a big connection because I think ultimately our bodies kind of whatever is going on with us mentally, our bodies at some point start to react to the...just like you know, how your body reacts to stress. I remember few years ago, I had this date with somebody and we broke up and apparently I was going to depression. I stop. I didn't really pay much attention to it. I realized that I had to stop eating, so I lost a whole bunch of weight. And that's so funny now, because now when I'm stressed or even feeling depressed, I seem to eat and gain all the weight. And back then, I was depressed about all this stuff going on, and I stopped eating and lost weight. But you know, that was how my body reacted to that. Like I said, I was totally unaware of the fact that I had stopped eating you know, as much... and then I know to it was even stop to die for the head or seen about people you now being diagnosed with things like bipolar and and other disorders or whatever. They you know, become their night is active or you know, sometimes, I guess their eating habits are kind of different.

I think you know, because you just have one body. So I think anytime, you know. One thing is always going to affect you know, the other, the rest of you. So you know, if you're stressed, at some point it's going to affect, you know, your body. You know, if you're depressed, it's going to affect your body. So, I think anything that goes on mentally, at some point it's going to trick along down. You know, and affect you physically. So I can say you know, you just have one

body, you can't just you know, be okay, you know on one spot and the end. If you're okay on one spot then you know you're okay everywhere else, but you can't be not okay on one spot and then think that the rest of you is going to, you know just keep on moving despite what's going on in the other spot so... yeah, if that make any sense.

[00:22:19.19] Jessica : Yeah.

[00:22:20.05] Lorraine: Okay, good, then I haven't thought about it now than it might did make sense to me, but okay. As long as it makes sense to you.

[00:22:25.24] Jessica : (laughs)

[00:22:26.13] Lorraine: That's fine.

[00:22:27.19] Jessica : So, If you could change anything about your counseling experience, what would it be?

[00:22:33.16] Lorraine: Hmm...Overall just all of my experiences or?

[00:22:37.03] Jessica : Yeah.

[00:22:37.20] Lorraine: Hmm... I don't know if there's really a...gosh that's really a hard question. I don't know if there's really anything I would change you. I think that I've had good experiences with counseling. Even the one that I'm having now that's not so good. It's still not horrible I just don't feel like she's giving me what I need, but it still not just like "Oh my God!" awful horrible. I mean, she slips but It's just not you know, that bad. And really the other one...there's really nothing that I would change. I mean, maybe honestly I wish I would've you

know, done it earlier than waiting until those you know, dramatic things happening. And then, you know, started talking with somebody. I wish I've just started talking with somebody, you know, years and years ago even when everything was going you know, great! You know, just to get my mind, you know, going in that direction but there's not really anything that I would change. I mean, I've had good experiences so...

[00:23:57.03] Jessica : So thinking about your current counselor, and you said you know, she's not bad but she's not great. What is something that you would, that maybe she could do or something that could be different, that would make that experience better?

[00:24:12.14] Lorraine: I don't think she's very professional and maybe the things that I don't like about her, or I don't know, petty? But like the way that she dresses is unprofessional to me (laughs) her credentials are just not (laughs) yeah... Her credentials are just not to part for me, and maybe that she know horrible bias on my part or whatever. My previous counselor, you know, she had a PhD in counseling from a reputable school and program or whatever so. She had more straight credit to me. Versus the one I have now, she has some type of...she has online, you know...was not even a PhD. It's like a sight D and you know, me, yeah I just kind of bias towards that.

That just don't feel like she knows as much and then I had to admit too, I have a slight bias towards people who are sometimes...if it's somebody that's like, that I could, who I can tell as like really a lot younger than me, and maybe had not been through not yet surely have gone through what I've gone through, because lots out there, lots of people who have got us of age. But I'm... I just feel like, because everybody I've had before her has been somebody who has

been older than me, even if it's just a few years old. And I feel...and they've been some things that we have talked about and they understood. Unlike the previous counselor, you know the one who had the PhD.

Some of the things I've talked to her about, she understood some of those things, because you know, she too would have been through a PhD program, about normally a white people so some of the things, some of the struggles that I was talking about, she could easily relate. The council that I have now, you know, a couple of times we talked about some of those issues that were going on, and she would say something like, "Oh, yes I know! I was getting a hard time getting a contact with my chair. I would even mail her blah, blah, blah." And in my mind, I'm thinking "Really?!" you know, knowing that what we're going through was not even... I mean, it's not even apples and oranges; it's like apples and chicken (laughs).

[00:26:36.05] Jessica : (laughs)

[00:26:36.27] Lorraine: (laughs) I mean, it's not even nowhere you know, close so... And that would just probably not good, but that really just kind of make me. I don't know, she... I almost just credit her son well, because I feel like "Yeah, you just don't know enough to really help me?" And I think... And that crazy thing was...when I was looking for people. I had gone to the website, and I looked at everybody. So I kind of you know when I was on the phone, they were saying "Well, we can set you up with this person I was kind of looking" And I was like "Um." And I saw her. And really she was the only other black female counselor there so I like, "She was it!" So I really didn't have a choice.

And I was... I saw her credentials and stuff, and I kind of knew what I was working with, but I was like "Okay!" You know, my previous council was like well...you can see her; she's the only African-American there. I was like "Okay, I'd give her a chance, but like I said, her credentials alone, the fact that she just...she dresses very unprofessional to me. And all those things, you know, matter to me like, you know, you don't want to go to a hair stylist whose hair always look like a hot mess every time you see them, So, they're just I don't know. That really just kind of stood that on. So that almost kind of just clouded up everything else, It was like, at this point on, I weren't hearing things you got to say because I mean, I already feeling this way back so it was like "There's nothing that can really say at this point to make it better." I mean, I wouldn't even... I would recommend her for undergraduate. I think she would do really good you know, with somebody who's first time in college. Not really a dope. You know, really don't. I mean, the issues that they have are really you know, high school, kind of Barbie issues. I think she would be really good you know, for working with that type of person, but for me yeah. She's just not it.

[00:28:35.06] Jessica : Okay. Well that was my last question. So do you have any other thoughts or ideas or things you want to add about your experience with your council?

[00:28:46.19] Lorraine: Nope, I think I've talked about it all. I think I have. Yeah, I don't have anything else to add.

[00:28:56.23] Jessica : Okay. Well thank you!

[00:28:58.22] Lorraine: Thank you!

APPENDIX L: OCTAVIA INTERVIEW 1 & 2

Jessica: Okay, this is interview one with participant number 3. Okay my first question for you is just to tell me a little bit about yourself and then how do you describe yourself to other people?

Octavia: I was born in New England, specifically in Connecticut, and I was raised in a lower middle class family what then would be called middle class and what now will be seen as lower middle class in terms of income. My father finished the eighth grade, he was illegitimate and he left home at 14. He was from the south specifically Florida. He was from what they would call Northwest Florida the Panhandle. My mother completed twelve years of schooling. She also was from the south, and she was also from the Panhandle, although they did not meet in Florida. My mother came from a solidly middle class family and then her father was a preacher, and he was also a sales man for the Afro-American life insurance company, which historically was one of the largest life insurance company's owned by blacks here in Florida, and by a few others within the south. They lived different kind of existence than my father did. My father was kind of hard living; my mother was accustomed to better.

Jessica: Okay.

Octavia: If you look at my grandfather, my grandfather could have passed for white if he had wanted to. He married my grandmother who is what they call a coal black woman. She was dark as they came, as in African-American. I was educated in public schools. We lived in what was known as a community in my small town Connecticut 50,000 in population. We lived in a predominantly black immigrants section. The first people outside of my family and the African-American community that I was meeting would be immigrants and they would predominantly be

Polish and Italian immigrants that I went to school with. Our schools at that time were based on where you lived at least elementary school, so you went to school predominantly with people in your economic class.

By the time we went to what we call junior high school which was grades. 7, 8 and 9 you now were going to school... I came from a manufacturing town with the factory managers children. Your economics had broadened a bit and so now you were meeting another economic class. By the time you got to high school, since they were only two high schools at that time, and they were geographically located. You were going to school with everybody. From the people you'd always gone to school with there from two very different people, these were the sons of doctors, lawyers; these were the sons of restaurant owners and that type of ilk. So it was before the terminology of multi-cultural and diversity we were already living a vey multi-cultural and multi-diverse experience.

I was born in 1948, and I was 15years old in 1963. I graduated high school in 1966 and that pair significantly with 23years after the end of World War 2, pair significantly with the prosperity that was brought about by the war, World War 2 that pairs with the continued birthing and maturation of civil rights era that contends with the significant legislation that was passed between 1948 and let's say 1966, certainly am a child of the Vietnamese war, and I am a child of...am a flower child. Well as black as I am at least I can say in that era I was aware of flower children. I wasn't necessarily one, in 1963 when they had the famous march on Washington, my mother she wouldn't let me go. I was 15years old and I wanted to go 'because we watched television every night. We watched all things that weren't on the south. We watched the dogs

being turned on black people. We watched the beating by the cops of the black people we saw it all but we were living away from it. It wasn't that there wasn't any racial animosity where I grew up, it was... and I probably were not as important. I wasn't as aware of it and it didn't affect me all that greatly. I knew that I was different. I was made known that I was different, but that was just my reality and I lived with what my reality was.

I remember coming home after being called a nigga, and asking my mother what was the nigga, and my mother having to explain that to me. So you fast forward maybe 13 years ago I had a younger friends. I asked a friend of mine had she had to explain to her daughter yet. Had her daughter been called a nigga had she had to explain to her daughter, and she looked at me and she said, "Octavia, we call each other there". In my time, no black person would have called to my mind another person a nigga. That was whites and other ignorant people who did not respect who we were. That's what they called us, but now it is common currency, and the way I still don't understand, illustrate that point.

I was walking ahead of two fellows. I was walking down the street I heard a white fellow start calling his friend, "my nigga". [Laughs] and I was listening as the fellow... I just had to look at this two people, and they were just in adorable conversation with each other. They were doing it because maybe they were just talking to each other. They were two white boys, one of them was calling the other one "my nigga" [Laughs]. I don't belong... but anyway I went from being a small town girl to undergraduate school where I was supposed to even a wider group of people from daughters of self made millionaires who lived in New York City with maids, butlers, they had winter homes and summer homes and all that kind of stuff.

From there I went to graduate school in Honolulu Hawaii. All we knew in Connecticut and New York about Honolulu you won't relate to this but some of your readers will of your dissertation we knew Arthur Godfrey and his Ukelele. We knew doll pineapple and that was it about Hawaii. That was a Harper stunts almost like your relationship with your current supervisor. Somebody knew the opportunity, saw something in me and said, "Why don't you try this?" so to sum up that would be to say that I was a child of opportunity. I was a curious child.

I am an only child, and I was brought up as an only child, I was brought up as a first child, and I was brought up with parts of a son and a daughter, with parts of male and female, because and I specifically say my dad, my dad however he did it, and remembered eighth grade education, illegitimate left home when he was 14, left the south and came to north New Jersey when he was 14, grew up the hard way. My dad made sure that whatever he instilled in me would carry me through my entire life. I am thankful in retro respect because he did make sure that I will survive living. The second question is how would I describe myself?

Jessica: Yeah, how would you describe yourself to other people?

Octavia: I am a good friend. I believe I was a good daughter to my parents, relative to whatever my maturation level was. I grew up in parental love, as very loved child. Probably although not spoiled materially, I was spoiled in all the other ways that you can spoil a child. I have always been a leader, and I have always had vision. Over the years I've learnt to be patient

for the most part of my early life I was a very impatient person and life has taught me to be patient.

I've had to learn that lesson, and it's been a hard lesson, a hard one. I'm quick to anger and I will tell a person why I'm angry. Once I tell you why I am angry then I'm over with it. If you ask me question you should be prepared for the answer. If you think you might not want the real answer, then you probably shouldn't ask me the question 'cause I will either tell you that... I'd either ask you why do you want to know that or tell you I am not prepared to talk with you about that, or I'll give you an answer and it could be one that you really don't like at all.

Wells, I have two things that I do well, and the rest of things I don't do well. I speak well and I write well. As of everything else I don't do any of the two well. My probably one of the greatest failing in life is that I was too easily seduced by whatever came my way. I wasn't good at sticking to things and staying the course. That's probably it. I would say that I was never... over the years I've come to realize that I was really never marriage material.

Jessica: Okay, can you tell me about your current experience with counseling?

Octavia: The current experience comes about 'because in 2013 I lost interest in living, and I lost interest in myself, and I lost interest in other people. Partly that was because in the two or three years previously to that I experimented with stopping all depression medication one at a time, it was basically I stopped which one first. I think I stopped the trazodone first, and then a year later I stopped the fluoxetine first next, and then the third year I spent without both medication.

The impetuous was I wanted to live away from United States. When you stop living in the United States, access to drugs, fluoxetine, and trazodone can be expensive, it can be difficult, and it's a whole other pre-occupation to keep yourself with your medications in other countries and other places. And so I wanted to know I could live without this. The other thing they do is they make it almost impossible for me to lose weight. One of the side effects tends to be weight gain, and or if it is not weight gain it just seems to be weight plateau. No matter what I do, I can't seem to lose weight.

That was affecting my life, my parents, it was affecting how I shall put it, myself image, and I really desperately wanted to lose the weight. So I thought "let me see if I just live without taking this." I proved to myself I couldn't do it, and in August 2012 when a social worker friend of mine suggested that it was time for me to go back on the meds I ignored her suggestion because I'm hard headed all my life, stubborn all my life and I had to work just like the patient, the school of hard knocks to work with me being hard headed, stubborn, not willing to listen to others about myself.

In 2013 in after going through this three years of no drugs having found myself, I was a prisoner in this very apartment just living. I just wanted to die. I decide it got so bad that I knew I was a danger to myself. I have for other reasons, I have two guardians since I don't have anybody and being a lawyer I know what it is like in the courts when you become disabled, you become incompetent unable to care for yourself.

I wanted to make sure that I chose the people to make decisions on my behalf, and so I called one of my guardians and I said I called the hospital and I always go to [redacted] to go to the hospital since I had known [redacted] so well. This is a strange environment over here. Stranger than [redacted]”. I said “I called the hospital” and I said “I am going to go over and place myself in what do they say, voluntarily commit yourself. I am going to the hospital and voluntarily enter into the psycho ward or whatever they call there”.

We talked about it, and she thought it was a good thing. I send out an email to my friends, close friends and I told them I was going to the hospital, my friend in DC she immediately send the police over because she was afraid that I might do something to harm myself. They came and knocked on the door, I was busy packing and he asked me and said they had been called and everything, I told them plainly that I was fine I didn’t have the car over there and I said, “At 3.45 I was going to walk to the gram bus station which is like three blocks away, I was must the bus to [redacted], my friend is going top pick me up and I am going to [redacted] hospital from there”.

That is exactly what I did. I spent roughly ten days in the psycho ward of [redacted] hospital. That meant, back on the meds. Group therapy much more the seeing I guess there was medical doctor and a psychiatrist. There was kind of routine, there was kind of like you in there for five minutes they ask you some questions and then you were out again it was not anything in depth. When I was not dismissed from the hospital, released or discharged from the hospital, it was recommended that I go back into counseling, and I was given a list of all this people because if

something that happened to me, my only income right now is my social security and that was the factor in who I could see from the financial stand point.

So I went through the list and I selected three people. Two were a referral from my former counseling therapist. She had to give up her practice some years before because she started having seizures. She recommended two people and then the third I think just I liked her 'cause she took the Medicare. I guess that's what happened with that. So I selected those three people, and what I set out to do was to see them each three times, once a week for three weeks, and make a decision as to one out of the three or two out of the three, and I decided, after seeing those three people once a week for three weeks, I decided to two out of the three, and that's is how I came to be in what you call counseling.

Jessica: So that wasn't your first time at counseling?

Octavia: Oh no, I've been to counseling ever since my mother died in 1980.

Jessica: Okay can you tell me the first time you went to counseling?

Octavia: Girl you trying to get me to remember way back when. My mother died in 1980 that is like what 37 years ago. No 35 years ago. My mother was everything to me. By then I had left Hawaii 'cause I was ambitious, that was where I went to graduate school in Hawaii, I'd left Hawaii for masters grad, I had left Hawaii, I had moved to St. Louis in San Francisco, my mother died in 1980 while I was in San Francisco pursuing a professional career as a stock broker.

When my mother died I just never could up out of it, do you ever get over your mother dying? I don't think so. You learn to live with it, but... I tried and I don't even know who suggested it, whether I thought of it myself that would have been just as counseling was being opened up around my ck in Connecticut. My really the first time I went to counseling was in San Francisco. I was nontraditional woman; I think there were only three female black stock brokers in the United States of America and I was one of the three. I didn't know what I was doing, the man who had been my mentor , he died within three or four weeks of me getting the job, and I with my usual I'm going to conquer all. I just owned up, I don't know why I'm in this, I don't know what I am doing, just let me go get a nice job some place, but I elected to persevere.

All the thing that happened to black first in any profession and in any career it was... it happened to me, and I was ill prepared to deal with it. I didn't have anybody to talk to about it. I didn't know that many people in San. Francisco, I didn't have friends in San. Francisco, and that's how I first got to counseling because it was just, how do you say it, I was a sales person, I have no reason being a sales person. I've always worn a mask I was trying to be happy, I was like what do they call it a square, did you try round into a round slot.

I could do so much of that but I couldn't go for the last part of it. That would have made me a good sales person it just wasn't a part of me then. I don't know if you know that much about sales. The last part of that asking for the order, and now I know much more about that, but then I wasn't good at asking for the order. That whole combination of where I was, what I was doing,

my age, my experience, my inexperience, whatever it propelled me to seek someone, who could help me make the heads or tails out of what was going on in my life.

Jessica: And you kind of touched on this a little bit, but do you remember kind of what you were thinking when you made the decision about going to counseling?

Octavia: I was doing something radically different because, black people... if you say are were having problems, especially problems in your head, and problems with your living, you just crazy in the fully sense in the word, everybody else is the sane and you are on the other side and something is drastically wrong with you. I was having a fight against all of that with keeping it to myself, and yet try to seek out somebody who could help me understand, what was happening to me.

I was in a big in the big city with all the things that comes with in being in the big city. I was in the big city, a fast pace city, I was in the city with lots of money I was in the city that until the white people slit your throat in San Francisco, until you did this and looked at the blood, that's when you first realize they slit your throat, that's how they were good at doing it. That is what propelled me, I was age drift. I was just in the drift, I didn't know what I was doing and I was looking to somebody to help me figure out how to deal with everything.

Jessica: Yeah, okay. My next question is what were some of your expectation of counseling before you started?

Octavia: I didn't have real good expectation of it.

Jessica: Okay. That I would talk to somebody, I would tell them things that I wouldn't tell anybody else I expected confidentiality, which by the way I did get in my first counseling experience. I expected confidentiality, I expected someone who had my interest at heart. I expected somebody who would lead me out of this confusion that I was experiencing about who am I, what am I doing here into some more productive way in dealing with the situations I was being faced with. I had accepted that I cannot do this on my own, and I cannot do this by using friends or family as a sounding board, I need something that is more professional, I need treatment just like you would, now you need to put it in those words then, but then I needed somebody who was like a doctor for a physical ailment, I had some other ailment.

Octavia: Okay. Have your expectation changed, it sounds like they have now since you've been in counseling from that beginning point? Or rather maybe the better question is what has changed from before you started counseling to now?

Jessica: Let's see; in this period of my life I have had the same counseling that I've had. Let's see I'm trying to think, I must have been 30 when I started counseling. I must have been 31 when I started counseling. Somewhere in there, 28 to 30 for. I have been constant off and on with a variety of counselors off and on. I actually traditional, what you would call, I call it top therapy counseling. I forget the proper name for it is, but that counseling. It has always been individual counseling; I was never into I tried groups once or twice just didn't work for me, I needed the private sense of being able to talk one on one, and again my patient level with people took too long to say what they want to say and they couldn't say it, made sense, whatever. I was

just not the group person, but this time around for I've heard two appointments on the same day. One has been traditional talk therapy which I am accustomed to; the other one has been then neuron-feedback therapy now.

Octavia: Okay.

Jessica: Now entering in to neuron-feedback therapy was a huge step for me because for African-Americans, honey when they talk about putting anything on your head, "that ain't going to happen, they ain't putting nothing on my head" didn't go ahead, they [Laughs]. My friends even when they talk to me about it now, some of my African-American friends they just... they put some tongue in your [Laughs] explain it to me. Even when they are at the hospital in 2013 when they ask you they suggest all this things that you can do among them there is therapy, and when they get to the one that the psychiatrist is saying to me something about whatever things they would do, things on your head I don't know, that wasn't of interest to me now. Am I still answering your question?

Octavia: Yeah.

Jessica: Or have I gone somewhere else. You have to be aware of that because sometimes I go off on some tantrum and some stuff. But the current therapy has been a session of top therapy with one therapist, and a section of neuron-feedback therapy with another therapist. That is what the current has been. Talk therapy have been doing that for 32years, the neuron-feedback was brand new and I pursued that because for all the years I have had talk therapy its kept me going but I thought I needed a different approach.

When you get to the point where you have lost interest in living, and when you get to the point where you're not interested in anything or interested in anyone, you get to the point of thinking I need something pretty different or drastic or whatever, because whatever is going on is just not working. Whatever in ambitions, or whatever frightened me, or whatever has been stopping me from seeking other forms of treatment.

I am at the point now where I can't say no to anything I can investigate, I can try it, I've done a lot whole of things but I can't say no to it. That's what propelled me, that I knew the person who was referring me to the neuron-feedback. I knew based on her, I trusted her. And that trust led me to take her referral. As you know I did investigate making my own three appointment over three weeks, and I put in a great deal of thought about was it going to be one, or what is going to be two? And which two would it be. Do I need to say more?

Octavia: No, it's whatever...

Jessica: Yeah because sometime when you are 67, first of all your memory is going, that is number one. So you forget, and second of all I have mole damaged to the brain, I live in a house that had moles for three years and I didn't know it, so I have some mole damage to the brain that we know about, I kind of have to check in that am still on topic and I haven't got somewhere off. I don't have many people visiting me a lot because that disorganizes this place but, I moved here I didn't have a friend over here, so I... and then at my age, I moved here when I was like 63, here for 3 years. This is the start of my fourth year. I moved... yeah 63. So, I was starting all over, making friendships, and this is even different from [redacted] here at [redacted]. I think I need...can we stop for a moment?

Jessica : My next question for you is how has the experience of being in counseling affected you and what changes have you seen since you've been in counseling?

Octavia: Remember the second part of the question. Let me just answer the first part. The first part again was?

Jessica : How has the experience of being in counseling affected you?

Octavia: It has helped me with the process of accepting my aging, which was very difficult for me. It has helped me acquire a set of skills in terms of how do you do you start a life over again once some of the major underpinnings have been taken away? It has helped me in terms of having things happen to me and having a set of tools to use to either resolve the things to understand them better to make decisions. Or to go out to get information so I can make a better informed decision. It has helped me restore some sense of peace.

Since my health is not the best, it has given me an ability to accept my declining health and it has helped me focus on where I'm I in life? What is it I want from life? What are my expectations of

my life? How realistic are some things that I expect and how unrealistic are they? That's what this counseling has helped me to.

I should just tell you now that in traditional talk therapy, counseling we have propped all the decade that I have been angry about being black and the experiences it has brought me in the world. How I tamp down for decades those experiences.

Counseling is helping me release that decade of closing the lid on Pandora's box and it's opening the lid counseling has in a way that it really never had done before, and this is traditional talk therapy counsel. I'm willing. All those years that I tamp down all those feelings, all the emotions, all the anger, all the range, all the things that I didn't say to people whether it was about race, whether it about my weight, all of those things that were telling me that I wasn't a worthy person, they are all coming out, unfortunately, for some people because it's being released.

The other thing that the Neurofeedback therapy is has done for me is neural feedback. I used to wake up 10, 13 years ago and I would say to myself, "I'm just not the person I used to be." I remembered myself as a happier person. I remembered myself as a more open person and now I wasn't happy and I wasn't open anymore. I was shut down to experiences to people and things like that in some ways, in some ways I wasn't. We have established, and I think you would call it quantitatively, that my left and my right brains are not communicating with each other.

The left is off doing this, and the right is off doing that and they just are not in any communication. Neurofeedback has helped me see the benefits of that particular training in correcting or identify certain obstacles to healthier ways of being with the me that I have become. You probably should know if you don't know already, I actually had to stop the Neurofeedback because I run out of money. I need about I think it's taken us two years to get me this far, and I was going mostly every single week. I think it would take me another two years because I would say, specifically to Dr. [redacted], I would say that it took me 53 years to get to where I am.

You can't under do 53 years overnight. Just can't the expectations. When I first with her, I began with her in March of 2013, we thought August of 2013 I might be finished the end of 2013. I went through all of 2014 until we got to February of 2015. I couldn't afford it anymore so I had to stop it. I would like to return but until I bring some financial balance I can't. Going through that particular portion of scuffling and finding out and seeing what they play back to you that parts of my brain are not communicating with each other. No wonder I feel strange sometimes, no wonder my friends say to me, "Octavia, you do this and then you turn around and there is this."

One of my friends usually say would say, "You're confused." I used to say, "No, I'm not confused." I guess she was right I am confusing or appeared confusing to her. Then one other things as a byproduct of counseling up, we discovered that I have sleep apnea. Probably, for 25 years I have had some form of sleep apnea. In the first part of sleep, I stop breathing nine times

an hour. In the deep part of sleep, I stop breathing 68 times an hour. Almost, probably, 20, 25 years ago, I had a friend who is dating a fellow. They got engaged and they like to go places taking overnight trip of wherever, but they wanted to be chased until they were married. They would take me along as their chaperon.

A lot of times wherever we went, we just get a hotel room. She and I would sleep in one bed; he would sleep in the other bed. We got along that well and we all knew why they were doing this and I knew how to get them room for them to be together. She would say to me and say,

“Octavia, sometimes I wake up at night and I notice you’re not breathing. You’ll stop and then you’ll come back to breathing right away, and then you stop and you come back to breathing.”

With my hard headed stubborn self, I didn’t investigate that and I should have probably for 20 or 25. It was only through counseling that we went back to it. My physical doctor, my physician for the physiological, he had me take a home sleep apnea test.

The home sleep apnea test didn’t detect that I was suffering from sleep apnea. It didn’t pick it up. Because of my interaction with the neurofeedback therapist, because of seeing her week after week, and because of her acute alert observation, she probed one day and said, she thought maybe I needed to take a sleep apnea test. Now, when my original doctor posed sleep apnea, and this is another thing I will say which maybe for dialog another time, mental health counseling - in many respect - requires counseling, economics and financial where with all to be able to do certain things or to have certain therapies.

When my physician did the home sleep apnea test, I think that cost me less than \$40. I went to him in 2007. In 2014, when the Neurofeedback therapist suggested I have to be tested for sleep apnea and he wrote me the order, I went to [redacted] Hospital for; I think it was a total of three nights. First were two nights and I think I had to come back for one other night? I've forgotten me and my memory. Those two for those three days, the cost including now the CPAP machine that was about \$14,000, if you don't have either some sort of a private insurance that is going to pick up that cost, if you don't have private funds to pay for that or in my case, if you don't have Medicare to pick up the 80% for you to pay the 20% deductible, you don't know what's wrong with you.

A byproduct of the Neurofeedback therapy counseling et cetera was that we found out that I suffered from significant sleep apnea and then probably for 20 to 25, I have not had a good night sleep. Well, if you would extend that even further, then you realize if you haven't been sleeping for 20 or 25 years good, sound, restorative, restful, replenishing, reenergizing sleep, your body must be in a pretty bad state. It's all frightening. That's some of what has come out of the benefit of the current counseling.

Jessica : Okay. You already touched on this but what changes have you experienced since you've been in counseling?

Octavia: I have a better sense of peace, a greater sense of peace within myself. I have been able to let go. Pardon me that's the wrong word, I have been able to release some of all that anger and

rage that I have kept, tapped down for so many decades. It hasn't been pleasant for me and it sure hasn't been pleasant for other people, but it has gotten out of me. I tamp that stuff down for decade upon decade. I have some better understanding of my triggers. What is it that the outside world says or does that triggers things in me? Sometimes I have been in better control of my triggers.

Sometimes I'm not. Because of therapy, many times now I can anticipate, remove myself or not decide to make this choice rather than this choice because of the counseling. I have come down somewhat about my aging. I have become more accepting of my aging. Counseling has helped me become more forgiving of myself and more accepting that I can't be perfect because for so long I've changed, I chased perfection. Perhaps this counseling does for me. I'm in a transition stage with the aging and counseling has allowed me to be more gentle with myself.

Jessica : Okay. The next question I have is have you told anyone that you are in counseling or have been in counseling?

Octavia: Yes. I can't think of a friend of mine who doesn't know that I've been in counseling, I am in counseling. The only reason that I didn't, I guess you can say one or two ways, I didn't kill myself or I didn't commit suicide when I lost interest in leaving. I always said as I grew older, I wanted to be an interesting person, and I wanted to be an interested person. For a period there in 2012, 2013, I lost that. The only reason I didn't kill myself because I would pray. I'd go to bed at

night and I would just pray to God that he would just please take. Just remove me. Enough was enough. I was tired of living. I don't want to live anymore. Just take me.

My two guardians are 26 years younger than I am. It would be a terrible thing for me to do something like kill myself because they would always be wondering what more could they have done. What was it that they didn't do to help me want to continue to live? I couldn't do that to them. I just couldn't do. Whatever that part of my mind that works or it talks sometimes with the other part of my mind that just wasn't a viable choice because I was ruining other people's lives because of my action and I couldn't do that to these two people. Where were we in that question?

Jessica : Just whoever you told about being in counseling.

Octavia: I don't know. It's on the scale of who are your true friends and deep friends and who are acquaintances. When it comes to acquaintances, no I don't tell them that I'm in counseling. It's nothing that I value who or anything like that but with my true friends because nobody ever looks at me and sees anything but a healthy person. That's all they see. My friends find it hard to accept the fact that I have been wearing a mask for so long and that they believe the mask and didn't see the pain. Considering that I have been counseling for such a long period of time, there was a period where I didn't tell anybody because it was certainly the old thing about black people and mental health counseling.

You're crazy, you're insane and all the stigma that is attached by black people, skip white people, by black people to knowing somebody is in counseling. The other side of that coin is being in counseling has achieved its popularity in terms of general overall acceptance of counseling beyond divorce counseling or grief counseling. There was something else I wanted to say about telling people. Now, I've seen my cousins of over my 89 year old aunt and how they were in charge of her and whatever. We disclosed because we had a hearing and everything. I lost the case.

We disclosed at the beginning that I was being treated for depression. I have disclosed that I suffer from chronic depression, which is true. More of that has come and let's say the last; I have to start thinking, in the last 17 years where I have been free in talking about my depression and about counseling for it even about taking drugs for it. But that to a large degree is in that framework of it's become a more talked about subject. If not among black people, it's become a more talked about subject in the general population and I include black people in that general population.

Sure enough, my family reacted typical black American fashion, "You're crazy. She's crazy et cetera." That was a little hard to take but it needed to be done because I was interested in my aunt, and I wanted to see her at the best care that she could. I didn't think my cousins were giving her the best care. I put my money, hired an attorney and went to court. I lost. Close case but we did disclose that and the reaction was typical. Now, my black friends who are a couple of

my good black friends are social workers. They have an understanding from at least a professional understanding.

They may not personally get it but they have that understanding. I had lived with depression so long that unless you're very acute at watching me, you will not know that I suffer from depression. We do know by virtue of counseling that I owned a home that I lost in full closure because I got sick and I couldn't afford the mortgage any longer. I had started staying in my house. I could stay in my house for 21 days and be perfectly happy. The only person I ever saw were the people at the post office because I had a P.O Box and I'd have to go up there to get my mail.

I learn through counseling that in order for me to keep balance in my life that I must force myself up and out of the bed, I must force myself to groom myself once I get out of bed and I must force myself to go out that door and do something. That is a battle that I face even currently. I'm getting off track with you because we were talking about yes people know that I'm in counseling and that I suffer from depression.

Jessica : Okay. You talked about this with your cousins and your family. You have told people about being in counseling, what are some reactions that you've gotten toward that ... Just telling that or telling people about that?

Octavia: They don't know what to do with the statement. It's come up in conversation. It's not like I've initiated it by saying, "Hey, I'm in counseling." It's come up in conversation but they don't know what to do with that. That's been mostly the reaction they don't know. Lots of suggestions about what to know so I won't be depressed from a layman's point of view with whatever their understanding is of depression which can reign from 0 to 35% of what depression really is about or the many ways to look at depression. People who have suffered from depression, the other reaction I have gotten is people who don't want to talk about it.

People who feel that since you know what depression is, when you look at them and they know they're depressed. You can see that they're depressed and they don't want you to know that they're depressed. Did that make sense to you?

Jessica : Yeah.

Octavia: Because we have a friend-

Jessica : Oh, it's my cell phone.

Octavia: Okay. Its so cute when it's not intrusive. Do you need to answer?

Jessica : No, no.

Octavia: Okay. We have a friend who suffers from, I guess, its schizophrenia and paranoia and we were all together, the four of us and when my finances were better, I can join them. We go to a spa at least two or three times a year in on Thursday and then out on Sunday. We came to celebrate her birthday in North Carolina. We went to [redacted] in [redacted]. She was depressed. She had brought work with her. We had come to celebrate her birthday. She stayed in her room by herself most of the time. We acknowledged this and we made an effort to ask her to do things with us.

I guess my effort was too obvious I'm a big outdoors person. My friends, these are three other black women, now they all know that I suffer from depression. They all know that I must have counseling. They all know that I lost interest. They all know that I've been in a psych ward. They all know all of that bout me. I asked her if she would like to come take a walk with, now these are three women. They don't like walking. They don't like the outdoors. They don't like the cold of [redacted], North Carolina, which she agreed.

If I didn't have two things, music and nature, I would not be able to survive. We took our walk. I guess I was trying to point out the beauty because I love the beauty that you find in nature. I love beauty wherever you find it and I can find beauty in so many everyday things. There's no walk that I can take that I can't find beauty wherever it is no matter the environment. I can find beauty. I can find peace. I can find something bigger than man. She and I went for that walk on, it must been Sunday. We came back from [redacted] to her house. She lives in [redacted].

Sunday night, she just cried on us and she told us how she didn't want to feel like she was a project of ours and I felt that was directed to me. Since that time, I've stepped away from her. Since we don't see each other on a regular basis, I've stepped away from her mentally because I am also 26 years older than everybody in this little small group. I remember when I was young and older people tried to tell me certain things and I resisted to it. I try not to get into that and I hope that she wasn't taking what I was doing and saying she was anything like me since everyone knows what's going on within my life as a regards to depression, mental health counseling an et cetera.

The openness that comes with being the age that I am and especially saying younger Afro American women coming through what I have been through is not the same and yet it is the same. It's different and yet it's not different. Some of it doesn't translate well because their generation is very different from my generation. I try to, where I can, share with them some of the things that I have experienced relative to some of the choices I made professionally. She is in the wrong environment in [redacted]. She just is not where she should be.

That's not judgmental about [redacted], it's just she's been socialized different and in her current position in [redacted], it requires her in order to prosper to adopt a more raised culture and standards of the [redacted] culture, and there's a jump there. I felt bad after she told us she thought that we were treating her like a project. That's my interpretation of the word of project. Some of those are the responses that I have gotten from people who know what I have been going through.

Jessica : Okay. Well, my last question for you, is there anything else you would want to add about your experience in counseling that you didn't really get a chance to say?

Octavia: Two things. One of the things is there is paid for professional counseling, and there is the counseling that comes from just living and interacting with people and I've been fortunate to have experience both of those types of counseling. Some of the best counseling has been from both the paid professional, and from the people I have met with their sharing little bits about their wisdom and little bits about the me that they see through their eyes with the exception of the first person I counseled with lead some problems of her self.

That's why now I'm very careful about who I select as a counselor. I've had such a fascinating life that I have to be very careful that I don't select a professional counselor who gets too caught up in the fascination of my life such that they aren't of any use to me, and that does happen and it has happened. For all the counseling paid and life experience counseling that has come from outside into me, I credit that with probably having kept me capable of moving forward and keeping pace with change in my life, not reacting in denial. Not reacting in running away from it.

Not reacting in trying to be what I am not. Not reacting in fashion hair or whatever trying to be, in my case, younger than I am, not reacting in being wedded to straighten hair or all these weave or whatever people they have, if you have some more power to your girlfriend but those kinds of

things, some of it is just as healthy as it could be. It springs from healthy reasoning. Some of it springs from some unhealthy reasoning.

I credit with having been exposed to the idea of going for counseling and having participated in counseling that has kept me from moving forward and not allowed me to bog down and stand still and enter into pretention or fantasy or unrealistic expectation that has kept me fairly open and fairly aware and observant of watching me be me. My traditional talk therapist counselor, currently, is probably 26 or 27 years younger than I am. When I first had my first session with her, I told her straight out I didn't think she would work because she was just too young, I mean. I just didn't think so.

I think I needed somebody who was more a peer. When I said I was going to give in those three times and see. Interestingly enough, she was one of the two that I chose. It would have been her for tradition talk therapy, and somebody that was my peer. When I thought it over because I made conscious decisions, I couldn't afford all three when I decided to take two, I made a conscious decision knowing that she was substantially younger than I was but I even that out with ... That could mean that she had some out of box thinking that I wasn't accustomed too and that it could approach me differently than a peer would approach me given the cultural baggage that we are.

That's another thing I should bring up with the exception of one lady I've never had an African American counselor. All my counselors have been typically white and they, in the case of Dr.

[redacted], she has a Russian background. In the case of, the woman that I liked counseling with, the recommended Dr. [redacted], she's Jewish. There was only one woman who was an African American and that had that I counseled with her and enjoyed her counsel. Do I think I have a predisposition to not want to use an Africa American counselor, or is there a sense of self hate in using an African American counselor?

I'm always looking for, just like I told you I've to be careful of those people who get caught up in my fascinating life story as counselors because they're not going to do me any good. I have a somewhat reluctance to gauge in counseling from another African American for fear that that same thing might happen perhaps for four different reason since the African American experience in the world is so unique that they might not have the ability to distance themselves from me within their professional stunts and within the fact that we share the same identifier, meaning our color, and that we share the same gender identification meaning that we are female.

I'm aware of some of my own little it'll be like synchronies about who I might seek out as I've grown older.

I've had counseling from one white man and most everybody else have been female and with the exception of that one black American female they mostly would what you would say they were whites. I've never had counseling from an Asian, a known Asian. I've never had counseling from a known Native American or any other people of color, per say. What was your last question, again? Anything else that I wanted to add?

Jessica : Yeah.

Octavia: Yeah, probably I have just added enough for today. I have so much in that head there.

Jessica : Okay. Well, that was my last question.

Octavia: Okay.

Jessica: This is interview number two. My first question for you is; can you describe a typical counseling session?

Octavia: The bulk of my counseling sessions have always been traditional talk therapy or what I call traditional talk therapy. Most of them have always started with some sort of a check in process; what's going on, how are you feeling today, are there things that you wish to talk about today. Some of them have started with what we left off with last time in terms of how has it been going since we last talked about with the neuro-feedback therapy which is only the second type of therapy I have used.

That was I think the kindness on my practitioner's part. Because that always started out kind if similarly; how are you doing, what's been going on things like that and I never needed much prompting because I always had stuff going on and if I didn't have stuff going on, I always had usually some specific things that I was bringing to the practitioner. I know I'm jumping around stream of consciousness, but with the neuro-feedback she would also the practitioner, the main practitioner she would also enquire for the first 15 to 20 minutes about where I was at that particular time and over the last week.

At certain times I have actually written a document that set out the last seven days activity from the time I last met the traditional talk therapist and from the time I last met the neuro feedback who I saw them both on the same day because they are in [redacted]. Then with the neuro

feedback therapy after we had that 15 to 20 minute chat, then she would hook me up, we would do the post-test pardon me, the pre-test what would you call it? They call the training.

Jessica: The training.

Octavia: The training and then we would have the post test and that would be finished. Now she went on vacation and when she went on vacation, she did have somebody who is at least able to give me the training but there was no chat before that.

Jessica: When you finished your sessions how did you feel when they were done kind of that immediate after time?

Octavia: I have always now let me take that back. Sometimes I haven't felt too much of anything, because to some degree when I was taking the very last appointment my mind was on getting out of the traffic over by universal in [redacted] and getting back to [redacted]. Remember this is for last two years that I did this every Thursday. Overall what I have felt is the days meaning if I saw the therapist going Thursdays, Friday, Saturday probably I would be mewling over what we talked about. What I learned about myself, what if there was home what the homework assignment was. About feeling better because I have some medical issues and because I'm growing older; I never felt what I used to feel after therapy.

Now and what that was, was an energy it was an energy and it was kind of not exoneration or excitement it was just the satisfaction of knowing that I was taking care of me for the coming future. Now after I have therapy considering what started me on this last two years of therapy I'm just always elated that I had the chance and the money to undergo both types of therapy at the same time given my mental state where it was and given my mental state now. Aging has been very hard on me mentally.

My mind wants to do what the body is not fully capable of what the mind wants to do. I have not prepared for that feeling, so I'm always kind of wrestling with it but it was a lot better than when I lost interest in myself, I lost interest in all those, I lost interest in doing and I would pray at night to God to just take me. I didn't want to live anymore.

Jessica: Well what are some of the positive experiences you have had all being in counseling?

Octavia: I have a problem with anger management, so counseling has helped me to stay relaxed, to calm down, to hold on and to think before I shoot my big mouth off. That's what it's done for me. In addition to that, I have a lot of suppressed rage and anger over being a black female. I have a lot of suppressed rage and anger towards white institutions and dumb ass white people and dumb ass black people. Counseling has helped me figure out and release, because I suppressed all my anger during my school and working career and counseling especially these last two years has let that release. It's released itself not in some calm ways but it's also released

itself not in violent ways, but the things, comments and people that I put up with in my school and working life now counseling has released me from that, it has.

It has also released me from being perfect to and I had trampled my feelings down or trampled them down so much that I was alienated. That's probably to a good degree why I'm physically sick is all of that. Counseling has helped me to learn self-care.

Jessica: Can you tell me a little more about what self-care means to you?

Octavia: Taking care of me; I was always taking care of other people and I not always because they asked me to. For a long time and I was in some relationships that were not healthy because they were negative relationships and therefore they were taking out of me, so now self-care is about being watchful, about being my own best friend, about anticipating or reacting to people places and situations where I know this is not working out well. This is not where I'm supposed to be. It's a greater awareness of removing myself from negative people, negative situations; the negative.

Jessica: What are some of the negative experiences you've had while being in counseling?

Octavia: I have been rude to people, that's not releasing of anger. I have held myself away moving to [redacted] is a new situation. This is the start of my 4th year here like I think of that yes; this is the middle of my 4th year here. I had to employ a set of skills of how do you come to

a strange time and find pleasure. Some of that negative has I expected more out of [redacted] and it isn't giving it to me and there for example I joined the Symphony Guild, I expected the Symphony Guild would be a place where you would meet both black and white people. There is a college here, a black historical college they have a music department non-granted we meet perhaps when they have classes but there are other things.

I usher at the auditorium where all the symphonies are held and I look at the audience that I'm ushering not there, so I found myself at this particular point in my life and I have been around white people all my life. I went to what we would call integrated public schools; so from a child I was around white people. In fact it was when we would come south when I was younger we would stop at a gas station for gas and the gas people the further south we got would say, "She isn't from around here is she?" I have been around white people all my life and I have gotten along with white people to get ahead.

Now, it is very difficult for me to be around pardon me, dumb ass white people and you can throw in dumb ass Canadians and dumb ass British people, because [redacted] has a heavy snow bird contingent. Then we have dumb ass black people; so I've gotten a little bit off topic, but counseling has helped me and it sounds funny, counseling has helped me rid myself again of that anger and rage which usually has come up with a negative response to current white people that I find I belong to The Symphony Guild, The Museum Guild, I belong to The University Club, I belonged for a while to the Rowing Club; so nothing but white people.

Now this is [redacted] and they just released a new study about the racism of states in the United States. There is adding to the ending from that, to tell you that I only stayed in Florida because it's warm and it has no stating contact and it has the ocean. That's the only reason I stayed in Florida. I would be better if I lived in larger cities with a potential what I want to say, population, black population that was interested in the action things like that. Then we get back into economics and we get back into where our country is going from it's started out when I was 12 years old to where it is somewhat 55 years later? Do you want more? We have been talking about the negative that's purposely and then there is some things people would say would be negative but I don't think they are negative, but that's just because of my tolerance.

For example after counseling sessions either before because of not what it went on between me and the counselor, but the type of things that we engaged in. Sometimes I live feeling uncomfortable or I live kind of unsure or confused. I always replay what went on with counseling later in the evening. I would have liked as you know my finances went to pieces, so I had to stop seeing Dr. [redacted] definitely so the neuro-feedback just came to an end and now I see the traditional talk therapist about once every six weeks. That has not come to an end and she has always made herself available to me. I don't think those things like just in are negatives, I just see them as work being done by me and by my mind to release, to learn different ways of interpreting and looking at things. I did so much giving what's the word? I said it; you know how you give people the benefit of the doubt?

Jessica: Yeah.

Octavia: I gave so much people the benefit of the doubt through school and through my working career but now I don't give anybody the benefit of the doubt, it is what it is. I will and this isn't a negative, one of the positives of counseling definitely was helping me face what is the reality of my particular life at any given time. The other benefit of counseling has allowed me to make linkages with what I did 35 years ago and the results of what I did 35 years ago I think.

Jessica: What has the experience of being in counseling taught you about yourself?

Octavia: I do have anger, I do have disappointment, I really do have expectations and that's the worst thing you can have is expectations. Expectations of yourself is one thing, but expectations of other people counseling has helped me see that that's not necessarily a healthy thing and two, I need to be always checking in. Am I phrasing it so that it can be understood and is the person that I'm talking to or involved with, are they understanding it the way I meant it to be understood? What was the question again?

Jessica: What has been the experience of being in counseling taught you about yourself?

Octavia: That the movie I have in my head on any given situation of a person is not necessarily the movie that they are playing in their head. I have to leave enough room to kind of have communication about if we are planning something, if we are doing something are we on the same route or are we on two parallels that are never going to meet? Counseling has helped

me really listen to what people are telling me and counseling for a person in my age range because I come from what they call the old school tradition; counseling has really helped keep me sane about the gap between how I was brought up to think, believe and act and what has happened along that 55 year spectrum.

Counseling has helped me appreciate the old, some of the old and some of the new. One more time what was the question?

Jessica: What has counseling taught you about yourself?

Octavia: To breathe deeply in all situations and what really are my options here, is this worth getting upset over? Getting upset causes me stress and it makes me ill or it makes me feel worse, so I have had to learn both from the medical stand point and the mental health stand point to pick my situations real carefully that I am going to get angry or stressed out involved in whatever. That's been a functioning of having gone through counseling. I have always masqueraded, I am an introvert by nature none of my friends believe that I am. What I learned to do in business was to be an extrovert, so I wear two faces and my friends buy into the extrovert face and then they get really shocked offended and feel like they were taken in by a trickster when they discover it's just a mask.

I'm accepting myself as an introvert through counseling and what that means in our society today. There are some things again coming to grips with this introvert, that I don't chose to be

involved in and I lost my train of thought on the introvert what is it? In fact I'm whenever I get well I'm going to buy a book that my traditional talk therapist now she does recommend a lot of books for me. She does and she does recommend she is white, but she does recommend Afro-American books to me that she thinks might help me in that situations. I have been the first so much then I'm tired, I'm just tired of being black that's number one, I'm tired of being black and I'm tired of being a first. I just want to be, that's all just let me be.

I just remembered she recommended a book it's called *Quiet* and it's the full title is *Quiet: The Power of Introverts in A World That Can't Stop Talking* by Susan Cane. The older I get the quieter I get. What else?

Jessica: What has the experience of being counseling taught you about other people?

Octavia: I can't rely on my perception or expectation of what their thought, actions, whatever are or mean. Typically now I'm slow to get to know people. I take my time and if I have an opportunity at 67 not that many people want to get to know me, but I take my time in getting to know people to put pieces together. I think that's a function of counseling over the long term. Because sometimes I'm talking about counseling over the long term seems I have had so much of it, sometimes I'm talking for instance the immediacy of the last two years of counseling. Now we go to the benefit of the doubt. I have had to learn that you would think in this day and time that and I'll separate this, most white people would have some idea of what black people are about and that's erroneous to think that.

Because there are large segments of the American population, skip the world population, who have no idea of what black American is about in any way shape or form or what black America is about in any shape or form. The covariate of that is there are some in each community, there are portions of the black community who have no desire to be outside their neighborhood, who have no desire to be in any shape or form in the company of white people for any reason. What was the question again?

Jessica: What has the experience of being in counseling taught you about other people?

Octavia: I talked about I have learned to simultaneously be dependent and independent. Dependent but always there for myself, if that person doesn't do then I always need to be able to do for myself. For instance this is not to make you feel bad; I have not been to the grocery store for about two weeks I have got vegetables in there, I have got fruit things like that. I don't have the energy to get out there and first of all drive to the grocery store, push the cart it's just taking too much, so are there one or two people I could call? Yes there are one or two people I can call. But basically I just have decided that, yeah, I'll just find some restaurant that delivers, an inexpensive restaurant that delivers, I always have soup on hand that I keep on hand. I always have baked oatmeal that I keep on hand, and fresh fruit. I actually since I eat organic, I don't eat much of what's inside the grocery store, it's the one that work for me.

Jessica: Outside.

Octavia: So, that's that being dependent, but independent. We still go back to economics, I can afford to order something to have it delivered as opposed to forcing myself to go out, and go to the grocery store and do the shopping, come home and cook it. That's too much.

Jessica: Yeah okay, so the next question is, how does the race and gender of your counselor factor into your counseling experience?

Octavia: You know that's never been an issue surprisingly. It's never been an issue. There are some other issues that can be potential issues, and gender, well let's start. The biggest problem that I have with anybody who's counseling me that they get caught up in the fascination of me.

For a lot of people, they are not accustomed to an articulate black person, so that always. They are not accustomed to somebody who has travelled as much as I have, who's had the experiences I've had, who's met the people that I have. The biggest problem I have is with counselors who get caught up in my life and they stop being of use to me, that's a real problem. Now, the other problem I have is it perceived a problem. I've never tested it out, and that is probably would be blacks Hispanics and Asians, who get caught up in my life and feel somehow that they are lesser than I am in the professional client relationship. Meaning that they get jealous about what they are hearing from me.

Jessica: So, you're saying that the blacks Asians as?

Octavia: People who, well you could probably just put; there is a category of people who can't step back because my experiences in travel are so broad. They can't step back from themselves personally, to be able to be professionally leading to these aspects of my life.

Jessica: So, if I hear you right you're saying these people didn't have some of the experiences you had, so therefore they are not able to relate or give you the kind of care or counseling that you think.

Octavia: Remember it's perceived, I've never had. The last counselor that I had that was black was in 1982. The longest counselor I had was the wife of my physician. That only happened because she was in the office, and she rescued me, from situation dealing in with her husband's office. She actually came through the door, she saw what distress I was in and she rescued me. Because of that, I turned to her.

These last two situations, that counselor; she began to have seizures, so she had to give up her practice. When she did, have to give up her practice, she sent out a list. I either did try somebody, I think I have interviewed with the male counselor. But I would probably stay away from a male counselor, probably because I tend to be very earthy and I tend to tell it like it is.

I really I don't like males all that much, the macho male, that person who's full of themselves male, I think just males that I just can't be around them. I don't choose to be. Since the male mind is so anchored on sex, there are things that I would say, that I can say to a female that I will need to think about saying to some dude. So, I don't have any trust level.

Now I did see a long time, a male counselor back in the late '80s. I saw a male counselor but now he was of the religious persuasion. I don't know what that says because you really shouldn't ask me 0707487987 about religion. I have very little to say that's good. God and spirituality, yes, organized religion, no. But how, we were talking about one more time, the question.

Jessica: How does the sex and race or gender?

Octavia: I feel more comfortable with a woman counselor. I do not care for weak women. So, if you come across to me as a weak woman, I don't want anything to do with you. I'm not just into weak women of any persuasion. The last I interviewed. So, my counselor gave me her first spot. Then after my stay at Florida hospital we looked for others, some who took Medicare. Well I don't think we looked for others yet, we looked for others.

So, I went she gave me the list of two people and I picked out a person from some list. She gave me names of two. I picked out one some list, when you leave the hospital; they give you a list of people to contact. I saw them three weeks, once a week to interview them and see which one I like the best, which one I felt the most comfortable with. I do think that the economics, if you

can afford it, you really do need. Other times I just bump gone to the person that was recommended or that I found.

This time I really did engage in seeking out three people and spending, having three different appointments with them. Two of them were traditional top therapist, and one of them was Dr. [redacted]. Dr. [redacted] was recommendation partly from my former therapist. But she doesn't know Dr. [redacted]. She has only had people who go to Yale school tell her about Dr. [redacted] and her therapy. So, she recommended Dr. [redacted] and Dr. [redacted] is in a category of her own, because I don't know how many neuro-feedback therapists there really are.

The other two was a woman now everybody Dr. [redacted] is Russian. The other two we'll just call them white, the other two were two white women. One was about my age, and one is probably about 35 years younger than I am, so I told that one when I first walked into her office, I really didn't think this was going to work, because that was a real experience between she and I. So, I went along and I saw them etcetera.

Then it would have been good to be able to afford 3, but because Dr. [redacted] is in such a specialty and you know for black people, the minute you talks about putting something to their head, and you talk about some kind of interaction between whatever is going through the wires or whatever is happening, you know that just isn't going to go. It's not going to fly. So, some of my few friends left, oh jeez, they have a hard time with it. But I went ahead, I chose that as one, and she didn't take Medicare, so that meant I paid cash every week.

The other one actually after saying all of that to her, I actually chose her. I chose her because she was young. She was newly trained. She came from a different space in time than I come from. I thought more of her as the out of the box person with me, and I was always glad. I've always been glad that I did make those two choices. I went to a therapy that most people that of wires, and I went to a person much younger than I am, for out of the box. Happy as a clam with both of my choices, couldn't have done better.

Jessica: Okay, so what are your thoughts about psychiatrist medications?

Octavia: Are those the things that I am on, the Fluoxetine, the Trazodone and the Wellbutrin?

Jessica: Yes.

Octavia: Okay. I hate them with a passion, I do. They impose restraints on what you can do, where you can be, because since I'm a traveler, you always have to be thinking about your medications. Now we know I tried, one year I got off, which did I get off first? I think I got off the Prozac first; one year, no Prozac, the second year, no Trazodone, the third year, no anything. When I should have gone back to the medications, which was in August of that third year, I delayed until February of the next year and that's what put me in the psychiatric ward. I was off the meds.

They have allowed me to live a quality of life that I couldn't live if I weren't on the meds. So, it's a real tradeoff for me. They inhibit weight loss. I can lose weight when I am not taking those drugs. When I take those drugs, it's a devil to lose any weight. I would always there were three places when I was dissatisfied with United States. Costa Rica was the first, and I lived there for three years. The other two places I thought about living was Lausanne, Switzerland and Cape Town, South Africa. But see again, meds, what is the availability, what is the cost. So, what was the question again?

Jessica: Just your thoughts on psychiatric medications.

Octavia: If you need them, you should take them. If you have a lesser quality of life without them, you should take them. They helped me maintain a quality of life, and remember I am always amazed that there are any sane black people anywhere, for what black people go through on a daily basis, in America. So, I consider myself as a survivor of the black experience.

I never took drugs, I drink socially. Now I won't have a drink in this house by myself. If I'm out some place, I'll have a drink. If I'm out some place with others I will have a drink. Taking the medications and getting older, there is only so much I can drink because one is fine by the time I'm on to the second it's a little dizzy.

Jessica: Okay, so, my next question is, can you tell me about any mental health issues you've experienced with your friends or family?

Octavia: My family thinks less of me because I have acknowledged that I am depressed, that I do take medication for depression, and that I have what they loosely call mental health problems. So, they laugh, they treat me like an outsider, not only for that but for other reasons. But they are not understanding, I was going to say to you, how do you learn about mental health, mental health practitioners and mental health medications? You learn by doing. How do you learn to travel? You learn to travel by travelling. That's how I feel about it. So, I don't spend much time trying to educate. A friend of mine gave something called the spoon theory. Are you aware of that?

Jessica: No, I don't know that one.

Octavia: Let's see. I wake up each day with so many spoons and my spoons are spoon issues to get out of bed, a spoon issues to personally gloom myself, are spoon issues to get dressed, to organize myself if I'm going out or something and I don't wake up with the same number of spoons every day. So, sometimes I might have, well this morning, let's take that. Last night, I had a spoon to set the alarm clock for 7:00 and a desire. I probably didn't fall asleep at 4:00 this morning.

When I did, I did get up, because that's where I keep the alarm clock here. I get up; I go out of the bed. I turn the alarm clock and then the mindset not today. There are other times; I had a friend who just died of cancer. She used to always say, no matter how bad you feel, get out and go. But right now, I don't think that's right for me to get out and go. I was going to daughters missing mothers breakfast today, in honor of mother's day, and when it had been described to me, I was thinking, maybe this was right for me to go, maybe part of it was right. What I had decided probably parts of it were going to work for me and parts of it weren't. I've really tried to get my health back, to get back to my fitness involved with dancing, because I have had to cancel almost 10 days of the activities that I normally participate in. so, what was the question?

Jessica: Can you tell me about any mental health issues you've experienced with your friends or family?

Octavia: There are people that I think get mental health issues. But not for me, in the sense that I wouldn't, if they brought it to me, yes. But for me to bring it to them, no, I'm not going to do that. Most people know what I've been through that are my friends and since right now, I really and loosely in contact with one member of my so called family, the rest of them I'm not even contact and that's purely by choice.

Just like women and men get a divorce and women and women get a divorce, and men and men get a divorce, I just voluntarily divorced myself from my family. They were not good for my mental health. They were contributors to disease. So, there are people that yes, I had a friend just

recently a year ago, who she is scared of being me with mental health problem. So, she lashed out and said she didn't want to feel like she was a project. I later learned that she is suffering from schizophrenia.

Jessica: Schizophrenia yeah.

Octavia: One of the reasons I've been honest with people is to bring the topic in the open. So they at least know that they know somebody who has those kinds of difficulties, who is meeting those kinds of challenges. Because I went to law schoolmate my younger friends are about 43, 44 and some of them are on the same path as I am on, as I was on and I can see where they are heading. I hope by sharing my story with them, they are able to relate to it enough to stop themselves from engaging in the behaviors that I engaged in that got me here.

Jessica: Yeah, okay. So, what do you think about the connection between mental health and physical health.

Octavia: Hand in hand, I believe, if I had energy, I think I would be different, my adrenals, and produce very little because they've just been worn out. At some point they just stop producing at all. So, now, I have had to change my lifestyle. For instance, I don't take responsibilities other than for myself. No committees, no nothing about where I have to be except for ushering day to day, because you never know.

Like I said, I got up this morning, lay and the body said, no going today. I had hopes that I would be going to the grocery store, to this lunch and to the grocery store to buy some noble and CVS and this is a zero day and that is the reality. Some days, it's a zero day. At least I got out of bed and fed myself. Other days it's better, but with the viral infection, you see that makes it even worse. So, did I answer the question?

Jessica: Yeah.

Octavia: Okay.

Jessica: So, my last question is, if you could change anything about your counseling experience, what would that be?

Octavia: It goes back to economics. I needed about two more years with Dr. [redacted]. I can't afford two more years with Dr. [redacted] at this particular moment. Yes, that's well there is two things. I have some emergency money. I don't think this is fun. I couldn't spend that with Dr. [redacted] but there are two other things that I want to do that are travel things, and those two things right now are more important than spending the money with Dr. [redacted].

We've gone through two years of every single Thursday, back and forth. It's only not only doctor [redacted], it's the gas to get over there. You have to have a meal while you are over there and trying to pack something and carrying it for half a day and things like that. So, it would be if

I would be to have the money, probably now and I say this today, it would be every two weeks seeing her. Because I don't think the way I feel you right now here today, that I could keep doing it every week like I did it for those first two weeks, those first two years.

Either that or I would have to cut out other things. Order when we first start doing that I would go on a Thursday and sometimes it would be Sunday, before I would have gotten any, I'd just be in here Friday and Saturday resting to get my energy level back up.

Jessica: Okay. So did you have any other things you wanted to add about your experience in counseling?

Octavia: Yeah, as I think about this. If I think about anything, I will certainly shoot you an email; of course I will write them if they come to me. But no, I think, first of all is this our last session?

Jessica: I believe it is.

Octavia: Okay, all right. I think you've done a thorough job of picking my mind about my counseling.

Jessica: Oh thank you.

Octavia: You're always free. Feel free to send me a question by email and I will write a written response. I'm a writer. So, I'm very comfortable with writing things as well as speaking. So, if you have a question that comes up, you can always shoot me an email. If I have a thought about something, I'll shoot you an email. How about leaving it at that?

Jessica: Okay, it sounds good.

Octavia: If any further questions come out of the transcription that you're going to get, just feel free. Again, I do apologize and I will tell you, unless you know the person very well, when people start being 15 and 20 minutes late, inquire, because even if you use my second phone number, when I got up, but I do think you are very patient person. You'll go along ways in life.

Jessica: Thank you.

Octavia: But don't give people the benefit of the doubt. If they are 15 or 20 minutes late, just check in and say I was expecting you, and is there something wrong or something, in my case just out of the mind. When I had agreed to meet you at 11:00 I...

APPENDIX M: MAYA INTERVIEW 1 & 2

Jessica: Okay. This is interview one with participant number six. My first question for you is; how do you describe yourself to other people?

Maya: Generally intelligent I guess, like physical attributes or personality?

Jessica: Yeah anything.

Maya: I'd say I am tall, African-American, female, a soon to be college graduate. Generally kind, caring person, outgoing I guess.

Jessica: Okay. How does that description change depending on your setting?

Maya: If I'm in school or a place where I don't really know a lot of people, I'm more reserved and quite. While with my friends I'm loud, outgoing. We all get along. I'm more open to doing whatever. It just depends on who I'm with.

Jessica: When you're reserved, what does that look like?

Maya: I don't talk much or if I do I'm just being polite asking how people are doing or just being normal friendly not loud and stuff like when I'm with my friends.

Jessica: I want to ask you; tell me a little bit about your current experience with counseling.

Maya: I've been going for several months. It's been great. I go once every two weeks for about 45 minute sessions. It's just a good way for me to get feedback on what's going on in terms of me worrying graduation and things like that coming up. It's been a great experience.

Jessica: Are you graduating this semester?

Maya: In December hopefully.

Jessica: Are you going to the place on campus for counseling?

Maya: Yes.

Jessica: Is this your first time in counseling?

Maya: What other experiences have you had with counseling besides here, any time maybe in high school, in middle school?

Maya: Before none really. I had an instance with my dad where I had to go to a DCF counselor. I was maybe 11 or 12. I don't remember much about it. I just remember I went a couple of times and talks were really about incident that happened with my father but that's about it.

Jessica: Okay. So then it's just here? How has your experience with being in counseling affected you?

Maya: I'd say it's been positive effects. I have learnt different ways about communicating with people around me and how learning how to get what I need out of life situations and relationships. [redacted] group so I can continue that once our individual sessions are done. It's been a great experience to learn how to deal with things differently.

Jessica: What kind of changes have you experienced that you can attribute to going into counseling?

Maya: I think it's been more mental where I'm thinking about how I respond to stuff and what I want out of relationships and things. Like how I talk to my husband as been being more aware of what I'm saying and things like that. We haven't had a clear communication. I've gotten that and those skills pretty much.

Jessica: What was your expectation of counseling before you went?

Maya: I actually thought it was going to be more like someone telling me things about myself. I thought maybe it would be more just someone telling me how I am and specifically things that need to change. More of that but he doesn't do that at all which turned out to be good. He more is kind of guiding me through my own thoughts and so I'm more clear, but not telling you what to do. He isn't giving me suggestions or anything. He just gives me feedback and helps me understand what I'm feeling.

Jessica: So it sounds like you were looking for more advice giving?

Maya: Mm-hmm but he didn't do it like that.

Jessica: How will your expectations change? What do you expect from counseling now that you've been in it for a while?

Maya: I guess now that we have a relationship, I've been going for a while. I expect his feedback and I just expect him to help me when I come to him about certain things. I don't expect him to tell me what to do because he won't. It's mostly just helping me figure out new skills and ways of communication.

Jessica: Can you give an example of a skill that you've learnt in counseling?

Maya: When I first went it was part of my personality, I like things cut and dry like laid down, crocheting kind of. In certain situations, I realized that, I don't want to say I can let it go but more like go with the flow and not expect certain things. I had planned going to apply at PA school but that didn't really work out. Instead of coming up with another plan, he was kind of, "its okay." How did situation work out and how I was going to deal with it? Instead of freaking out and having another set of plan that may not work, just understanding what happened and not being so planning everything.

Jessica: Okay. Do you think that's helped you?

Maya: Yeah definitely. In that scenario I didn't freak out as much as thought I would have because that was the whole thing of grad school after I graduated. Now I don't have that set in stone as much but it definitely helped so that I don't have any anxiety or anything about it. I'm just working on figuring out what I have to do but not being so calculated on it.

Jessica: How did you make the decision to go into counseling?

Maya: I had a lot of anxiety about what I was going to do after graduation. When I first to him, I still had that plan about going to PA school. I was worrying about what I was going to do after graduation and my diploma. I had recently gotten married in November and my husband is in the navy. He's in Santiago right now and just dealing with that, I was having a lot of anxiety. I

wasn't into my normal routine as much and I got worried and stuff. I looked it up online and I got some information so I scheduled an appointment and I started going.

Jessica: So you found the place just online through Google search or something?

Maya: Yeah.

Jessica: All right. When you first started going there, do you know about when that was?

Maya: I want to say maybe January. I think so.

Jessica: January this year?

Maya: Mm-hmm.

Jessica: All right. You go every other week?

Maya: Yeah every other week for about 45 minutes.

Jessica: When you made the decision about going to counseling, how did you come to that decision? About your thought process of maybe instead of going to friends or going to family members, why did you decide to go to counseling instead?

Maya: I just thought it would be a different perspective because my friends and family I already have like a set ideal me and my expectations and things that I'm used to doing. It's out of my norm to reach out to someone else. I just thought it would be a different kind of person to talk to in a more professional way to get feedback and stuff like that. The people I talked to, I don't have that many. I have a couple of close friends but I go to my friends about certain things and so to me it seemed like a better choice to go to counseling and have someone that I could clear everything out to.

Jessica: Okay. Had you told anybody about the fact that you're going to counseling?

Maya: Just my husband.

Jessica: How did he react when he told him?

Maya: He was kind of skeptical. He asked me why I was going and I just explained to him that I just wanted some different kind of feedback and talk to someone else. I can't talk to him about him so I have to go to someone else and have that kind of feedback. He's been fine with it. He hasn't had any problems.

Jessica: Why haven't you told anyone else?

Maya: It just seems different for me. People are used to me having everything together and so it just didn't seem like being anything that I needed to tell anybody else.

Jessica: You say you didn't need to tell anybody else. Is there something that you feel like other people would think differently of you?

Maya: Yeah probably. Because people are used to me being organized and I'm busy and doing all that stuff. I guess now they'd think of, "Oh she was [inaudible 00:10:19]. Not that a bad thing but I think people would probably think differently in me. So I just didn't tell anybody.

Jessica: Also thinking about your experience in counseling. How do you think it's affected you as far as school?

Maya: It is not that it has been a really bad semester. My grades have been fine. I don't think it has affected me negatively or positively. I'm just doing school in the way I had before. It hasn't made a difference. I don't think so anyway.

Jessica: Actually this is just my last question for this interview. Do you have any thoughts you want to add in general about your counseling experience and maybe I didn't ask you before?

Maya: No, not really. It's just been a good experience and I'm not sure why I haven't really told anybody else but it doesn't seem like a big thing. I do live with my mum. That's probably would

be something like I said we were close that I'd like to tell her but I don't really tell her everything. That's pretty much it. I think it's been a great experience. I'm not upset when I don't go to my individual counselor anymore but I guess he recommended group counseling. So I'll try that and see if it still will be as beneficial to me. One of the things that I've talking about to him is getting connections to different people and how I talk to him and how to get that from other people.

Jessica: So you want to stop the individual counseling and start doing the group counseling?

Maya: That is what it seems like it. I'm not sure of how many individuals that you can go to. I'm not sure when it's going to start but eventually I think would like one more for this semester. When I start the group I'm not sure if I will see him again next semester.

Jessica: Okay. How do you feel about going to group?

Maya: I'm nervous. He mentioned it several times that he thought I'd be really good for it. I'll go and try. I'm not sure who else is going to be in it. It's supposed to be small, I think 16 people. I guess I'm a little anxious but I'm interested to see if it's going to be any good.

Jessica: Okay. Did he tell you what kind of group counseling it is?

Maya: There are different options, I think the one he had mentioned is just a circle which is for African-American women but that one is going to be at a time I have class over the summer. I think that other one that fits my schedule is called Authentic Connections; it is like how to get connections from different people and learning about relationships. He mentioned that one also. That would be good.

Jessica: All right. That was the last question I had for you. Do you have any other thoughts you want to add?

Maya: Maybe I can ask why you're doing this study.

Jessica: Yeah, sure. I guess I can stop the tape then.

Jessica: This is interview number two with participant number six. My first question for you is can you describe a typical counseling session?

Maya: Sure. I go to the office and I check in. They have me a do an intake form. They ask about as of my feelings for the past two weeks; the same questions every time. It's basically like a one to five. I feel like I've been angry a lot until you do one, not like me or five, but really like me or something like that. So basic questions like that. That's basically, checking process and I go and sit in a waiting room for a little bit. The counselor comes in, gets you. We go into the same room every time. He'll usually ask, what's being going on with our last session because it's usually two weeks in between. I just have to remind him that it was related to our last session. That has been going on and things like that and then we just end up talking from there and going and see what happens, it's about 45 minutes.

Jessica: Okay. Do you do anything else besides talking in those sessions?

Maya: Not usually. The last time we did do this activity, he asked me to characterize about myself. What I think about myself. What others think about me and things that fall under both. Actually, it was a long time we did an activity and it was on a big white piece of paper and he had marking and he worked it out as I was talking. But usually, it's just sitting in the couch or whatever and talking.

Jessica: When you finish your sessions, what kind of feelings and thoughts do you have at the end of your session?

Maya: I usually might really reflect it. I try and remember important things. As we were talking, I feel something he said really struck me. It was really something good. When I'm leaving I try and remember that stuff, so that I can maybe write it down, or just really reflect on it for the rest of the day. I usually feel good and I usually get something like a theme out of every session. I think about that stuff when I leave.

Jessica: Okay. What are some of the positive experiences you've had since you've been to counseling?

Maya: Basically, a sense of friendship. Pretty much like, I have someone that I know I can talk to. Obviously, the counseling sessions will end eventually, but for the time being, I feel it's a safe place for me. I've gotten good feelings out of it and he respects my opinions and we have a good relationship. I feel that's just been really beneficial to me; to have that place for me to go and get everything out.

Jessica: Any other positive aspects to your counseling?

Maya: Not really, just the good relationship.

Jessica: What are some of the negative experiences you've had?

Maya: I won't say anything negative about it. Not really. I don't think I have had any. It's been pretty good.

Jessica: Can you tell me, what has the experience of being in counseling taught you about yourself?

Maya: I guess there is different characteristics about myself. I like things like black and white. In responsive situations, I don't have to always be right or wrong. I can just accept things how they are and let it go, instead of being right and wrong about everything. That was a good thing I learned right in the beginning.

Then we worked on how to build relationships outside of counseling. Get the same thing from other people and just my communication really. Of other things that we've talked about that I've learned is how I communicate and how I can make sure that people understand me and I talk in a sincere way to my friends and family.

Jessica: What has the experience of being in counseling taught you about other people?

Maya: That there are other people in similar situations. People are willing to sympathize or talk to you if you give them a chance. I've say everything perfectly or really give you the perfect

feedback that you always want, but people are willing to listen. If you give people the opportunity to develop that relationship, then it usually works out well.

Jessica: How has the race and gender of your counselor factored into your counseling experience?

Maya: He's perfect for a couple of times. Not in a bad way. He was just saying that how did I know it would be a good thing to come in and not know him because he's somehow 29, but I don't know his specific race but he's white. He talked about that, like how I knew I could relate to him being older and a white guy and I'm a black female. It's been good. We haven't had any different opinions, or visions, or anything just because of racial differences. He's super understanding, I haven't had anything come to him, specifically about race or anything like that. It hasn't caused any trouble in our relationship. We get along well and we can work together and stuff.

Jessica: He's the only counselor you've ever had, right?

Maya: Mm-hmm.

Jessica: How would you feel if you had a counselor who was a female, or you had a counselor who was black?

Maya: I feel maybe it would be more relatable, obviously. Not saying that we've worked the same certain instances but if had something different, I could bring up different things that maybe I feel they will understand more. Like, *"Oh, I'm feeling low self-esteem because I feel like my hair is ugly."* We could talk about that because black and black have similar hair. I feel that would be something else to bring to it, but that's not really anything that I've struggled with. If it could be the same kind of relationship, maybe I'd mention other things that would be racial. They don't make a difference, but probably not because it's more about communication and things like that and not anything racial.

Jessica: What are your thoughts about psychiatric medications?

Maya: I have mixed feelings. I know there is research and Science behind it, but I feel if someone is depressed and they have to go and deal with whatever the instance is and not take medication that could make you stop being abused or something like that. I feel like there's probably more counselling or something like that would be before any medication. I feel medication is the last resort really. It's a chemical thing that could be wrong, like me taking drugs for an 80-year-aged or something. But I just feel counseling and learning strategies on how to deal with things should come before. Just drug him up like that seems like the last resort really.

Jessica: Okay. Are psychiatric medications something you'd be open to?

Maya: If I had a serious problem that I felt couldn't be dealt with any other way, then yeah.

Jessica: Okay. Can you tell me about any mental health issues that you've experienced within your own family, or maybe some of your friends?

Maya: I don't have any family with mental health issues that I know of. I met a girl this semester actually that is on anti-depression medications. We're not super close friends, but we ended to the same classes this semester. So we hang out a lot. I don't really know what her [unintelligible 00:09:18] I just know that she had mentioned that one time. She used to go to the same counseling place that I go to on campus.

Jessica: She's the only person that you know of that you've interacted with that any type of mental health issue?

Maya: Yeah.

Jessica: What do you think about the connection between your mental and your physical health?

Maya: I think there is a big connection in that if you're not mentally stable, if you don't feel well. If other things are really pressing on your mind, then you're not going to want to eat, or eat a lot, or maybe you don't work out as much. Things like that can weigh a lot in your body and can be like [unintelligible 10:04] or depressed. You don't want to sleep a lot. Probably it makes you

really tired. When I feel like I'm dealing with a lot, I get tired and I just want to nap all day. So things like that probably make it harder for you to feel good physically, if your brain is racking with a bunch of stuff.

Jessica: If you could change something about your counseling experience, what would it be?

Maya: I'll probably make it more frequent. It's been official, but it really is a time for me to sit and reflect with someone else. It's every two weeks. I feel maybe every week might have been more. Maybe it's me being selfish, but I think I would have enjoyed it more if it had been more often. I do appreciate our time and I really have time to think about what we talked about for two weeks and try to implement new stuff. But I feel like every week just would have been more regular for me and my attention span.

Jessica: That was my last question. Just one more question for you. Is there anything about your counseling experience that I didn't ask about, or is there something you thought about maybe you want to add?

Maya: Actually I have a question. What do you define a mental illness?

Jessica: I'd say I'll leave that open because I think there is the clinical definition about mental illnesses and then there is general. The idea that anxiety is considered a mental illness, but

personally, I think all of us have some type of anxiety. According to DSM, that is a diagnosable disorder. I guess really the question would be, how do you think about it? Because the way I think about it is a little more clinical.

Maya: I think of more severe stuff. Like bipolar depression, schizophrenics like that. I feel it's more clearly obviously mental illness. I was thinking it was like EHD, something like that. I don't consider that mental illness, but I'm not sure if clinically that is defined as a mental illness. It is?

Jessica: Yeah.

Maya: I'm EHD but...

Jessica: I guess that's why I'm asking because I think the way other people see it, isn't necessarily the way that clinicians define it. That's why I was like, "*What do you think it is?*"

Maya: I think it's more like...

Jessica: The more severe ones.

Maya: Right.

Maya: I don't ever put on my application I have a mental illness because I have EHD, or I don't consider it a mental problem, but I guess it is. I didn't think of it like that really.

Jessica: How would you define mental illness? If you saw someone, how would you know that person had mental illness?

Maya: Probably looking at people.

Jessica: Maybe you've met someone and you say that person has a mental illness. What will they do or say that will make you think that?

Maya: It would be more like obvious stuff. Their mannerisms, or different or they seem off. I guess you don't really know people's normal ways to tell if that's different than they are normal. I don't know. It's hard to define.

Jessica: That's okay. I was just curious. Somebody was, "*Oh, if I saw someone talking to an invisible person. Obviously they have some type of mental illness.*" What are the other things that you see?

Maya: I guess stuff like that would just be obvious, or if they're like, train themselves and they don't deny me aware of someone was growing wild or something. You think something is wrong with them, but you don't really know.

Jessica: That's okay. I was just curious. Do you have any other thoughts, or any other things that you want to add? Anything about your experience just being in counseling, or using African-American counseling that maybe I didn't touch on?

Maya: No. Your questions are great. I personally had a great experience in counseling. I'm sure if it's just the individual that I went to, but I really got really good feedback and we work well together. So I've had a great experience with it. I don't know. I might be interested in seeing how across the border if there is a theme or something with African-Americans going to counseling less or things like that I'm not sure. I had a great experience. I'm having a great experience.

Jessica: Okay. Thank you.

APPENDIX N: TERRI INTERVIEW 1 & 2

[00:00:02.01] Jessica: Okay! This is interview 1 with Terri.

[00:00:11.13] Jessica: Okay, so my first question for you is, how would you describe yourself to other people?

[00:00:18.25] Terri: You mean my personality, my race/

[00:00:21.12] Jessica: Anything. Just how would you describe yourself to other people?

[00:00:24.16] Terri: First thing, like I told you before, I'm definitely a Jamaican-American so it's usually the first thing I say to people.

[00:00:29.03] Jessica: Okay.

[00:00:29.24] Terri: As in society, they always want to know what you do so, I'm a full time student, and I'm on my [redacted] major. And I like to, I guess I would always like to say my future like that's not, I'm not stuck in my bachelor's. I used to like to say I'm going on so I a... I'm from South Florida, I'm an American, and I usually like to say that I like to cook and I'm single that's pretty much it I guess. (laughs)

[00:01:00.11] Jessica: Okay. And so, how does that description of yourself change depending on your setting?

[00:01:06.02] Terri: That's interesting. It really does change quite a bit. Depending where, I almost always say my culture, it's very important to me; I think it matters a lot. But I haven't thought about that. But I know it does change however, I don't really. You said how does it change?

[00:01:27.09] Jessica: Yeah! How does it change or may or even does it?

[00:01:30.02] Terri: I'm not going to lie. I think it does.

[00:01:31.20] Jessica: Okay.

[00:01:32.14] Terri: I think it does. I think that we all. I think it is important to carry yourselves differently around different types of groups, but I think that being real is overrated. I think you can't always be 'real' I think you need to handle yourselves accordingly in this sort type of group. How does it change? I speak differently to a certain extent like I know that my accent will change when I'm within a school setting versus like if I'm out drinking, having some Caribbean food I know that I may speak differently?

[00:02:06.26] Jessica: Okay.

[00:02:08.00] Terri: But I'm not, I'm definitely not as loud. I'm definitely more observant, and obviously more quiet when I'm in a school setting.

[00:02:18.01] Jessica: Okay.

[00:02:18.27] Terri: At work, I know that with certain people I feel like I have my personality missed. I mean, I guess I have an outgoing personality, but I like to have my moments to myself.

[00:02:33.12] Jessica: Yeah.

[00:02:33.22] Terri: But when I'm at work, I do think that I need to hold myself toward different accord rather than with my friends.

[00:02:41.10] Jessica: So what does a different accord look like?

[00:02:44.06] Terri: Now, you know there's a lot of stories taught about us. So, I've had many conversations about this. I believe that as a black woman, you have to speak differently, and you have to hold yourself to a certain accord. You can't... like it's really annoying like if I say I have a headache and my hair just got done it's not necessarily because of my hair. People are going to make jokes and like "Oh is your weave too tight?" Or like they're just going to....they just make really ignorant comments, so there's either...you can go about it in two different ways. You can joke along with them, or you can just shut it down, and to me you can be rude about it. You can be forcibly rough about it I guess or you can just kind of ignore what they just said and keep it moving. So, when I say I act different at work, I try to mix it my personality is very bright, and I try my best to smile. I have a very rough standing phase. I'm not a natural smiler. I smile a lot, but when I'm walking, I'm not just walking around smiling. I think it's weird.

[00:03:54.21] Jessica: (laughs)

[00:03:55.04] Terri: But I'm definitely willing to smile, but I found myself like yesterday I was completely not in the mood at work. And when I see some type of table sit down, I make sure I come out my smile on even more I'm like I don't know, they're probably like thinking about me. And to myself this, and to my friends all the time my goal often is to break stereotypes, about what people think about me when they see me.

[00:04:25.17] Jessica: Okay. Do you think you're successful with that?

[00:04:28.15] Terri: For the most part yes but not all the time. Not all the time, because some days I really want to pop off and it's annoying because and it's like I can't just be a person that's angry about something. It's always going to be a stereotype. Like for example, my math class, every Tuesday and Thursday I try my best to stay calm. Math is not my best subject so whatsoever and this teaching math course is very difficult actually surprisingly but there's sort of people in the class I get the information and you can just tell, they're brought up rich, they're just cocky, they're very rude, they're socially awkward, and he was being down to me on Tuesday and you tarts must stay quiet. And I had to politely put him his place on Tuesday and I already know that they're looking at me like that girl; like that loud girl and it's not like that, "No, just don't speak to me down." But it's interesting because like even to my black friends, I am quiet like I'm not warm, I'm talkative but when it comes to like going off on people, I'm not the one. Like I... For the most part, I'm very...Like I'm just very mellow. I take thing, that's why I always get hurt. I let things right out a lot, but then when I pop off; it's usually not very good. So, I called in way too much at one time. And not like my friends like, I don't think it's important to always want to go off with somebody. I think, in front, it makes us look bad. It's not going for your health. It's just not worth it, in my opinion. It's just not always worth it just let things just right out, but certain people can't tell them sometimes.

[00:06:15.24] Jessica: Okay. So my next question is, tell me about your current experience with counseling?

[00:06:24.22] Terri: I recently started; I would like to say, maybe 2 months ago if that long. Oh yeah, because I've been from a birthday so yeah, it's 2 months ago. It's interesting. I'm not really

sure what was I expecting. I did go to counseling 5 years ago, when I don't have a university but when I left that university at Berkeley so I was not able to finish. I did not know what to expect, I think that I was always afraid to go, because of all the stereotypes they just so many. And I've only told it 1 or 2 friends. And you can't just go and tell everybody because they would think you're crazy. And it's just like what happens and some... I think that I went as a preventive measure very much so. I've seen depression in my family, in our black community period but in our family, on a terrible scale, and I'm really trying to fight it and I just think it's important.

So I was very nervous and I still... I'm not going to lie, when I went to the office, I'm like, "I see a black person" like, "You gave in too". Gave in and we kind of...well it's amazing how we always just smile at each other like "Yeah, I'm here, I don't have anybody." But I make sure, I walk in, I don't let anybody seeing me, I don't wear any bright colors. I don't want...if I like... there's... I think this dude I was trying to talk to him. I was like walking there. I probably took the long way around so he knows went to that door. I don't know the word but it's like that thing that you want to stay away from so, it's interesting. I'm happy I started.

Obviously, I'm going through a lot so I started but I think it's very important and I'm happy I did it; I think you counselor also matters. I'm not going to lie; I think I did before my counselor at my other university. This one's nice, but I think she's so free willed. She doesn't understand the stereotypes. Like, just because you have black friends doesn't mean you understand. And my other council was white I don't think it's her race to be honest. I think she just... Everything's just so I don't care like "Yeah, you shouldn't care but I feel you need to understand what I'm talking about, then tell me not to care about it." So I think she's nice and going but I feel bad to change

like I don't know how to tell people in front. "Do you have anyone that might understand me?"

Like I don't know how to say that so... I just ride with it. .

[00:09:08.18] Jessica: So what was different about your first counselor compared to this one?

[00:09:12.23] Terri: I often wonder that. I think that I was more on an emergency situation when I started the other one. I had just... I was molested only the year before, and I was being blamed for it. I think that my... I just started college, and I think I was going through so much like spiritually just trying to fight off that demon. I'm just like "It's not my fault, it's not my fault, even though I'm being blamed for it by my family... And I think it was just a lot then, but the other counselor she just seemed she was much sweeter. She was just... She's sort of feminine. I don't if that makes a difference. I don't know why, but she was definitely more feminine. She was sweeter. She just seem like she cared. And she wasn't so much and trying to throw jobs on me. This one isn't either. Well, she mentioned a quite few times but I don't think...she's a little rough with the drugs, but I don't think she's trying to on me. But she's definitely more masculine and I'm just like, I'm not sure if she understands like when I say I had a broken heart because this dude really messed me up like I feel bad, but I don't know if she understands. I don't know what to go with like, so I don't know. So she's nice as well, but she's just different that's all.

[00:10:33.22] Jessica: Okay. So, I know you said that this wasn't your first time currently going into counseling...

[00:10:40.23] Terri: Yeah.

[00:10:41.06] Jessica: So you had one 5 years ago, was that the first time?

[00:10:44.08] Terri: Yes.

[00:10:45.01] Jessica: Okay.

[00:10:45.19] Terri: And it was only 2 sessions.

[00:10:47.10] Jessica: Okay.

[00:10:47.11] Terri: I believe. And I was 18-19 fresh out of high school so I was very timid. I don't even... I was very timid back then.

[00:10:56.24] Jessica: Okay. And that one was at a university counseling clinic too?

[00:11:00.00] Terri: Yes.

[00:11:01.07] Jessica: Okay. And so, in that first time... I'm kind of go a little more in depth with that one, what were your thoughts about going in to counseling? Or maybe, did you have a reasoning?.

[00:11:17.17] Terri: I don't... I'm trying to remember like is it the first time?

[00:11:20.01] Jessica: Yeah.

[00:11:20.24] Terri: I'm trying to remember if anyone forced me into going because like I was working on campus, I had a boss, she called me her black daughter, and she's my white mom like, actually I loved that woman. I may have told her what was going on and I've... I know she suggested. I don't know remember if she like actually referred me there or not, but I remember walking in feeling very nervous, feeling very scared, and...like even one time a friend mentioned

about like going to job something off there for someone. And I'm like...and I didn't want to tell her that I was exactly the office was at I just...that time like I was dumb. And I also think that was interesting because for whatever reason, even though there was a much smaller school, and USF was so big, they had like a limit to the amount of sessions that you could have...and I think that I was just trying to spill everything out.

[00:12:20.07] Jessica: Okay.

[00:12:21.01] Terri: And then here, I was very surprised that it goes based upon...like I guess your need? And I just wanted to prove this lady look this is what is wrong with me and I just needed you to talk to me. Like please understand that it's just not a regular heartbreak. Like there's something... I realized there was something deeper emotional going inside of me.

[00:12:37.27] Jessica: Okay.

[00:12:37.29] Terri: So I wanted to prove to this one that I need more than 1 session, but the lady out there, it was different. I might... I think I volunteered myself but I know that I needed it.

[00:12:50.01] Jessica: Okay. So how did you make the decision to go into counseling this time, now that you're in counseling?

[00:12:57.26] Terri: I'm not sure what the breaking point was. I'm trying to... I'm pretty sure it was what I call him as the asshole.

[00:13:07.06] Jessica: (laughs)

[00:13:07.26] Terri: I'm pretty sure, like literally, that's his name like my friends don't know him as anything else. I'm pretty sure that was the breaking point. And then, it was a month before my birthday and my dad recently passed actually, 3 years ago it was the 3rd year anniversary, but it's very very fresh for me because my dad and I were like best friends. So I have...it's a cycle that I'm still trying to figure out how to work it through whenever I think about like my birthday because I'm not a little girl, I get excited with my birthday even though I'm getting older, I got the money anymore.

[00:13:38.29] Jessica: (laughs)

[00:13:39.29] Terri: But, I get excited for my birthday, I want to do something and then it usually starts off with all of...you know, I could go dinner with my parents and it always like, "Ugh, wait... I'm not going to get a phone call from daddy anymore." So those smaller step start and then, and then we're thinking... Oh, I think it was valentines week because when it started, because I had no valentine, which I never do and I was home on holiday...

[00:14:05.29] Jessica: (laughs)

[00:14:06.12] Terri: But sometimes, as a woman, you just kind of like one to feel, you know, appreciated by somebody but I knew I wasn't getting anything from the idiot again and then, thing with my daddy, my mother's losing her house. So it was like, I think I was like at a breaking point.

[00:14:21.16] Jessica: Uh huh.

[00:14:22.11] Terri: And again, I was trying to fight for so long that I wasn't sure if it was just me, a college girl which is going through problems, just growing pains but I think at a certain point, I realized that I'm always hiding my sadness; always. I'm always trying to make someone laugh, and I'm always trying to help someone, that I'm realizing maybe it's something a little bit deeper but I hide it pretty well but I think sometimes there's a little bit deeper than just being sad about a boy.

[00:14:52.14] Jessica: Okay. So was the experience of being in counseling affected you?

[00:14:59.19] Terri: It definitely made me more open minded. I... the 2 friends I told, one was my roommate and one was my friend and she actually texted me 2 days ago, saying she wants to come to a... but she doesn't go here but she wants to see a counselor. And I'm happy that she felt open enough to tell me that, because she's just another black woman and she's always smiling and I just never would have thought that she would even think about that so that made me actually happy; the fact that I opened up to her. How it has changed me, or affected me?

I guess, in a way, I kind of like every 2 weeks, I had something to look forward to. Part of me, doesn't even want to go every 2 weeks and then when I leave, I know I felt better. I know I felt better because I'm was like, I don't know if she even understands what I'm talking about. I feel like... And I know that...and she's like, she won't even talk. So I know it's a good thing that I had to do most of the talking and then, from my understanding, a counselor...they can't... they're not going to tell you what to do, which is what I want but give me suggestions or like give me guiding questions on how to do something, think about something.

Like not just tell me how does that make me feel? I want to hear something more than... I'm trying to get over this. Like I'm trying to out rule whatever the phase I'm going through. So, it definitely made me open minded and it has given me something to look forward to kind of like a sense of relief that I look forward to. I have so much going up and I'm like, "Ugh, I just want to call her." And I guess I could, but I feel like when I'm just telling her about my heart literally hurting, I feel like it's not good enough unless I'm about to go down the deep end, I feel like I really shouldn't be calling her. So, again, it gave me something to look forward to, and it made me more open minded.

[00:16:59.01] Jessica: Okay, so...and we kind of like touch us a little bit, but what come when you think about, what changes have you personally experienced that you can say, "Ohh, that's because of counseling". So maybe it changes in how you think about things the world view or anything like that.

[00:17:21.01] Terri: I think that it's because I'm still pretty new at it I'm not really... I think soon, I actually maybe have more of a better response but...

[00:17:29.10] Jessica: Okay.

[00:17:30.22] Terri: Now, I think it against me being an open minded.

[00:17:34.03] Jessica: Okay.

[00:17:34.29] Terri: That it's okay like... and I've always seen like those post I got on Instagram and Facebook about like how silence hurts and all that but now that I'm actually living through it, it's like I'm realizing it like suicide, depression, like this is a real thing. And it's so bad because

it's so silent; it's so quiet like people invisible. So I just...and like one thing I do know to myself is like, if I'm looking on Instagram and I'm like looking at these people I went to high school with, and one has babies, and they have like the greatest man of their dreams, a lot of it... I try to catch myself and say, "You'll never know what they're going through. I'm very happy for them, I want what they have, but you never know. So whatever is for me, will be for me, it will be in my time on God's time but it'll be when it's the right time. So I just try my best to look at it in a positive way, but it doesn't always work.

[00:18:39.28] Jessica: Yeah, okay. So what were your expectations of counseling before you started?

[00:18:48.01] Terri: This time, or just overall?

[00:18:50.06] Jessica: Overall, we'll say overall, and then this time. So if they're different...

[00:18:55.10] Terri: Part of me didn't have any expectations

[00:18:58.02] Jessica: Okay.

[00:18:59.27] Terri: I guess I was just as somebody to talk to someone, because I nearly felt like I was going crazy. I literally, I...not sleeping if I'm sleeping, I'm sleeping way too much but I nearly was getting cloudy in my head. My anxiety is all time high, my heart is always beating way too fast like I feel like can hear my heartbeat. So I think that's when I knew, but expectations, I think...someone to teach... yeah, someone to teach me... I guess strategies to learn how to love myself and I know that might be a lot for a counselor, and maybe I'm expecting too much from my counselor, but I need someone to teach me like, what this woman that walk

around with such confidence and I have it sometimes, but some of it's fake, some of it's real, but I...my confident comes and then it goes away real quick. If I'm seeing like this bad chic just walk next to me, and I think I'm looking pretty today, it's all gone and I want to be at a level where I don't need a man to tell me that I look beautiful today to actually feel like it; I want them to.

(laughs)

[00:20:21.26] Jessica: (laughs)

[00:20:22.21] Terri: I want to because I think these men today, just... they don't tell you stuff like that in a genuine way. I don't want to how look pretty, I look cute. There's a difference I want to be a beautiful woman but I actually want to feel it. So counseling, I was hoping they could teach me to just feel better about myself but my life, it just... I felt like it was just so unfair compared to the rest of my friends. Like how do I be like shiny light in my family to say, "Everything is going to be okay".

One thing I really wanted that I'm hoping is...my mind set; how to change my mindset, because I only know... My mother is an old school Carribean woman. And I guess she's older, I don't think she's older, but I mean she's not 40 like most of these people's moms. So I think that...just like how to... I guess kind of break the curse...I feel like there's a curse in my family and that everyone is just so negative and I believe that like... I really believe that all that negative energy is it is simple a cycle and there's always bad things that going to happen; always but it's how you deal with it.

And it's so much easier said than done; so I'm just trying to learn here and there, I'm still going to fall, but I'm just trying to learn how to...just kind of cope with life and not to take on anyone's problems. It is completely my personality and I can change it for a little bit, and I want to become more of a "B", and I don't want to be a "B" because I don't think it's Christ like first of. Second, I just don't want to be a... I want to be a caring person like God knows what's going to happen, and when I'm dead and gone, I want people to know that I always wanted to help someone like I want...like I have a genuine caring heart. I didn't realize how caring I was until I meet so many mean people. Like I don't think... I think to me, I am normal but it's only recently, I think probably these past few months, actually a few years maybe is that maybe I'm not that normal maybe I am too caring. So trying to learn that it's okay to say no so that was something else I wanted to learn. I'm still learning it, but...yeah.

[00:22:40.21] Jessica: Okay! So then...so when you think about kind of like what you were wanting from counseling, what you've expected from it, have those expectations changed now that you've been in counseling?

[00:22:57.11] Terri: In a way. Like I knew that again, she couldn't give me any answers but now that I'm in it, I'm just hoping that... I guess I can try and discover the answers on my own?

[00:23:15.14] Jessica: Okay.

[00:23:16.11] Terri: But, I still would like someone to just kind of probe me in the right direction.

[00:23:22.04] Jessica: Okay.

[00:23:22.26] Terri: But I'm not really sure yet. I think maybe I need to change my expectations to get something more out of it. I'm not sure but I just know that I was just going through so much. Well I am but, I just... I was at a breaking point I just wanted to talk to someone. So obviously, the counselor is always going to be the one to listen which is the great part and I love the fact that they don't ever seem to ever judge you; they judge you, they all do. They do a wonderful job on the outside, like in the personal life but I'm just like looking at them like how's everything in their life like so together; like how...they're the counselor, they listen to people's problems all the time and they're still like... okay.

And I can't really handle my own so, just trying to figure out...my expectations have changed slightly in a sense I need to learn how to I guess better cope with my own issues, but I still want... I mean, I still want someone a little bit better with but saying like it's okay that you're you, but if you want to change like...force me to question myself like, "Why do I still blame myself for being sexually molested?". Like, "Why do I still blame myself? Why am I holding on to this idiot like even though they don't do anything for me? You know, when you write everything down, this person doesn't do anything for you. But yet you're still in love. It doesn't make sense; so someone to force me to think about it. And throughout suggestions, but don't tell me like obviously they're not going to tell me what to do but if I'm going to think about it, then maybe I just don't realize it so just to kind of probe me in the right direction.

[00:25:10.08] Jessica: So, I know you said you told 2 friends that you were in counseling, have you told anybody else?

[00:25:17.18] Terri: My sister; yeah, just my sister.

[00:25:22.20] Jessica: Okay. So what did you tell them about your experience in counseling?

[00:25:28.05] Terri: My sister, I told her on like 2 weeks ago. So it's like a month and a half that I started.

[00:25:36.21] Jessica: Okay.

[00:25:37.08] Terri: And I was having a really bad night. I was like crying uncontrollably and I remember it was like 2 o'clock in the morning. And she's an educator, so she has to be up early. And for whatever reason, she texted me like around 4. And I was really surprised, and my sister is much older than me. She's almost...she must be like my mother so I was really hesitant on telling her stuff, but I'm trying to be more open with her. It's her personality, and I'm trying to accept that. So I said, God, if anything happen, just you'll never know what can happen, I need to tell someone in my family that "yeah, I'm okay but I'm not okay". Like I realized it was just something deeper.

So I told her basically that I in it. I told her I'm not telling I don't want to talk about it. I don't want to go to detail. That's what I said. I don't want to go to detail, but I've been... I know that... I'm realizing that my depression, my anxiety is worse than I thought. And that I decided to see a counselor. And that counselor wants to send me a medication, but I don't want to because I've always heard about the different side effects. And she was just saying that she'll pay for the medications if I want.

That she thinks that I should try it and then I got annoyed, I'm like... "She wants me to take some drugs." And I don't. She doesn't have anything holistic, but I gave in anyway. My best

friend/roommate, she was doing my hair, and I was just even thinking about stuff. I think I was really sad. I forgot why it was. I was really really sad. And she was doing my hair, and I'm just sitting there just... I'm very quiet, and I think she can tell I was holding and stuff and she's talking and we like to talk for good hours or so. She just keeps saying over, and I swear she can read my mind because she kept mentioning it throughout the week. I'm like... "Did I leave a paper around or something? How does she know?" but that's how she is.

So she kept telling me how she really thinks I need to see someone, because I go to a lot, and I need to...if I don't feel... She thinks I hide stuff from her. I really don't, but...that I feel safe talking to her than to someone, because I can't hold everything in all the time. And I finally told her I was like, "Look, I've already tried seeing someone". And she was very supportive, and she's just saying...she got like kind of going around, but kind of asking me. Like what I'd tell her, like how did I think about the person? So that was pretty much it. And the other girl, my other friend I just told her that's when that texted me about seeing someone. So, they seem to be supportive; I'm not telling nobody else though. Like my other best friend, I love her, but I'm not telling her because I know she's going to tell her family. And I just rather not the whole world know.

[00:28:37.25] Jessica: Yeah. So, how would you characterize their actions to you telling them about your counseling?

[00:28:45.27] Terri: If I could do...if I could say it one more, like I guess I'd be supportive?

[00:28:51.18] Jessica: Okay.

[00:28:54.03] Terri: My other friend, the one that asked me for referral I guess, she at first kind of like, "What do you need one for?" I guess she was so surprised but my roommate, obviously see different things than at someone who look at them. She was very surprised. She said, she never thought I would actually do it. But she thinks I'm sneaky so...but she never thought I'd actually do it and she's very supportive. And again, my sister was very supportive. .

[00:29:26.14] Jessica: Okay. Alright well, I only have one last question for you for this interview, and it's kind of...is there anything that I didn't ask, maybe this time, something that you would want to add about your experience in counseling?

[00:29:50.08] Terri: No. The only reason I was like this was because I like maybe like...do you think that... I don't know if it's a stupid question...like... Do you think that the counselor is looking at me differently because of my race? But I don't think that race should matter. Unfortunately, it does. So I don't know if...the only reason I said that was because when the criteria...was because of my race so the reason, because you didn't mention any race? At least I remember. So I'm not sure if that would be important to your study, but I mean, I think you asked all the appropriate questions and a very thought provoking questions so...

[00:30:32.02] Jessica: Okay. So are you asking me that question or?

[00:30:34.24] Terri: Oh!! No-no no!! No!

[00:30:35.20] Jessica: Oh...okay... okay... (laughs)

[00:30:36.12] Terri: No, I'm saying maybe I feel sorry... Oh!! Isn't that what you were?! I thought you were asking me for questions that you could add?

[00:30:42.00] Jessica: Oh no, no! Just any thoughts you're having. Just kind of a...

[00:30:44.11] Terri: I'm sorry... I thought I was trying to help you out!?!...

[00:30:46.21] Jessica: (laughs)

[00:30:47.12] Terri: No...no... I don't... I don't have any else I can think of... My head hurts so bad...

[00:30:52.07] Jessica: Okay.

[00:30:53.04] Terri: But I don't... Not that I can think of.

[00:30:56.08] Jessica: Okay. Well, thank you! I'm going to actually stop.

Jessica: Okay this is interview number two we're with participant number six; okay so my first question for you is can you describe to me what a typical counseling session is like?

Terri: Here rather than the past, it was, I walk in the office, I find it very frustrating because and I understand that but I ...so I walk in the office, I tell them my name, give them the ID, I have to get a parking slip, go out to the parking lot, come back in, then I get another paper that allows me to go to the computer.

The computer then allows me ...then force ask me to answer a series of questions, same questions every week or every session I go. It's about 30 questions then you turn that slip back into the front desk, and then you're asked to go to the waiting area and then I usually wait about 10 minutes or so I guess my counselor is in another session, so we do about 10 minutes or so more than ... I'm usually late on that but...

And then my counselor comes out the door and it's ...like they always ask for you but it seems to be pretty...they do it like one at a time seems to be like pretty ...it's not like what I like is not usually and I like keeping the office at the time.

Jessica: Okay.

Terri: Then she calls me in, we go into her room and it's usually nice and dark and then now you usually get to decide, she ... I think it's a science experiment but she usually makes me sit down

first, I guess to decide where I feel most comfortable, and apparently that it ... I guess it demonstrates my personality that's what she told me. And I sit and then, so to start it off is usually awkward to me because she just sits and just listens and I'm like okay well how is your week? I usually start off by saying ... by talking to them.

Jessica: Okay.

Terri: And then let's ...you just start flowing and that's it.

Jessica: Okay and so how long is your session?

Terri: Usually by the time I do other paper work usually 45 to 50 minutes, they say an hour but it's never an hour because you have to do all the paper work.

Jessica: Okay.

Terri: So you got about 45/50 minutes.

Jessica: And how often do you meet with your counselor?

Terri: I was ... about every other week.

Jessica: Okay.

Terri: Every other week.

Jessica: So what did your counseling sessions look like in the past?

Terri: At the end of the University?

Jessica: Yeah.

Terri: It was definitely less people but it was also a small university, it was definitely less people, it was a very secluded, I guess here is secluded as well, but it's like it's near the Biology's building I thought there is more people.

Jessica: Okay.

Terri: And it's near the health services, so I think there is more people here, but my other university was a very secluded area almost as it was hard to find the office and we walked in it was very dark and peaceful. I remember that as only one person at the desk, and I found them to be very helpful.

Jessica: Okay.

Terri: And then they made it very clear that if I wasn't happy with my counselor, that they were very open to me trying another counselor.

Jessica: Okay.

Terri: I remember that but thankfully the one that I had worked out great and I remember there was a smaller office and I remember I didn't...I remember to pick where I wanted to sit, but ... and there was a small ... I remember there was a window, in here there is no window it doesn't make a difference to me I just wanted to point that out.

Jessica: Okay.

Terri: So and that's it.

Jessica: Okay, alright so if you think about going through all that and then you have ... you get to the end of your session, what are some thoughts and feelings you have once your session is over?

Terri: I kind of some days depending on my day I feel like I feel a lot better, I'm happy I came in and other days kind of recently and I will look at good thing and as if I'm improving or not I'm

not sure. Some days I'm like was that a waste of time or not, like I just like what's the point. And then I'm not going to lie some days I'm like this girl must think I am crazy, but I don't know do crazier people because I'm not really crazy but I'm just normal no, I don't know. And then ... I'm not allowed to say that word I'm not allowed to say certain words like should and I'm just like I just want to talk, I don't know, my mind about my vocabulary.

Jessica: Okay.

Terri: So it is.

Jessica: So what are some of the positive experiences you had since you've been in counseling?

Terri: For the most part I don't feel judged, I think that's really important to me because I feel like in almost every aspect of my life I'm being judged. But she is not judge me I'm just like I don't know this is her degree like her degree phase is in front of me whether this is actually...

Jessica: Okay.

Terri: Other positive experience, I just being able to feel free, and just and vent and when I'm crying even though that I'm saying I feel like a baby, she doesn't make me feel like I'm being a big baby.

Jessica: Okay.

Terri: For crying so that's one thing is I do like and she always tell me if I ever need to talk I can always call, I never do but I like the fact that I guess it's there.

Jessica: Okay.

Terri: So...

Jessica: And what are some of the negative experiences you've had since you've been in counseling?

Terri: I don't know if she understands, understands the issues, like when I tell her that my ex broke up with me because his mum said I was too dark like she'll never understand that. And I'm like I'm not even that dark but...like there are just certain things like she can have as many black friends as she wants but unless you really live in it, like you really don't know. I mean I don't care, I don't care what color my counselor is but just be try to be understanding, so I guess she tries.

Other negative experiences is, I think maybe she's a little bit too, I hate to say this I think she is too open minded not like, she is so free and doesn't care about anything. And I think that's a good thing but I also think that she needs to be understanding, you know unfortunately society has a

way that we should hold ourselves, like we should hold ourselves a certain standard and ...like try and help them with that be like she is just so free and I think that's a [inaudible 00:07:18] and I'd like to be more like her, but she needs to understand that I just can't be walking around looking a hot mess.

And then expect to get married like eventually they are just things like no I cannot wear what I absolutely want and then out ... and she wants it, she is basically like not telling me to be promiscuous, but who cares, and I guess who cares but it's just not really who I wanted...who I would like to be so I think we definitely have ...we were brought up very, very differently like, I was brought in a very strict household, I think too strict, that's probably my problems now but she just ... just trying to take baby steps, I think that baby steps will be easier for me. And I think ... and I also found that we had early appointments like I didn't want no eight A.M appointment but that's all she had so I kind of had to deal with it, she is falling asleep ... so that's one negative thing.

So even in the future when I was like I am a big, big girl, I'm just do an early morning appointment I can do counseling early in the morning and force yourself to be awake, and I found as if like I was...I guess I don't know if I was boring her or ...or what but twice I've caught her dozing off.

Jessica: Okay.

Terri: So...

Jessica: So what has the experience of being counseling taught you about yourself?

Terri: In a very strange way, I feel that I am weaker and stronger than I thought and weak and stronger than I thought, I...one thing that I'll still try to learn, I'm sorry, I'm so hungry, that tears don't necessarily equate to weakness.

Jessica: Okay.

Terri: And I'm an emotional person, I don't think I'm super, super emotional, but if I'm watching a show and it's an emotional show I'm definitely a tearer or a crier ... I'll cry watching the news about something passing. But I also get very happy when ... I also tear when something happy comes and it's it may affect other people like I didn't realize I was ...that other people's feelings mattered so much to me and I think I'm learning that it can't always be that way at one point I need to learn how to be selfish and take care of myself. No it doesn't mean I'm doing it but I'm recognizing some of my faults now. What else has it taught me? Well, that I'm always late working the bat. And that she really tries to make me talk about race and I tell her ... I mean I don't mind but we had a long conversation about that. And then I'm really dependent upon people but I don't like that but I'm very dependent like other people's happiness fulfill my happiness.

And I love that about me but I also don't like that about me. So, I think I recognize that as well. I do realize I was still struggling with my dad's death as much as I am even though two weeks are

going to make three years but I didn't realize that. It was still ... like it affected everything. I didn't realize that my childhood had messed me up as much as we did. But we didn't talk about me being I guess actually ... like it's actually I guess lasted as much as I thought it would have. I feel like there's something deeper. So, I think that's ... I guess like I had like another negative experience, I feel there's certain ... in my childhood I think there's certain issues that could have been dug a little deeper.

Jessica: Okay.

Terri: But overall I'm happy with it.

Jessica: Okay. Are you still in counseling now?

Terri: I mean I am like I had a session last Thursday but then it was weird, she made a comment, she said, "For me to call when I'm ready to make an appointment" like I'm ready for more. But I don't know if that means she thinks I'm okay now or ... I'm not really sure. I'm kind of debating seeing someone else like she's great, I just don't know like I'm not looking forward to the sessions like I thought I would have been. So, I'm not ... like I am but like Thursday is my last session, just a couple of days but I don't know, I'm like I'm not sure if I'm going to call back, that's all.

Jessica: Okay.

Terri: Yeah.

Jessica: So, what's the experience of being in counseling taught you about other people?

Terri: That they don't care about other people's feelings, I think that what's taught me the most. So, all like I learn that people are dealing with me it looks like on the outside, I mean people would never think I was in counseling. So, it taught me that counseling is important, but I knew that anyway but definitely you would never know what someone's going through first. Second, there are just some people like just [inaudible 00:13:04] people just discussing what things that happened to me. I mean it's just life and that it just kind of depends on how you can deal with it. So, learning about people is just like they just simply are just going to be selfish which I need to learn how to be a little more and that they're just not going to ... they're not going to appreciate you and be there for you as you would have done for them.

And it's up to me to determine how I'm going to deal with that I'm I going to allow it to hold me back or continue to push on with life, so that's it.

Jessica: Okay, so how does the race and gender of your counselor factor into your experience?

Terri: I'm not ... I think I prefer a woman. I'm ... I guess ... I never had a male counselor; I don't see anything wrong with them. I definitely believe that I prefer a younger one. If it's a woman I

prefer here to be younger, no I'm sorry, if it's a man I prefer him to be younger, if it's a woman she got to be an open-minded old woman that's all, one that's not stuck in her ways. I've only heard younger but they're very, very different. One was much more nurturing and caring the other is just so free willed.

So, it's very different, I mean I understand her point of view because it's her job and she can't bring home her issues. But she was just free she just very female like she didn't care what she look like, she didn't care about anything. So, I mean I'm happy she's a woman, I think they can understand things I would be able to discuss my problems in the past but I'm not really sure if a man would really bother me as much.

Jessica: Okay. So, how do you define younger?

Terri: I say 30s, 30ish younger.

Jessica: Okay. And you just described your counselor as not caring what she look like, how does she look?

Terri: Every time I saw her she never look put together to me. She just ... and the other day I find it surprisingly a lot of counselors sort of wear jeans here like on profession, I don't care well I've already know the deal ... like kind of in a way I liked it because I guess it made us feel more

comfortable. I can never fill that word properly, a little accent, more comfortable. So, but I think I ... she look ... she dress like a man to me.

Jessica: Okay.

Terri: But she has a husband so I was really confused, I was really, really confused. Her ... she ... and I know I might talk about make-up; I don't like that's not a big deal to me. But she just always look tired but I'm not a counselor. She ... well she just dress like a man and her walk, walks are really big to me. She didn't ... I don't know she didn't seem like she walked with confidence.

Jessica: Okay.

Terri: Like she told she had her own issues and that she of course well ... her being on antidepressants but I think she was telling me that so I would feel better that I was taking mine.

Jessica: Did it make you feel better?

Terri: In a way.

Jessica: Okay.

Terri: That I wasn't by myself. But then I'm also like I don't believe in jumping to drugs for everything. Like I was ... I really ... the first couple of months I was really like I'm not trying to be on it because I mean a lot of stories talk of antidepressants and she was telling me about all these influences that she was on, I'm like, "See, I'm not like that like I'm not jumping to drugs." I'm like to me I'm like what kind of drug ... what else of the drugs was she on, I'm not into that. I can barely drink period. So, she and I are definitely different in that sense, again didn't [inaudible 00:17:12] free will than I am. But that's all just she ... I mean it's good that she's comfortable but you know she came to work in whenever she wanted, I just feel like she should look a little bit presentable and more put together.

Jessica: Okay. And what about your counselors race, how did that factor into your counselor?

Terri: I don't want it to at all.

Jessica: Okay.

Terri: And most of me says it doesn't matter but I cannot help and think that what if she look like me maybe she would have a different response because she does ... she would certainly have ... okay, she would most likely have different experiences, but I kind of feel like, I mean our experiences shape who we are. So, I can't help it feel, I mean no matter how educated you are if

you're black like you still don't remember if it's not something you dealt with, it's something that your friends or your family dealt with.

So, I don't know I feel like maybe it would have been better for me but then if it was an ignorant black person I would be annoyed because I cannot stand an ignorant black person. I can't say ignorant period but when they're ... but then I don't want to at all. So, I'm not really sure I mean if I can be honest I do believe that white people are more open-minded than a black person and that's what I don't about us. But I would kind of think that a black woman would kind of been able relate, well she would be able to relate to more.

Jessica: Okay.

Terri: So, there are certain things that she would say, "Yeah, my friends told me that." Whereas I guess like professionally I don't know if a counselor is allowed to say "Hey, you know that happened to me too." I don't know if that's even allowed or just kind of make me feel better, but she could have lied to make me feel better. So, she can only ... like this counselor can only tell me about her friends and shouldn't I have been able to personally relate to my problems I guess.

So, I don't know, there are just ... there are certain ... and I prefer to it like I mean granted no one wants anyone to know in my opinion about you being in counseling. But the fact that as a black woman it's like we're supposed to be so strong and see ... like now I am equating weakness to counseling and I see it, I know I am. But we're supposed to be so strong, in fact in society we're

probably too strong and then here I am doing counseling. And just it didn't ...it didn't sit right with me but I did it and I think that kind of makes me a stronger person rather than just being angry black woman.

Jessica: Okay, so and you kind of touched on this a little bit but what are your thoughts about psychiatric medication?

Terri: I'm scared, to be honest I got my prescription about a month or two ago and I have taken it three times. Okay I also filled it late, I would...because I was even when I was feeling it, is it really too much to ask for, he is tall dark and handsome and I was like damn I was hoping I can get him, but then I wanted to think was like what if I try and holla and then like now he know I am on medication. So that went out the window but I didn't have ...he is the person I got I have choice, so to me I'll just do it and then now that I...even last night I'm looking at the bottle and I was like I keep putting it off, I find myself always putting it off.

Jessica: Okay.

Terri: I'll take it right before I go to bed and of course I forget, I say this every night, so I I'm still hesitate on it.

Jessica: Okay.

Terri: But I'm trying to become more open mind on it, I ... my whole life I've always been told absolutely do not take it, but I also see how depression was to my family and it's like I ... alright, so if you want to make a change you got to have something different.

Jessica: Okay.

Terri: So that's why I'm taking in I and going to get myself one year tops if I feel that I'm either becoming too dependent on it, or it's not making any change we like I really I'm okay, then I'll definitely coming off of it, and it's to be mindful to ease of it so that it's just going to put [inaudible 00:21:56] because I can see myself doing that already.

But and I when I'm afraid of this I don't want my ... I don't want to take them a whole life, I don't and I don't care what studies have shown, doesn't affect anything I do not believe we should take the medication your whole life, not but...unless they are trying save you.

I just know it's going to affect something and I was like if this going to inhabit me having some babies then I absolutely don't want it but the studies can say whatever they want I just don't believe in taking it. So I'm trying to do is a year or so tops, just trying to affect get my life back in order if anything sets, but I also don't think, how is it going to affect right because life is always going to happen.

Jessica: Yeah.

Terri: So it's...and I think it depends on when I truly learn how to deal with it, is when I should come off of it.

Jessica: Okay.

Terri: So those are my views.

Jessica: Okay, so can you tell me about any middle health issues you've experienced within your own family or with your friends?

Terri: Well there is definitely depression everywhere, definitely my family, few of my friends, few of my friends not many, at least that they had spoken to me a lot of it, [inaudible 00:23:10] me and my friends, but definitely my family, not everywhere, some people [inaudible 00:23:14] makes it how one situation can happen and some people deal with it in so many different ways.

But my sister has it heavily, my mother has it heavily and I think my dad had it for so long and then at the end he tried ... at the end he tried so hard, I saw a lifestyle change in him like, in...not a lifestyle in minds I change as he was trying to change his lifestyle and eat better and his mindset he really ... like you know my dad was always a jokester but he also gets very upset, very quickly and I think I'm the same way. So he tried to literally just breathe and just relax more, I think that it

happened too late, I do believe that stress and depression killed my dad, I don't care what that doctor puts as, it's just I look at life and I'm like well if it was 10 years ago before the economy went down, then maybe daddy would have been okay.

I just, I feel that everything is a chain reaction and I blame life for killing my daddy. Including my [inaudible 00:24:23] step mother. So I blame all of that, but I don't know, it's everywhere and it's just scary. Mental illnesses, I don't care what anybody says, I know about [inaudible 00:24:37] from my family that got something deeper, then just being just awkwardly extreme and I don't know because I mean I'm [inaudible 00:24:44] that it's autism or not autism autistic is that the same thing?

Jessica: Yeah.

Terri: So I don't know if they have it like variation of that or what but there is a thing, there is [inaudible 00:24:58] my family that let's just say that my future husbands needs to...not [inaudible 00:25:03] like the wedding, because I will say anybody that's like extravagant no, they are [inaudible 00:25:08] getting scared. So help me to look after the wedding, definite before it, but yeah, I think that I definitely have been depressed longer than I want to admit but I think that I cover up so love that I even lie to myself.

But it's mostly just depression, but everything else I don't even know what to say about the rest of my family because if...to me like they are discussing about weed and I can see the transition, that's

kind of happened over time so might say weed is bad but they definitely got some bad...they got a bad dose and I can see the transition. My cousin actually in September he was actually killed by the police, inside Florida, he had a mental illness and apparently I don't know if it got worse or if he came about by the bad weed, but we can see the transition over the years, he and it just sound like those people that are homeless out on the street, he was one of them.

Jessica: Okay.

Terri: And you could see him trying to get better trying to transition to society, his IQ was like 160 or something like that, he was extremely intelligent but just did not, just didn't know how to deal with it, just took wrong path in life and just crazy, I wish I was that intelligent and I mean I'm not dumb but I mean I ain't there but it's just everything is really, really interesting.

So I don't know if it was...for my understanding he may have had some before, but it definitely, definitely got worse when he started some...because he was been a smoker but was that smoking I don't know what happened, he took a break and he took ...I guess he got some bad weed and he...even it eventually led to his death last year, so it's just scary I guess but just depression from those [inaudible 00:27:06] but I'm sure I'll work on it.

Jessica: Okay, so what do you think about the connection between mental health and physical health?

Terri: It's extremely important I think there is a strong I don't think you can have one without the other, they don't...I don't care how many people that can be physically fit and have the best body fat ever, but if you...they are not mentally strong then no matter what it's just going to...to me it's just going to lead to depression and suicide or hurt somebody or [Inaudible 00:27:41].

I think there is a strong connection I don't think [inaudible 00:27:45] because it's like mind, body spirit, I definitely, definitely believe I also believe a human will be physically fit, there is got to be something internally that's going to be motivating you, for me it will be like my spirit, like believe in it I guess my body is a temple that I gradually believe then I'm having a good body weak other days, cupcakes [inaudible 00:28:07] so.

I do believe is a connection I wish that if I believed in myself enough, I could have the body I wanted, but I think everything just [inaudible 00:28:23] everything is just motivation. The one time that I ever do well with my health [inaudible 00:28:29] had is I'm having a good week.

I'm just like, like some days I do it for me better that doesn't last long, some days I do it for me, other days it's because I met this new really great guy until he pisses me off and then so we get comfortable but then that fades off. And then when he pisses me off, or have like a really bad heartbreak, I'm really, really, angry then relax for a couple of weeks. So everything just kind of goes afloat, I think that if I just originally just enough self esteem and just enough motivation in myself I wouldn't need any of those external circumstances to affect what I do for myself, so it's perfect.

Jessica: Alright, if you could change anything about your counseling experience what would it be?

Terri: If I could change, I don't know, I hate to see the counselor, oh well I don't want to see the counselor, I want to...I just wish that she would, she would dig deeper.

Jessica: Okay.

Terri: Like I want to leave there like in pain like I want to be angry, to that extent and he [inaudible 00:29:52] like because I want, I want relief but I want truth, like I'm feeling better nowadays because I'm vocalizing it, because I don't feel comfortable talking to my roommates or my best friends that I regret, I just I wish, I wish he would dig deeper.

Think...make me think outside the box and push herself was herself to think outside the box, I don't care what she got to do, she got to go watch the good hair documentary, or something to have something to talk to me about. I don't like the fact that I'm always starting of the conversations.

Jessica: Okay.

Terri: What else that I don't like I don't know, the office location okay, I wish that there was like an email system and I understand the whole confidence or texting system, I like the whole confidentiality thing but like some days I really, really feel like I need her and to call...to get her to I had to get I jump through so many hoops to get to her, I think that's what I wish, I wish that she was more accessible.

And I don't...and I believe that there is a fine line because I want my counselors, I think counselors definitely have a personal life and they also focus on them, they have a life as well but I wish I was able to contact her like email her and just say look I'm ...like hey, can I come in, like I might even [inaudible 00:31:26] her of her email address.

Like I understand that no personal information via email I get that but hey I really need you can I come in...can I come in tomorrow or something so I wish that was better. Again so, I wish there was better communication, I wish that she was more understanding of me, and I guess that's pretty much it.

Jessica: Okay, so my last question for you is do you have any final thoughts about your counseling experience that maybe I didn't ask you about?

Terri: No we just started today, not that I can think of, I'm trying to think, maybe like the staff, just after the counseling centre, the process is very ... [inaudible 00:32:24] I guess like discouraging.

Jessica: Okay.

Terri: Is very discouraging until you want to go, like I think it's very annoying that I have to go out and sign in, go to my car, come back, because by the time I'm tired I didn't trying beat my feelings of that, and I'm done. I think the process, I think the staff is I don't know like, I mean there is some that look like us but I'm wondering do they even know that they are hard like I don't know.

Jessica: Every time at the front they ask that?

Terri: Yeah, I just, sometimes they ignore me and I just they turn my whole mood off, I do love the fact that in the waiting room, there is like ...like Essence is like my favorite magazine, like they have a really good hair and makeup tips in there enough tips. So I like to read they have a ...they always have Essence so I men I guess and I mean I love al magazines, I only read them but I'm not I just like...I just like ...there are certain magazines that actually they seem some kind of try and cater. Maybe there is... maybe you just talk about like with this workshops I think, like when you are walking out they have like a posted...

Jessica: Okay.

Terri: Things like maybe like you can talk about like if there is any feature like do you feel anything that's any future like its resources or something to help somebody? It was there that I saw the sign the first week and I [inaudible 00:33:49] when I come back the next week. I'm going to learn by the new groups she gets them in the workshops, it was like...so I think it's like circle of the sister just says to her like for black women I'm I already [inaudible 00:33:58] or something like that.

I never saw it again, and I never really I guess feel comfortable or like remember to even ask about it again, so I don't know if they still have it, but this I can't think of anything else, if I do only [inaudible 00:34:13].

Jessica: Okay.

Terri: But I can't think of anything else.

Jessica: Well thank you.

APPENDIX O: ALICE INTERVIEW 1

Jessica: Okay. This is interview 1, with participant number four. Okay, so my first question for you is, tell me a little bit about yourself, and specifically, how would you describe yourself to other people?

Alice: I guess, I'm a very kind person, I'm introverted, so I prefer to spend time alone, but, I value my friends are really like, ones I can talk to, because it's kind of hard to find people I can kind of relate to, or just feel comfortable saying what I feel. I guess, back to the kind part, I like helping out people around like just today, I got almost late to here, because I saw a couple of people looking at the tools and maps outside [redacted] around [redacted], and one was like a lady who is just coming, like she didn't even know where it is, she would need to see where cruisers is was, so I helped lead her there.

And then there was an Irish student who was trying to find where his professor relocated his class. I kind of just like helping people. And I just want to think my current career choice would be like as become a camaraderie here, whereas, like focusing on finding information to help guide people. So I guess, I'm also creative trying to find ways because I do Art but I also just kind of like trying to find more efficient ways to do things, like finding shortcuts around campus. I guess that makes sense. So introverted, kind, creative.

Jessica: Okay. So then, my next question is, how does the description of yourself change, depending on your environment?

Alice: When I'm at home, it gets worse because my introvertedness is not what I liked at home because it's kind of like shyness, so my description to myself kind of gets negative, because the way my family treats me is just, like I'm not good enough I suppose. Like I'm not pretty enough because of my weight. It's just, in an environment like my home it gets worse. But in an environment, like my room it seems pretty stable, like how I described earlier. And the classroom, it depends in the classroom, if it's a big lecture hall, it don't really matter because there's so many students, but in a smaller lecture, like a classroom setting, I think it still stays the same as I described, like I tend to still speak up and feel good about myself.

Jessica: Okay. So then my question for you is, can you tell me a little bit about your experience with counseling?

Alice: I think the first time I went to counseling officially, would be back in high school where I found in senior year, there was a psychiatrist that I can talk to because I've been wanting to see into therapy in sophomore year, but when I told my parents about it, they're like really negative about it. And my mom was stressing that like, "*Oh, I don't want a crazy daughter*" and my father was just like, "*What they tell you in therapy won't be any different from what we're telling you.*" So I had to kind of seek it out on my own. First was like the last year of high school. And it was well, it wasn't the most comfortable thing, but it was kind of happy, like nice to get somewhere to talk to.

Jessica: Okay.

Alice: And then, I guess my more official start would be not sophomore ... freshman year. So last year, when I went to CAPS. And I like to wake up. She was really nice and really comfortable to talk to. And then she recommended me coming to here at the Education complex, or I guess community clinic, because it was longer periods for counseling sessions and possibly multiple times a week, so she thought that would be good for me.

So overall, my counseling experience has been good. I know that sometimes at CAPS I have some little mishaps with some counselors, like if I go like emergencies, or kind of, not as listening, or understanding, or making me feel comfortable enough.

Jessica: Okay.

Alice: But that was like, they're not my regular counselors. The one I had regularly, they were nice.

Jessica: Okay. So your first time, if I just look back, it was going in high school. And you didn't go counseling again, until you started with CAPS. Is that correct?

Alice: Yes

Jessica: Okay. And how long were you with CAPS?

Alice: Let's see. You know it's the fall and the spring. Yeah, just the fall and spring of freshman year. So two semesters.

Jessica: And then how long have you been at the CCRC?

Alice: 3 Semesters. So it's school summer, fall last year, and then this year. This spring.

Jessica: Okay. Alright, so how has the experience of being in counseling affected you?

Alice: I like having a place to talk to because I don't really dwell as deep about my problems with other, like outside like my friends depending on who they are. But, it kind of go see kind of recognize the problems I kind of like giving name to them, or really just give like a label and kind of figure out that what I'm feeling is legitimate or like it's ... I don't know ... but also kind of like helping me recognize sometimes if I'm doing something wrong. Sometimes it's a learning experience, sometimes I would like to hear that I have to kind of think on the other perspective because I'd feel like I did not [unintelligible 00:05:46] and sometimes I just wish others would think of me. But it's kind of like challenges me to look into how to view things differently, to help my situation become more positive.

Jessica: Okay. Alright, tell me what changes have you experienced that you would attribute to being in counsel?

Alice: I guess like, [unintelligible 00:06:12] are really about challenging myself, when it comes to situations where I feel like I was hurt. I know in counseling, they kind of say like maybe try to think about all of the different situations. I think there was a method, like the ABC method. Yeah, the ABC method, where it's like kind of rethinking the situation. That's what I remember, like I think I learned in community counseling clinic by my counselor. It's like trying to help me kind of ... I'm sorry, I'm trying.

Jessica: Alright. No problem. Take your time.

Alice: It's like, could I just give it a different reason for why something happened, try to make it less negative and more just new towards positive. Yeah, try to help me keep more, I guess, just keep more positive. But overall, I like how counseling just gives me a place to let things out and just, I don't know, because usually I keep 'em bottled up. It just gives me a place to kind of like ... is it a haven to speak out and just express out open your feeling.

Jessica: Okay.

Alice: Without like feeling judged.

Jessica: Yeah. Okay. And kindly tell me a little bit about what your experiences with counseling were like before you started, let's say, maybe before you started with CAPS.

Alice: The closest thing, before I found out that my high school has a psychiatrist. There is like a peer counselors. And they ... I would have preferred just to have the teacher, who teaches peer counseling help me. But of course, they would give me the students and, it wasn't really that comfortable because, I guess they were on my level. I guess there's supposed to be like confidential, but I'd feel better with someone like more professional.

So I'd try like I wouldn't really want to go to count the student peer counselors. So, I kind of avoided, I guess, going to them. Sometimes I had to out-do it, but like I try to avoid them. And then once, I found about the actual psychiatrist I would see them probably once every week or so. Or way more, I guess it became like a regular thing and then it combined with, like I know she recommended another person that I could talk to the phone with so, I have two people helping me. The first one was kind of until high school ended. And then the second one kind of continued until like halfway until the summer before college. So it was like less official then, like here what's it called? Strato Fighter? The word for it was, here it's more regular pattern, a routine. Yeah, yeah routine.

Jessica: Yeah.

Alice: And then high school, it's like random, pretty much.

Jessica: Okay. Just kind of as needed, maybe.

Alice: Yeah.

Jessica: And the peer counselors that you were talking about, those were just other students. They didn't have any counseling training?

Alice: Yeah.

Jessica: Okay.

Alice: Those like other students. Their class is training them, but they weren't in any professional level, or college or so, I think.

Jessica: Okay, I got you. That's interesting. Never heard of that one. And so, have your ... And so, can you tell me what did you expect, from counseling before you started?

Alice: Somewhere to just keep talking about, I guess somewhere to let my feelings out. And then, I guess kind of like a fix, like a ... not a quick fix, but kind of like a solution to all my problems, like if I go to counseling, everything will be okay. Which has had, it's getting better but it's not like, poof! ... Everything perfect. So I was expecting a log change if I go to a counsel, like a better ... I guess a more happier life, if I went to counseling, so like not going because days are getting worse.

Jessica: Yeah. And you kind of touched on my next questions. So, how have your expectations changed since you've been in counseling?

Alice: I kind of less, kind of think up like a, become overall positive. It's positive by not expecting quickly. I can recognize the change comes slower, and just kind of take things step by step. So, my expectations is like, work on things, work on my problems and work on any issues, like parts, one at a time. And then gradually grow and get better at coping or solving them.

Jessica: Alright. And can you tell me about, how did you make the decision to go into counseling?

Alice: It looks like my own family. Of course, I recognize that my parents are not going to support me. Or at least get me the counseling I needed, because the home life is very almost depressing because my dad had an affair at first, with a young like 10 or 11, so that's kind of added the sadness in the house. So fights and things, and so that affected me, but also with my weight and then my brother's teasing me, and just feeling, it's like I didn't really have a welcoming place at home. So, I knew by the time I was going to college, I want to move away and get the help I need. Because I know at least, I'd buy software, I recognize I need counseling. I just need to find somewhere to do that. So, looking to colleges, I knew colleges have counselors. So, pretty much the second day of school, starting college, I immediately called CAPS and say, I need to look into this, because I guess my intuition knew that I need to go to counseling for things to get better.

Jessica: Okay. And how did you actually learned about counseling? Do you remember the first time you heard about counseling, or learned about what counseling is?

Alice: I guess through media or TV.

Jessica: Okay.

Alice: Just like what therapy is in general. Yeah, pretty much I guess, whatever is in TV. Not in dramas, I'm not really sure, because it's like, I guess in popular media, you're like, you have an idea what counseling is, or therapy is. But usually, it's kind of used as a negative, if you're crazy thing. But, I guess that's why I knew what ... I just had an idea what counseling is. I guess, those commercials added in the preference, but they're not about counseling, they're just about medication. But, I guess it's kind of, a word of mouth kind of thing. I guess, I wasn't actively trying to learn about, but something I knew by the time I was feeling more depressed that's what [unintelligible 00:12:59], I guess.

Jessica: Okay.

Alice: Did that make sense?

Jessica: Yeah, that makes perfect sense. And then so, can you tell me about who you've told that you're going to counseling. What people have you told about?

Alice: Only like selected people, I told, two of my friends, or maybe, four friends, or five, because I asked my friends online that I made recently, and that I'm more comfortable saying that I do counseling because some of them do. But I guess in offline, two of my friends know that I go to counseling regularly, and my family now knows that I go to counseling, that I wasn't like [Mean Wongly] [Ph] going at the telenov and kind of came out there, they're like arguments or something are like, when, kind like they show that this way of life is affecting me. That I have to go to counseling, to feel better kind of thing. So, not a lot of people know that I do.

Jessica: Okay.

Alice: But, I feel less psyched, like I'd still keep it. I don't like to tell everybody, because I know it's still a stigma, but I'm not really as ashamed of counseling because I know it helps.

Jessica: Okay. And you touched a little of my next question. What was the reaction of the different people, your friends, and your family when you told them about going to counseling?

Alice: My friends they are fine with it, because I know one of them, she also takes anti-depressants and she was trying to look into counseling here too. And my other friend, she goes to different college but lately she's been trying to see if maybe counseling for her is right, because her home situation is not great. So friends is positive. With my own family, my brothers are kind of, they thought it made sense, because they know what's happening too, so they thought they follow the

smart choice of me. My mom, I guess it makes her feel sad. I don't know like that, I had to go to counseling. She's like, one people were kind of against it. So, I guess my family is either neutral with it, because I don't keep contact with them that much.

Jessica: Okay. And, this is actually the last question I have for you today. Is there anything else you like to add about your experience in counseling that maybe I didn't ask about?

Alice: No, I think I can't. It's hard for me to think of questions that are not being prompted.

Jessica: Yeah.

Alice: But, no, it's good. I think I feel I'll continue getting counseling to the end of college and kind of like, learning to, I don't know. Try and like, binding, maybe build up my coping skills or build up like, it's not reasoning, but it's just like, how do I deal with issues. So, I guess it's doing a good job with that, I feel.

Jessica: Okay. Alright, I'm going to stop the tape now.

APPENDIX P: SAMPLE OF INTERVIEW ANALYSIS



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1 Jessica: Okay, this is interview number one with participant number one. So the first
2 question I have for you is how do you describe yourself to other people?

3

4 Lorraine: Let's see, I would say smart funny, easy to get a long with, I guess those would be
5 the top three, smart, funny, easy to get along with, nice, sweet, kind, that is probably it.

6

7 Jessica: Okay, so how does that description of yourself change depending on your setting?

8

9 Lorraine: I guess depending on where I am or who I am with, well it doesn't change too
10 much, I think for the most part I am always nice, at least I try to be. I don't think it changes too
11 much, I may not be as talkative perhaps like if I am in a new situation with new people that I
12 don't know well, so I may not be as talkative so I may not appear as nice or kind or as sweet as I
13 think I am. So I may kind of appear stand offish or whatever at that point. I don't it changes too
14 much though from situation to situation. I think I am pretty laid back for the most part, I think.

15

16 Jessica: Okay, so can you tell me about your current experience with counseling.

17

Counseling at Univ - dealing w/ school issues

18 Lorraine: Yes, I am going to a counselor at the university, I go to, actually I have started
19 off, I started out last semester with a counselor there, she was really good, she was just kind of
20 helping me to do some things with school trying to get to the PhD, deal with the people in my
21 department and just everything else that was going on in lives. She was really good, she gave me

*Spirituality & religion
as therapy*

22 some really good things to do, trying to encourage me to start back with meditation and praying,
23 make sure I am reading the Bible, just things that kind of help me to distress. She was really,
24 really good and I think I was making a lot of progress with her but I came back after Christmas
25 she said she was leaving. *(+) experience*

26 *(-) experience - abandonment?*
27 So I was kind of sour about that, about the fact that she was leaving, but they connected me with
28 another, one thing I requested was after the ~~previous~~ counselor, so a female, so they connected
29 me with another one that was there. She is nice, she is very nice but so far I think I have seen her
30 30 times, it's just not the same with her she does not, I know that she probably knows what she is
31 doing or whatever but I think she really deals more with undergraduates and maybe masters/
32 students and a lot of legal problems that they have. *lack of confidence in
counselor / unable to relate
to her issues*

34 She has given me good ~~advice~~ on things to do as far as we are talking with my chair and stuff but
35 it's not the ^{same}, I don't know it is just not the same as it was with the first counselor I had.
36 *(-) experience*

37 Jessica: Could you pinpoint something that's maybe different.

38 *(+) exp = relatability* *(+) exp* *PhD & Af Am. Related to client*
39 Lorraine: I think with the first counsel like a lot of things that I have talked about she could
40 understand a lot of things that I was going through because she has a PhD also so she had been
41 through that whole process of being African American woman like the only one in your program
42 so everything that I was talking about she knew. She had experienced those things first hand so I

43 think that made a big difference because the other girl she has this ^{EDD} from one of these online
44 places, I think it's like ~~study~~ or something. *online degree =*
unrelatable

45
46 She tries to say, well when I was, my chair, my advisor and even when she says that at the back
47 of my mind I am like yeah that is not the same as what I am going through here. So I don't know,
48 she is like I said she's given me some good information, some good feedback but it's just not the
49 same as with my first counselor, I mean I feel like she really understood what I was going
50 through a lot of the stuff that she said made sense and I thought about it, when we would
51 continue to talk, it all made sense and like I said I was able to see some progress with a lot of
52 things.

53
54 Jessica: So with your first counselor, was that your first experience with counseling?

55
56 Lorraine: No.

57
58 Jessica: Can you tell me about your first experience with counseling?

59
60 Lorraine: *First counseling experience*
61 My first experience was in 2008, I started seeing a counselor then, either the end
62 of 2008 going or beginning of 2009 something like that, I think it was actually the end of 2008.
63 But I actually I was attending a church in the city that I lived in, it was a large church and I was a



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63 part of a large ministry there. So actually she was, I guess she kind of considered herself a
64 Christian counselor, but time, a couple of things happened.

65

66 I was involved with the ministry there and ended up getting involved with one of the leaders /
67 there, so I think he was married, so it kind of turned into a really ugly thing or whatever so I /
68 ended up leaving the church, he left the church and I just realized I needed somebody just kind of
69 talk to, kind of deal with all that. *relationship w/ married man* *influence of church?*

70

71 Because it was really, it was a big deal because it was a pretty big church, it was a pretty big
72 church and the ministry was a pretty big ministry, it was a big deal because I was really close to
73 the person and his wife and his family. So it was pretty rough having to change, pretty much my
74 whole life at that point because at that point my life revolved around going to work and doing
75 things there at the church. Actually I was in the process of getting prepared to actually take a full
76 time job there at the church and quit my job that I had. I started seeing a therapist then so that
77 was the first time, actually well that was the first time in ~~Atlanta~~

78

79 Actually I take that back, that was the first time in ~~Atlanta~~ but I had seen somebody before, a few
80 years before when I lived in ~~Atlanta~~ but it wasn't, it wasn't it was like a group, we did a
81 group therapy though so it wasn't like an individual thing but that was through abortion recovery
82 group, so that was something a little bit different. But then I started individual when this stuff
83 happened in Atlanta.

counseling group for abortion



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84

85 Jessica: Okay, so the first experience with counseling was the group and then this other
86 counseling later on?

87

88 Lorraine: Yeah.

89

90 Jessica: So what is the experience of being in counseling through all those different
91 modalities of counseling so to speak, how has that affected you?

92

93 Lorraine: (+) exp. Actually it has been good, I have no problem telling people about the stuff that, I
94 think at first when I went to the group counseling, I think I was hesitant because just going
95 through that whole experience with the whole abortion thing which is kind of difficult because
96 the person that I was with was real bent on okay you don't say nothing, you don't tell anybody
97 anything, I have always been the type of person who has liked to talk to people, talk about
98 problems, figure it out. So I have never really been one to really keep stuff in for the most part.

99

100 It was kind of difficult I think he was kind of mad that I was actually trying to get help and talk
101 to somebody, I feel like I was going behind his back and doing it with everybody at the same
102 time, I felt like I needed to do it for me. So I never have a problem seeking help, I actually like it,
103 I like talking to somebody who doesn't necessarily know everything about me or doesn't know

Shame?
don't
talk
about
issues

104 everything that went on, whatever they are trying to give, a different perspective versus if I am
105 just talking to a family member or a friend, somebody who knows things.

106

107 So I like going to somebody brand new and fresh and just laying all of it out there and let them
108 do what they do with it and analyze or whatever.

*Fresh eyes on situation
judgement free?*

109

110 Jessica: Okay, so what changes have you experienced that you can attribute to being a
111 client in counseling?

112

113 Lorraine: Changes just in myself or just changes period.

114

115 Jessica: It could be either or.

116

*Counseling helped w/
being more open*

117 Lorraine: Attribute to going to counseling. I think it has made me more, I think it has made

118 me more understanding to an extent because I know a lot of people, especially black people, not

119 always very open to talking to strangers about their problems. So I think I can understand why

120 because you are telling somebody, just like I am telling about all this stuff that he knows that you

121 may not necessarily want to share with everybody. I can see that but I think as, I think in some

122 ways it has made me, I guess to be more open I guess to receiving help or just to talking to

123 somebody like now, I don't have a problem, if anything would ever come up, I would not have a

124 problem going and finding somebody to talk to.



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125

126 I am trying to think what else, I don't know I guess the main thing, I guess it has really made me
127 more open and more willing to talk things out with people no matter how crazy it is or whatever,
128 I think a lot of people I know end up, even some of my family members say, I like to go to
129 counseling talking to somebody they are kind of like oh, like why would you do that and tell all
130 your business.

131

132 I think for me too it is kind of freeing, like I said it was only outside and they are giving you un
133 vice advice because if you tell, like someone said I told you, if I told that some of my family
134 members, certain family members or friends, whatever they are just going to be like oh. It would
135 be much different versus coming from somebody who has no judgment, they are just here to
136 listen and then to give their advice. So I hope that answered your question, I think I went all the
137 way around.

138

139 Jessica: So the people that you have expressed that you have gone to counseling to, have
140 they changed towards you?

141

142 Lorraine: No, they haven't, they haven't changed, they were just like okay, they just maybe
143 sometimes they ask me what kind of stuff did you say, I don't like some stuff, I told you this,
144 some people who know about that there were some people who don't. But even like my friends,



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145 my family members who I told some of these stuff to and said, I have been going to counseling
146 they are just like okay, it's like well do you tell them everything and I am like yeah.

*exp.
open - about
ISSUES*

147

148 This is kind of the whole point of going. So I mean there feelings or anything they haven't
149 changed towards me or they haven't, the way they interact with me or anything like that hasn't
150 changed. Deep down inside they probably want to ask me questions about it because I probably
151 want to go themselves and talk to somebody so.

152

153 Jessica: Have you recommended counseling to anyone?

154

155 Lorraine: Not in a nice way, I think I have said yeah you need to see somebody but I did
156 recommend it to my brother right after he had gotten a divorce, he had tried to go to marriage
157 counseling with his wife at the time and she didn't want to do it. And I actually recommended
158 him just going by himself, just talking to somebody because he didn't want to get a divorce or
159 was really, it hit him hard and so I told him it would be good to go and talk to somebody, just get
160 that all out because he didn't necessarily want to talk to us about it at the time which was fine.

*recommen
counseling*

161

162 But I don't think he, he may have went once or twice because I think his job was paying for it
163 and I think he stopped going I don't know why, I didn't ask him.

164

165 Jessica: Okay, thinking back to when you first decided to go to counseling, what were
166 your expectations of counseling before you started?

167

*Counseling as
a one time "fix"*

168 Lorraine: That they would tell me what to do about my problem, whatever the problem was
169 that they would be able to fix it, whatever these are, this is what you need to do. So I was looking
170 for somebody to say, I think sometimes some of the stuff I was looking for somebody to validate
171 whatever choice I had made. Yeah between that tell me what I did was right and now fix it so
172 that is what I was looking for.

Counseling to validate feelings

173

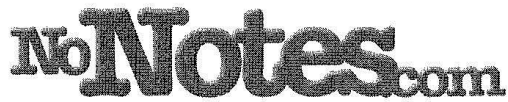
174 Jessica: Have your expectations changed since then?

175

176 Lorraine: Yeah they have, because even that first time with the group counseling that I went
177 to, even though I kind of, at that point I don't think I really wanted them for that particular
178 reason, I don't think I wanted them to up and validate what I did because one of the best things
179 to do, that wasn't something I had really wanted to do but I did anyway, but I think in the back of
180 my mind with that would I still wanted them to fix, I wanted them to make everything better, to
181 tell me I was going to be okay, that I was going to get past this, I was going to wake up
182 tomorrow, there was going to be sunshine, rainbows everything is going to be okay from this day
183 forward.

184

*Expectations in
counseling changed*



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185 I think now understanding a little bit better is not necessarily we are going to validate you and
186 say that everything, the choices that you made were right. And I don't see him now is a way to
187 fix it, to fix whatever problem that I have. I like it because it makes me think differently about
188 whatever it is that is going on with whatever it is I am talking about. I like him because it gives
189 me a different perspective because in a lot of the counseling sessions a lot of the things that they
190 told me it is like okay, well I never thought about it that way. I never even wanted it think about
191 it that way, but I guess now I have to.
192
193 I don't see it as a... I don't see it anymore, I think I have seen it then as okay what can you do
194 for me, I am here, I am paying you, you are suppose to do this then the other. It's kind of... there
195 is work to do on my part, so it is not just me sitting there and saying okay, so you do that and
196 now they'll do these things you are going to be fixed. There is work for me to do that, I come in
197 there, there are things that I have to do, things that I take away, things that I have to think about
198 and then ultimately at the end it's my choice to decide to do what I want to do regardless of what
199 they say. But I think I have grown through counseling now and I know that it is not a ... not just
200 me coming to get, get, get.

personal
responsibility
in
counseling

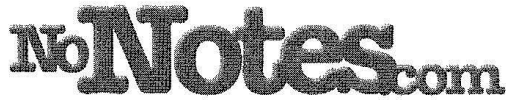
202 Jessica: How did you make the decision to first go into counseling?

203

counseling was recommended

204 Lorraine: The first time with the group counseling, actually that was recommended by the

205 Planned Parenthood people. Because after what had happened I was like well we have a group, a



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206 recovery group for people that have been through this or whatever, so we think it would be good
207 for you. I was like well okay, I didn't want to at first because my boyfriend at the time was like
208 no, I am like okay, this has got to happen, we've got to fix it and keep it moving.

209

210 And I just, I guess it was at that point in my life I was fine because I was different, I was an
211 undergrad, I had a good job, I was taking some graduate courses, I felt fine at that time, actually
212 being a parent, when I actually times out I was like hey. This will be okay, it is not the end of the
213 world, things will be good, family support, actually his family was great, I was like okay well
214 you know it is what it is, we just make the best out of it.

215

216 So to have that just turned around all of a sudden like no, that is not what we are going to do and
217 I think another reason it was really good for me because I was mad at myself for actually
218 listening to him and going along with his plans.

*Counseling necessary
for self*

219

220 I was mad that I didn't stand up for myself and make a better decision; I was like yeah we need
221 to talk to somebody. I hesitated for a little bit but I went in there. I think at that point I was like I
222 don't care what he thinks, I felt like I needed to do it or wasn't sure what my mental state was
223 going to be like if I didn't do something at that point.

224

225 Jessica: And so I know you have mentioned before that you talked a few people about you
226 going into counseling but who exactly have you told as far as like maybe friends and family?



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227

228 Lorraine: I told my nurses, the group one that I did at first I told telling my fiancé or my
229 boyfriend he is the only person who knew about that, and I think that one of my girlfriends
230 because she knew about that so she knew about that. The lady I was staying in Atlanta, a lot of
231 my friends who I was working in the ministry with at the church some of them knew about the
232 ones that continued to talk to me.

233

234 They knew about it. Did my mom know about it, I can't remember if my mom knew about that
235 one or not because since I have been here I mean shot everybody know at this point its like I
236 don't you know my family knows, my friends know at this point its like yeah you know, my
237 thing is you know I have to see somebody and talk to somebody just to stay sane. Right now with
238 everything that is going on. So at this point I would be quick to tell somebody you know yeah I
239 go see a therapist I talk to somebody.

240

241 Jessica: Okay, and so the people that you have told, even more so maybe these more
242 recent ones since you are telling more people, what have their reactions been like?

243

244

245 Lorraine: They haven't been anything negative it was like oh you know, okay. There hasn't
246 been anything negative and I think when I talk about it when I say you know I had to see
247 somebody just because people at school were driving me crazy or this and that was driving me



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248 crazy I think when I started out there when I said yeah I want to see somebody its like they don't

249 ask any questions then he goes like okay well you know things are crazy right now that is why

250 she is going to see somebody.

251

252 If I just bust out like well yeah I am seeing a therapist they probably would be like what and but

253 you know I am just always say well you know everything people drive me crazy and then the

254 whole thing with I think was doing some stress eating just without that going on I was like you

255 know I just need to talk to somebody and so yeah it works out.

256

257 Jessica: So when you talk about counseling what parts of the counseling experience do

258 you tell them about?

259

260 Lorraine: I think I am mainly stress effect. This is just nice being able to talk to somebody

261 who is kind of in the outside. They are not and then they are unbiased and they are not on my

262 side they are not the one whoever I am talking of outside they are just a person who is there, they

263 are listening you know, they give me a nice head nod every couple of minutes that I like and they

264 give me good feedback.

265

266 So it's just nice being able to talk to somebody who can kind of really doesn't have an opinion

267 they are just there to listen and then they are going to give some feedback they are going to make

268 suggestions but you know its just nice having somebody that just... somebody to talk to that

exp. external person



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269 doesn't really know about what is going on and then its nice being able to sit down and tell
270 somebody because even sometimes when I am telling them what is going on I can hear what I
271 am saying and there is sometimes I will be like well you know.
272
273 Sometimes I think well maybe I just started thinking this stuff on my own at that point like well
274 you know either this sounds kind of crazy or yeah you were wrong for that or you know well
275 maybe if you did this or blah, blah, blah so its kind of good to talk about your problems with
276 somebody else because then you kind of start to hear yourself and you will be like well maybe
277 that was my problem. So I tell them that it was just nice having somebody that doesn't know
278 what's going on, somebody who is just total outsider. (second) exp. external person.
279
280 Jessica: So this is our last question, is there anything else you would like to add about
281 your experience in counseling that you didn't get a chance to say before?
282 (+) exp.
283 Lorraine: No not really I mean I have had good experiences even with the new one I am in.
284 I am still going to keep around and see what they are having but I haven't fortunately I have not
285 had any negative experiences at all. So that is good I am definitely moving forward in life with
286 everything that has happened I wouldn't have a problem, finding another counselor if I needed
287 to. So I like telling people my problems so it works for me.
288
289 Jessica: Okay, well thank you.



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290

291 Lorraine: You are welcome.

292

293

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