

Understanding the Hidden Struggles: Cultural and Somatic Expressions of Depression and Anxiety in Black Women

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Abstract

Depression and anxiety are multifaceted mental health conditions that manifest differently across cultural groups, with Black women experiencing unique presentations of these disorders. These presentations often include a combination of cultural and somatic symptoms, which are frequently overlooked or misdiagnosed within clinical settings. This misdiagnosis can be attributed to factors such as cultural stigma, clinical bias, and a lack of culturally competent diagnostic tools. Black women often embody cultural expectations like the "Strong Black Woman" schema, leading to the internalization of emotional distress and its expression through somatic symptoms such as chronic pain or fatigue. This article provides a comprehensive exploration of how cultural factors and somatic manifestations influence the experience and expression of depression and anxiety in Black women. By examining the interplay between cultural context, somatic symptoms, and traditional diagnostic frameworks, this paper seeks to enhance understanding, improve diagnosis, and promote the development of culturally sensitive mental health care practices for Black women. The integration of a biopsychosocial-spiritual model is proposed to address the holistic needs of this population, emphasizing the importance of culturally adapted therapeutic interventions and the role of community and spirituality in the healing process.

Key words: depression; anxiety; black women; cultural factors; somatic symptoms; misdiagnosis; biopsychosocial-spiritual model; culturally competent care; strong black woman schema; mental health disparities

Introduction

Depression and anxiety are multifaceted mental health conditions that manifest differently across cultural groups, with Black women experiencing unique presentations of these disorders. These presentations often include a combination of cultural and somatic symptoms, which are frequently overlooked or misdiagnosed within clinical settings. This misdiagnosis can be attributed to factors such as cultural stigma, clinical bias, and a lack of culturally competent diagnostic tools. Black women often embody cultural expectations like the "Strong Black Woman" schema, leading to the internalization of emotional distress and its expression through somatic symptoms such as chronic pain or fatigue. This article provides a comprehensive exploration of how cultural factors and somatic manifestations influence the experience and expression of depression and anxiety in Black women. By examining the interplay between cultural context, somatic symptoms, and traditional diagnostic frameworks, this paper seeks to enhance understanding, improve diagnosis, and promote the development of culturally sensitive mental health care practices for Black women. The integration of a biopsychosocial-spiritual model is proposed to address the holistic needs of this population, emphasizing the importance of culturally adapted therapeutic interventions and the role of community and spirituality in the healing process.

Depression and anxiety are prevalent mental health conditions that impact individuals across all demographics; however, Black women experience these conditions at disproportionately high rates. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, **Major Depressive Disorder (MDD)** is characterized by a persistent feeling of sadness or a lack of interest in external stimuli. Symptoms include, but are not limited to, depressed mood most of the day, diminished interest or pleasure in almost all activities, significant weight change or appetite disturbance, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness or excessive guilt, diminished ability to think or concentrate, and recurrent thoughts of death (American Psychiatric Association, 2013).

Generalized Anxiety Disorder (GAD), as defined by the DSM-5, involves excessive anxiety and worry, occurring more days than not for at least six months, about a number of events or activities. The individual finds it difficult to control the worry. Accompanying symptoms include restlessness, being easily fatigued, difficulty concentrating, irritability, muscle tension, and sleep disturbances (American Psychiatric Association, 2013). These conditions often present with a range of emotional, cognitive, and physical symptoms that can significantly impair an individual's daily functioning. However, in Black women, these symptoms may manifest

differently due to cultural factors, leading to unique presentations that are often unrecognized or misdiagnosed within clinical settings. For example, Black women may experience and express depression and anxiety through somatic symptoms such as chronic pain, fatigue, or gastrointestinal issues rather than verbalizing emotional distress (Ward & Heidrich, 2009). Research indicates that approximately 10% to 13% of Black women experience major depressive disorder in a given year, a rate higher than that of their White counterparts (Hankerson et al., 2015). Despite this, Black women are less likely to receive an accurate diagnosis and appropriate treatment due to a range of factors including cultural stigma, access to care, and clinical bias.

Clinical bias plays a significant role in the misdiagnosis and underdiagnosis of depression in Black women. Studies have shown that healthcare providers are more likely to attribute Black women's symptoms to physical ailments or personality traits rather than recognizing them as indicators of depression or anxiety (Gaston et al., 2016). One study found that Black patients were 2.5 times more likely to be diagnosed with schizophrenia than with mood disorders like depression, compared to their White counterparts, often due to providers misinterpreting expressions of distress (Schwartz & Blankenship, 2014). This misdiagnosis is often linked to stereotypes and a lack of cultural competence among clinicians, leading to inappropriate treatment plans and poorer mental health outcomes.

In addition, somatic expressions of distress, which are more common among Black women, are frequently misinterpreted as solely physical health issues. For instance, Black women reporting symptoms such as chronic pain, gastrointestinal issues, or fatigue may have these symptoms dismissed as unrelated to mental health, resulting in a lack of appropriate mental health care (Williams & Mohammed, 2013). This further exacerbates the cycle of underdiagnosis and undertreatment in this population.

The cultural expectation to embody strength and resilience, often encapsulated in the "Strong Black Woman" schema, can lead to the

internalization of distress and the presentation of symptoms through a somatic lens (Watson & Hunter, 2015). This article delves into these complexities, seeking to offer a comprehensive understanding of how depression and anxiety manifest in Black women and how culturally adapted therapeutic approaches can provide more effective care.

Meta-Analysis:

A meta-analysis is a statistical technique that combines the results of multiple studies to identify patterns, assess the effectiveness of interventions, and provide a more precise estimate of the overall effects. It allows researchers to pool data from various studies to overcome the limitations of individual studies, such as small sample sizes or varying methodologies. Meta-analysis is particularly useful in identifying trends and drawing conclusions in fields where research may be diverse or inconsistent.

To provide a comprehensive understanding of the cultural and somatic manifestations of depression and anxiety in Black women, a systematic search was conducted across multiple databases, including PubMed, PsycINFO, and Google Scholar. The search criteria included terms such as "Black women," "depression," "anxiety," "somatic symptoms," "cultural factors," and "mental health." Studies were included if they: focused on Black women as the primary population, used validated diagnostic tools to assess depression and anxiety, discussed cultural or somatic factors in the presentation of mental health symptoms, and were published in peer-reviewed journals between 2000 and 2023.

Out of an initial pool of 125 articles, 35 met the inclusion criteria and were included in the meta-analysis. The data from these studies were synthesized to identify key themes and patterns in the presentation and experience of depression and anxiety in Black women.

To provide a clear overview of the findings, a chart is included below that organizes the key themes identified across the reviewed studies:

Theme	Key Findings	Number of Studies
Prevalence of Depression and Anxiety	Black women have a higher prevalence of depression (10-13%) and anxiety compared to White women.	12
Clinical Bias and Misdiagnosis	Black women are often misdiagnosed due to clinical bias, with providers attributing symptoms to physical ailments or personality traits.	8
Somatic Symptom Presentation	Black women are more likely to present somatic symptoms (e.g., chronic pain, fatigue) as manifestations of depression and anxiety.	10
Cultural Factors and the "Strong Black Woman" Schema	The cultural expectation to be strong leads to the internalization of distress and suppression of emotional expression, impacting diagnosis.	9
Help-Seeking Behaviors	Stigma, cultural beliefs, and mistrust of the healthcare system influence help-seeking behaviors, resulting in underutilization of mental health services.	6
Intersection with Physical Health Conditions	There is a significant overlap between depression, anxiety, and physical health conditions such as hypertension and diabetes in Black women.	7
Efficacy of Culturally Adapted Therapies	Culturally adapted interventions, including CBT, MBIs, NTU Psychotherapy, and Sawubona Healing Circles, show promise in addressing the unique needs of Black women.	6

Table 1: Key Findings from the Meta-Analysis

Literature Review:

A holistic understanding of depression and anxiety in Black women requires the integration of a This model extends beyond the traditional biopsychosocial framework by incorporating spirituality as a critical component of mental health and well-being. Spirituality plays a vital role in the mental health and coping mechanisms of many Black women, serving as a source of resilience, support, and meaning-making in the face of adversity. The BPSS model provides a comprehensive approach to understanding the complexities of mental health by considering the interaction of biological, psychological, social, and spiritual factors in shaping mental health outcomes.

Biological Factors

From a biological perspective, depression and anxiety can be influenced by genetic predispositions, neurochemical imbalances, and physiological responses to chronic stress. Research has shown that chronic exposure to stressors, particularly those related to systemic racism and discrimination, can lead to alterations in the body's stress response system, including dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis (Williams & Mohammed, 2013). This dysregulation can increase vulnerability to mental health disorders such as depression and anxiety. Additionally, hormonal changes, such as those associated with reproductive health and menopause, can impact mood and emotional regulation in Black women. It is crucial to consider these biological factors within the broader context of how they interact with cultural and environmental influences.

Psychological Factors

Psychologically, Black women may experience internal conflicts related to societal and cultural expectations, particularly the "Strong Black Woman" schema. This schema emphasizes characteristics such as resilience, independence, and emotional suppression, which can lead to the internalization of emotional distress and the avoidance of seeking help (Watson & Hunter, 2015). The pressure to conform to this ideal can contribute to self-silencing behaviors and the manifestation of psychological distress in the form of somatic symptoms, such as chronic pain or fatigue. Cognitive processes, such as negative self-perception and maladaptive coping mechanisms, also play a role in how depression and anxiety are experienced and expressed. Trauma, including experiences of racial discrimination and microaggressions, can further exacerbate psychological distress and contribute to the development of mental health conditions.

Social Factors

Social determinants of health are crucial in understanding the mental health of Black women. Factors such as socioeconomic status, access to healthcare, social support, and exposure to systemic racism significantly influence mental health outcomes. Black women often face intersecting forms of oppression, including racism, sexism, and classism, which create unique stressors and challenges (Crenshaw, 1989). For example, financial insecurity, lack of access to quality healthcare, and experiences of workplace discrimination can contribute to chronic stress and exacerbate symptoms of depression and anxiety. Additionally, social support networks, including family, friends, and community organizations, play a protective role by providing emotional and practical support. However, the expectation to be strong and self-reliant may lead some Black women to avoid seeking support or sharing their struggles with others.

Spiritual Factors

Spirituality and religiosity are deeply embedded in the cultural fabric of many Black communities and serve as vital sources of strength, coping, and meaning for Black women. The BPSS model recognizes spirituality as a core component of health and well-being. Spiritual practices, such as prayer, meditation, and participation in faith-based communities, can provide emotional support, a sense of purpose, and a framework for understanding and navigating life's challenges (Mattis, 2000). Spirituality can foster resilience by offering a sense of hope, empowerment, and connection to something greater than oneself. For many Black women, spirituality also serves as a means of coping with stress and adversity, providing a sense of inner peace and helping them to make sense of their experiences. The inclusion of spirituality in the BPSS model emphasizes the importance of addressing clients' spiritual needs in the therapeutic process and recognizing the potential for spiritual practices to contribute to healing and well-being.

Importance of the BPSS Model

The BPSS model offers a comprehensive framework for understanding the multifaceted nature of depression and anxiety in Black women. By incorporating spiritual factors alongside biological, psychological, and social components, this model acknowledges the full range of influences on mental health and provides a more nuanced approach to assessment and treatment. This holistic perspective allows for a more individualized understanding of each client's experience, taking into account how cultural, spiritual, and systemic factors interact to shape mental health outcomes. Applying the BPSS model in clinical practice with Black women involves adopting an integrated approach that addresses each of these domains. Practitioners can use this model to develop culturally sensitive and spiritually informed interventions that align with the client's values and beliefs.

To provide a clear overview of the Biopsychosocial-Spiritual (BPSS) model, a chart is included below that organizes the key themes of the model.

Intervention Name:	Description:
Biological Interventions:	Recognizing the role of genetic and physiological factors in mental health and incorporating interventions such as pharmacotherapy, lifestyle changes (e.g., diet, exercise), and stress management techniques that address biological aspects of depression and anxiety.
Psychological Interventions:	Utilizing therapeutic approaches that address cognitive and emotional aspects of mental health, such as cognitive-behavioral therapy (CBT) and trauma-informed care. These interventions can be tailored to consider the impact of cultural and societal pressures on the individual's mental health.
Social Interventions:	Addressing social determinants of health by advocating for access to quality healthcare, social services, and community resources. Incorporating family therapy, group therapy, and community-based programs can enhance social support and reduce feelings of isolation.
Spiritual Interventions:	Integrating clients' spiritual beliefs and practices into the therapeutic process. This may involve exploring the role of faith, prayer, and spiritual rituals in coping with mental health challenges. Collaborating with faith-based organizations and incorporating spiritually oriented therapeutic approaches, such as NTU Psychotherapy and Sawubona Healing Circles, can enhance the effectiveness of interventions.

Table 2: Iopsychosocial-Spiritual (BPSS)

The integration of the Biopsychosocial-Spiritual model provides a more holistic understanding of the mental health of Black women. By acknowledging and addressing the complex interplay of biological, psychological, social, and spiritual factors, practitioners can develop more culturally sensitive and effective interventions. This model underscores the importance of considering the whole person in the context of their lived experiences, cultural background, and spiritual beliefs, leading to more comprehensive and individualized care. It calls for a shift in mental health practice to include a deeper exploration of cultural and spiritual factors, ultimately promoting better mental health outcomes for Black women. Cultural stigma surrounding mental health within the Black community significantly impacts how symptoms of depression and anxiety are expressed and managed. Many Black women are socialized to embody the "Strong

Black Woman" persona, which includes traits like emotional resilience, independence, and self-reliance (Abrams et al., 2019). This cultural expectation can lead to the internalization of mental health struggles and the suppression of emotional distress, making it less likely for Black women to openly express feelings of sadness, hopelessness, or anxiety. This internalization often results in somatic manifestations of distress, such as chronic pain, headaches, or gastrointestinal issues, which are more socially acceptable expressions of suffering. The stigma around mental illness in the Black community, coupled with the expectation to be strong, can deter Black women from seeking professional help or discussing their mental health concerns with others (Watson & Hunter, 2015).

Barriers to Mental Health Care

Black women face several barriers to accessing mental health care, contributing to the underutilization of services and disparities in treatment outcomes. These barriers are multifaceted and stem from systemic inequalities, cultural factors, and individual experiences, which collectively impact the ability of Black women to seek and receive appropriate mental health care.

Financial Barriers

Socioeconomic factors play a significant role in limiting access to mental health services for Black women. Income inequality, high rates of poverty, and employment disparities can result in limited financial resources, making it difficult to afford mental health care. Many Black women lack adequate health insurance, and those who are insured may have plans that do not cover mental health services or offer limited coverage. The high cost of therapy, medication, and related services often forces individuals to prioritize basic needs over mental health care (Alvidrez et al., 2008).

The economic burden of mental health care is further compounded by the lack of mental health providers who accept Medicaid or offer sliding scale fees. Additionally, the indirect costs associated with accessing care, such as transportation, childcare, and time off work, can pose significant obstacles. These financial constraints not only limit access to care but also impact treatment adherence and continuity, as individuals may be unable to afford ongoing therapy or medication.

Lack of Culturally Competent Providers

A critical barrier to effective mental health care for Black women is the shortage of culturally competent providers. Culturally competent care involves understanding and respecting the cultural, historical, and social contexts that shape an individual's experiences and health behaviors. Unfortunately, many mental health professionals lack the training and awareness needed to provide culturally sensitive care for Black women (Sue et al., 2009).

Black women may feel that their experiences, particularly those related to racism, cultural identity, and the unique stressors they face, are not fully understood or validated by providers who lack cultural competence. This can lead to feelings of alienation and mistrust in the therapeutic relationship, reducing the likelihood of seeking or continuing treatment. Moreover, a lack of cultural competence can result in misinterpretation of symptoms, misdiagnosis, and the application of culturally inappropriate treatment modalities, further exacerbating mental health disparities.

Mistrust of the Healthcare System

Historical and ongoing experiences of discrimination and mistreatment in the healthcare system have fostered a deep mistrust of medical and mental health institutions among Black communities. This mistrust is rooted in historical injustices, such as the Tuskegee Syphilis Study and the exploitation of Black bodies in medical research, as well as contemporary experiences of racial bias and discrimination in healthcare settings (Hankerson et al., 2015). For Black women, mistrust of the healthcare system can manifest as reluctance to seek mental health care, skepticism about the effectiveness of treatment, and concerns about being judged or not taken seriously by providers. This mistrust is often reinforced by negative encounters with healthcare professionals who may dismiss, minimize, or misunderstand the cultural context of Black women's experiences. As a result, many Black women may avoid seeking care until symptoms become severe, reducing the likelihood of early intervention and effective treatment.

Impact of Stigma

Stigma surrounding mental illness within the Black community significantly impacts help-seeking behaviors. Mental health struggles are often stigmatized, and there may be a cultural expectation to handle problems privately and to maintain an image of strength and resilience. The fear of being judged, labeled, or perceived as weak can prevent individuals from

acknowledging their mental health struggles and seeking help (Ward & Heidrich, 2009).

The expectation to be self-reliant and resilient, coupled with concerns about being stigmatized, may lead Black women to rely on informal support systems, such as family, friends, and faith communities, rather than seeking professional mental health services. While these support systems can be beneficial, they may not always provide the specialized care needed for conditions like depression and anxiety. The stigma of mental illness can also discourage open discussions about mental health within families and communities, further limiting awareness and understanding of mental health issues.

Community and Family Involvement

Family, community, and social networks play a crucial role in supporting Black women's mental health. These support systems offer emotional, informational, and practical assistance, which can be protective against the development and exacerbation of mental health issues. They can also provide a sense of identity, belonging, and cultural continuity, which are important for overall well-being.

Integrating Support Systems into Interventions

Incorporating family and community support into therapeutic interventions can enhance their effectiveness and cultural relevance. For instance, family therapy can address intergenerational patterns of coping and support, explore the impact of cultural and family dynamics on mental health, and strengthen familial bonds. Community-based programs can offer a sense of belonging and reduce feelings of isolation by creating spaces where Black women can share experiences, gain support, and access resources (Alvidrez et al., 2008).

Engaging with community resources, such as support groups, cultural centers, and faith-based organizations, can also offer culturally relevant support that resonates with Black women. These interventions can be particularly effective when they acknowledge and integrate cultural practices, values, and traditions, thereby validating the individual's cultural identity and experience.

Leveraging Faith-Based Organizations

Faith-based organizations are often central to Black communities and can serve as valuable partners in mental health promotion. For many Black women, spirituality and religious involvement are key sources of strength, comfort, and community support. Faith-based organizations can play a pivotal role in reducing mental health stigma, promoting awareness, and providing support services in a culturally sensitive manner (Mattis, 2000). Collaborating with faith-based organizations to provide education, support groups, and referrals to mental health services can help normalize mental health discussions and encourage help-seeking behaviors. Spiritual leaders and community members can act as trusted sources of support and guidance, offering spiritual counseling and connecting individuals to professional mental health resources. By leveraging the influence and reach of faith-based organizations, mental health professionals can enhance the accessibility and acceptability of mental health care within Black communities. The barriers to mental health care for Black women are multifaceted and rooted in systemic, cultural, and individual factors. Addressing these barriers requires a comprehensive approach that includes increasing access to affordable care, expanding cultural competence training for providers, building trust within the healthcare system, and leveraging community and spiritual support systems. By recognizing and actively addressing these barriers, mental health professionals and policymakers can work towards creating a more equitable and effective mental health care system that meets the unique needs of Black women.

Help-Seeking Behaviors

Help-seeking behaviors among Black women are deeply influenced by cultural beliefs, stigma, and a historical mistrust of the healthcare system. The cultural expectation for Black women to be self-reliant and emotionally

resilient often serves as a deterrent to seeking professional help. Within many Black communities, there is an ingrained perception that acknowledging mental health struggles equates to weakness or a lack of personal strength (Ward & Heidrich, 2009). This societal norm, compounded by the stigma surrounding mental illness, leads to underutilization of mental health services. The "Strong Black Woman" schema, which emphasizes characteristics such as independence, emotional restraint, and the ability to handle adversity without complaint, contributes to the internalization of distress and avoidance of seeking help.

Impact of Mistrust and Stigma

Historical mistreatment and ongoing discrimination within the healthcare system have engendered a deep-seated mistrust among Black women toward medical and mental health institutions. The legacy of exploitation, such as the Tuskegee Syphilis Study and other unethical medical practices, coupled with contemporary experiences of racial bias in healthcare, has cultivated skepticism and wariness toward seeking professional help (Hankerson et al., 2015). Many Black women fear that their concerns will not be taken seriously or that they will be subjected to cultural insensitivity or even discrimination by healthcare providers. This mistrust is often reinforced by direct or vicarious experiences of being dismissed or misunderstood by clinicians. As a result, Black women are more likely to turn to informal support networks, such as family, friends, and faith communities, for emotional support and guidance. While these networks can be invaluable, reliance on them may delay professional intervention, often leading to more severe symptom presentation by the time help is sought.

Cultural Beliefs and Symptom Presentation

Cultural beliefs about mental health play a significant role in shaping how symptoms of depression and anxiety are expressed and interpreted. Within many Black communities, somatic symptoms such as chronic pain, headaches, or gastrointestinal issues may be more culturally acceptable expressions of distress than openly discussing emotional struggles. This somatization can lead to the presentation of mental health issues as physical ailments, resulting in misdiagnosis or the attribution of symptoms solely to physical health conditions without recognizing the underlying psychological distress. Consequently, Black women may receive inadequate or inappropriate treatment that does not address the root causes of their mental health symptoms. Understanding these cultural nuances is critical for clinicians in accurately assessing and diagnosing mental health conditions in Black women.

Intersection with Physical Health Conditions

Depression and anxiety in Black women frequently intersect with physical health conditions such as hypertension, diabetes, and cardiovascular disease. The physiological impact of chronic stress, particularly stress related to systemic racism and socioeconomic challenges, can contribute to the

development and exacerbation of these conditions (Lewis et al., 2017). This creates a cycle where mental and physical health issues reinforce each other, complicating the clinical picture and treatment process. For example, the somatic manifestations of depression and anxiety, including fatigue, pain, and gastrointestinal disturbances, can overlap with symptoms of chronic physical conditions. This overlap can lead to an underestimation of the severity of the mental health issues, as healthcare providers may focus on treating the physical symptoms without recognizing the co-occurring mental health conditions (Williams & Mohammed, 2013).

Comorbidity Considerations

The comorbidity of mental and physical health conditions presents a complex challenge for diagnosis and treatment. Healthcare providers must be equipped to differentiate between the physical manifestations of depression and anxiety and symptoms related to chronic health conditions. Failure to do so can result in fragmented care, where mental health issues are either inadequately treated or entirely overlooked. Additionally, the presence of comorbid physical health conditions can complicate treatment adherence and outcomes, as individuals may have difficulty managing both their mental and physical health needs simultaneously.

Holistic Healthcare Approaches

An integrated healthcare approach that addresses both mental and physical health is crucial for providing comprehensive care to Black women. This approach includes routine screening for depression and anxiety in patients presenting with chronic physical conditions, ensuring that mental health services are accessible and culturally sensitive. Collaborative care models that involve both mental health professionals and primary care providers can effectively address the multifaceted needs of Black women, offering coordinated treatment plans that consider the interaction between mental and physical health. Such models promote holistic care, where interventions are tailored to the individual's unique biological, psychological, social, and spiritual needs.

Therapeutic Approaches and Interventions

Culturally adapted therapeutic approaches are essential in addressing the unique mental health needs of Black women. Traditional therapies like Cognitive Behavioral Therapy (CBT) and Mindfulness-Based Interventions (MBIs) have been modified to resonate more deeply with the cultural experiences of Black women, incorporating elements of spirituality, community, and cultural identity. These adaptations acknowledge the impact of cultural context on mental health and provide more effective and relevant interventions.

To provide a clear overview of the findings, a chart is included below that organizes the key themes identified across existing therapies.

Interventions	<i>Cultural Context and Evidence of Effectiveness</i>
Cognitive Behavioral Therapy (CBT) Adaptations	<p><i>Incorporating Cultural Context:</i> Culturally adapted CBT for Black women involves integrating discussions around race, gender, and systemic oppression into therapy. By acknowledging the impact of racism and the "Strong Black Woman" schema on thought patterns, therapists help clients reframe their experiences in a way that promotes self-compassion and empowerment (Thomas et al., 2017).</p> <hr/> <p><i>Evidence of Effectiveness:</i> Research shows that this adaptation of CBT is more effective in reducing depressive symptoms among Black women, especially when it includes discussions about cultural identity and race-related stressors (Miranda et al., 2013).</p>
Mindfulness-Based Interventions (MBIs) Adaptations	<p><i>Incorporating Spirituality:</i> MBIs adapted for Black women often include spiritual practices such as prayer and meditation on affirming texts, integrating culturally meaningful symbols to enhance the connection with the self and community (Watson-Singleton et al., 2019).</p> <hr/> <p><i>Addressing Racial Trauma:</i> These adapted mindfulness practices focus on helping clients process and release stress related to racial trauma, using guided meditations that emphasize self-compassion and grounding exercises (Smith, 2018).</p>

	<p><i>Evidence of Effectiveness:</i> Studies indicate that culturally adapted MBIs can significantly reduce anxiety and depression while improving mindfulness.</p>
Narrative Therapy Adaptations	<p><i>Deconstructing the "Strong Black Woman" Schema:</i> Narrative therapy helps Black women explore and challenge the "Strong Black Woman" narrative, enabling them to redefine their identities in a more flexible and self-compassionate manner (Watkins et al., 2016).</p> <hr/> <p><i>Evidence of Effectiveness:</i> Research suggests that narrative therapy can effectively reduce depressive symptoms and enhance self-esteem among Black women, helping them feel more empowered and in control of their narratives (Watkins et al., 2016).</p>
NTU Psychotherapy	<p><i>Cultural Principles:</i> NTU Psychotherapy is an African-centered approach that incorporates principles such as Harmony, Balance, Interconnectedness, Authenticity, and Spirituality. It helps clients reconnect with their cultural roots and community, fostering a sense of empowerment and self-worth (Phillips, 1990).</p> <hr/> <p><i>Therapeutic Process:</i> The NTU process involves creating a sacred space for healing, using culturally relevant rituals and symbols, and engaging clients in self-reflection and transformation. It acknowledges historical and contemporary oppression, guiding clients toward personal growth and empowerment (Phillips, 2000).</p> <hr/> <p><i>Therapeutic Outcomes:</i> The goal is to restore harmony and balance within the individual and their community, leading to increased self-awareness, empowerment, and well-being.</p>
Sawubona Healing Circles	<p><i>Cultural Relevance:</i> Sawubona Healing Circles are group interventions based on the Zulu greeting "Sawubona," meaning "I see you." This approach emphasizes the power of community, acknowledgment, and the shared experience of healing. It provides a space for Black women to share their narratives and validate each other's experiences (Washington, 2018).</p> <hr/> <p><i>Therapeutic Structure:</i> These circles include rituals, affirmations, and culturally significant symbols, guided by a facilitator who shares cultural commonalities with the participants. The process fosters empathy, mutual respect, and a sense of solidarity (Washington, 2018).</p> <hr/> <p><i>Therapeutic Outcomes:</i> The circles aim to provide a space for collective healing, reducing feelings of isolation, and enhancing social support networks.</p>

Table 3. Cultural Adaptations of Existing Therapies

Somatic Therapy for Somatic Symptoms

Somatic therapy, a body-centered approach to psychotherapy, has gained recognition as an effective treatment for depression and anxiety in Black women due to its focus on the mind-body connection. Black women often express psychological distress through somatic symptoms, such as chronic pain, fatigue, headaches, and gastrointestinal issues, which stem from cultural, historical, and social influences that discourage the verbal expression of emotional distress (Williams & Mohammed, 2013). This phenomenon is often tied to the cultural expectation for Black women to embody strength and resilience, leading to the internalization of stress and trauma.

Somatic therapy addresses these unique expressions by using techniques that help clients reconnect with their bodies, release stored tension, and process trauma on a physiological level. Techniques such as deep breathing, grounding exercises, body awareness, and mindful movement enable individuals to become more attuned to the sensations and emotions held within their bodies. By bringing awareness to these physical sensations, clients can begin to understand and release the trauma stored in their bodies, facilitating emotional healing and a reduction in symptoms of depression and anxiety (Hernandez et al., 2021).

For Black women, the benefits of somatic therapy are multifaceted. It acknowledges the cultural and historical context in which they live, including the impact of systemic racism, gender discrimination, and the legacy of intergenerational trauma. These factors contribute to the embodiment of stress and emotional pain. Somatic therapy provides a culturally sensitive approach by allowing Black women to explore and process their experiences without the necessity of verbalizing them in traditional talk therapy, which can sometimes feel inadequate for capturing the depth of their experiences (Watson & Hunter, 2015).

Additionally, somatic therapy can be empowering for Black women, offering a means to reclaim their bodies as sites of strength and healing rather than sources of pain and distress. By engaging in practices that promote bodily autonomy and self-awareness, clients can develop a greater sense of control over their mental health and well-being. This empowerment is particularly important given the historical context of Black women's bodies being objectified and controlled within societal structures. Somatic therapy helps to counter this by fostering a deep, internal connection and respect for one's body.

Moreover, integrating somatic therapy with other culturally adapted therapeutic approaches, such as NTU Psychotherapy and Sawubona Healing Circles, can enhance the therapeutic process by offering a more holistic and culturally relevant intervention. These approaches incorporate spiritual and communal elements, recognizing the importance of spirituality and community in the healing process for many Black women (Phillips, 1990; Washington, 2018). By providing a space where Black women can connect with their bodies and process their experiences in a way that honors their cultural values, somatic therapy becomes a powerful tool in treating depression and anxiety.

Cultural Competence Training for Practitioners

Cultural competence in mental health care refers to the ability of practitioners to understand, respect, and effectively interact with individuals from diverse cultural backgrounds. This competency is particularly crucial when working with Black women, whose mental health experiences are shaped by unique cultural, historical, and social factors (Sue et al., 2009). The goal of cultural competence is to provide care that acknowledges and incorporates the patient's cultural values, beliefs, and practices into the therapeutic process. Effective cultural competence training for practitioners working with Black women should encompass several key components. First, cultural awareness

is essential, requiring practitioners to engage in self-reflection to identify their own biases and assumptions about race, gender, and mental health. Recognizing how these biases can impact interactions with clients is the first step towards providing culturally sensitive care (Tervalon & Murray-García, 1998). Additionally, understanding the cultural values and beliefs significant to Black women, such as the importance of family, spirituality, and the "Strong Black Woman" schema, helps practitioners grasp the context of their clients' concerns and behaviors (Abrams et al., 2019).

Another critical component is gaining knowledge of the cultural and historical context. Practitioners should be educated on the historical trauma that has affected Black communities, including the legacy of slavery, segregation, and systemic racism. Understanding this history is essential to grasp the long-term psychological and intergenerational effects of oppression (Bryant-Davis, 2005). Moreover, practitioners need to be aware of cultural variations in symptom expression, as Black women may be more likely to exhibit somatic symptoms like chronic pain and fatigue rather than verbalizing emotional distress. This awareness helps in accurate assessment and diagnosis (Williams & Mohammed, 2013).

Developing culturally appropriate communication skills is also vital. Practitioners should be trained in active listening and empathetic communication to build trust and rapport with clients. This involves being attentive to both verbal and non-verbal cues and validating clients' experiences without imposing judgments or assumptions (Sue et al., 2009). Using culturally sensitive language and avoiding clinical jargon that may not resonate with Black women is crucial. Practitioners should use terms that clients are comfortable with and that reflect their cultural context, ensuring that communication is clear and meaningful (Betancourt et al., 2003). Understanding intersectionality is another key aspect of cultural competence training. Black women experience the intersection of multiple identities, including race, gender, socioeconomic status, and more. Training should educate practitioners on how these intersecting identities shape individuals' experiences of oppression and privilege, as well as their mental health (Crenshaw, 1989). Practitioners should learn to tailor interventions that consider these intersecting identities, addressing issues related to sexism, racism, and classism in therapy to provide a more comprehensive approach to treatment (Collins, 2000).

Incorporating cultural practices in therapy is also crucial. Spirituality and religion play a significant role in the lives of many Black women. Training should guide practitioners on how to respectfully integrate clients' spiritual beliefs into the therapeutic process if desired by the client (Mattis, 2000). This may involve acknowledging the importance of faith, exploring spiritual practices as coping mechanisms, and collaborating with faith-based organizations for support. Practitioners should also be knowledgeable about culturally adapted therapeutic approaches, such as NTU Psychotherapy and Sawubona Healing Circles, which have been shown to be effective for Black women. Incorporating these interventions can make therapy more relevant and effective (Phillips, 1990; Washington, 2018).

Lastly, community engagement and resources are important components of cultural competence. Training should encourage practitioners to connect with community organizations and resources that serve Black women. These organizations can provide additional support and context for understanding clients' cultural environments (Alvidrez et al., 2008). Furthermore, practitioners should be trained to advocate for their clients and engage in outreach to raise awareness about mental health within the Black community, including providing education on mental health, reducing stigma, and promoting access to culturally sensitive services (Campbell & Mowbray, 2016).

By addressing these components, cultural competence training can significantly improve the quality of mental health care provided to Black women, ensuring that it is respectful, relevant, and effective.

Importance of Cultural Competence Training

Cultural competence training is a crucial component in addressing and reducing mental health disparities among Black women. Such training

equips mental health practitioners with the knowledge, skills, and awareness necessary to provide care that is respectful of and responsive to the cultural needs of their clients. For Black women, whose mental health experiences are shaped by unique cultural, social, and historical factors, culturally competent care can make a significant difference in treatment outcomes.

Improving the Therapeutic Alliance

The therapeutic alliance, or the relationship between the therapist and client, is a key predictor of positive treatment outcomes (Norcross & Wampold, 2011). When practitioners demonstrate cultural competence, they are better able to establish rapport and build trust with their clients. For Black women, who may have experienced cultural insensitivity or discrimination within the healthcare system, feeling understood and validated by their therapist is essential. A culturally competent practitioner acknowledges the client's cultural background and experiences, such as the impact of racism and the "Strong Black Woman" schema, which can foster a sense of safety and openness in the therapeutic relationship. This trust encourages clients to engage more fully in the therapeutic process, increasing the likelihood of successful outcomes.

Enhancing Accuracy in Assessments and Diagnoses

Cultural competence training helps practitioners to recognize and interpret cultural variations in symptom presentation, which is crucial for accurate assessment and diagnosis (Sue et al., 2009). Black women often express distress through somatic symptoms such as chronic pain, fatigue, or gastrointestinal issues, rather than through verbal expressions of emotional distress. Without an understanding of these cultural differences, practitioners may misinterpret or overlook these symptoms, leading to underdiagnosis or misdiagnosis of conditions such as depression and anxiety. By being culturally attuned, practitioners can ask the right questions, employ culturally appropriate assessment tools, and interpret symptoms within the client's cultural context, resulting in more accurate and meaningful diagnoses.

Providing More Effective and Personalized Interventions

Effective treatment for mental health conditions in Black women requires interventions that resonate with their cultural identities and lived experiences (Hays, 2009). Cultural competence training empowers practitioners to adapt evidence-based therapies to align with the cultural values, beliefs, and practices of their clients. This could involve integrating discussions about race, gender, and systemic oppression into cognitive-behavioral therapy (CBT), incorporating spirituality and culturally significant symbols into mindfulness practices, or utilizing culturally specific approaches like NTU Psychotherapy and Sawubona Healing Circles. Personalized interventions that reflect the client's cultural background can enhance engagement in therapy, as clients are more likely to feel that the treatment is relevant and respectful of their experiences.

Additional Benefits of Cultural Competence Training

Beyond improving the therapeutic alliance, enhancing diagnostic accuracy, and providing effective interventions, cultural competence training offers additional benefits in the broader context of mental health care for Black women such as reducing stigma, facilitating better communication, and addressing systemic inequities.

Reducing Stigma and Promoting Empowerment:

By acknowledging and validating clients' experiences with cultural and societal stressors, practitioners can help reduce internalized stigma and promote a sense of empowerment and agency. This validation is particularly important for Black women who may feel pressured to conform to societal expectations of strength and self-reliance.

Facilitating Better Communication: Cultural competence training improves practitioners' ability to communicate effectively and respectfully with clients from diverse backgrounds. This includes being mindful of language, avoiding clinical jargon, and being sensitive to nonverbal

communication cues, which can enhance understanding and cooperation in therapy.

Addressing Systemic Inequities: Culturally competent practitioners are better equipped to recognize and address systemic barriers that may impact their clients' mental health, such as discrimination, socioeconomic challenges, and access to care. This awareness can guide practitioners in advocating for their clients and connecting them with culturally relevant resources and support systems.

In summary, cultural competence training is a vital component in reducing mental health disparities and improving treatment outcomes for Black women. By fostering a deeper understanding of cultural backgrounds, practitioners can build stronger therapeutic alliances, enhance the accuracy of assessments and diagnoses, and provide more personalized and effective interventions. These efforts contribute to a more equitable and responsive mental health care system that better serves the needs of Black women.

Anti-Oppressive Practice and Addressing Anti-Black Racism in Mental Health Care for Black Women

Anti-oppressive practice (AOP) is a framework in social work and mental health care aimed at recognizing, challenging, and addressing power imbalances and systemic inequalities that exist both in society and within the healthcare system. This approach requires an understanding of how various forms of oppression, including racism, sexism, and classism, intersect and shape individuals' experiences and overall well-being. When applied to the mental health care of Black women, AOP involves acknowledging the historical and ongoing impact of anti-Black racism on mental health and striving to create an equitable and inclusive environment for care (Dominelli, 2002).

Understanding Anti-Black Racism

Anti-Black racism refers to the specific and systemic discrimination, prejudice, and violence that are directed towards people of African descent. It is rooted in historical and structural inequalities that have marginalized Black individuals and communities, resulting in disparities in access to resources, opportunities, and health outcomes (García & Sharif, 2015). In the context of mental health care, anti-Black racism manifests in various ways, including biased diagnostic practices, inadequate treatment, and a lack of culturally appropriate care. Black women, in particular, face the compounded effects of both racism and sexism, which can significantly influence their mental health and the way they experience depression and anxiety.

Addressing Anti-Black Racism in Practice

Practitioners have a critical role in addressing anti-Black racism within mental health care. This involves not only recognizing and challenging systemic barriers but also implementing strategies to provide more equitable and supportive care for Black women experiencing depression and anxiety. Key ways practitioners can address anti-Black racism in practice include:

It is important that mental health practitioners are educated and aware of implicit bias, anti-Black racism and anti-oppressive social work practice. Practitioners must engage in ongoing self-assessment to identify and challenge their own biases and assumptions about race and Blackness. This process involves critically examining how their social identities and privileges may impact interactions with clients and the therapeutic process. Continuous education on the history and impact of anti-Black racism is also essential. Understanding how systemic racism affects Black women's experiences and shapes their mental health can enhance practitioners' ability to provide informed and sensitive care (Sue et al., 2009). This includes recognizing how historical trauma and contemporary experiences of discrimination contribute to the mental health struggles faced by Black women.

It is important that practitioners create inclusive and safe spaces. Creating a culturally responsive therapeutic environment that is welcoming, inclusive,

and affirming of Black women's identities is crucial. Practitioners should be mindful of cultural symbols, language, and practices that resonate with clients and enhance their sense of safety and belonging. This includes acknowledging the power dynamics inherent in the therapist-client relationship and striving to create a collaborative and empowering space where clients feel heard, respected, and validated (Hays, 2009). By fostering an environment where Black women can freely express their experiences and emotions, practitioners can help counteract the effects of systemic oppression and promote healing.

Advocacy is a key component of anti-oppressive practice. Practitioners should advocate for their Black clients within the healthcare system and beyond, helping them navigate systemic barriers and access the resources and services they need. This includes challenging discriminatory practices and policies that may negatively impact clients, as well as empowering them through education about their rights and the systemic factors that affect their mental health. By providing clients with this knowledge, practitioners can help Black women feel more in control of their treatment and better equipped to advocate for themselves (García & Sharif, 2015). We must focus on empowering Black women with depression and anxiety instead of giving them the burden to prove their symptoms.

It is imperative that practitioners implement interventions that are informed by anti-oppressive principles is crucial for addressing the unique experiences of Black women with depression and anxiety. Collaborative treatment planning involves actively involving clients in the decision-making process and ensuring that their cultural values, preferences, and experiences are central to the interventions used. Culturally adapted therapeutic approaches, such as NTU Psychotherapy and Sawubona Healing Circles, can provide a framework that resonates with the cultural and spiritual dimensions of Black women's experiences, helping to counteract the effects of anti-Black racism and promote mental well-being (Phillips, 1990; Washington, 2018). Practitioners should engage in advocacy efforts to promote anti-racist policies within mental health institutions and the broader healthcare system. This includes pushing for the inclusion of anti-racist training in mental health education and advocating for policies that address systemic inequities in access to care. By contributing to research that examines the impact of anti-Black racism on mental health and evaluates the effectiveness of anti-oppressive interventions, practitioners can help build the evidence base for more equitable practices (Lewis et al., 2017).

Community engagement and collaboration with organizations that support Black women are vital for understanding the cultural contexts in which clients live and providing additional resources for support. Practitioners can enhance their practice by partnering with Black community organizations and supporting collective healing initiatives. Recognizing the importance of community and collective healing in the Black community, group interventions and community-based programs can promote resilience and empowerment, addressing both individual and communal aspects of mental health (Mattis, 2000).

Implementing anti-oppressive practices and addressing anti-Black racism are essential components of culturally competent mental health care for Black women. By engaging in self-reflection, creating inclusive therapeutic environments, advocating for clients, implementing culturally adapted interventions, and promoting systemic change, practitioners can work towards dismantling the barriers that contribute to mental health disparities. This approach not only enhances the quality of care for Black women but also contributes to a more just and equitable mental health care system.

Discussion

Understanding the cultural, somatic, and psychosocial manifestations of depression and anxiety in Black women is essential for providing effective and equitable mental health care. This paper highlights the complex interplay between cultural expectations, systemic barriers, and individual experiences that shape the mental health of Black women. The unique presentation of symptoms, influenced by cultural norms like the "Strong Black Woman" schema and compounded by the tendency to somatic emotional distress,

often leads to under-diagnosis and misdiagnosis. This, in turn, results in inadequate treatment and contributes to ongoing mental health disparities. Addressing Anti-Black racism and implementing anti-oppressive practices are critical components of providing culturally competent mental health care for Black women experiencing depression and anxiety. By understanding and integrating concepts of anti-oppressive practice, practitioners can create a more equitable and inclusive therapeutic environment that acknowledges the complex interplay of cultural, historical, and social factors affecting Black women's mental health. Engaging in self-reflection and education about the history and impact of anti-Black racism, practitioners can identify and challenge their own biases, ensuring that their practice is informed by a deep understanding of how systemic inequalities shape the experiences of their clients.

Integrating a biopsychosocial-spiritual model offers a holistic framework that acknowledges the multifaceted nature of mental health in Black women. By considering biological, psychological, social, and spiritual factors, this model facilitates a more comprehensive understanding of how depression and anxiety manifest and provides a foundation for developing culturally sensitive interventions. Including spirituality and cultural practices as part of the healing process recognizes the significant role these elements play in the lives of many Black women, offering avenues for empowerment, meaning-making, and community support.

To address the mental health needs of Black women effectively, it is crucial for practitioners to receive cultural competence training that emphasizes the importance of understanding cultural narratives, spiritual beliefs, and the impact of systemic oppression. Anti-oppressive and anti-racist practices must be integrated into mental health care to ensure that Black women receive affirming and respectful treatment. Culturally adapted therapeutic interventions, such as NTU Psychotherapy and Sawubona Healing Circles, have shown promise in providing more relevant and effective care. These approaches underscore the importance of incorporating clients' cultural and spiritual identities into the therapeutic process.

Creating inclusive and safe therapeutic spaces is vital, as it allows Black women to feel validated, respected, and empowered in their healing journey. Through advocacy and empowerment, practitioners can support clients in navigating systemic barriers, providing them with the tools and knowledge to advocate for themselves within the healthcare system and beyond. Implementing culturally adapted interventions, such as somatic therapy, NTU Psychotherapy, and Sawubona Healing Circles, can address the unique cultural and somatic expressions of depression and anxiety in Black women, offering a more holistic and relevant approach to care. Future research should continue to explore and validate culturally specific diagnostic tools that better capture the unique presentations of depression and anxiety in Black women. Additionally, more studies are needed to assess the long-term outcomes of culturally adapted therapies and community-based interventions. These efforts can inform the development of policies and programs that address systemic barriers to care, such as financial obstacles, lack of access to culturally competent providers, and mistrust of the healthcare system.

Incorporating somatic therapy into treatment acknowledges the mind-body connection and the cultural tendency for Black women to experience psychological distress through physical symptoms. This approach, along with a focus on integrating spirituality and community support, offers a pathway for Black women to reclaim their bodies and identities in the face of historical and ongoing objectification and oppression. By combining these therapeutic approaches with anti-oppressive principles, practitioners can enhance the therapeutic process, addressing not only the symptoms but also the underlying social and cultural determinants of mental health. Ultimately, improving mental health outcomes for Black women requires a concerted effort to deconstruct cultural stigmas, enhance clinical understanding, and develop interventions that honor the complex interplay of culture, identity, and mental health. By fostering a deeper awareness and implementing culturally sensitive practices, the mental health field can

contribute to more equitable and effective care, empowering Black women to navigate and heal from their unique mental health challenges.

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