**UNDERSTANDING THE LIVED EXPERIENCES OF TRUST AND HELP-SEEKING**

**MONG BLACK WOMEN: A PHENOMENOLOGICAL STUDY**

By

Laketa Sutton, LCSW, LISW-CP, LCAS, ICAADC

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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ABSTRACT

Trust and help-seeking are two important aspects of human development, growth, and social functioning.  However, there are many meanings about how to define trust and help-seeking in scholarly research.  There is also an absence of studies particularly surrounding Black women as it relates to trust and help-seeking beyond psychological and medical domains.  The purpose of this descriptive phenomenological study, using Colaizzi's method, was to explore and understand the lived experiences of Black women regarding trust and help-seeking.  Specifically, the study sought to understand how Black women experience and make meaning of trust and help-seeking.  Based on Ajzen's theory of planned behavior (TPB) and Park's meaning-making model (MMM), data was collected on the perspectives, perceptions, and intentional behaviors (decisions to trust and help-seek).  These theories are appropriate for providing frameworks regarding the research questions and analysis.  Four research questions are within the study. First, what are the lived experiences of Black women regarding trust?  Secondly, what are the lived experiences of Black women regarding help-seeking?  How do Black women make meaning of trust?  Lastly, how do Black women make meaning of help-seeking?  Data were collected through a semi-structured interview based on a sample of convenience.  The criteria to participate in the study included identifying as a Black woman in the United States of at least 18 years old.  A total of 7 women were involved in the study.  Four themes emerged within the study: seeking help as a last resort, trust relating to a person's actions and intentions, trusting easily as a child while requiring people to earn their trust as adults, and seeking help for situations relating to education and employment primarily.

*Keywords*: Black women, help-seeking, trust, meaning-making, strong Black woman, support, self-care, GOD

**Copyright Page**

**Dedication**

This dissertation is dedicated to my mother.  I am forever grateful for your example of

GOD'S unconditional love and faithfulness.  Thanks for all you were and gave to me

that continues to live on.   I promise I will continue to "work with it and don't quit it" as

you used to always say to me.  I love you, mama!

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First, I would like to thank GOD for giving me HIS LOVE, STRENGTH, and

COURAGE.  I am grateful for all the bittersweet moments during this journey which

reminded me of the value of gratitude and perseverance.  A special thanks to my family,

everyone, and the ladies at Office Depot who inspired me to remember to never give up

and keep believing GOD was with me.  Lastly, thanks to the dissertation committee,

professors, and faculty of Liberty University.

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**List of Abbreviations**

meaning-making model (MMM)

strong Black woman (SBW)

theory of planned behavior (TPB)

**CHAPTER ONE: INTRODUCTION**

**Overview**

Building trust and seeking help are two necessities for healthy development, coping, and forming social connections.  Foundations for asking for help are rooted and grounded upon decisions to trust and having access to formulating trusting connections (Rickwood et al., 2007; Kravitz et al., 2011).  Understanding the cognitive and behavioral intentions behind building trust and help-seeking is important but challenging.  Studying the actions or choices of trusting others and asking for help is not enough.   It takes understanding the meaning and experiences of people that inspires or deters them from engaging in both actions respectively.

For the sake of this study, asking for help means taking the responsibility and initiative to seek out assistance and interacting with others to seek care and support (Kovandžić et al., 2011). The views of individuals regarding the development of trust and asking for help can better support ways to encourage adaptive ways of coping and functioning.  Asking for help when things are difficult is a type of problem-solving that relates to healthy ways of coping (Fallon & Bowles, 1999).  Yet, people are more inclined not to ask for help when they are dealing with stressful situations that can be deemed as serious and severe (Naganuma et al., 2006).

Furthermore, there are multiple ways of defining evident trust, particularly in social sciences (Singh, & Sabol, 2002).  There are various types of trust including interpersonal trust, organizational trust, and relational trust.  Research has been focusing on trust which includes various definitions.  This has created a lack of unified ways of defining during scholarly work (Li & Betts, 2003).  According to McAllister trust is "A definition of interpersonal trust as the extent to which a person is confident and willing to act based on the words, actions, and decisions of another" (McAllister, 1995, p.25).  Rus (2005) suggests trust involves a

vulnerability in the area of not knowing how things will work out with the individual trusted.

Rus also notes trust is by hoping the person or entity will come through with promises made to

assist and help amid the possibility they could do the opposite and focus on themselves instead or

disappoint with a lack of meeting the expectations of the trustee.  He argues trust is a leap of

faith but the decision of who to have confidence in is a choice (Rus, 2005). Studying the ideas

and definitions of trust vary and is analyzed at the individual, group, organizational, or societal

levels This in turn has complicated the process of fully understanding the central ideas of trust

particularly since it is considered multi-dimensional and multi-disciplinary (Powell & Heriot,

2000).

Furthermore, there are also many constructions of help-seeking that lack consistent ways

of measuring it (Rickwood & Thomas, 2012).  Often, formal help-seeking is the central focus in

research studies instead of informal help-seeking based on the domain of behavior.  The type of

help received within the professional realm is inconsistent (Rickwood & Thomas, 2012).  Plus,

the focus of help-seeking seems to center around medical or mental health domains particularly

relating to primary care concerns, psychological problems, or emotional needs.  As a result, there

are a lot of disconnects when referring to the term help-seeking overall (Rickwood & Thomas,

2012).

About help-seeking and trust, Black women are known for their strength.  This is

essential to their identity and the content by which they are expected to live while succeeding

with limited resources, support, and many challenges (Watson & Hunter, 2015).  Specifically,

Black women play multiple roles in society associated with caregiving and supporting others.

According to Woods-Giscombè (2010), the creator of the Strong Black Woman (SBW)

constructs, individuals are exposed to social and cultural factors suggesting they learn and

embody ideas of being constantly strong and considering others first. The characteristics of

SBW, one must always be strong, hide emotions to prevent appearing weak or vulnerable,

prioritize care for others over self, never ask for help, and strive to succeed even with little or no

support and resources (Woods-Giscombè, 2018). Understanding the socialization and

culturalization of Black women is important in how they make decisions and meaning;

particularly regarding asking for help (Jenkins, 2007). Sealey-Ruiz (2007) noted it is vital to

consider the views and perceptions of Black women based on constructs of race, class, gender,

social status, and ideas relating to the strong Black woman. These characteristics seem to

suggest the opposite of building trust and seeking support.

Furthermore, Black women report health conditions at a higher prevalence than their

counterparts when it comes to stress, anxiety, depression, hypertension, and deaths from breast

cancer (Longmire-Avital & Robinson, 2017). Identifying solely as an SBW creates conflicts in

understanding the ideas of strength. It also has difficulty balancing the ideas of caring about

others while caring about yourself (Versey & Curin, 2016). A lack of wisdom in conceptualizing

the ideas of SBW can contribute to poor outcomes for Black women particularly relating to

vulnerability, seeking mental health and medical support, and being less likely to trust and ask

for help (Sumra & Schillaci, 2015).

Given the multiple roles played by Black women within society and multiple health

conditions, the need for studying trust and help-seeking for this population is inevitable. Even

when Black women have access to support and help, there is more likely a hesitation in seeking

out assistance, particularly for medical and mental health problems (Rickwood & Thomas,

2012). Therefore, a focus on ways to increase help-seeking has become a major priority when

discussing program development, social and health policies, and scholarly research (Rickwood &

Thomas, 2012).

This chapter includes a historical and social background relating to the overall study. It

also provides insight into the value of the study to scholarly research. Other ideas included in

this chapter are the following: research problem, research questions, and the researcher's role in

the study.

## Background

As previously noted, there is a wide range of definitions relating to trust and seeking

help. For the sake of this research, help-seeking refers to a person's choice to self-regulate

through adapting and non-adapting approaches to engage in behaviors that empower them to

obtain something through formal (professional) and informal (personal) help to adapt, adjust, and

acquire a resource, skill, or outcome desired (Karabenick & Berger, 2013). Here, self-regulation

is about the process of one setting their intentions, thoughts, feelings, and actions toward the

desired outcome (Schunk & Usher, 2013).

Choosing to trust and ask for help has been influenced by multiple factors (i.e., racism,

sexism, and culturalism) for Black women. Historically, they have experienced slavery with

minimum support while being required to take care of others. This has resulted in learning to

engage in self-sufficiency and spiritual practices to seek help and sustain (Brown & Keith, 2003).

Focusing on how Black women experience help-seeking is vital for understanding their

development and sense of connections.

There are two types of help-seeking. They are formal and informal help-seeking.

Formal help-seeking for Black women relates to the professional help sought after by people

who have been trained in the respective field (Rickwood et al., 2005). Informal help-seeking is

about turning to family, pastors, friends, colleagues, or community members (Vogel et al., 2006).

Due to the self-consciousness of Black women, they often associate the view of one's value and

worth with whether they can withstand difficult situations.  Asking for help is looked upon as a

decrease in one's value and worth (Vogel et al., 2006).  Other reasons to further deny help also

contribute to feelings of shame, guilt, and embarrassment because of fear one will be judged as

being unable to complete a task or fulfill a requirement competently (Nadler, 1991).

Historically Black women in the United States have underutilized medical and behavioral

health services.  There are multiple psychosocial factors such as gender, race, stress, and poor

training regarding examples of asking for and receiving help to explain this socially and

culturally.  Living up to expectations and standards of the strong Black woman (SBW) also

contributes to shaping views asking for help.  Other reasons that contribute to the decreased

occurrence of seeking help are linked to poor support, stigma, views of Black women not

needing support due to views of them being portrayed as inhuman and needing less help due to

ideas relating to racism (Woods-Giscombé, 2010; Woods-Giscombé, 2018).  Black women who

experienced problems due to their sex, race, and culture, are less likely to cope by asking for help

from anyone; particularly professionals in their environment (Lewis et al., 2017).

Negative labels associated with Black women as well as the social stigma attached to

their need for support relating to well-being have also been connected to gender (Jerald et al.,

2017).  Negative stereotypes such as mammy, jezebel, and sapphire were the norm for labeling

Black women (Harris-Perry, 2011).  The term associated with SBW appears to come with the

burden of strength resulting in the perpetuation of stress and pressure to live up to irrational

expectations (Jerald et al., 2017).  This continues to create a dilemma for Black women as they

become torn to seek out help and prioritize self-care or not due to the stress, burdens, and the risk

of further being ostracized within their families, communities, and society for not showing strength (Jerald et al., 2017).  Focusing on Black women's attitudes and beliefs about seeking and receiving help is important for understanding whole health.  It can also help to explain the under-utilization of certain services while highlighting what resonates (Cauce et al., 2001).

## Situation to Self

The decision to research this topic is due to the need to go beyond the decisions to trust and ask for help.  Understanding Black women's perspectives about trust and asking for help is important when considering contextual factors which influence behaviors, particularly regarding these areas.   Prior research seems to focus primarily on the outcomes of trusting (mistrusting) or asking for help (avoiding help) in mental health and medical settings.  Yet, little attention has been paid to experiences and meaning-making regarding trust and help-seeking.

This study resonates with me because opportunities for building trust and help-seeking are essential for functioning, development, self-care, and fostering healthy relationships.  Research in this area can increase awareness of the experiences of Black women regarding trust and help-seeking.  It can also create opportunities to empower Black women to understand how their experiences with trust and help-seeking have influenced their decisions to engage in these actions as well as develop safe and supportive relationships.  Plus, it can also serve as a tool to better conceptualize the meaning of trust and help when it comes to Black women as well as their experiences in both areas when one is connected to them personally or professionally.

## Problem Statement

Learning the meaning of trust and seeking help from a Black woman's view is important to understand how to measure help-seeking contextually and cognitively.  Research about Black women and seeking help usually relates to medical and mental health outreach with multiple

meanings and definitions of asking for help (Rickwood & Thomas, 2012). Therefore, studying

the lived experiences of Black women when it comes to trust and seeking help is important to

help build a framework for seeking understanding to build sensitive and supportive ways to

approach empowerment through teaching the importance of help-seeking to empower and

promote the idea of self-care.

Lack of support and pressure to live up to the role as SBW continues to create stress and

trauma suggesting negative meanings and messages around space asking for help and support in

a Black woman's social and cultural environment. This directly creates a wedge between the

healthy view of self about the portrayal of others. When Black women do not believe they can

trust or have the support, space, and strategies to help them manage the pressure, stress,

demands, and traumas they faced, they are given less opportunity to be their highest and best

versions of themselves. This can create an unhealthy view of self, others, and environments

when it comes to fostering engaging and meaningful interactions (McEwen, 2012).

Physical illnesses such as heart disease, cancer, respiratory conditions, hypertension, and

diabetes are connected to stress and trauma (McEwen, 2012). Chronic stress and complex

trauma of Black women due to dehumanized roles of Black women as mammy, jezebel,

sapphire, and SBW continue to be a public and private health problem. Black women experience

stress and trauma more than White, Hispanic, and Asian women in the United States (Geyen,

2012). Understanding ways to build healthy trusting relationships and offer support is pivotal to

increasing opportunities for Black women to express their desires and wants as it concerns trust

and help-seeking. This is important as a way to increase healthy adaptive coping habits,

assertiveness, advocacy, and self-care.

**Purpose Statement**

The purpose of this phenomenological study was to explore the lived experiences of Black women regarding help-seeking.  Specifically, the study sought to understand how Black women during the process of seeking help experience trust.  The study seeks to examine closely how Black women experience trust and make meaning of help-seeking.  For the sake of this research, meaning-making refers to beliefs, intentions, thoughts, perceptions, and views regarding asking for help. Other things to consider in understanding and examining the experiences of help-seeking and wellness (Woods-Giscombé, 2008; Woods-Giscombé, 2018). Consideration for the chance to conduct this research is vital for increasing the knowledge and understanding surrounding Black women's views and ways of formulating trust as well as learning to understand the reasons underlying why help is accepted or avoided.

**Significance of the Study**

This study is significant because of the lack of unified definitions, meanings, and understanding of trust and help-seeking overall.  There is also a lacking of research for studies about trust and help-seeking perspectives and behavioral intentions of Black women outside of discussing issues surrounding psychological or medical content.  The experiences of Black women relating to trust and help-seeking are critical for gaining an appreciation for their view as well as an awareness of intrapersonal and interpersonal factors that increase or decrease the likelihood of engaging in actions surrounding trust and help-seeking.  It is also important to conduct such a study because social and cultural transactions and messages between Black women and those within their environments can prepare informal and formal supports for learning how to foster healthy interactions and connections of strength and resiliency surrounding asking and receiving help.  Recognizing the cognitive and narrative processes of

Black women when they decide to trust and ask for help based on their experiences and examples in life is pivotal to promoting a sense of identifying what factors play a role in the decision to ask for help or avoid seeing out support overall.

## Research Aims and Questions

This research seeks to understand and explore the experiences of Black women surrounding trust and help-seeking.  It also involves investigating the meaning attached to the ideas of trust and help-seeking specifically from the perspective of Black women.  The theoretical frameworks surrounding this study theory of planned behavior (TPB) and the meaning-making model (MMM).  Focusing on this research can create opportunities for conceptualizing Black women's meaning made surrounding asking for and receiving help.

1. What are the lived experiences of Black women regarding trust?
2. What are the lived experiences of Black women regarding help-seeking?
3. How do Black women make meaning of trust?
4. How do Black women make meaning of help-seeking?

## Definitions

**Black Woman/Women:** A woman born of African descent who was born and resides in the United States of America (American women of African descent (Ford et al., 2019).

**Strong Black Woman (SBW)**:  A portrayal of Black women as being self-sufficient, tough, independent, resilient, empowered, and less vulnerable when facing spiritual, mental, emotional, social, and physical problems (Woods-Giscombé, 2010).  This term was a result of trying to overcome the negative labels of mammy, jezebel, and sapphire regarding Black women (Woods-Giscombé, 2010).  The strong Black woman is a socially constructed idea that suggests all Black girls and women can selflessly give support for the needs of their family, others, community, and

society while putting themselves last.   They also endure hardships due to their economic, educational, gender, and race but overcome appearing to have little needs or issues themselves (Beauboeuf-Lafontant, 2009).

**Stigma**: Bias towards people based on faulty stereotypes.  Discrimination toward a group of people based on their behavior is considered to be abnormal or deviant (Alvidrez, Snowden, & Kaiser, 2008).  It is suggested two types of stigmas are common: public (perspectives of those within one's society and community) (Brown et al., 2010) and internalized stigma (distorted beliefs held by people about themselves) (Brown et al., 2010).

**Help-seeking behaviors**: Decisions to reach out for support or deny it based on decisions and beliefs in the event of problems, trauma, difficulties, or the event of trauma and crisis (Fisher & Farina, 1995).  Help-seeking is the process of one's perception, acceptance, and actions towards seeking personal and professional support (Uffelman, 2005).

**Trust:**  Trust involves deciding to believe in the person or other party's ability to help and make a difference.  Facets of trust include believing and having confidence in the person or group to be reliable and help to bring a sense of fulfillment of requested support.  A lack of trust in formal (professional) and informal support (personal) directly impacts the occurrence of asking for help (Cavanaugh et al., 2021)

## Summary

This chapter provided information on the purpose of study, the problem, the situation of self, and current research questions.  The priorities of the phenomenological study were to examine the experiences of how Black women make meaning of help-seeking.  Implications for this study can be used to understand how help-seeking and decisions to trust are impacted by one's role, social, culture, and other psycho-social factors

that impact how Black women view help-seeking as well as the way they desire to be

supported to help understand and promote whole health wellness.

**CHAPTER TWO: LITERATURE REVIEW**

**Overview**

The purpose of this chapter is to provide an in-depth literature review surrounding

previous studies relating to the understanding and experiences of help-seeking of Black women.

Details of theoretical frameworks within the study used to view information were provided.

Scholarly literature within this section provided context for understanding and making meaning

of contributions made.  It also served to further elaborate on the application of theoretical

frameworks presented in this section regarding the research design of phenomenology.

**Theoretical Frameworks**

**Theory of Planned Behavior (TPB)**

This study was based on two theories.  The first one is the theory of planned behavior

(TPB).  TPB is based on the ideas of propositional control and expectancy theory.  The theory

considers attitude, one's intention, subjective norms, social norms, perception of power, and

perceived behavioral control (Azjen, 2012).  The attitudes of Black women asking for help

related to how they find seeking help as positive or negative.  Regarding intentions, this is what

motivates the person to choose the action of seeking help.  Subjective norms relate to trust,

confidence, expectations, and approval of others within the environment when one engages in

the behavior of asking for help; societal norms are about the cultural and social approval from a

larger view of people as the normal way of behavior.  Perceived power involves systems that are

in place to support the behavior (Ajzen, 2012).  Lastly, perceived behavioral control is about how

easy or hard asking for help is accomplishable or not.  When Black women ask for help, their

belief and thoughts will enhance their intentions based on their current exposure and experience

to perceive such actions are painful or gainful as it relates to asking for help based on TPB

(Ajzen, 2012).

The primary basis for TBP focuses on building a sense of examining, assessing patterns

of behaviors, and seeking to promote changes in one's behavior (Ajzen, 2012).  Ajzen (2012)

suggests within TBP how one's actions are first impacted by intentions.  Such intentions impact

attitude, perception, thoughts, and beliefs, and make behaviors normal.  Attitude about behaviors

relates to one's view of self, others, and life regarding the behavior.  Understanding society and

social norms relate to expectations and behaviors considered to be normal and accepted within

one's environment and society.  Regarding behavioral control, attention is paid to whether the

consequences of deciding to engage in behaviors such as asking for help are considered easy,

affordable, and beneficial (Ajzen, 2012).  Ajzen also noted certain things predicted behavior.

This included the following: personal attitudes, subjective norms relating to the situation or

phenomena, and perceived behavior control (whether the behavior is easy or difficult to

accomplish) (Ajzen, 2012).  TPB suggests people are influenced to make decisions based on

three types of beliefs: behavioral, normative, and control (Fishbein & Ajzen, 2010).  Behavioral

beliefs are about cognitive perceptions of people regarding outcomes (Ajzen, 2012).  Whether

good or bad, evaluation of one's experiences when trusting and asking for help often impact their

thoughts, emotions, and actions regarding seeking out support (Ajzen, 2006).

Trusting beliefs can create affirming negative behaviors regarding behavior and attitudes.

A Black woman's beliefs about asking for help or not will determine other behaviors that create

a schema of whether asking for help is beneficial or not (Miltenberger, 2008).  A person's

normal way of believing comes from their expectations of others and conveys what is socially

and culturally accepted.  Internalizing subjective norms such as SBW for example can cause

pressure for Black women particularly to be strong and not ask for help. Here, normative beliefs according to TPB will create pressure on Black women. Normative beliefs also suggest Black women believe other people around them have the same beliefs. This in turn creates the main reason they try to maintain actions related to independence and self-sufficiency. Whereas control beliefs are based on social and cultural factors that either enable or stop the performance of an action (Fishbein & Azjen, 2010). Control beliefs create the ideas of perceived behavioral control. Here, actions are impacted by social and cultural factors within the environment particularly when it comes to help-seeking behaviors (Ajzen, 2006). The idea of seeking help for Black women is related to the ideas of attitudes, perceived behavioral control, and subjectivity of what is normal and abnormal regarding actions (Fishbein & Ajzen, 2010). Here, ideas of cultural and social factors should be considered relating to behavior and decisions contextually (Fishbein & Ajzen, 2010). Based on TPB theory, understanding the contributing and predicting factors to explain a Black women's decision to engage in help-seeking behaviors is directly related to intentions. Considering intentions of help-seeking, one must consider the role of trust because it is often linked to one's intention and behavior (Fishbein & Ajzen, 2010). Considering the attitudes, subjective norms of help-seeking, intentions, perspective, and beliefs, actions can determine the likelihood of asking for help based on TPB.

TPB appears to closely relate to the qualitative research ideas of social constructivism. Creswell (2013) suggested social constructivism is the act of seeking to examine and explore the environment of which one is part. The way Black women learn through socialization is primarily through their social and cultural environments. When these environments are internalized, they create thoughts, beliefs, and perceptions that drive individual and collective behaviors. The use of TPB attests to the ideas of social constructivism. Social constructivism is

rooted and grounded in meaning-making. Here, meaning is made by the person suggesting their reality is subjective (Mertens, 2009). The ability to interpret, experience, and make meaning is a result of the person's direct or indirect experiences historically, socially, and culturally. Once this happens, experiences are normalized and adopted as the way individuals should shape their views of self, others, and life (Cresswell & Poth, 2018). Here, the individual learns to connect and socialize themselves based on personal views and experiences unique to themselves through the way they interact (Cresswell & Poth, 2018).

**Meaning-Making Model (MMM)**

Park (2010) introduced the meaning-making model (MMM). This framework serves as a guideline for validating and verifying meaning-making. According to the meaning-making model, the two levels of meaning are known as global and situational. Global meaning is the person's foundational system of beliefs, values, views, and goals (Park, 2010). Here, the person's belief system highly influences the way of seeing self, others, and life's experiences. The person also is impacted by the ideas associated with global meaning in the form of beliefs about their purpose, significance, worth, and actions of engagement (Park, 2010). Situational meaning is about the ability to interpret and give attention to situations. Here, Park (2010) noted that appraisal of situations that occur in life may create a conflict in what the person believes from a global point of view. This can lead to stress which forces them to find something more than the problems between their global and situational meanings collectively and individually. Here, the person will seek to find meaning to decrease the friction between their global and situational meaning to promote the ideas of harmony and a sense of equilibrium (Park, 2010).

Meaning-making is based on two constructs which include global and situational (Park & Folkman, 1997). The global view relates to the person's individual view while the situational

relates to the circumstances and outcomes that are favorable or unfavorable. When there is a difference in what is believed and what is desired, the results can be conflicts and stress (Park & Folkman, 1997). Meaning-making is about changing one's belief or the meaning of the situation. In this case, understanding the meaning made associated with asking for help appears to be contributed to a negative view due to the ideas of Black women believing they must be strong, work with limited resources, suppress their feelings and vulnerabilities, and focus on helping others more than asking for assistance themselves (Woods-Giscombé, 2010).

The appraisal or meaning attributed to asking for help or avoiding it is based on Black women's sense of meaning and appraisal (Park, 2010). A person's individual's meaning is often influenced by society's meaning particularly when it comes to asking for help. According to Park (2010), there are meanings based on beliefs, intentions, goal setting, thoughts, and feelings. Black women's perceptions of seeking help are developed throughout one's life based on their views of self, others, and life. Global meaning includes the desires and motives of the person. When they perceive the experience involves stressed and suffering, meaning is made based on the situational context (Park, 2010). Hence, if Black women experience strain asking for help and receive negative feedback as a result, they are more inclined to make meaning of this action in a way that will lack the support of repeating the action.

Experiences of help during childhood and adulthood can lead to decisions made surrounding one's schema surrounding it. This is often the result of the individual's ability to attach, assert, and ascribe purpose, value, and significance. Learning to understand and interpret events and experiences based on the view of help-seeking can be good, bad, or both (Park, 2010). Healthy meaning-making is connected to adapting and adjusting in an empowered manner and

can create outcomes favorable for individuals.  Unhealthy meaning-making can be seen as detrimental as well as a risk factor for recovering, healing, and functioning (Park et al., 2012).

## Related Literature

### Help-Seeking

Help-seeking is the process of one's perception, acceptance, and actions towards seeking personal and professional support (Uffelman, 2005).  Historically, most of the research on help-seeking has been related to professional support particularly relating to medical and mental health (Uffelman, 2005).  The ideas of help-seeking are more influenced by beliefs, attitudes, and intentions instead of the actual actions of individuals (Fishbein & Ajzen, 2010). However, there is a lack of research that considers both the perception and outcome surrounding seeking help (Fishbein & Ajzen; Wilson et al., 2005).

According to Rickwood et al. (2005), help-seeking involves the following: one's ability to recognize there is a need for support, how a request for asking for help is communicated and conveyed in the environment, the available assistance in the environment, and the intention and desires to seek out support.  There are also three areas associated with help-seeking.  They include the following:  attitudes, behaviors, and intentions (Uffelman, 2005).  Research on help-seeking considers how the personal and environmental characteristics are connected to attitudes toward seeking support (Uffelman, 2005).

Individual factors of help-seeking for Black women include having positive responses and experiences, encouragement from people in the environment to ask for help and seek support, and having a sense of confidence (Gulliver et al., 2012).

**Trust**

Trust is critical to growth and development serving as a major factor in building healthy attachments and social connections.  It is also critical to reaching goals individually and collectively (Rusbult & Van Lange, 2003).  Trust involves deciding to believe in the person or other party's ability to help and make a difference.  Facets of trust include believing and having confidence in the person or group to be reliable and help to bring a sense of fulfillment of requested support.  A lack of trust in formal (professional) and informal support (personal) directly impacts the occurrence of asking for help (Cavanaugh et al., 2021).  As a result, people who have a higher report of trust are most likely to seek out support (Cavanaugh et. al., 2021).

The idea of trust is about at least the person asking or showing dependence and vulnerability will benefit with the possibility of the individual or group being trusted gaining too (Rusbult & Van Lange, 2003).  People have split views of trust and defining it (Taylor et al., 2007).  Three major factors that seem to affect trust include age, education, and race (Uslaner, 2002).  Uslander, a political scientist said, "Race is the life experience that has the biggest impact on trust (2002, p. 91)."

There are multiple variables when it comes to defining trust.  Most of the definitions of trust involve behavior, a future intention, expectation (belief), or a particular party involved (Castaldo, 2008).  Within this study, the definition of trust is based on the ideas of psychologist Julian Rotter which is interpersonal.  According to Rotter, trust is, "a generalized expectancy held by an individual that the word, promise, oral or written statement of another individual or group can be relied on" (Rotter 1980, p. 1).  Here, Rotter's definition controls no other evidence pointing to reasons for mistrusting the individual and/or group (Rotter, 1980).

Interpersonal trust is critical to healthy social connections and development. Trust can also strengthen a person's sense of wellness (Thielmann & Hilbig, 2015). A lack of trust can increase moments of distress as well as unhealthy functional and instrumental outcomes for people. However, the decision to trust or not to trust can be linked to one's attitude about taking a chance to be vulnerable and dependent upon another, expectations of trust and whether one will be let down, and the individual's personality as it relates to anxiety, fear, forgiveness, unforgiveness, and one's thoughts, views, and assumptions about trusting others (Thielmann & Hilbig, 2015).

**Vulnerability and States of Trust**

According to Rousseau et. al (1998), trust is viewed as "a psychological state comprising the intention to accept vulnerability based upon positive expectations of the intentions or behavior of another" (Rousseau et. al, 1998, p. 395). Trust involves two cognitive constructions that involve the view of having vulnerability and having expectations of good regarding another person's promise, motives, and treatment towards one in moments of need and support (Lewicki et al., 2006). Trust also was able the person trusting to surrender to the idea of being vulnerable to the person or object trusted (Mayer et al., 1995). Here, the person has no control over the person or object's actions towards them but still hopes to receive support and the best from the trustor (Mayer et al., 1995). Trust has been seen in various states. They include cognitive, affective, and behavioral intention (Lewis & Weigert, 1985). In the past, trust was viewed as only a cognitive process but over time emerged as also having other elements to consider relating to emotions and the intention of the person relating to the decision to seek help (Lewis & Weigert, 1985).

**Masking Emotions and Decisions to Ask for Help and Trust**

Due to the beliefs and internalizations of SBW, the decision to ask for help appears to be difficult for Black women.  A major understanding conveyed with the SBW construct is the hiding of one's feelings which makes it almost impossible to show what is believed to be weakness or vulnerability (Abrams et al. 2014).  One of the major characteristics of SBW is wearing the mask to keep up with taking care of everyone else.  The constant duty to mask emotions appears to decrease the occurrence of decisions to ask for help which later creates health-care concerns and disparities for Black women (Woods-Giscombé, 2010).

A qualitative study in 2020 noted that 20 out of 30 (66%) noted Black women reported the SBW role hindered their decisions to seek help because they often hid their feelings because of the lack of freedom to express emotions and vulnerabilities (Nelson et al., 2020).  Black women who understood themselves through internalization of SBW understood their needs were less important to seek help for.  As a result, they would prioritize seeking support and help for others as their choice versus the decision to consider asking for help regarding their needs.  To acknowledge they need help too would be an opportunity to take away from the space to help others in need.  Plus, the choice to ask for help, talk about their emotions; and express their needs was another sign of weakness they learned about the SBW schema often learned (Nelson et al., 2020).

**Wellness, SBW, and Asking for Help**

Wellness has multiple factors that affect it and is based on daily practices, decisions, and actions (Ryan and Deci, 2001).  The idea of wellness for Black women encompasses experiences, self-care practices, and how one can engage in adaptive and maladaptive behaviors. Consideration of the whole person is vital for understanding wellness.  This includes considering

a person's cognitive, spiritual, cultural, biological, and social relationships (Prilleltensky & Fox, 2007). Specific to the idea of wellness is wellbeing (Ryan & Deci, 2001).

Understanding the wellness of Black women is dynamic but has major influences that seem to reinforce the need to refrain from asking for help. The treatment of Black women as human beings is often compromised by social and cultural issues such as racism, sexism, faulty stereotypes, and lack of opportunities to thrive within educational and employment settings (Fischer & Holz, 2010). Notably, the ideas surrounding SBW seem to contribute majorly to asking for help to address wellness needs because Black women are trained and taught to put other people first. They are taught to suppress feelings and hide their traumas and struggles. Black women are made to think it is normal to uphold the role of the strong one in all situations while holding in everything bothering them (Donovan & West, 2015).

Black women have many psycho-social factors that impact their overall wellness. Growing up with the ideals associated with SBW is a major one. Other factors dominating the narrative of wellness and well-being for Black women include race and gender (Capodilupo & Kim, 2014). Black women appear to be more willing to help others before making sure they are okay (Crenshaw, 1993, Capodilupo & Kim, 2014; Settles, 2006). This suggests consideration for what experiences or lack thereof reinforce seeking help when it comes to wellness.

Considering the wellness of Black women requires consideration of their cultural and social environment. This is important because how Black women are socialized and culturalized plays a role in their thoughts, attitudes, and actions versus just their actions alone (Constantine & Sue, 2006). More research has been needed to address understanding wellness and how it is impacted by culture and social factors (Daraei, 2013; Myers & Speight, 2010). A Black woman's wellness is tied to her beliefs, culture, socialization, and values (Compton, 2001). The

way she experiences wellness will be different from other counterparts because of the

environmental factors and living up to the SBW schema she learns through life.  Considering this

is invaluable to making meaning of her road of wellness as well as learning how her meaning of

help is expressed as well as viewed (Constantine & Sue, 2006).

A quantitative study of 95 Black women considered the connection between the

internalized beliefs of being an SBW and views about help-seeking regarding mental health

(Watson & Hunter, 2015).  Findings in this study suggested there was a negative correlation

between women who upheld the beliefs of SBW and willingness to ask for help to address their

mental health needs.  In 2016, Watson and Hunter conducted research involving 13 Black

women.  Here, the researchers considered how decisions to live up to the beliefs of SBW

conflicted with factors warranting the need to ask for help.  One of the conflicts noted in the

study related to expressing one's feelings and being unable to keep together psychologically all

the time.

Another study in 2009 revealed the social and cultural vies of women who adopted the

SBW schema.  Here, they felt Black women could manage mental health needs without help,

something is wrong with Black women who experience mental illness, and one should hold back

feelings of vulnerability and emotions (Ward et al., 2009).  Waite and Killian's study also

supported this notion in 2009 through a qualitative study on the health beliefs of Black women

associated with depression.  According to 14 Black women, staying strong, suppressing one's

feelings, and rejecting the idea of depression contributed to the decision to deny themselves

opportunities to ask for help without controlling for the idea of adopting the SBW role (Waite

and Killian, 2009).

Failure to engage in help-seeking behaviors was also evident in research conducted in 2006 when the attitudes of 70 Black women were documented.  According to the researchers, the view of seeking treatment for mental health issues such as anxiety, depression, and trauma was related to social and cultural beliefs regarding independence (Matthews et al., 2006).  Black women understood the meaning of asking for help in this study based on their emphasis on self-reliance as part of the process of projecting a sense of strength to live up to the ideology of SBW. The researchers also discovered the women in their study associated asking for help or utilizing mental health services as a sign of their incompetence and weakness based on what they had been taught about the essence of being an SBW ultimately (Matthews et al., 2006).

Help-seeking behaviors of Black women seem to be less evident particularly when it comes to addressing psychological supports and resources (Sabri et al., 2013).  Exploring the attitudes about help-seeking thoughts and behaviors of Black women is important for learning how to connect and train medical and behavioral health professionals.

Black women are aware of their needs but still may not seek out help.  This is associated with past individual and collective experiences that were unfavorable, particularly relating to involvement with the mental health system.  The negative associations between mental health systems and treatment of Black women may also further deter seeking help implying the importance of fostering a culturally connected and competent system that accounts for social and cultural environments (Poleshuck et al., 2013).

Black women are infamously known for enduring hardships such as slavery, sexism, racism, and dealing with network stress (Speight et al., 2012).  The resiliency of Black women may also be their reason for failure to ask for help.  This is because of the demands and pressure to keep it together, discount vulnerability, deny one's humanity, and overlook one's own needs

for growth and nurture (Donovan & West, 2015).  Considering the SBW is important because it

requires one to look past the behavior of seeking help while noting the processes of Black

women that create internal dialogue conflicting their inner and outer reality of help (Speight et

al., 2012).  For example, Black women may want or are aware they need help and support but

asking for help would be denouncing the throne of SBW which causes dissonance because they

are taught to portray strength (Beauboeuf-Lafontant, 2009).

The strong Black woman (SBW) schema are characteristics surrounding a framework

defining five major characteristics relating to the following: obligation to be strong, obligation to

mask feelings and emotions, refusal to ask for help, show vulnerabilities, and depend on others

for support, the desire and relentlessness to succeed despite a lack of support and resources

(which can also be limited), an obligation to serve and take care of others (Woods-Giscombé,

2010).  Carrying the pressure and weight to look out for others, nurture, care, and be present for

others directly creates challenges for Black women to say no to others so they can say yes to

themselves regarding their wellness (Woods-Giscombé, 2010).  As a result, the care of others

makes it hard to say no to people who ask them for help while simultaneously decreasing asking

for help in efforts to uphold the socialization and culturalization they have learned surrounding

the SBW based on history, ideas surrounding their role, and unrealistic expectations which

potentially creates network-stress and healthcare disparities (Woods-Giscombé, 2010).

Black women become products of their environment when it comes to learning

helpfulness.  They learn to model the actions of their mothers, grandmothers, aunts, and other

Black women that portray pushing through and pressing on actions.  They also observe how

there is nobody present to help the Black women who are often forgotten within their homes,

churches, communities, and society because needs and stress become second to the needs of others (Woods-Giscombé, 2010).

Living up to the role of SBW means facing the disappointments and discouragement of lack of support and help. This results in the Black women's decisions to fully rely on themselves. They have also relied on GOD to strengthen their ability to survive and thrive on their own in the face of trauma as it relates to chronic stress, and sexual, emotional, and physical abuse (Woods-Giscombé, 2010).

The SBW has been learned by Black girls and women through the years beginning at birth. The name and narrative attached to it are about learning to beat the odds and endure oppression. The term SBW is a label more accepted than other terms such as mammy, jezebel, and sapphire (Harris-Perry, 2011). This term suggests Black women have more power in how they are described, what they are called, and how they answer to it. Here, Black women are seen as saviors, overcomers, caretakers, and encouragers (Harris-Perry, 2011). She is also seen as one who beats the odds despite having little to no support and resources. The strong Black woman prototype also is a model that serves as the most positive role model in her community because she is resilient, independent, adaptable, and undeniable because she tends to remain strong all day long. Harris-Perry (2011) suggests Black women would rather associate themselves with the term SBW rather than refer to or answer to the name mammy, jezebel, and sapphire. Accepting the strong Black woman (SBW)as truth may result in great pressure, responsibility, stress, and trauma with high demands and mandates that are often lacking support and encouragement within the environment. The majority of Black women have accepted and identified with SBW ideas and schema (Nelson et al., 2016).

Etowa, Beagan, Eghan, and Bernard (2017) suggested the needs of strong Black women (SBW) are often unnoticed and met. This can result in an increase in mental health symptoms due to multiple roles they play as well as the stress relating to racism, culturalism, sexism, and racism while trying to live up to the characteristics associated with SBW (Capodilupo & Kim, 2014). According to Leary (2012), Black women made up about 12% of the population in the United States but accounted for 25% of people who report mental health needs. The Center for Disease Control (CDC) also noted Black women are 1.6 times more likely to report feelings associated with sadness, hopelessness, and poor self-esteem about worthlessness compared to White women (CDC, 2012). Living up to the ideas learned regarding SBW may contribute to awareness of needs but also lack of help-seeking support, particularly regarding mental health for Black women (SAMHSA, 2011). The expectations of caring for others may also teach Black women to put themselves last while making others first which results in minimizing their problems specific to any whole health symptoms due to the belief she must live up to being the SBW (Leary, 2012). Negative stereotyping is something historically and presently faced by Black women. They have learned to endure being called terms such as mammy, jezebel, and sapphire while being treated less than their value and worth (Shahid et al., 2018). The images and negative associations of Black women have created internal and external conflicts within her environment. The stereotypes faced have mainly made her selfless, self-reliant, strong, and stoic (Donavan, 2011), while on the other side some suggest the way Black women are perceived by other races particularly those who identify as White as lazy, angry, loud, and uneducated (Donavan, 2011).

The stereotypes of being a Black woman are also associated with having a dominant personality, being seen as masculine rather than feminine, and having a sense of inferiority no

matter their age, socio-economic status, or education (Allison, 2008). They are often seen as a

collective group instead of being their person (Feagin et al., 2014). The experience of being

categorized with all Black women instead of having their sense of individuality seems to further

perpetuate the narrative of invisibility when it comes to being seen and heard (Steele, 2003).

Experiencing stereotypes, feelings of marginalization, and lack of support leaves Black women

feeling alone internally and externally which continues to have a major impact on the way they

see themselves as well as they choose to socialize within their natural environment (Morales,

2014).

Despite education and socio-economic status, Black women continue to deal with the

reality of forging through life despite being negatively stereotyped and othered (Harper, 2009).

This can increase their faulty thoughts of self while also causing them to believe they must

outlive the adverse portrayals through the idea of "proving others wrong" or showing others what

they can do without anyone else's help (Collins, 2015). When this happens, the decisions to

focus on help-seeking and trust are less prioritized.

**Early Pressure to Be Seen and Heard as a Strong Black Woman and Superwoman**

Current research suggests a person's sense of self is highly based on their position in the

context of gender (Moradi, 2005; Delgado, 2011). The development of Black women is highly

correlated to the ideas presented in the literature associated with theories of intersectionality,

feminism, and womanism (Delgado, 2011). They are treated with less sensitivity once they

reach adulthood (Karenga & Tembo, 2012). Black girls and women are identified and treated

through the way history, society, and culture see them (Karenga & Tembo, 2012). Identity is

shaped by strength and further enhanced by the socialization of strong expectations (Boisnier,

2003). The idea of being a woman lies in the Black woman's gender and race mixed with

cultural norms, mores, and expectations are the root of a Black woman's essence Kohzadi,

Azzizmohammadi, & Afrougheh, 2011).

A study surveyed adults from various backgrounds regarding education, ethnicity, and

race.  Most of the participants were White (74%) and female (62%) with higher levels of

education (69%) (Epstein et al., 2017).  People involved were randomly separated and asked the

same questions based on ideas relating to the level of comfort needed for Black and White girls.

The report showed a disparity in care and treatment experienced by Black women during their

adulthood which appeared to start as a child (Epstein et al., 2017).

Studies of stress often correlate the relationship between stress and mental health (Thoits,

2010).  Black women experience stress within the environment when it is filled with demands,

stress, and negativity particularly relating to being strong constantly (Umberson & Montez,

2010).  Dealing with stress is normal and part of life.  One will deal with positive stress or

eustress as well as negative stress also known as distress.  It is suggested stress plays a major part

in predicting outcomes of access to health-related support as well as health outcomes overall

(Braveman, Egerter, & Williams, 2011).

**Gender and Social Supports**

There are different ways gender plays a role in stress and minimizing and maximizing

social support.  However, research shows social capital is critical in moderating stress and

promoting resiliency (Thoits, 2010).  Regarding Black women, this is important but most of the

research tends to be based on behaviors of middle-class White women and men while omitting

the understanding of processing stress and sense of support for Black women and men.  This is

evident particularly when it comes to how they process the meaning attached to asking for help

as well as their perception of stress (Walsemann et al., 2009).

The chronic stress of Black women associated with living up to demands and pressures to portray SBW characteristics daily can be considered complex.  Research has identified Black women as having higher levels of stress compared to others at levels that are disproportionate due to their race, gender, and economic status (Rosenthal & Lobel, 2011).  The reactions to stress can have negative consequences such as poor immune systems, heart problems, and abnormal cell growth that could lead to cancer.  These conditions can cause health conditions triggered by stress due to other problems such as hypertension, obesity, diabetes, problems with mental health, and maternity-related problems (American Psychiatric Association, 2015; McEwen, 2012).

Women who internalize the SBW is more likely to experience what is known as net-work stress, which is defined as the stress of others or those within their community and society.  They also experience other stressors relating to history (slavery), sexism, racism, discrimination, and oppression (Woods-Giscombè, 2010).  Contextual, connection, and community stressors all make up chronic stressors Black women are constantly facing daily.  Yet, Black women hardly ever get a chance to deal with stressors of their own.  The impact of these stressors has a way of creating more stressors for Black women.  Those who align and internalize the idea of the SBW tend to take things harder.  This is because they are trying to fight the idea of being torn down by the stress bombarding them within the environment because of their internal belief they must deal with stress without getting tired, weary, or worn out (Woods-Giscombè, 2010).

Asking for support is not normal for Black women who see themselves as SBW.  Besides acting strong all day long, Black women who internalize this mindset and way of life, buy into irrational beliefs they must hold in all they feel and deal with everything that bothers them on their own.  Internally isolated, the SBW endures mental and emotional stress in silence

while burying feelings of guilt when they want to say no to helping others as well as shame when they feel they are not at their best or strongest (Beauboeuf-Lafontant, 2009).

Hiding emotions is something normal for Black women who embody the SWS. As a result, stress mentally continues to be a weight on their shoulders that is internalized the moment they start to believe the SBW is how they must behave which triggers mental and emotional pain and pressure (Woods-Giscombè, 2010). When the SBW refuses to ask for help, their coping is mainly based on what they can do to self-soothe themselves. When they do not turn to faith or spiritual help from GOD, maladaptive ways of coping can become evident in dealing with stress such as anxiousness, depression, overly worrying, perfectionism, and ruminating about what they could have or should have done to make things better. Needs relating to obesity and choosing to eat when emotionally or mentally stressed can also relate to unhealthy ways of responding to stress may include overeating, particularly foods high in sugar and fat (Mwendwa et al., 2011). This in turn puts them at risk for obesity, diabetes, high blood pressure, heart disease, and strokes. Plus, they tend to have a higher BMI index as they report eating to deal with unhealthy emotions such as fear, anxiety, worry, guilt, shame, and depression. Here, we see the adverse effects of internalized emotions that remained bottled up instead of the SBW choosing to have the courage to externalize them through talking it out and seeking support (Tomiyama, Dallman, & Epel, 2011).

**Black Women and Multiple Responsibilities**

Black women are taught to believe it is normal for them to play multiple roles all at the same time. Since slavery, Black women have been given roles that strain their ability to take care of themselves due to having more than they can humanly handle on their own. However, the message given to them has been they are like superwoman and can do it all. The ideas of

SBW continue to resonate today while creating a dissonance between the view of Black women about her culture and society's view of her (Heath, 2006). The idea of handling multiple responsibilities or role strain is something that is unrealistic and requires Black women to have more roles than they can handle. This can lead to stress and less time to seek out support for herself. Regarding role strain, Black women are charged with making sure everyone is taken care of, safe, and provided for no matter how she feels (Heath, 2006). Here, she learns at an early age the importance of living up to being an SBW while making sure she looks out for everybody (Watkins, 2000).

Black women are taught in their environment to hide their feelings. They are trained based on social and cultural interactions inside and outside of the home how to act strongly without showing any signs of vulnerability. This creates no time to take breaks or make a safe space to release stress, tension, and concerns of their own (Donovan & West, 2015). This dehumanizes Black women and further perpetuates the narratives associated with the SBW images while decreasing wellness opportunities interpersonally and intra-personally (Beauboeuf-Lafontant, 2009).

Focusing on Black women as strong shapes their view of themselves and wellbeing. Black women are forced to internalize SBW ideas while strength is the main priority. This comes at the expense of considering their needs in other areas; particularly regarding mental, emotional, and physical needs (Beauboeuf-Lafontant, 2009 Beauboeuf-Lafontant, 2009). Black women are taught in their social and cultural environments to think, feel, believe, and act in ways that convey a message that their wellness and well-being do not matter to the degree it affects them in all areas of life ultimately (Beauboeuf-Lafontant, 2009).

The distress and pressure to stay strong, support, and succeed can take its toll on Black women spiritually, mentally, emotionally, socially, and physically when it comes to their wellness (West et al., 2016). Triggers of poor emotional and mental health for the Strong Black Woman (SBW) are the expectation for her to suppress her feelings, take the pain with a smile, assume multiple responsibilities, and continue to keep taking care of others (West et al., 2016). Based on the ideas of keeping up and staying strong, it is socially and culturally expected for Black women to deal with stress and trauma as if nothing happened to them. They are expected to keep going after experiencing this stress and trauma without processing their feelings or seeking out help (West et al., 2016). This may explain why Black women feel guilty when they rather focus on themselves rather than help someone else. Plus, it may also explain a sense of feeling shame when they feel they are unable to measure up to the idea of staying strong because of feeling weak as well as vulnerable about situations and events uncontrollable. The inability to voice their concerns and feelings in a safe space creates a lack of trust. This also means a lack of faith to seek out help (Versey & Curin, 2016).

Black women are considered the hearts and souls of their families, communities, and society. They are developed, defined, and deployed to be hardworking and relentless (Etowa et al., 2017). However, Black women pay a huge price spiritually, mentally, emotionally, socially, and physically for always being strong and serving the needs of others before themselves. Black women report higher rates of stress, breast cancer, mortality, and often find themselves at a greater risk for high blood pressure (Longmire-Avital & Robinson, 2017). Research contends Black women who report being trauma survivors, exposed to trauma, and experiencing distress also have a report higher rate of internalizing and believing the ideas of the SBW (Harrington et al., 2010).

Higher experiences with obesity may be explained by reports of eating for psychological

reasons and binge eating for comfort (Harrington et. al., 2010).  Black women are defined based

on their strength according to SBW, but they have the highest health disparities and conditions

which seems ironic considering they are also known for taking care of others (Beaufoeuf-

Lafontant, 2009).  This in turn creates more conflicts within herself as she struggles to continue

to carry on the façade or strong without growing weak herself.

Black women who report experiencing clinical depression range from 16 and 28% while

the rate is higher for those with symptoms associated with depression (Brown & Keith, 2003).

Statistically, Black women attempt suicide more than Black men while also experiencing higher

reports of anxiety and PTSD (Brown & Keith, 2003).  They are also more likely to have needs

relating to mental health needs compared to other populations but are less likely to be involved in

treatment or have access to adequate support regarding psychotherapy or pharmacology

compared to White women (AAA, 2014, National Healthcare Disparities Report, 2010).

**Stigma, Trust, and Help-Seeking Behaviors**

A Black woman's choice to trust and engage in help-seeking behaviors is influenced by

multiple social and cultural factors (Corrigan, 2004). The fear of being branded and stigmatized

as weak and vulnerable relating to psycho-social and psychological support are two of the main

reasons trust and seeking help are not evident (Corrigan, 2004).  This in turn may create

problems for people relating to their self-worth, value, and significance which may increase their

chance of avoiding building healthy social connections and bonds with others (Corrigan, 2004).

When Black women experience interpersonal (internalized) and intrapersonal (socialized)

stigmas, they are often less likely to trust and ask for help (Clement et al., 2015).

Furthermore, the cultural view of seeking help to address mental health needs, Black women face the possibility of social stigmatization of seeking help to address issues such as depression, anxiety, and trauma.  The social view of seeking help from mental health professionals is viewed negatively (Clement et al., 2015).  Because seeking help is considered something negative, it also shapes the course of negative attitudes about those who are help-seekers as well as their actions.  When individuals reach out for help to address psychological needs, they may also be labeled negatively which can deter a person from reaching out for help since they do not want to be seen as less than or inferior within their community and society (Clement et al., 2015).  Stigma plays a major role in the decisions of Black women to seek out help because whether they have access or not, they may turn to natural support and some formal support such as private doctors or social services due to social acceptance it is okay for these types of supports.  However, they may distance themselves from the thought of seeking out mental health support because of cultural, social, and view seeking help for behavioral support is bad (Caldwell, 2003).

The stigma associated with being the SBW is one major barrier.  However, stigma relating to addressing depressive symptoms, anxiousness, and past trauma may be another reason for the way Black women engage in seeking help as well as the way they decide to care for themselves.  This may also create less compassion and empathy due to the belief it is something wrong with them if they are not always strong or if they are not feeling their best to help someone else (Clement et al., 2015).  Learning it is a bad thing to need or ask for help as well as take time for self is something embedded to the degree it creates a deep impact in the choices made regarding help-seeking and self-care behaviors that eventually can result in adverse consequences for Black women.

Black women may label themselves as inadequate when they start to feel they need

support with their mental health.  Accepting help for mental health may create inner conflicts

with people relating to their self-concept and self-esteem.  Some may even feel fear, guilt, and

shame as a result (Tucker et al., 2013).   When asking for help, individuals may be their worst

critics and deter help-seeking more than others within their environment creating negative views

of mental health therapy (Vogel et al., 2007).  Feelings of fear, shame, and guilt can arise

resulting when a person starts to put themselves down due to decreasing their confidence as well

as their sense of self, belongingness, and worthiness (Vogel & Wade, 2009).

Black women may refuse to get help for themselves because they are trying to keep

pushing forth as the SBW.  They may also fear seeking professional help because they fear they

will lose their respect as an SBW if they seek professional help.  Plus, they fear their needs will

cause their family to be labeled in a negative way (Leong, 1993).  This happens because of the

strong connections usually evident between Black women, their families, and the community

(Leong, 1993).

When it comes to shame, it is suggested women who identify more with feminine ideas

and beliefs are more likely to experience shame (Benetti-McQuiod & Bursick, 2005).  Shame is

defined as an internal belief and feeling one is not enough, equipped enough, or adequate to meet

expected ideas resulting in a sense of pressure, stress, and emotions of inferiority (Benetti-

McQuiod & Bursick, 2005).  Lewis (1971) shame could produce a sense of guilt.  According to

Lewis (1971), being ashamed of personal identity is often based on having a negative or faulty

view of self.  It can also be linked to believing in negative views and beliefs of others. Lewis

contended also a person could experience shame against self, others, and their environment.

When expectations are not met, the results can be shameful (Lewis, 1971; Tracy & Robbins,

2004).  This can also lead to having a negative view of self and what one can become (Tracy &

Robbins, 2004).

Black women who feel themselves not measuring up to the idea of being strong or

superwoman may start to feel shame.  They may also feel less than a person with low self-esteem

due to their faulty thoughts and talk to themselves about not being strong enough.  When

internalized, they may develop anxiety, depression, and other psychological conditions because

they start to dehumanize themselves as well as devalue and forget their worth which they either

never discover or always associated with the ideas surrounding the SBW schema and SWS.

When Black women fail to live up to the Sense of Strong (SOS) Syndrome, they may feel like a

loser or failure.  They may also feel less than a woman because they are not living up to the

historical, social, and cultural beliefs so they silently live self-tormented and filled with grief.

They also may constantly ruminate or only think the worst of themselves instead of considering

all things (both good and bad) they have been able to achieve.  This rumination can also lead to

anxiety and constantly overthinking and worrying about whether people believe they are good

enough or not which opens the door to perfectionism (Lewis, 1971; Tracy & Robbins, 2004).

Tangney, Wagner, and Gramzow (1992) argued shame is about seeing the person as the

problem.  In the case of Black women, when they are not able to come through or show strength,

they may see themselves as not being good enough as well as the environment through the way

they are treated.  They also noted the person can see themselves as the "bad self" which in turn

can cause mental and emotional stress.  They also found that shame was connected to anxiety,

anger, interpersonal sensitivity, and somatization concluding shame can create negative outlooks

and outcomes on people from the inside out.

The way Black women internalize the ideas of the SBW schema plays a pivotal role in their experiences with guilt and shame. A study (Lutwak, Ferrari, & Cheek, 1998) highlighted the levels of processing and its relationship to shame. According to the study, processing information was about how individuals internalize and believe which in turn shaped identities. Lutwak, Ferrari, and Cheek (1998) found women who minimize or detach via avoidance processing styles were more likely to experience the emotion of shame. Individuals who listened to, utilized, or normalized the way they perceived information given as what should be expected or normal were more likely to experience feelings of guilt.

Efthim et al. (2001) highlighted shame was linked to gender roles for women. They also found shame appeared to be the dominant experience for women who felt they were disconnected from the cultural and social measures of gender. When women deviated from the normalizations of being a woman defined by their society, culture, and self was a shameful experience formulating their sense of being. The authors also suggested feelings of shame could turn into feelings of weakness and a sense of feeling oppressed which is something women did not desire.

To avoid dealing with shame, weakness, and oppression, Seu (2006) suggested the idea of self and the creation of a person's façade. Based on Seu's idea of façade, one can infer the façade serves as a method to defend, self-soothe, and protect the Black woman from herself against feelings associated with primarily shame. Here, the mask or appearance of being strong, self-confident, sure, and successful is a constant act appealing to the environment while inwardly the SBW knows she feels weak, vulnerable, dehumanized, devalued, unseen, unheard, and depreciated in all domains of life given to her. Outwardly, the SBW appears to be winning through the presentation of strength, positivity, sense of always caring about others and saving

them whether it is her family, friends, colleagues, and others she may not even really know but within her inner critic is alive putting more pressure on self as well as having a faulty idea of herself as well as dialogue in her self-talk about herself (Seu, 2006). Further research is needed, however, to determine how the facades are created or masks are made with particularly spirituality and religion being two variables to highly consider since Black women tend to have higher levels of spirituality when it comes to faith in GOD and religious activities that reflect beliefs.

**Help-Seeking Behaviors and Race**

A Black woman's decision to seek help is often influenced by her social role and culture. Her perception and internalizations given within her environment are learned and later believed to the degree it can impact herself as well as her mental health. She may feel anxious, depressed, or traumatized but may not resort to help because of conflict between her role as an SBW and her reality (Diala et al., 2000). As a result, she is more inclined to seek help from informal support or fictive kin (Offer et al, 1991). According to the U.S. Surgeon General's Report on Mental Health, Culture, Race, and Ethnicity (2001), Blacks continue to be underserved by the mental health system within their communities. They also have less representation of therapists that are the same race of individuals seeking services which have been known to impact treatment retention and outcome. In 2005, Ward noted Black people involved in behavioral health services valued working with a therapist who shared the same racial identity. Ward (2005) also noted racial matching between individuals and therapists increased the chances of outcomes relating to a decrease in symptoms, increase in retention rate, and a sense of trust, hope, and belief services could be effective. Yet, this does not seem to be the ultimate factor of success for helping Black women as recent research suggested there were no major differences between Black women who

were matched with a therapist of their same racial background as opposed to those who did not

get the same opportunity (Meyer et al., 2013).

Social and cultural environments play pivotal roles in influencing people's decisions and

desires to seek out support and help for themselves (Angermeyer, Matschinger, & Ridel-Heller,

2001). When people have the support of their communities and culture, they are more likely to

engage in seeking support to deal with mental health needs (Aromma et al., 2011). When people

believe their family will support their decisions to get personal or professional help, they are

more likely to seek out the help. Plus, having friends and other family members who have

sought help for themselves encourages them too. However, the pressure to be strong and the

lack of seeing a model who demonstrates it is okay to seek out support, the occurrence of Black

women and men are less likely (Aromma et al., 2011).

When considering the plight of Black women's decisions to seek out help, cultural views

play a major part. The importance of considering and understanding culture when it comes to

how help is perceived and received particularly relating to mental health is key because the

psycho-social conditions of the culture are major contributors to functioning (Satcher, 2001).

Cultural factors and influences can impact the level of participation in treatment and how the

person relates to treatment. Beliefs of the culture can also communicate messages building

bridges or barriers relating to trusting professionals (Cachelin et al., 2006).

Black women are always competing with the idea of the SBW schema and SWS.

Trying to maintain the irrational expectations of always being strong, never asking for help,

succeeding despite a lack of support and resources, holding back one's feelings, and feeling

obligated to help someone within one's environment is the basis of their demise (Woods-

Giscombè, 2010). The obligation to help and always come to everyone else's rescue is more

than part of the make-up of the SBW schema.  It serves as the mask she wears at her own

expense (Beauboeuf-Lafontant, 2007).

Asking for help goes against the thoughts and principles of being the SBW.  Instead of

help-seeking, studies show Black women prioritize faith, self-reliance, and focusing on social

support externally (Shorter-Gooden, 2004).  Another reason Black Women are less likely to ask

for help is that they have internalized whole-heartedly the SBW schema.  The pressure and cost

for this are high but present as both a blessing and burden for Black women.

Another reason Black Women do not ask for help is due to the stigma associated with

asking for help as they continue to internalize the SBW schema and SWS.  They are also forced

to deal with cultural beliefs that suggest one is to never look to a counselor for mental health

support but keep them within the home or community.  Studies show seeking out counseling for

help is stigmatized.  They also reported cultural beliefs are the reasons help-seeking is not an

option (Sanders Thompson et al., 2004)

**Help-Seeking Behaviors and Self-Care**

Self-care, also known as one's ability to prioritize health, decrease chances of getting a

disease, maintaining wellness, promoting resiliency, and learning to cope with one's needs

spiritually, mentally, emotionally, socially, and physically without the support of professionals

(World Health Organization, 2009). In essence, self-care is based on day-to-day decisions and

lifestyles despite the person's conditions.  It can include but is not limited to exercising, taking

care of one's hygiene, recognizing symptoms, resting, relaxing, and decisions to take time to

invest in self (Newman et al., 2009). Self-care is about the person's management of their needs

and strengths from a whole health perspective based on their intentions and choices (Barlow et

al., 2002).

Learning to live up to the SBW role directly makes it difficult to take care of self (Nelson et al., 2016). In 2020, studies showed 47% of Black women felt the ideas learned regarding the SBW encouraged them to consider the needs of others before their own. This in turn created stress, fatigue, and burnout regarding the responsibilities of caring about others at the expense of their self-care (Nelson et al., 2020). The women felt their self-care was compromised because of putting others first because they were always going for someone else and not themselves. They felt less inclined to take a break or time out for themselves because of the emphasis on everyone else having needs that required undivided attention. Hence, focusing on self was last and others were first (Nelson et al, 2020). As a result, self-care became a shadow of asking for help thinking or behaviors to the degree women felt they appeared desperate for help whenever they requested the need for a break or time off for themselves (Nelson et al., 2020).

**Medical and Mental Health Mistrust**

Heart disease, diabetes, hypertension, obesity, depression, anxiety, and trauma are very prevalent among Black women (Woods-Giscombé et al., 2015). According to the Center for Disease Control (CDC) in 2019, the top four causes of death for Black women of all ages were heart disease (23%), cancer (22%), stroke (6.4%), and diabetes (4.5%). Regarding mental health, Black women are more likely to experience post-traumatic stress disorder (PTSD), depression, anxiety, other psychological distress, and conditions with morbidity younger than other women (Giscombé et al., 2016). This may be the result of Black women being historically known for supporting and caring for others at the expense of themselves (Dumonthiear et al., 2017).

Black women continue to have difficulty with mistrusting systems within the United States medically, behaviorally, and legally. Culturally, Black women have learned to have no confidence in systems that have been known to exploit those who resemble them (Obasi &

Leong, 2009). According to Surgeon General's Report (2001), black youth are exposed to higher violence and chances of PTSD. The report also speaks of how Black people are often misdiagnosed with mental health disorders such as Schizophrenia instead of diagnoses such as Depression, Anxiety, and PTSD. This causes a lack of belief and hope in the systems which are supposed to be designed to serve and protect Black women as well as those within their community. These negative encounters build unbelief while also further substantiating reasons why systems should not be trusted or considered when one is experiencing behavioral health, primary care, and legal needs (Obasi & Leong, 2009).

Another area that suggests a lack of trust and seeking help relates to the beliefs Black women have relating to service systems contributing to more stress in their lives. There is also the belief counseling creates a sense of inferiority birthed which creates worry for Black women due to feeling initially fear (Watson-Singleton et al., 2017). In 2017, a factor analysis study involving 251 people was included to determine the emotional benefits and barriers of engaging in psychological services. Results from the study noted there were views of stress as well as concerns relating to seeking counseling. This may contribute to the reason why Black women are less likely to seek out counseling support unlike other counterparts such as White women (Watson-Singleton et al., 2017). These results appear to connect with historical mistreatment and discoveries regarding the beliefs and ideas of Black women they could be treated harsher and hospitalized if they have mental health needs (Sussman et al., 1987).

**View of Benefits for Seeking Help**

The belief and hope seeking help will be beneficial is important for Black women. When there is faith in the ability of the helper to help, the person can reduce the possibility of fear, worry, and stress among those who request help. When Black women believe they can count on

professional help or personal support, they are more likely to reach out and maintain retention in care.  If they believe the professional will help them to achieve and receive outcomes resonating with their needs and desires, they will most likely see seeking help as a plus and continue to follow up (Kim & Zane, 2016).  This in turn creates a sense of trust between Black women and providers while also increasing the professional's credibility within the person's environment.

**Religious Deterrence of Help-Seeking Behaviors**

The mental health needs of Black women are often left untreated (Wang et al, 2000).  Since there is more confidence in faith than professional support for mental health for Black women, they are more likely to turn to the church than a counselor (Neely, 2017).  Neely also suggested religion and spirituality are two major factors why seeking help from formal behavioral health counselors for treatment is used less.  Neely (2017) also discovered Black women would be more likely to engage in mental health services within their church if they were offered to them.  The use of prayer, reading of scripture, and faith in hearing the gospel is reported to be utilized most in times of difficulty, it is still noted the awareness of mental health supports.  However, trusting faith over mental health treatment is a choice that continuously is made when it comes to the help-seeking behaviors of Black women.

Seeking help from the church has been a traditional cultural and social responsibility for Black women starting from slavery and the Civil Rights era.  Black women tend to use the church in place of clinical support for behavioral health needs.  When it comes to choosing to seek help, the choice of the church is preferred over clinical counseling as well as when there is help needed relating to the family and other life-demanding situations such as education and employment (Murry et al., 2011).

Prayer is something Black women engage in to cope more than White women (El-Khoury et al., 2004). Trusting GOD becomes foundational, particularly since learning to hold things in is taught to be part of the SBW schema (El-Khoury et al., 2004). Living up to ideas of strong is understood by men but compared to GOD, Black women are less reluctant to deny the need for support and help. Hence, learning to be strong means letting go of thoughts of depending on someone (Nelson et al., 2016.

Denying professional help is culturally normal. However, Black women are more likely to be willing to engage in help from professional counselors when there are other needs to address psycho-socially such as those relating to race, better living conditions, and when they are suggested by faith leaders (Murry et al., 2011). However, the stigma socially and culturally believed relating to seeking professional support for mental health needs continues to be hard to overcome which is one of the main reasons help-seeking behaviors of Black women are limited when it comes to counseling (Whitney & Lawson, 2010). Plus, the constant message "you're okay or there is nothing wrong with you" from family and others in the natural environment can also create negative messages which discourage Black women from seeking help to address depressive, anxiety, and traumatic symptoms (Whitley & Lawson, 2010).

**Selflessness and Black Women**

Internalizing beliefs of SBW in relating to the obligation to help through service, caretaking, and acting selflessness has created conflicts regarding views and engagement of help-seeking behaviors of Black women (Beauboeuf-Lafontant, 2007). In 2007, a study considered how the narrative of SBW correlated with selflessness and holding in emotions and experiences (Beauboeuf-Lafontant, 2007). This study considered if there was a positive correlation between SBW and depression. Beauboeuf-Lafontant (2007) discovered the SBW schema created

unhealthy perceptions of a Black woman's role to the degree it undermined their sense of vulnerability. Acts of femininity and weakness were contributed to White women while strength was the rite of passage for Black women. It was deemed in Beauboeuf-Lafontant's study in 2007 that dealing with hardships, suppression of self, and engaging in selflessness was the norm for Black women. Plus, this research substantiated and validated the social and cultural interactions, expectations, and teachings Black women learned from birth through adulthood resulting in an understanding and interpretation one is not able to ask for help, express feelings, or show an inability to achieve at any cost even if it meant self-sacrificing themselves (Beauboeuf-Lafontant, 2007).

Perceptions of selflessness appear to align with ideas of SBW and superwoman roles based on interpretation of Black women. A qualitative study in 2016 considered the perceptions of SBW and playing the role of superwoman involving a sample of 30 Black women (Nelson, 2016). Knowing the belief system of Black women is solely based on characteristics of SBW is important in understanding how thinking about one's worth and value comes through an ability to be strong, available to everyone, and never show one's feelings perpetuates thinking that impedes asking for help and trusting one has support to help them in time of need; specifically relating to seeking support for physical and psychological needs and symptoms (Nelson et al., 2016). This may suggest the beliefs of Black women relating to measuring up to the ideas of the Strong Black woman is more important than the behaviors and practices of wellness, self-care, and engaging in actions that will support what is best for and for Black women ultimately.

**Help-Seeking and Self-Value**

Ideas of self-value are an internal process that reflects how one engages in wellness and healthy actions that will promote the idea of seeing the highest and best version of oneself

(Adkins & Erickson, 2009). Self-value and perception are based on a person's choice but are often taught through verbal and non-verbal messages within social environments. The ability to value and perceive self is about taking one's decisions and actions into social and cultural context (Dico, 2017). Conflicts with self-value and self-perception can create conflicts internally and externally within Black women when they are torn between wanting help and also having the pressure and stress on them to live strong (Strohminger et al., 2017).

Self-value of Black women involves their treatment of themselves and assertiveness. It is how they consider and care about themselves (Idowu et al., 2016). When Black women experience high self-value, they prioritize their concerns, self-interest, dignity, self-esteem, worth, and humanity (Idowu et al., 2016). Black women learn their self-value through how they are treated within their natural environment. Skeggs (2014) suggests self-value is either diminished or increased through social and cultural engagement.

Recognizing a Black woman's value and worth has been social and culturally created through her ability to portray an unrealistic expectation of remaining strong without little or no support. This type of strong has compromised the whole health of Black women and has created distorted views of Black women in the view of their eyes and others. Historically and presently, Black women are known more for their strength than anything. They are also socialized to carry everyone else as well as shoulder their stresses and needs as if they were their own (Woods-Giscombé, 2010; Beauboeuf-Lafontant, 2009). Care for others is more essential than care for selves is what is implanted in the minds and hearts of Black women growing up. This dominating narrative, belief, thought, attitude, and view shapes the way the black woman starts to look and examine herself when she decides her worth and value. When she is strong, she sees

herself as worthy, having a sense of purpose, and belonging.  When she is unable to be strong or help others, she may lose her sense of self.

A Black woman may also lose her sense of self when she is unable to succeed even if she contextually has nobody to help her or lacks resources.  Instead, she may internalize a sense of inferiority and inadequacy which is also a deviant in her social and cultural environments which constantly groom her to believe she is strong and to always be strong even at the expense of herself (Woods-Giscombé, 2010; Beauboeuf-Lafontant, 2009).  Never getting a chance to breathe and take a break is normal for Black women who internalize and embody SBW characteristics.  Taking time to consider her cup is empty is something she is deterred from doing because she is challenged to keep others around her safe, secured, and supported can create internal and external conflicts for Black women when they are forced to choose between their wellness and wellbeing versus that of others.

**Self-Esteem, Seeking Help, and the Strong Black Woman (SBW) Schema**

Black women are constantly forced historically, culturally, and socially to look at themselves, others, their experiences, and life through a faulty and distorted view of strength. Every time a Black woman looks at herself, she is pressured, demanded, and expected to see herself through the way she was internalized to believe she had to keep it all together, hide her feelings, make something out of nothing, and do the right thing which is to focus on the needs of others before herself (Woods-Giscombé, 2010).

When a Black woman is unable to properly have opportunities to feel, she also forfeits her experiences to heal.  The internalization of the SBW schema when it comes to suppression of their emotions is the new oppression that is ironically handed down through generations but

further perpetuated socially, culturally, and now via the Black woman herself when she chooses

to deny her humanity and dignity for the sake of preserving others.

The need for something new relating to the SBW is important.  The normality of strength

for Black women leaves no room for vulnerability based on current constructs historically,

socially, and culturally.  Wallace (1978) reports Black women are considered to have a high pain

tolerance.  She is meant to show no mercy or have any tracking of any soft spots that would

suggest she is vulnerable (Wallace, 1978).

The self-esteem of Black women may be in jeopardy because of being taught to suppress

feelings and emotions.  When they believe their strength is not strong enough, their self-esteem

may be challenged.  When support is needed, who does the Black woman have to turn to besides

her faith in GOD?  When support at home or in the community is not present for Black women

trying to be strong, they may be at war with themselves to reach out for professional support.

However, the negative beliefs associated with asking for help at the expense of holding it all in

because this is meant to be a sign of weakness and failure to handle everything successfully

strong creates more problems with the esteem of Black women and their whole health needs

more than ever (Thomas, Witherspoon, & Speight, 2004).

**Obligation to Help**

A major part of meeting the standards of the SBW is suppressing feelings and putting the

needs of others first.  The obligation to help can create feelings of guilt particularly when one

does not want to help others before themselves (Woods-Giscombè, 2010).  Little to no research

exists about the feelings of guilt when it comes to Black women and their obligations to help.

However, research suggests chronic stress is associated with network stress regarding what

Black girls and women deal with that has little to nothing to do with their own needs (Woods-

Giscombè, 2010).  Research also shows Black women are known for descriptions dehumanizing and victimizing them; particularly when it comes to their behavior (Jenkins, 2007).  Knowing and believing this, Black women learned to live to avoid being authentic and vulnerable when it comes to expressing their needs and feelings of anger, fear, depression, distress, anxiety, shame, and guilt.  They forfeit the right to do this because their identity demands they hold it in and pretend they are not supposed to have feelings or at least show them (Woods-Giscombè, 2010).  To expose their feelings is to take space from those around them to be able to show theirs.  This results in demoralizing and undermining of one's value for Black women who have internalized SBW or SWS to the degree of experiencing chronic health conditions and consequences.  Hence, the Black woman becomes like a bunch of pipes under pressure consuming each day chronic stress beyond her strength and shoulders she hesitates to admit out it of fear of being judged less than strong.

Still, Black women are socially and culturally given the role to help others before helping themselves.  They are taught this is the way of being an SBW (Woods-Giscombè, 2010).  What happens when the Black woman does not want to live up to this idea?  What happens when the Black woman desires to go rogue and look out for herself first?  The desire to forfeit the very desire which helps to make the Black woman who she is leave her at a crossroads to decide if she will choose a sense of deviance from what is socially and culturally expected to live out her internal truths.  However, this may be unlikely because another construct of the SBW is used to suppress her emotions and feelings to keep the beat and pace of others (Woods-Giscombè, 2010).

Guilt is the consciousness of one's feelings and emotions relating to remorse or regrets regarding behavior perceived as negative (Tangney et al., 1992).  The ideas internalized by the SBW and adherence to the ideas of the SWS can contribute majorly to feelings of guilt.

Research suggests gender is highly associated with guilt whereas women tend to feel it more (Silfyer & Helkama, 2007). It is also suggested guilt is associated with the internalized ideas and beliefs one should or could have done something different from their decision (Kubany & Watson, 2003). Based on this definition, it can be inferred feelings of guilt for Black women who have internalized the ideas of social and cultural constructions of the SBW are experienced when they do not come through as strong, succeed, meet the obligation of helping others before putting themselves first, and when they are not able to keep it together by holding their feelings of anger, anxiety, distress, depression, frustrations, fears, guilt, and shame in.

When Black women want to invest, help, and care for themselves first, they instantly go against the historical, social, and cultural meaning associated with the SBW schema. They battle with the idea of failing at the obligation to care for others first. This in turn creates more whole health stress for them which shows up in the way they treat themselves as they battle to be strong or not to be strong continuously daily.

**Accessibility of Support and Help-Seeking**

When Black women have limited social capital or the ability to gain access to support within their environment, they may see this as a barrier and negative reinforcement to asking for help (Whitley & Lawson, 2010). Another factor impacting accessibility, support, and resources may be linked to health and socioeconomic disparities due to race, gender, and perceptions of a Black woman's pain or needs (Whitley & Lawson, 2010). Asking for help can be an extra burden to Black women especially if there are other barriers already evident for them such as distance of the support, transportation issues, lack of health insurance, lack of confidence in the helper due to historical or current stress, lack of childcare, and availability of help about what the individual is already facing such as the conflict in work hours (Ward et al., 2009). Other reasons

that make it hard to access services may also be linked to racial biases particularly when it comes

to belief in needs and current pain (Shin et al., 2016).

## Summary

This chapter suggested there are many factors impacting the perspective and intentions of

Black women relating to trust and help-seeking.  When it comes to trust and seeking help

whether formally or informally, the chances of engaging in actions are less because of the view

one may be deemed as inadequate, vulnerable, and weak (Aromma et al., 2011).  One of the

main cultural and social factors to consider when observing the experiences of help-seeking and

self-care behaviors of Black women is the ideas surrounding SBW.  These characteristics of

always projecting strength, being a nurturer, hiding emotions, succeeding with limited resources

and supports, and refraining from dependency on others are learned and taught continuously in

the environment of Black women (Woods-Giscombé, 2010).  Understanding this from the view

of social modeling theory (Bandura, 1986) and the social learning theory of Vygotsky (1978)

suggests Black women are taught how to treat and prioritize others as well as themselves.  It also

shows the ways the internalization of ideas can impact Black women spiritually, mentally,

emotionally, socially, and physically.

Recognizing and understanding the way Black women make meaning of their roles and

responsibilities is critical in this section.  This section suggested there are multiple factors

impacting what Black women perceive, believe, and how they receive help.  Implications in this

section suggest there are multiple psychosocial and psychological factors to consider;

particularly when looking at social and cultural domains with perceptions and beliefs regarding

Black women's direct experiences with help.  It is also a need for more research to create cultural

and social-driven engagement and support that seeks to understand the dynamics of asking for

help from a contextual point of view when it comes to Black women.  This section also provides

insight on how Black women consider the construct of help and how their own experiences help

them to make assessments and meaning surrounding the idea of help-seeking ultimately.

## CHAPTER THREE: METHODS

### Overview

The purpose of this descriptive phenomenological study was to explore the lived experiences of Black women regarding trust and help-seeking. Based on Ajzen's theory of planned behavior (TPB) and Park's meaning-making model (MMM), data were collected regarding the perceptions, attitudes, subjective views of societal norms, thoughts, views, and intentional actions surrounding ideas of seeking help based on behavior control (whether the behaviors are hard or easy to control). These theories were appropriate for providing frameworks for the research questions and analysis.

Focusing on this research created opportunities for a better understanding of experiences, narratives, beliefs, and perceptions of Black women regarding ideologies and views of trust and help-seeking. It also contributed to understanding how Black women view themselves, others, and life when facing issues surrounding trust and help-seeking. This research can be used as a launching tool to understand the way defining trust and help-seeking is made for Black women while serving as a spark to continue having conversations on how trust and help-seeking narratives are formulated among black women to build stronger connections and opportunities for support personally and professionally.

### Research Questions

Research questions were created to focus on the specific views, thoughts, beliefs, attitudes, intentions, and meaning made of Black women regarding trust and help-seeking. The questions were intended to create a starting point for building upon understanding, examining, and highlighting what is important to and for Black women when it comes to the phenomena of help-seeking. The following research question will guide this study:

1. What are the lived experiences of Black women regarding trust?

2. What are the lived experiences of Black women regarding help-seeking?

3. How do Black women make meaning of trust?

4. How do Black women make meaning of help-seeking?

## Site

Due to the COVID-19 pandemic, the use of email, phone, and Zoom were used to reach out to individuals who met the criteria.  A letter and email were created by the primary researcher describing the name, purpose, and importance of the study.  Reaching out to individuals who met the criteria took place via social media and through connections of those who referred someone for the study.

## Research Design

Qualitative methods were chosen for the research study.  The emphasis of qualitative research was on understanding and discovering meaning (Ravitch & Carl, 2016).  Qualitative research is about determining how experiences and beliefs are created.  It is about learning how meaning is developed and determined, unlike quantitative research which outcomes are based on findings statistically and analytically (Ravitch & Carl, 2016).  The purpose of this transcendental phenomenology (descriptive) was to gain an understanding and meaning of the experiences of Black women relating to trust and help-seeking.

Phenomenology was chosen because it allowed the researcher to have an in-depth look at the experiences of Black women relating to trust and help-seeking.  According to Creswell and Poth (2018), phenomenology is important because it allows one to gain insight into the philosophy and values of individuals involved in studies.  Phenomenology allows the individuals involved to identify common themes that emerge based on gaining information and interviewing.

Creswell and Poth suggested the use of phenomenology approach methods relating to qualitative research and this study is appropriate because the primary researcher desired to gain information on the first-hand experiences of individuals.  It was also appropriate because phenomenological research provided a personal account of experiences by those involved in the experiences of trust and help-seeking directly (Davidson, 2013).

Specifically, descriptive phenomenology is based on the philosophical ideas of Edmund Husserl (Wertz et al., 2011).  According to Husserl, the experiences of one's life should be accounted for based on how the person sees it based on their narrative without editing.  Using descriptive phenomenology allowed the opportunity to further decipher the meaning and attributes given to trust and help-seeking by Black women based on their own experiences from childhood to the present (Streubert & Carpenter, 2011).

## Participants

This study included 7 Black women ranging from age 18 to 72 (See Table 1).  Since the criteria were based on being a female who identifies as being also Black at least the age of 18, the selection process was criterion sampled.  The participants were selected specifically based on gender, age, and race.  Criterion sampling was appropriate for qualitative research.  This type of sampling involved individuals within the research study meeting certain standards and conditions that were predefined criteria (Moser & Korstjens, 2018).

## Role of Researcher

The primary researcher for this study is a Licensed Clinical Social Worker and Licensed Clinical Addictions Specialist.  She is also a Certified Personal Trainer with ISSA International.  One factor the primary investigator considers is her position as a Black female.  Another factor for the primary researcher is the consideration of how the topic impacts her and how to refrain

from placing her own experiences on those involved in the study. However, one hundred percent objectivity is impossible. Bracketing is a process within phenomenology that helps to separate one's experiences and biases during the process of research (Tufford and Newman, 2012). The use of bracketing, self-awareness, self-care, and recognition of conscious and unconscious biases was prioritized to maintain as much as possible a stance of objectivity.

### Data Collection

Data was collected after the approval by Liberty University Institutional Review Board (IRB) was completed. The approval (Appendix A) was used to make sure appropriate measures are taken to maintain confidentiality and appropriate procedures are done during the data collection process.

The data collection process included an individualized interview with each participant. The interview was recorded via Zoom. This was due to the current pandemic relating to COVID-19. The primary research was coordinated with individuals, community leaders, and Divine Nine sororities. It will involve interviewing, gathering information verbally, and recording notes. Before the interview, a review of confidentiality and the process of research gathering was addressed to ensure the individuals understood what they were going to be involved in and wanted to continue participating in the research study. Data observed was written manually and typed simultaneously.

The primary researcher utilized reflective journaling to promote reflexibility and bracketing (Etherington, 2004). Here, the researcher reflected in her research journal on self-awareness, biases, assumptions, values, and beliefs during the process. This approach was about the use of a method for the sake of cultivating transparency, objectivity, and authenticity in the research process (Etherington, 2004).

**Data Analysis**

The study included a descriptive analysis based on a reductive approach (Streubert & Carpenter, 2011).  Since the primary investigator is a Black woman, emphasis was placed on eliminating personal experiences and biases via transcendental subjectivity (Creswell & Poth, 2018).  The use of bracketing helped to ensure the focus was solely on the experiences of individuals who participated in the study.  Once this was accomplished, the search for common themes and connections was evident.  This was important for the discovery of similarities among the experiences of Black women surrounding the ideas of trust and help-seeking.  All semi-structured interviews were recorded through Zoom and saved on a secured file.  The recordings were transcribed by Happy Scribe.  Pseudonyms were used to identify individuals.  The final output of transcriptions was used to analyze all 7 interviews.

**Techniques**

Bracketing was vital to the process of the research.  According to Cresswell and Poth (2018), bracketing is used as the method of collecting and analyzing information and data collected to promote validity during the collection and analysis process in qualitative studies.  This was vital for the process of research for both the primary researcher and the people involved because it helps to decrease the chances of biases, prejudices, skewed views, and preconceptions from overshadowing research information gathered to increase objectivity (LeVasseur, 2003).

The use of bracketing created and promoted a sense of objectivity.  This was helpful because it created a greater chance of the researcher remaining neutral when listening to interviewees within the research as well as reviewing their responses surrounding trust and help-seeking.  With the use of bracketing, understanding the data to discover common themes is

evident based on individual interviews that also create a sense of connectedness among the

women within the study (LeVasseur, 2003).

Awareness of one's biased nature is important. Understanding the reality that it is

difficult to separate from research means the importance of self-awareness continuously. The

use of reflexivity is vital for acknowledging the primary researcher's role in the process which is

never perfectly unbiased (Hesse-Biber, 2016). The process of socialization and dealing with

one's values, beliefs, and biases are important to consider in phenomenological qualitative

studies. However, the purpose of phenomenology and the use of reflexivity and bracketing is

designed to acknowledge the participants in one's study have their meaning, views, and ideas

that are considered the best responses in the study (Sparkes & Smith, 2014).

To decrease the chances of bias formulation, Colaizzi's (1978) method was used. This

method involved a seven-step process of analyzing the data within descriptive phenomenological

research. Colaizzi's approach to data analysis increases the chances of research trustworthiness,

reliability, validity, and credibility regarding findings. Plus, it enabled the researcher to

recognize common connections and themes as a result of the experiences noted within the

research (Morrow et al., 2015).

This research focused on understanding and exploring the experiences and meaning of

trust and help-seeking of Black women. The recognition of the researcher's stance regarding

trust and help-seeking in her own life was vital to remain neutral. This was also important so the

researcher could have an objective way of hearing responses and recounts of individuals in the

study to ensure their narrative was primarily constructed. Plus, it promoted authenticity,

validation, and safety by creating a space where participants felt they were both seen and heard

regarding their shared accounts of trust and help-seeking. Emphasis on objectivity was

prioritized to decrease the chances of the researcher promoting her ideas and agenda that can dilute the outcomes discovered in the study.

## Ethical Considerations

Individuals involved in the study reported no experiences of feeling uneasy or discomfort due to the topic of participating in focus groups, forms, and completing questions. The risk was deemed to be low because individuals will have a choice to participate or not.

Other potential issues taking place included the difficulty with recruiting and scheduling individual interviews. In the event of at least seven women were not able to participate due to a conflict in schedule, rescheduling of the date will take place. In the event new people are needed for the study, the primary researcher will send an email to community leaders who may be linked to individuals who meet the criteria for the study.

Another issue was the position in which the primary researcher sits. Since the primary investigator is also a Black female who fits the criteria of her research, it was essential to engage in practices that help to ensure objectivity. Bracketing and reflexivity are two methods that assisted in ensuring the researcher increase awareness of their own biases, prejudices, assumptions, and preconceived notions in a research study (Creswell and Poth, 2018). Journaling and consistent practice in self-awareness for biases was constantly reviewed. Accountability regarding research questions within the study will be reviewed and revisited to ensure objectivity to make sure the experiences are based on those involved only. Since the primary researcher had multiple years of experience interviewing, ensuring a neutral facilitating process was imperative. Recording of information gathered from individual interviews was reviewed for themes based on the feedback of the participant's experience solely. Consideration for differences in individual responses during personal interviews was noted. Feedback from

individuals and themes presented during interviews were examined in depth.  Individual and shared themes were evaluated to determine the themes and essentials presented.

Information gathered was kept private to meet standards of both the law and the International Review Board (IRB) regarding Behavioral Sciences.  A unique identifier was provided to the individual relating to their name or any feedback they provide manually to preserve and promote confidentiality via the use of pseudonyms.  These pseudonyms were used to name each participant in the study.  All information relating to research was kept in a locked and secured file cabinet.  Information also collected was kept on computers with firewall capabilities.

## Limitations of Study

One major limitation of the study was a lack of prior research studies relating specifically to how Black women experience trust and help-seeking outside the context of medical and mental health domains.  A set standard way of measuring Black women's perspective, intentions, experience, and view of meaning-making regarding trust and help-seeking was limited due to the research primarily focused on medical and psychological support professionally.  Another limitation was the research relating to understanding how Black women establish and appraise trust when it comes to their experiences of asking for help whether personally or professionally.  Since the study was a sample of convenience, consideration of including a diverse population to consider experiences with trust and help-seeking should be considered.

A lack of consideration of a Black woman's narrative of trust and meaning of help, consideration of social and cultural conditions, and their view of themselves about receiving help appears to be missing from scholarly research.  Knowing this can help professionals working with Black women to recognize factors that improve whole health outcomes for Black women.

Plus, it can promote the opportunity for sharing from a person-centered approach what help means and looks like as well as promote ideas relating to vulnerability, resiliency, self-care, building social and recovery capital, and learning to understand ways to deconstruct faulty meanings, messages, and mindsets relating to SBW that may influence decisions to disengage in help-seeking thoughts and actions.

Characteristics of SBW and SWS have been identified and how it impacts physical health conditions (Woods-Giscombè, 2010). This increased the chance to learn ways to further redefine, support, and provide safe spaces for the manifestation of their vulnerability. This study also educated and inform professionals (particularly medical and behavioral health-based) on ways to understand the meanings associated with help to foster compassion, empathy, and empowerment for Black women when discussion of trust and help-seeking takes place.

## Summary

This section provided a guideline for the methods section. It focused on details of the process in which research will be conducted. This chapter also provided the steps in research, information on the primary researcher, ethical considerations, and information on the participants. Information was provided for understanding the type of research conducted relating to the research design of the survey and correlational research design studies. A presentation of possible problems seen in the study was also introduced. Details were spelled out on how ethics will be prioritized. Lastly, the process of identifying and adhering to guidelines for submission to IRB was highlighted to further explain the process in which data was gathered and stored in a secured place.

## CHAPTER FOUR: FINDINGS

### Overview

This study addressed the experiences of trust and help-seeking of 7 Black women. Each of the participants provided an account of their experiences as children and adults surrounding trust and help-seeking. Using Colaizzi's approach, a descriptive analysis was completed. After a review of the information, several themes were evident. Within the individualized interviews, the personal accounts of trust and help-seeking were formulated via personal accounts and narratives.

The findings helped to reveal the personal experiences of Black women with trust and help-seeking from childhood up to adulthood. Such explanations can help to make sense of perceptions, definitions, emotions, experiences, and actions of trusts and help-seeking to increase society's awareness of meaning attached to two of the most vital factors of development. Experiences of trust and help-seeking based on 7 individualized interviews of Black women within the United States. Participants in the study were allowed to share their narrative of their views and meaning of personal views of views and meaning made surrounding trust and help-seeking. This qualitative study involved descriptive phenomenology based on Colaizzi's (1978) methods of analyzing personal interviews and data. The steps of Colaizzi included the following: reading and rereading all data collected as well as transcribing, identifying specific information via quotes connected to the study, creating meaning from transcribed information, creating patterns and essences (themes), identifying and simplifying major themes into sub-themes, analyzing data for building and understanding of the phenomenon, affirming the person's experiences (checking with people in the study to make sure they feel their views and

experiences have been heard), and gathering feedback to incorporate in further making meaning

of identified phenomena (Colaizzi, 1978) (See Table 1).

**Table 1**

*Colaizzi's Method (Based on Colaizzi's Steps from 1978)*

| Step | Method |
|---|---|
| 1 | Read and reread all data collected as well as transcribed. |
| 2 | Identify specific information via quotes connected to the study. |
| 3 | Create transcribed information. |
| 4 | Create patterns and essences (themes). |
| 5 | Identify and simplify major themes into sub-themes. |
| 6 | Analyze data for building an understanding of the phenomenon, affirming the person's experiences. |
| 7 | Gather feedback to incorporate in further making meaning of identified phenomena. |

Multiple reviews of personal interviews through transcription took place to identify

emerging themes and essences surrounding trust and help-seeking.  Utilizing the approach of

individualized interviews, individuals were allowed to share accounts from childhood to the

present of what it was like to experience trust and help-seeking as well as factors that played a

role in their decisions and perceptions surrounding both.  Findings in this study helped to bring

awareness of Black women's perceptions of trust and help-seeking, both of which are two

pivotal developmental trajectories that helped to build a sense of understanding that can foster

meaningful conversations and further research on what is meant by trust and help-seeking by the

identified population within this research.

**Description of Participants and Demographics**

There was a total of 7 Black women involved in the study.  The age range of participants

was from 28 to 72.  The names of the individuals included the following: Courage, Hope,

Serenity, Grace, Joy, Patience, and Perseverance (See Table 2).  To protect the confidentiality,

anonymity, and dignity of individuals in the study, pseudonyms were given to each participant.

Every person within the study was aware of this verbally during their interviews and manually

(via written consent).  Due to the current pandemic of COVID-19, all interviews were conducted

via Zoom.  Every person in the study attested to meeting the criteria of being a Black woman

verbally during their interview and through the completion of the form attesting to meeting

research study requirements (See Appendix D).  Individuals were recruited via social media,

indirect associations, and directly based on their area of interest.  Emails were also sent to people

who suggested interest with research participant letters being sent first.  Once the person agreed

to participate, an email was sent with the consent and attestation form of meeting the

requirements to be part of the study.  During the interview for the study, participants provide

their age, identification as a Black woman, and the highest level of education.

The people were recruited for approximately three months.  Once the interviews were

done, they were downloaded and saved.  They were also transcribed.  Once this happened, the

primary researcher sent transcriptions to each of the participants involved in the study via email.

Each participant was asked to provide any feedback or concerns regarding the transcription of their interview.

Below is a breakdown of information regarding each participant in the study:

*Courage*, also known as participant number 1, is age 28 years old. She identifies as a Black woman. Her highest level of education is a bachelor's degree. She resides in North Carolina. She reports never being married.

*Hope*, also known as participant number 2, is 65 years old. She identifies as a Black woman. Her highest level of degree is a bachelor's degree. Participant 2 resides in North Carolina and is divorced.

*Serenity*, also known as participant number 3, is 30 years old. She identifies as a Black woman. Her highest level of education is some graduate school and is in the process of completing graduate studies in May of 2022. Individual reports living in Georgia and never being married.

*Grace*, also known as participant number 4, is 28 years old. She identifies as a Black woman. Her highest level of education is some graduate school. She is scheduled to graduate in 2023 and resides in Texas. She reports never being married.

*Joy*, also known as participant 5, is 30 years old. She identifies as a Black woman. Her highest level of education is a two-year degree and some extra education toward a bachelor's degree. She resides in Virginia. She reports being married. Her referral for consideration in the study was from participant one.

*Patience*, also known as participant 6, is 41 years old. She identifies as a Black woman. Her highest level of education is a doctorate. She resides in North Carolina and is not married.

*Perseverance*, also known as participant 7, is 72 years old. She identifies as a Black woman. Her highest level of education is 12<sup>th</sup> grade and some community college. She resides in North Carolina and is married.

All participants were recruited through an array of approaches including the following: social media, referrals from other participants (participant one referred to participant five) as well referrals from community leaders (participants 1, 2, 6, and 7), and direct contact via email. Every person in the study provided their written and verbal consent to take part in the research. They also had access to a recruitment letter (See Appendix C) which provided information about the purpose of this phenomenological study. Plus, each individual in the study reviewed consent information before they were given a time and date for their interview to take place. Once primary research received consent information back via email, a Zoom invite was sent via email to all participants. Before each interview started, verbal consent to participate in the study and to record what was said took place to ensure the participants continued to desire to be part of the research study. Within the introduction, the primary research took place as well to build a rapport for the sake of establishing a rapport with each individual to promote a safe place to share their experiences regarding trust and help-seeking.

**Table 2**

*Demographics of Participants*

| Pseudo Name/Number | Marital Status | Age | Identify as Black Woman | Education |
|---|---|---|---|---|
| Courage/1 | Single | 28 | Yes | Bachelor's Degree |
| Hope/2 | Divorced | 65 | Yes | Bachelor's Degree |
| Serenity/3 | Single | 30 | Yes | Some graduate school |
| Grace/4 | Single | 28 | Yes | Some graduate school |
| Joy/5 | Single | 30 | Yes | 2-year degree some extra education towards 4-year degree |
| Patience/6 | Single | 41 | Yes | Doctorate |
| Perseverance/7 | Married | 72 | Yes | 12th grade some community college |

## Results

Individualized interviews were conducted. Questions were semi-structured. Due to COVID-19, all interviews were held via Zoom. Each participant was given information relating to consent and expectations regarding what to expect surrounding the interview via email. Once consents were reviewed and signed, they were emailed to the primary researcher. Once consents were emailed back to the researcher, the primary investigator sent a link to join the Zoom meeting.

Participants were given the chance to provide their responses to 12 open-ended questions (See Appendix E).  The average time for interviews was a total of 30 minutes with the longest being around 43 minutes and the shortest around 19 minutes.  All interviews were semi-structured with the primary researcher ensuring both written and verbal consent to participate in treatment was evident. Consent to also record the Zoom interview was inquired from each individual in the study verbally before starting.

Interviews were all recorded via Zoom and saved on a secured flash drive and desktop which requires a password to gain access.  Then the recordings were transcribed by Happy Scribe.  After all interviews were transcribed, each participant was given a copy of their interview for their review via email.  This was given for participants to review what they had said to make sure the information was accurate.  They were informed to provide any feedback or concerns they had about the interview to ensure their dignity and experiences were captured accurately.  Once the information was finalized as appropriate, multiple reviews by the primary researcher took place.  During this time, coding for themes and essences took place.

## Research Questions

Four research questions were used to understand the experiences of trust and help-seeking of Black women:

1. What are the lived experiences of Black women regarding trust?

2. What are the lived experiences of Black women regarding help-seeking?

3. How do Black women make meaning of trust?

4. How do Black women make meaning of help-seeking?

This chapter provided information regarding the study based on descriptive phenomenology. Based on the Theory of Planned Behavior (TPB) and Meaning-Making Model (MMM), both

mentioned previously, the findings aligned with Colaizzi's 7-step process (Colaizzi, 1978).  The

use of transcribing, bracketing, and multiple reviews of data to break it down to its lowest

gathering of essences were used to draw the understanding of help-seeking and trust of all

participants within the study.

**The Pattern of Meanings, Themes, and Essences**

  Individuals in the study were asked to give an account of their experiences and meaning

relating to trust and help-seeking.  Using descriptive phenomenology as the method of analysis,

common essences (themes) were evident within all interviews suggesting multiple

commonalities.  Patterns of meanings, themes, and essences reflecting associations with trust and

help-seeking were noted.  According to descriptive phenomenological studies, the idea of

essence is about understanding and looking for meaning to explain specific phenomena (Husserl,

1973).  Building on the use of Colaizzi's approach in descriptive phenomenology, findings in the

study suggested the Black women in the study viewed their experiences with seeking help as a

last resort, related trust as a person's actions and intentions, trusted easily as a child while

requiring people to earn their trust as adults, and engaged in seeking help for situations relating

to education and employment primarily (See Table 2.).  Patterns of meaning and themes evident

in the study suggested essences the revealed trust and help-seeking is something that has been a

process as well as something that continues to be an ongoing learning journey for the women as

they continue to experience trust and help-seeking.  This helped to create an understanding of

how participants have made meaning and experienced trust and help-seeking as children up to

adulthood thus far.  Besides, trust and help-seeking are pivotal milestones of development.

Patterns within the study suggested decisions to trust and help-seeking is based on beliefs, past

experiences, motivations and intentions, and the way people process its purpose and meaning

(Park, 2010).

**Table 3**

*Patterns of Themes, Meaning, and Essences*

| Patterns of Themes | Meaning | Essences |
|---|---|---|
| **Help as a last resort** | Reach out to seek support when there is no other choice or option. | Have to be in jeopardy or dire need; it just depends |
| **Help for Education and Employment** | Support for functional needs is seen relating to completing tasks relating to school and work or when the person has questions they are stuck on in these areas of life. | Seeking help is not something done outside the scope of education and employment |
| **Trust is based on a person's actions and intentions** | Trust is more about what a person does and not what they say or tell you. | Until something happens, given reasons not to trust, or get a better feel of them |
| **Trust is easily given as a child but earned as an adult** | Grew up thinking the best of people as a child but now look at a person's actions. | Trust has to be earned; back off and build a wall until getting to know people and seeing their actions; no longer going off of believing in the automatic good of people based on experiences both as children and adults |

The experience of the phenomena of help-seeking is viewed as a choice of last resort. This suggests ideas addressed in theoretical frameworks mentioned within the study. When people feel it is hard to predict or control circumstances and others in their environment, it seemed behaviors displayed such as asking for help are not popular. This could explain why Black women behave the way they do when it comes to help-seeking (Ajzen, 2012). The belief of help-seeking being something that takes work instead of being an easy process may explain what is experienced when help-seeking is conceptualized as an action that is done when there are no other options or when the person is not able to do it on their own.

Negative meanings associated with help-seeking as something taboo or deviant based on Black women's experiences may further explain why help-seeking is the last resort behavior locally, community, and globally (Park, 2010). Experiences with trust and construction of it is another area where the theoretical frameworks presented in the study resonated. The participants in the study all agreed they trusted as a child until something happened either as a child or adult that suggested otherwise. They are also determined to trust by the actions of others. Ajzen (2012) noted a person's beliefs on behaviors they choose or intend to engage in are based on their personal view or attitude, recognition of the behavior as normal, and their ability to control the process, outcome, and results of the behavior determines the likelihood of engaging in the act of trust. As adults, trust was associated with the understanding based on experiences it needs to be something a person is not given but earned. Meaning made with trust for participants in the study surrounding trust lends itself to the reality each person had experiences that caused them to either decrease their trust in their environment or hold back trusting until someone shows they were worthy of it (Park, 2010). This is pivotal because researchers are starting to focus on the neural processes of trusting in studies (Fett et al., 2011).

Participants in the study shared their experiences of trust and help-seeking. They accounted for their personal views of trust and help-seeking in light of their beliefs and experiences. Their responses reflected patterns, themes, and essences significant for the study's relevance. Below provides an account of the responses of each of the participants based on themes identified within the study (Tables 3-6).

**Table 4**

*Theme 1: Help as Last Resort*

| Participant | Related Comment |
|---|---|
| Courage | That was really my way of dealing with it was just suppressing my emotions. So how I learned to ask for help when it came to suppressing my emotions, it was due to losing sleep. And I knew that I had to do something different because the stress that was causing me to have anxiety and again, lose sleep. And so from that point on, I knew I had to reach out to somebody because I knew I didn't want to live my life that way at the time. |
| Hope | Just on a personal level, sometimes people just don't maybe don't want to get involved. I feel they can't do it. Or sometimes you get a sense that some people maybe I hate to say, but sometimes a little envious, a little jealousy is there. And if that's the case, I see that and I back of and I got to something else. |
| Serenity | So when it comes to asking for help, I really do not like asking for help. I like to do things on my own. I like solving my own issues. I like making my own decisions. I don't like depending on anybody or anything…Like you have to move. You can't stay here anymore. You're not going to have anywhere to live. So you got to move. That was like the biggest point in my life where I was like, yeah, have to |

| | |
|---|---|
| | stay on my medication and have to get the help from my sister until I'm ready to move out on my own.  The severity of the issue.  I think that is the main factor.  The severity of the issue. |
| Grace | I often times don't really like to ask for help, but I will ask for help if I reach a certain point of I can't move forward on something, whether its work or with school or even with a personal problem.  So not super good at seeking help, but I am willing to ask for it when it gets down to it…The factors that play into that lead to me seeking help would probably be as kind of exhausted all of the possible solutions that I can come up with… |
| Joy | Because sometimes, especially as an African American woman, we're portrayed as being strong or having this extra level of strength.  And sometimes it's hard to go ask for help because it's easier to just put on this façade that I have it all together or that we have it all together.  I've definitely experienced that not wanting to be looked at a certain way or not wanting to be viewed a certain way from others, so just not going to people when I actually needed help…A lot of times I tend to seek help when I have not other choice.  So, year, a lot of times for me, that's kind of my thing is I just wait until they're late…I have no choice, unfortunately. |
| Patience | Well, I typically as an adult, don't really ask for help unless it is a dire need, which that's not often.  Well, I think what I've learned is that I dislike asking for help, so I try not to ask people for help…You know what I would say if it's difficult for me to ask for help, and I guess if it's a dire situation and that has a range and when I'm in a dire situation, it's my last resort, like I don't have any other options. |
| Perseverance | When I don't really have peace about a situation, when I don't have that eternal |

| | peace about a situation…When I ask for help, I'm really desperate. |
|---|---|

**Table 5**

*Theme 2: Help for Education and Employment*

| Participant | Related Comment |
|---|---|
| Courage | I can't say that I really ask for help when it came to issues outside of school work.  Well, I just can't say that I ever asked for help when it came to trauma or in general…But as an adult, that changed.  I learned to ask for help.  That came a few years ago.  I believe it was 2018, 2019.  That was when I had my first corporate job after college. |
| Hope | And I just asked for help with anything I feel I need, even when it comes to just every day, basic living things or even professionally.  When I worked, I made sure I got additional help when I needed and I definitely referred others when I felt that they were in need of additional help as well. |
| Serenity | The classroom.  Therapy.  And I chose the classroom because we're all there to learn.  So if we're all there to learn, then what I'm telling you is going to impart some knowledge on you.  And in turn, you're going to give me some knowledge.  Because they're getting paid to basically listen to you and to understand you and to help you and to aid you… |
| Grace | I'm most likely to ask for help in situations that are educational so, like in class or any type of workshop type thing.  So where, like, education is the focus or learning as a focus. |
| Joy | I would definitely say just thinking about I would say, like business stuff that |

| | maybe my first experience in. And I may need that guidance from someone who's well versed in that area. So I would say businesses. Even with my marriage, I would lean on certain people, of course, for guidance in that. Even though we've been married going on nine years this year. |
|---|---|
| Patience | I guess like if you're in a grocery store and you're trying to find something you can ask for help or I will ask for help. There aren't too many experiences that I have experienced in which I needed the help, I needed to ask for help, or felt comfortable asking for help. |
| Perseverance | Well, I don't recall that much about asking for help as a child. I really don't Other than help with homework or things like that. Okay. In my workplace, asking for help when there were things that I did not understand getting help with that in problem solving and also in my adult life, just asking for help, seeking help when there were things that I was troubled about personally, whether it be health challenges or in my workplace or in my church, home, or in my family, those are some things I have aske for help in solving those kinds of situations, just getting advice from some of my peers or my parents or mothers in my church or my pastor. Okay. |

**Table 6**

*Theme 3: Trust Equals Action*

| Participant | Related Comment |
|---|---|
| Courage | …You're going to do what you say you are going to do…I would say I go off of people's energy, which is not good.  My experience is I go off of energy until you do something that hurts my feelings, disappoint me, and then I do what I should have already done was allow someone to build to a level where I can trust them.  So my experience with trust as an adult is just horrible.  Honestly, I do it backwards.  When it comes to trusting people, I do it backwards…I look at their actions, which is crazy, but yeah, this point in my life I do look at…I look at their actions. |
| Hope | First of all, that first impression.  Number one, that's important, but also their behavior, their behavior towards me. |
| Serenity | Oh, okay.  Or when they show me that they are a good person, like they constantly check up on me…I make meaning of trust by watching who I give my trust to, observing them and realizing the type of person they are before I trust them with information.  My expectations surrounding trusting others would probably be that they are my confidant.  They don't run off to tell my information to people just because they feel like it's funny or interested or whatever reason that they will support me. |
| Grace | What I consider before I can trust others would probably be maybe length of time that I have known the person or the people, probably if they have shared anything with me, and also, I guess if they share things with me about |

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|---|---|
| | others…My expectations trusting others would be, I guess, just understanding the person as a whole and knowing that they're not ill will, that they have good intentions and just kind of watching and observing them to see what kind of life they're living or how they carry themselves, how they respond to others or how they even respond to different situations.  You learn about a lot about people when you see them in heat and you see how they respond to certain things that we face day to day.  So, yeah, I would say just getting to know who they are and their character and stuff. |
| Joy | Loyalty.  Definitely GOD fearing.  Number one for me as a Christian woman, if they don't serve the GOD I serve, then I can't take anything seriously from them as far as like, confiding.  So yeah, definitely they have to be GOD fearing and then loyalty.  I think that's another big one.  I define trust as someone who no matter what you open up about, no matter what you share when no one's looking, they still give you loyalty…So I would define trust as and open and willing communication with others… |
| Patience | Trust is having the ability to rely or depend on someone's words or actions…If I trust someone, I anticipate that they're telling me the truth or they have the integrity.  My expectation is that they have the integrity. |
| Perseverance | I expect them to be honest to be extremely honest and to be faithful no only to me, not only to themselves, but to me as well.  To just be faithful and just to be honest and true and to be prayerful. |

**Table 7**

*Theme 4: Trust Easily Given During Childhood but Earned in Adulthood*

| Participant | Related Comment |
|---|---|
| Courage | Let me start off as adult because as a child, I got to realy think about that. Okay.  As an adult, I trust too easily.  I would say I go off of peopl's energy, which is not good.  My experience is I go off of energy until you do something that hurts my feelings, disappoints me, and then I do what I should have already done was allow someone to build to a level where I can trust them…I look at their actions, which is crazy, but year, this point in my life I do look at…I look at their actions…And do their actions line up? |
| Hope | But I'm going to say I'll take from what I do remember with my childhood and so forth, I generally trusted others.  That was the environment that I was raised in.  And at the time, things were a lot different that they are now.  But as I got older, people had to, I could say earn my trust so to speak.  And as time went on, I guess because of what I did professionally, over time, I felt I got a pretty good experience of learning how to feel people and meet them where they are so they can meet me where I am also.  So in terms of that, I may be a little guarded at first, but once I get to know, hey, I'm in.  I'm going in.  I trust you and take it from there until you break my trust. |
| Serenity | So my experiences with trusting people as a child, I would say I had a lot of broke trust because my mom, she would tell me one thing and it would be another or because we were always moving around…As for as my trust as an adult, I feel like I've gotten better because there was a time when I was a |

| | |
|---|---|
| | young adult where I would trust people too quickly and they would end up hurting my feelings because I was trying to be vulnerable…But when I got older, now that I'm 30, I feel like trust has to be earned in some aspects, but it can be given in most I mean, given in some. So I don't know… |
| Grace | I think as a child, as far as trust goes, I think I was more trusting towards others. I don't think I was maybe overly trustful, but I definitely probably would assume the best about people's intentions. Whereas now as an adult, I would say I am not as open towards trusting others. I'm much more like suspicious of people's intentions now. |
| Joy | Describe your experiences as a child. For me, I grew up trusting a lot of people even into my early adulthood. In my early 20s, I trusted a lot of people that I shouldn't have trusted. But then as I became more wise, my trust definitely had to be earned. And so I'm very careful as to who I open up to and as to who I opened up to and what I opened up about…Yeah, for me, like I said, my trust has to be earned. So I do tend to put up a wall before I fully open up to whoever it is. If I feel like I should open up to someone. So, yeah, I would say I do experience those walls. |
| Patience | As a kid, I trusted close family members like my parents or people that were my caregivers if my parents weren't around. I think that I grew with life experiences to learn that trust has to be earned and that everyone is not trustworthy. So I'm not as trusting as an adult than as I was as a child. All right. |

| Perseverance | As a child, my father wasn't in the home.  He only visited on occasions because he moved out of the state.  So I had issues trusting him because I felt that he left us and really didn't keep an open communication with us or my mother. So I had problems in trusting him and also some of the friends that my mother had after my father left her association with different friends, personal friends, men, and that kind of thing…Well as an adult, I think some of the issues as far as trust as a child probably spilled over in adulthood, which caused me a lot of times to come back off from people and not get close to people, you know, because I felt like, you know, they will hurt me. |

## Summary

The purpose of this chapter was to provide information on individuals, themes of the research was noted which will be further explained and discussed in chapter five.  Using descriptive phenomenology based on Colaizzi's approach for analyzing suggested personal accounts and meanings were evident that connected with theoretical frameworks addressed in the study of TPB and MMM.  Findings of the study mentioned in this chapter helped to shed light on understanding and exploring the personal experiences of Black women regarding trust and help-seeking from childhood up to adulthood.  The importance of this research was also hinted at as it can help individuals, society, and professionals (medically and behavioral health) understand the cultural and contextual context of a Black woman's cognition and perception of behaviors such as trusting and help-seeking.  Based on experiences, it can help to show behaviors are invested in but in a different way than what may be suggested or deemed as normal in comparison to views of society.  However, understanding the experiences of help-seeking and trust from the lens of

Black women and their own experiences can help to understand ways to construct healthy

experiences while deconstructing negative experiences which may decrease the likelihood of

help-seeking and trusting ultimately.

**CHAPTER FIVE: CONCLUSION**

**Overview**

The purpose of this chapter is to discuss the overall findings from Chapter 4.  The findings are used to highlight information surrounding the experiences of Black women when it comes to their experiences with trust and help-seeking.  All research questions were addressed in the study respectively and corresponded specifically with specific interview questions (See Appendix E).  The study presented four emerging essences that are significant for the research and connected to theoretical frameworks presented in Chapter 3.

**Summary of Findings**

A total of four research questions were included in the study to explore the experience and meaning of Black women surrounding trusting and help-seeking.  The following questions were:

1. What are the lived experiences of Black women regarding trust?

2. What are the lived experiences of Black women regarding help-seeking?

3. How do Black women make meaning of trust?

4. How do Black women make meaning of help-seeking?

Four essences were noted within the study.  All described their experiences with seeking help as a last resort, trust relating to a person's actions and intentions, trusting easily as a child while requiring people to earn their trust as adults, and seeking help for situations relating to education and employment primarily.

**Discussion**

The purpose of this section is to address the current study to past literature and theoretical frameworks presented in the research. The theory of planned behavior (TPB) and the meaning-making model (MMM) are two theoretical lenses evident in the study. TPB and MMM were connected to essences in the study demonstrating the importance of control (TPB) and connection (MMM).

**Application of Theory of Planned Behavior (TPB)**

Ajzen (2012) highlights how a person chooses to behave their intentions, norms in their environment, difficulty to achieve the behavior, and their motives. If the behavior is socially accepted, easy to execute, and helps the person to achieve their intended desire, it is most likely to be attempted. Within the study, the theme of asking for help as the last resort suggests Black women may have difficulty with choosing help-seeking because of accessibility, social expectations in their environment to help and care for others, and their belief to uphold the persona of SBW. This could also explain why seeking help is more likely to happen when there are extreme circumstances and needs such as serious health concerns or when mental health is disrupting the ability to further function or engage in daily life demands. Ajzen (2012) contends TPB is about one's motivation to ask for help as well as one's ability to control the outcome of behaviors. Since asking for help is a vulnerable space and filled with uncertainty because one has to depend on another person for support, this may create a problem of anxiety, worry, or fear help will not be available, given, delayed, denied, or insufficient.

**Application of Meaning-Making Model (MMM)**

Construction of meaning is critical for recognizing how Black women see themselves in the context of trusting and help-seeking. During the study, the meaning of trust appeared to be

based on a person's actions as participants in the study became adults.  As a child, trust was

given automatically.  However, this changed due to experiences and how the evolution of

defining trust took place over time.  Park (2010) examined two times of meaning known as

global and situational meaning.  The global meaning of trusting and help-seeking for Black

women may be conflicted considering if they believe they are born to be strong and live up to the

ideas of the SBW while life's situations call for building trust and help-seeking to accomplish an

identified goal or task.  It is also important to understand the conflicts (discrepancies) that co-

exist between global (individual meaning) versus situational (life's meaning or reality) more

troublesome unless there is an effort to reappraise one's view of trust and help-seeking in a way

that will increase success.

Where there are differences between situational and global meaning, there is room for

growth.  According to Park (2020), this requires a sense of reappraising the situation or

deconstructing negative views in exchange for positive views.  For example, help-seeking and

trust could mean vulnerability or weakness.  Black women who have a faulty schema of the

SBW may internalize trusting and help-seeking as they are incompetent or do not measure up to

the standards of SBW.  They may also make meaning they are supposed to be strong and not

need support as SBW suggests putting the needs of others first as noted in chapter 2.  This

conflict of interest within the Black woman can cause a distorted view as well as a negative

narrative about trust and helping which deters desires to seek assistance, support, and help unless

one has no other choice or facing extreme conditions that could jeopardize the person's life or

livelihood.  However, the miracle of reappraising or reconstructing a healthier sense of trust and

seeking help through different experiences and paradigm shifts of what it means for a Black

woman to be strong can start to be the bridge that helps these women to be okay with specifically

learning to trust as well as ask for help. Currently, the meaning of trust is defined as an action by the women in the study. They also associated it as something one earns as adult whereas it was easily given as children. This reappraisal of trust is evident in the approaches of Black women in the study which were based on their recollections of issues surrounding easily trusting until something happened that caused them to reappraise how trusting is defined (Appel et al., 2020).

Differences in a person's individual view of trust and help-seeking and the appraisal of meaning given can create internal struggles within Black women. When there are negative constructions of meaning associated with trust and help-seeking based on a person's experiences and society's norms about what to do concerning this behavior, it can create more stress. Black women deciding not to easily trust others as adults unlike when they were children and asking for help as a last resort may be connected to the belief system they have adopted and associated with both dynamics (Appel et al., 2020). This study showed how a person's beliefs about trust and help-seeking may be impacted by meaning and decisions to engage in the behavior out of a desire to control the possibility of stress, pain, and/or rejection while attempting to both trust and help-seek.

### Delimitations and Limitations

The main limitation of the study was the small number of participants involved in an independent study. This makes it difficult to generalize such findings. Since this is the case, making a generalized statement about the experiences to apply to other or all Black women within the United States regarding trusting and help-seeking can not be done. One should also consider experiences are not equally the same. Since this is the case, it is important to further research continues regarding understanding and exploring experiences among Black women regarding trust and help-seeking while being open to the idea every account may be different.

However, it is important to also be open to the possibility trusting and help-seeking Black women may be impacted by cultural and contextual factors beyond the Black woman's control which can also serve as minimizing, moderating, and/or maximizing their answers in a way that suggest trust and help-seeking can be troublesome, triumphant, trivial, tactical, and taboo all at the same time. This suggests a need for more studies because the information may in the study come across as conflicting and/or paradoxical. For example, the Black women appeared to welcome the idea of trusting and help-seeking, but it seemed to be on their terms. This may limit the level of information gathered from ideas relating to trusting and help-seeking talking about Black women. Plus, it may also support the stigma of Black women not asking for help or trusting others so easily due to their conflicted role of trying to live up to expectations relating to the idea of SBW. Therefore, quantitative research coupled with qualitative research such as the one presented collectively should be considered.

**Implications**

Black women often internalize and embrace the ideas of SBW because it represents socialization, culturalization, and globalization regarding representations of strength as a major way of developing their identity (Thomas and King, 2007). Black women are expected to push through and outlast their limited support towards victory as if they are exposed to the same support as their counterparts while also having multiple responsibilities (Abrams et al. 2014). Asking for help and trusting others continues to serve as taboo to Black women who believe in SBW because they are expected to be primary providers and caretakers, never show weakness, ask for help, or show dependency on others. However, this study suggests there may be a shift in help-seeking with 6 out of 7 women acknowledging the importance of help even if they sought it as a last resort. Seeking help as a last resort is an area that can be further explored regarding

Black women by further investigating and exploring their personal experiences.  More studies

surrounding their experiences of their experiences individually and specifically at the mezzo

(family, vocational, educational, and community) and macro (community and society) levels

whether good or bad surrounding help-seeking and trust can also help to bridge meaning and

understanding of the experiences of Black women about help-seeking and trust whether they

embody the ideas of SBW or not.  However, it should be noted embracing SBW may be another

factor significantly impacting decisions of help-seeking (whether first or last resort) as well as

the level of expectations within the natural environment regarding trust.

Applications of this study can be applied to counselors, medical professionals,

community and faith leaders, and programs providing support and services for Black women.

This study can also reach Black women and everyday people about the ideas surrounding

building trust and help-seeking.  Awareness, respect, and empathy for the decisions surrounding

trust and help-seeking are vital for gaining a better understanding of decisions and experiences

with trust and help-seeking from a contextual and cultural basis.

This research suggested there is a unique experience with trust and help-seeking for

Black women.  Plus, it also showed how one's paradigm and perception of trust and help-seeking

is based on one's perception and cognition based on personal narrative and construction of

meaning.  Since this is the case, it is important specifically for behavioral health and medical

professionals to look closer at how Black women are experiencing the process of trust and help-

seeking rather than the outcome of the behavior (action or decision) to engage in trusting and

asking for help.  Learning this will help to increase competence and connection in building a

rapport with Black women as well as considering ways to offer support while forming and

fostering transparency which can lead to trusting relationships and connections.

**New Findings**

**The Catch-22 of Help-Seeking, and SBW**

Black women whether embracing ideas associated with SBW or not have turned to their natural environments, family, the Black church, and spiritual practices such as prayer as a way of healing and helping themselves (Molock et.al., 2007).  During this phenomenological study, only 1 out of 7 women mentioned ideas surrounding SBW and its impact on help-seeking specifically. Joy, Participant 5, stated, "…Absolutely.  Because sometimes, especially as an African American woman, we're portrayed as being strong or having this extra level of strength.  And sometimes it's hard to go ask for help because it's easier to just put on this facade that I have it all together or that we have it all together.  I've definitely experienced that; not wanting to be looked at a certain way or not wanting to be viewed a certain way from others, so just not going to people when I actually needed help."  She made this comment but also was part of the group (6 out of 7) who reported reaching out to others such as a counselor for help.  Historically and culturally research about SBW noted the impact on beliefs, behaviors, and resources connected to Black women in regards to help-seeking specifically due to social and cultural expectations. However, the majority of the women did not mention or associate themselves with the term SBW.  This was surprising, but it also could have indicated it was understood without saying due to their responses of seeking help as a last resort and their view of trust.  However, not enough direct information was shared from participants surrounding this unexpected view.

Another unexpected finding in this phenomenological study includes the mentioning of seeking out therapy regarding formal help-seeking to address mental health needs.  A total of 6 out of 7 women within the study mentioned at some point going to therapy.  Only 1 (Patience) did not mention anything associated with seeking help via therapy.  Some even commented they

felt this study was like therapy for them as it provided a space for them to reflect upon their views and values relating to help-seeking and trusting others.  This went against the beliefs and expectations suggested in mainstream research which suggests the ideas associated with the Strong Black Woman (SBW) social construct deter seeking help; particularly relating to mental health.

Hunter and Schmidt (2010) suggested Black women tend to report similar or lower reports of mental health disorders compared to White women.  They are also mentioned as having good mental health.  However, there is inconsistency with this information as research also notes Black women are more likely to report higher levels of depressive and anxious symptoms (Hunter & Schmidt, 2010).  This presents a problem because there are documented high levels of risk for mental health needs and symptoms, but there are low levels of Black women diagnosed with mental health disorders (Keyes, 2013).   The study showed that 6 of the 7 people seek out therapy.  Research has noted the ideas of SBW often influence whole health decisions (BeauboeufLafontant 2009; Woods-Giscombé 2010).  As noted previously, the stress associated with SBW regarding help-seeking and trusting others was only mentioned by one individual (Joy) in the study.  However, stress and mental health outcomes have often been correlated to beliefs about SBW (Carr et al. 2013).  This information is ironic because research lends itself to having mixed messages about Black women when it comes to seeking out help in the form of therapy based on these findings.

## Recommendations for Future Research

This descriptive phenomenological research provided information on the experience of Black women relating to their experiences and meaning-making surrounding trust and help-seeking.   Research has focused on help-seeking in the context of reaching out for medical and

mental health support.  However, explaining the themes relating to the decisions to trust and

engage in help-seek continues to be something lacking in scholarly research.  It is recommended

further studies include other phenomena that may impact trusting and help-seeking.  However,

the study offers a foundation for recognizing how Black women conceptualize trusting and help-

seeking.  Plus, it offers ways they have learned to make meaning of their connections to their

own experiences when it comes to the ideas of engaging in trusting and help-seeking behaviors.

The following ideas below are areas of further research suggested: including women from other

counterparts to promote a sense of diversity and understanding of how similarities and

differences are evident for women relating to their personal experiences with trusting and help-

seeking, consideration of the interactivity between Black women and their environment

particularly when it comes to the SBW schema relating to their experiences with trusting and

help-seeking, further gaining an understanding of the experiences of trusting and help-seeking in

academia and on the job for Black women, the experience of vulnerability when trusting and

help-seeking, how Black women experience disappointment when trusting and help-seeking, and

how Black women experience trauma when trusting and help-seeking.  Focusing on these further

studies will build on this research as well as provide support for understanding the processes of

trust and help-seeking.  Plus, it would hopefully inspire more desires for investigation relating to

the constructs of trusting and help-seeking quantitatively and qualitatively respectively.

### Summary

The purpose of this descriptive phenomenological study was to understand and explore

the lived experiences of Black women surrounding trust and help-seeking.  Historically,

scholarly research has focused on the behavior of trust and help-seeking in the context of

behavioral health and primary care.  Research has been lacking on how Black women perceive,

define, and make meaning of trust and help-seeking based on their experiences.  However, this study was designed to consider the perceptions and how Black women process their experiences of trust and help-seeking while also highlighting the journey for both of these constructs.  Within this research, four themes: are help as last resort, defining trust as a person's actions and intentions, trust being earned as a child whereas it was easily given as an adult, and seeking help for specific situations such as education and employment (for knowledge).  The purpose of the themes (essences) was designed to help to further understand and explore the trusting and help-seeking patterns of Black women.

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**APPENDICES**

**Appendix A: IRB Approval Form**

# LIBERTY UNIVERSITY.
## INSTITUTIONAL REVIEW BOARD

December 16, 2021

LaKeta Sutton
Melvin Pride

Re: IRB Approval - IRB-FY21-22-497 Understanding the Lived Experiences of Trust and Help-Seeking Among Black Women: A Phenomenological Study

Dear LaKeta Sutton, Melvin Pride,

We are pleased to inform you that your study has been approved by the Liberty University Institutional Review Board (IRB). This approval is extended to you for one year from the following date: December 16, 2021. If you need to make changes to the methodology as it pertains to human subjects, you must submit a modification to the IRB. Modifications can be completed through your Cayuse IRB account.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to specific, minimal risk studies and minor changes to approved studies for the following reason(s):

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Your stamped consent form and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

**G. Michele Baker, MA, CIP**
*Administrative Chair of Institutional Research*
**Research Ethics Office**

**Appendix B: Consent to Participate in Research Form**

**Consent to Participate in Research Form**

**Title of the Project:** "Understanding the Lived Experiences of Trust and Help-Seeking among

Black Women: A Phenomenological Study"

**Principal Investigator:** Laketa Sutton, LCSW, LISW-CP, LCAS, ICAADC

Doctoral Student, Liberty University

Department of Community Care and Counseling (Traumatology)

| Invitation to be Part of a Research Study |
|:---:|

You are invited to participate in a research study. To participate in this study, you must identify as a Black female, be the age of 18 and up, and reside within the United States.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

| What is the study about and why is it being done? |
|:---:|

The purpose of this phenomenological study is to explore and understand the lived experiences of Black women regarding trust and help-seeking. Specifically, the study seeks to understand how Black women make meaning of trust and help-seeking.

| What will happen if you take part in this study? |
|:---:|

If you agree to be in this study, you will be asked to participate in an individualized interview via Zoom. This interview will be recorded and take 1 hour. Participants will also be given the opportunity to review their interview transcripts to confirm their accuracy.

| How could you or others benefit from this study? |
|:---:|

**Direct Benefits:** Participants should not expect to receive a direct benefit from participating.

**Benefits to Society:** It will provide understanding on how Black women experience trust and help-seeking. It is also beneficial because information will be given about the ways in which Black women define trust as well as help-seeking. Social and cultural implications will be explored concerning the experiences of trust and help-seeking. There will also be information gathered to understand how trust and help-seeking are defined and the meaning made by participants involved in the study. The study will provide information on experiences that may suggest when one is likely or less likely to trust and seek help.

## What risks might you experience from being in this study?

The study does not involve more than minimal risk, which means the risks are equal to the risks you would encounter in everyday life. If a participant experiences distress or concerns during the interview, the researcher will refer the participant to behavioral health supports such as a licensed clinical social worker or licensed professional counselor.

## How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

1. Participant responses will be kept confidential through the use of pseudonyms. Interviews will be conducted in a location where others will not easily overhear the conversation.
2. Data will be stored on a password-locked computer and may be used in future presentations. After three years, all electronic records will be deleted. Data will be retained for three years upon completion of the study.
3. Interviews will be recorded and transcribed. Recordings will be stored on a password-locked computer for three years and then erased. Only the researcher will have access to these recordings.

## How will you be compensated for being part of the study?

Participants will not be compensated for participating in this study.

## What are the costs to you to be part of the study?

There is no cost to participate in this study.

## Does the researcher have any conflicts of interest?

There are no identified conflicts of interest for the primary researcher of this study.

## Is study participation voluntary?

Participation in this study is voluntary. Your decision on whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

## What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address included in the next paragraph. Should you choose to withdraw, the data collected will be destroyed immediately and will not be included in this study.

## Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Laketa Sutton. You may ask any questions you have now. If you have questions later, you are encouraged to contact primary investigator. You may also contact the primary researcher's faculty chair.

## Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

*Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

## Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.*

☐ The researcher has my permission to audio-record or video-record me as part of my participation in this study.

_____

Printed Name of Subject

_____

Signature of Subject & Date

**Appendix C: Participation Invitation Letter and Email**

Dear Potential Participant:

My name is Laketa Sutton. I am a doctoral student in Liberty University's Department of Community Care and Counseling with a cognate in Traumatology. I am writing to inquire about your participation in my doctoral research entitled: "Understanding the Lived Experiences of Trust and Help-Seeking among Black Women: A Phenomenological Study." The purpose of this study is to explore and understand the lived experiences of Black women regarding trust and help-seeking. Specifically, the study will seek to understand how Black women make meaning of trust and help-seeking.

Participants must be 18 years of age or older, identify as a Black woman, and reside within the United States. The study will involve a recorded individual interview with me via Zoom. The interview should take approximately 1 hour. Individuals will also be given the opportunity to review their interview transcripts to confirm their accuracy. Names and identifying information will be requested as part of the study, but the information will remain confidential. If you would like to participate in this study, please email lsutton5@liberty.edu.


Sincerely,

Laketa Sutton, LCSW, LISW-CP, LCAS, ICAADC
Doctoral Candidate, Liberty University
Department of Community Care and Counseling (Traumatology)

**Appendix D: Screening for Participants Meeting Requirements Questionnaire**

**Screening for Participants Meeting Requirements Questionnaire**

**"Understanding the Lived Experiences of Trust and Help-Seeking among Black Women: A Phenomenological Study" Screening for Participants Meeting Requirements Questionnaire**


**Name:_____**

**Age:_____ Email Address:_____**

**State of Residence: _____**

**Directions: Please check yes or no for the following information below to determine eligibility for this study.**


| |
|---|
| Do you identify as a Black woman? _____yes or _____no |
| Are you 18 years or older? _____yes or _____no |
| Do you reside in the United States? _____yes or _____no |


Thanks for your cooperation and willingness to participate in this study. If you have answered

yes to all the following questions above, you meet the requirements to participate in this

research. Please complete and send form via email to lsutton5@liberty.edu.

Printed Name of Subject and Date:

_____

Signature of Subject and Date:

_____

**Appendix E: Individual Interview Questions**

**"Understanding the Lived Experiences of Trust and Help-Seeking among Black Women: A**

**Phenomenological Study" Individual Interview Questions**

1. Describe your experience with engaging in help-seeking (asking for help) as a child and adult. (Research Question 2)

2. Describe your experience with trusting others as a child and adult. (Research Question 1)

3. Have you ever experienced barriers when trusting others?  Explain (Research Question 1)

4. Have you ever experienced barriers when seeking help from others?  Explain. (Research Question 2)

5. What factors play a role in your decisions regarding trusting others? (Research Question 3)

6. What factors play a role in your decisions to seek help? (Research Question 4)

7. How do you define and make meaning of trust? (Research Question 3)

8. How do you define and make meaning of help? (Research Question 4)

9. For what activities that you engage in are you more likely to trust others and why? (Research Questions 1 and 3)

10. For what activities that you engage in are you are more likely to ask for help and why?

    (Research Questions 2 and 4)

11. What are your expectations surrounding asking for help? (Research Questions 2 and 4)

12. What are your expectations surrounding trusting others?  (Research Questions 1 and 3)