A QUALITATIVE STUDY ON TREATMENT APPROACHES AND CULTURALLY SENSITIVE MENTAL HEALTH CARE FOR AFRICAN IMMIGRANTS IN THE U.S.

By

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Abstract

Although the population of African immigrants in the U.S. continues to increase (Anderson, 2017), there is limited research on effective mental health treatment for this group. The purpose of this study was to understand the strategies that African immigrants utilize when dealing with emotional and psychological distress and in maintaining their overall wellbeing. The study also sought to obtain information on important aspects mental health professionals should consider in providing culturally sensitive treatment to African immigrants. Results from in-depth interviews with 13 participants from the states of Washington and Georgia demonstrated four factors that are beneficial to this group include: (a) sense of community, (b) spirituality, faith, and religion, (c) meaningful recreation, and (d) cognitive strategies. When working therapeutically, participants emphasized the importance of cultural relevance, collaboration, clarifying expectations, hospitality, and incorporating their values and interests. Other essential factors for mental health professionals to consider are their need for assistance navigating life in the U.S. particularly when they initially arrive and their roles within their families in the U.S. and abroad. Study findings also demonstrated that African immigrants' perceptions of mental health and distress are highly influenced by cultural beliefs from their native countries. African immigrants in the current study had diverse ways of dealing with mental and emotional distress, which portrayed high resiliency. Recommendations are given to assist mental health professionals to better serve African immigrant populations in the U.S.

Keywords: African immigrants, culture, mental distress, psychotherapy, community

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Chapter One: Literature Review

Culture cannot be separated from psychology for it is created through one's society and mind, and in turn operates on the individual's psyche and social domains (Valsiner, 2007). Culture has been defined as the shared values, ideologies, philosophies, attitudes, expectations, beliefs, norms, and assumptions that knit a society together (Kilmann, Saxton, & Serpa, 1986). It influences "the way things are done" in that community, implying a difference in attitudes, behaviors, relating to one another, illness expression, and approaches to treatment depending on the culture (Ayonrinde, 2003; Idemudia, 2015; Kilmann et al., 1986). Culture, therefore, influences people's beliefs and perceptions about mental health and distress, including the definition and treatment of illness (Idemudia, 2015; Sheikh & Furnham, 2000).

According to the World Health Organization (WHO), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community" (WHO, 2014, para. 1). Hence, mental illness includes diagnosable psychological disorders that involve distress in behaviors, feelings, and thinking, and usually relate to the individual's vulnerabilities. Mental illness is not only a burden to the person, but also to his/her family, friends, and potentially, community in which the individual resides (Amuyunzu-Nyamongo, 2013).

A significant correlation has been found between the general social well-being of a community and the degree of mental health among its members (Amuyunzu-Nyamongo, 2013). Socioeconomic conditions aggravated by poverty can influence psychological distress, leading to loneliness, isolation, and depression. People living in

poverty have been found to be more vulnerable to mental illness (Amuyunzu-Nyamongo, 2013). Stress is also a major component of mental distress and can be due to relationship issues, work-related problems, financial worries, bereavement, and other concerns (Browne, 2013). A study funded by the WHO estimating the global disease burden has shown that neuropsychiatric disorders continue to gain grounds worldwide (Murray & Lopez, 1997a). The burden of disease contributes to premature loss of years of life, which WHO defines as Disability-Adjusted Life Year (DALY). In other words, a DALY can be likened to losing one year of healthy life. It has been predicted that unipolar major depression will be the second leading cause of "life years lost due to premature mortality" worldwide, third in developed regions, and top leading cause of DALYs in developing regions by the year 2020 (Hugo, Boshoff, Traut, Zungu-Dirwayi, & Stein, 2003; Murray & Lopez, 1997a, 1997b). The rise in mental health disorders demands for an increase in understanding how to effectively treat them.

Societies of various cultures have diverse methods of conceptualizing the causes, nature, effects of mental health and distress, and the interventions to use for treatment. For example, traditionally among the Xhosa-speaking society of South Africa, the presence of one's ancestors is important to maintain good health. Ancestors act as mentors and guides that are revered. Thus, a lack of connection with the ancestors may lead to the individual being exposed to evil powers such as witchcraft, often associated with negative health characteristics. Various African beliefs and rituals such as reverence to ancestors have been found to produce positive outcomes on mental health. In the same token, individuals that are distressed in both African and Western cultures portray negative health features such as sleep disturbances, bodily sensations, and illnesses (Berg,

2003). Whereas individuals from different cultures may display similar indicators of distress and health, the reasons people from various cultures assign to distress and health, and their manifestation may vary. Culture influences cognition, affecting one's interpretation of a stressful event as well as the person's understanding of the purpose of the event (Idemudia, 2015). Thus, when providing mental health treatment, lack of knowledge of the client's culture could potentially aggravate distress and cause harm.

African versus Western Psychology and Healing

Brief history. It is essential to recognize the role of history in influencing Western and African psychology. Western psychology continuously evolved from its origins in Europe, mainly in Germany, moving to the U.S. towards the twentieth century (Ben-David & Collins, 1966). This alone provides some insight to the founding fathers of psychology and the culture that influenced the development of Western psychology. Problems are primarily attributed to the individual and natural causes, placing a higher importance on individual responsibility. Integral elements of Western psychotherapy are aspects of insight to one's thoughts, behaviors, feelings, and subconscious mind (Peltzer, 1998; Schultz & Schultz, 2012). However, non-western collectivistic societies such as those in Africa often associate psychological distress to supernatural and social causes. Although one exists as an individual, the person acquires meaningful identity as a part of the group, hence one's actions are not seen in isolation to oneself (Ebigbo, Oluka, Ezenwa, Obidigbo, & Okwaraji, 1995; Idemudia, 2015; Madu, 2015).

In many African societies, there is little to no distinction between mental and physical illness, the unconscious and conscious, supernatural and natural. Some Africans believe that disease can be transferred from generation to generation if one person has not

dealt with the stains of his/her fault (Ebigbo et al., 1995; Idemudia, 2015; Madu, 2015; Sheikh & Furnham, 2000). In contrast to Western developmentalists, Afrocentric scholars view spirituality as essential to healthy psychological functioning due to its role as "the vital life force that animates us and connects us to the rhythms of the universe, nature, the ancestors, and the community" (Wheeler, Ampadu, & Wangari, 2002 p. 73). Furthermore, people who brought African psychotherapy to the forefront were not trained psychotherapists, but rather, well-known writers of African literature such as Chinua Achebe, Wole Soyinka, and Léopold Sédar Senghor. According to Wheeler et al. (2002), a major factor to consider in distinguishing African psychotherapy is the historical difference of white supremacy versus slavery, colonialism, and racism of African-descended people worldwide. Thus, Africans' issues include individual, family, historical, institutional, and socio-cultural post-colonial problems, corruption, trauma from war and other sources. In other words, history and social injustice are important for African psychology (Nwoye, 2010) and offer varying experiences and coping strategies for African as compared to Western groups (Nwadiora, 1996; Wheeler et al., 2002). Spirituality has played a unique role in African psychology in appealing to higher or supernatural forces, restoring a self-concept and self-esteem, and over-coming negativity (Wheeler et al., 2002). In addition, colonialization in Africa also introduced various changes that persists through today such as the introduction of churches and schools that further led to a blend of cultures (McAllister, 2009; Nwadiora, 1996; Wheeler et al., 2002).

Nwoye (2010) defines "Psychotherapy in Africa" as the application and study of best practices in indigenous and Western psychological healing methods to improve the

psycho-social stresses, damages, wounds, and challenges of post-colonial African people and their world. It therefore, does not only apply to healing the self and family, but incorporates rehabilitating destructive political and traditional practices, and protecting marginalized groups and the society itself. Psychotherapy in an African context has both preventive and clinical purpose, viewing the client within the broader socio-historical sources contributing to personal distress. Consequently, Nwoye (2010 p. 29-30) summarizes six goals of psychotherapy in Africa:

1. Rehabilitate the psychological and physical damage inflicted by colonialism, which involves addressing and rectifying self-hatred and internalized oppressive notions people might hold of themselves and their communities.
2. Challenge destructive patterns that people develop to achieve extravagant goals leading to corruption and the betterment of one's self at the expense of others' wellbeing.
3. Re-examine misdirected expectations and goals for which many African people strive.
4. Re-educate society and stop preventable psychological damages.
5. Challenge and change faulty or unrealistic worldviews, expectations, attitudes, beliefs, prejudices, values, and harmful beliefs Africans possess about themselves, others, and their world.
6. Reflect and explore negative consequences of African people's behavior on their society.

Psychological Treatment Approaches in Africa

The African perspectives mentioned above are vital when thinking about psychological well-being. Healing is viewed as restoring harmony or wholeness between the person and the universe, which might comprise of peers, family, ancestors, deity, or society (Ebigbo et al., 1995; Idemudia, 2015). Healing re-establishes connectedness between mind-body, individual and family/public, conscious and unconscious, and promotes solidarity and commitment to advancement of the community. Ceremonies are conducted to provide such healing and include advice giving, dancing, drumming, call-response chanting, and trance-like rituals such as catharsis. Therefore, the African therapeutic process usually includes various family or community members that are active parts of the individual's life. Dreams are taken seriously both as prognostic and therapeutic in nature. They are sometimes seen as messages from the ancestors, which in traditional Africa act as mediators to one's higher being (Berg, 2003; Wheeler et al., 2002).

Similar to seeking a psychotherapist in the U.S., many people in Africa seek traditional and herbal healers (also called native doctors) for mental health concerns (Ebigbo et al., 1995; Madu, Baguma, & Pritz, 1996). These healers believe in an illness concept, although mental and physical illness are not clearly differentiated. Traditional healing is sometimes a family secret passed on from older generations to younger relatives. Healers treat psychosocial problems such as sexual issues, chronic or terminal diseases, psychotic disorders, psychosomatic disorders, social disorders, cannabis and alcohol related disorders (Madu et al., 1996). Traditional healers undergo ceremonies and training to attain healing powers and understand essential medicinal plants used for

healing different illnesses. When new herbs are discovered, people believe this is an inspiration or direction by higher powers. Hence, traditional healers are viewed with respect and honor (Ebigbo et al., 1995; Madu et al., 1996). This sort of training for traditional healers can be likened to the years of training for Western psychotherapists to obtain a masters or doctoral degree in Counseling. The Western psychotherapist may have certain treatment modalities shown to be more effective for ailments such as depression, post-traumatic stress disorder, and so on (Peltzer, 1998). However, for the African traditional healer, specific treatments are not reserved entirely for particular types of mental illness. Rather, the healer's personality and knowledge of herbs, culture, and religion are the primary therapeutic agent. This can be compared to the therapeutic relationship to the Western psychotherapist. African native doctors utilize different treatment methods, including sacrificial offerings to the gods, using medicines made from herbs and roots, and psycho-social spiritual methods (beating drums, dancing, incantations, rituals, proverbs). Clients struggling with substance addictions are placed in rooms or compounds until withdrawal symptoms are eliminated. Contrary to client-centered approaches in Western psychotherapy, the native doctor is the expert and client obedience and attention are emphasized (Ebigbo et al., 1995; Madu et al., 1996; Madu, 2015).

Currently in Africa, there has been a decline in traditional healing practices and an upsurge of religious faith healing practices specifically Christian faith, many that still include cultural elements (Madu, 2015). Part of the reasons for the change is that traditional healers were unable to read and write, thus, did not have documentation of their healing processes. In addition, the rise of westernization and Christianity around the

1960s in Africa contributed to less interest of the new generation in learning traditional healing. Nevertheless, both traditional and faith-healing practices are still used for about 80% of psychiatric-related issues in Sub-Saharan Africa. Christian healing practices encompass clapping of hands and singing, fasting, exorcism, praying, group rituals, laying of hands, confession and testimony sharing, and inducing courage and conviction (Madu et al.,1996; Madu, 2015).

An example of faith practices demonstrated to have psychotherapeutic effects include prayer mountain events. In an observatory study done in Nigeria, individuals with presenting problems such as unemployment, sexual dysfunction and impotency, and spells of dizziness and loss of consciousness attended a prayer mountain event (Aina, 2006). Some components of their experience included congregational, small group, and individual/couple activities. Components of these activities were prayer sessions, deliverance sessions, night vigils, revelations about causes of problem, praise and worship sessions, and symbolic rites where one is given specific instructions to sprinkle or bath with "holy water," tie a mantle for protection, or rub "anointing oil" on a sick body part. People that attended the prayer mountain event were given specific directions depending on their presenting problem. When participants adhered to the directions, case examples demonstrated relief of symptoms in weeks after the event (Aina, 2006). Koenig (2001) suggests that worship, prayer, and elements described in such prayer mountain events induce positive emotions, which act as de-stressors. The prayer mountain intertwines treatment of physical, psychological, and mental issues with spirituality within an African context.

Some modes of therapy developed for clients in Africa are dream therapy, milieu therapy, traditional counseling, harmony restorative therapy, Ubuntu therapy, and Meseron therapy (Ebigbo et al., 1995; Madu et al., 1996; Madu, 2015; Peltzer, 1998). In dream therapy, the healer categorizes the dream as a witchcraft or bad dream, as opposed to a healing or good dream. The client is taken through divination rituals with songs and dance. Milieu therapy uses resources from the client's cultural continuity and social environment to encourage confidence in the cure. The therapist mobilizes friends and family as client resources, creating harmony and reintegrating individuals alienated from their kinsmen. Traditional counseling occurs in out-patient and inpatient settings in which healers are in regular contact with their patients. Harmony restorative therapy utilizes an integrative therapeutic approach to create and restore harmony between the individual and his or her world. It aims not to distinguish mental from the physical illness, but rather acknowledge disharmony between oneself and different elements of one's life (Ebigbo et al., 1995; Madu et al., 1996; Madu, 2015; Peltzer, 1998). Ubuntu is a term that has recently been highlighted for "African renaissance" as a foundation for the reconstruction of "contemporary African identity" (McAllister, 2009 p. 2). Ubuntu means "humanity, human nature, human kindness, or humane-ness". It comes from a South African language implying, "I am because we are" (Van Dyk & Nefale, 2005 p. 54). Ubuntu therapy is a modern type of therapy that integrates African and Western techniques aiming to move the African client to a state of Ubuntu, which leads to psychological balance. When Ubuntu is absent, the individual experiences frustration, conflict, tension, community and relationship disintegration. Ubuntu helps clients in conflict with themselves or their community, those torn between traditional healing and

psychotherapy, and split between ancestors and God. Meseron (meaning "I refuse") therapy emphasizes rejecting anything that is unwholesome and is primarily used for stress (Madu, 2015; McAllister, 2009; Van Dyk & Nefale, 2005).

Help-seeking attitudes in Africa. With the increase in globalization due to the ease of travel and technology, more individuals seeking psychological help do not belong to "one pure culture" (Van Dyk & Nefale, 2005). Three types of clients have been identified in Africa today, the western-oriented, the mixed, and the traditional. The western-oriented are mostly born and raised in the cities, went to school, are religious (usually Christian or Muslim) and are accustomed to going to the hospital for health issues. Western and faith forms of healing with cultural sensitivity would most likely appeal to these individuals. The traditional live primarily in the rural areas and are more accustomed to utilizing native doctors and traditional customs. The mixed group are those who might have been born in the rural areas but moved to the townships as adults. This group might welcome a combination of traditional, faith, and western healing practices (Madu, 2015).

In many African societies, even though there is a general awareness of mental health problems and some avenues to seek help, people who are classified as mentally ill are highly stigmatized. Thus, causing difficulties in their willingness to seek psychological help (Adewuya & Makanjuola, 2005). During a workshop conducted in Cameroon (in 2000) for the Third World Congress for Psychotherapy, young psychotherapists expressed feelings of fear of community rejection and anxiety if they chose to deliver psychotherapy only, as opposed to incorporating community values and traditional healing (Van Dyk & Nefale, 2005). More recently, it was estimated that about

85% of people who experience psychological problems in Ethiopia sought help from native doctors because this was more acceptable by the community than going to a mental hospital (Amuyunzu-Nyamongo, 2013). Nevertheless, there is limited research on current traditional healing in Africa.

Psychotherapy in Africa is a challenge for varying reasons. The cost of psychotherapy training is high, and the multilingual nature of African countries makes practicing psychotherapy difficult. Moreover, different belief systems and expectations exist between clients and psychotherapists. Individuals are unsure of what psychotherapy is and when it should be sought. Additionally, they are unwilling to discuss issues with people outside of the family. The notion of isolating oneself during the therapy session can be viewed offensively. People tend to be inconsistent in appointment keeping, lack interest in being introspective, thus place a high dependence on the therapist to solve their problems. Psychological problems are often translated as physical problems with the expectation to receive tangible cures such as medication, and clients expect symptom relief rather than personal change, which creates challenges with long-term psychotherapy (Peltzer, 1998; Van Dyk & Nefale, 2005). Therefore, Western theories of psychology alone could be limited when applied to Africans (Wheeler et al., 2002). Africans who migrate to various countries including the United States hold different perspectives about mental health and treatment (Nwoye, 2009; Van Dyk & Nefale, 2005). Therefore, knowledge of these perceptions and beliefs is important for mental health professionals when working with people from diverse cultures such as African immigrants residing in the U.S.

Challenges Faced by African Immigrants in the United States

The population of African immigrants in the U.S. has been on the rise since the 1900s. Compared to other major groups, Africans demonstrated the fastest growth rate from 2000 to 2013, with 2.1 million African immigrants residing in the U.S. in 2015 (Anderson, 2017). The top 10 countries of African immigrants' origin include Nigeria, Ethiopia, Egypt, Ghana, Kenya, South Africa, Somalia, Morocco, and Liberia respectively. This population is found in the West (17%) or Midwest (18%), Northwest (25%), and the South (39%). The major states in which they settle include Texas, California, Maryland, New York, New Jersey, Virginia, and Massachusetts. However, Africans account for a significant percentage of immigrants in other states as well (Anderson, 2017). Despite this increasing number of African immigrants in the U.S., little research has been done on this group especially regarding mental health treatment. A few studies have assessed the impact of immigration on Africans, various types of distress African immigrants experience, mental health rates among this group, and their attitudes towards seeking help (Aragona, Rovetta, Pucci, Spoto, & Villa, 2012; Browne, 2013; Thomas, 2008; Venters et al., 2011). Even fewer studies have addressed effective therapy approaches for this population.

In the 1960s and 1970s, most Africans who migrated to the U.S. eagerly returned to their native countries after receiving an American education. However, in most recent decades many Africans who migrate to the U.S. hope to establish permanent residency in the country (Takougang, 2003). Immigrants from Africa migrate due to various reasons including refugee or asylum seeking due to adversities in their home countries such as wars and civil unrest, winning the lottery, hopes for better education and socioeconomic

status (Amuyunzu-Nyamongo, 2013; Obiakor & Afoláyan, 2007). Some immigrant groups in the U.S. may initially have a good health status, but it slowly declines with time in their host country. For refugees, some influencing factors for the deterioration include lifestyle changes, environmental risks, poverty, and health-care access (Fennelly, 2006; Shipp, Francis, Fluegge, & Asfaw, 2014). WHO estimated that about 50% of refugees suffer from psychological issues such as chronic mental illness, post-traumatic stress disorder (PTSD), and chronic diseases that affect mental well-being (Amuyunzu-Nyamongo, 2013). In a study conducted in the U.K. on African immigrants, factors associated with poorer psychological health outcomes included financial worries, immigration, health problems, relationships and family problems, employment and education, racism and discrimination, past trauma, and cultural barriers/acculturation (Browne, 2013). These findings were consistent with previous research in the U.S. (Constantine, Okazaki, & Utsey, 2004; Constantine et al., 2005; Malos, 2012; Mori, 2000; Ward, Sellers, & Pate, 2005). Immigrant children and native-born children from families with incomes qualifying them for government assistance have been found to face similar difficulties regarding poverty, health, and limited access to quality education (Hernandez & Cervantes, 2011). Nevertheless, immigrant children receive less public and educational assistance than the U.S. born children from families earning low incomes. Immigrant children also experience more issues adjusting in the school system especially due to the cultural discontinuity between home and school. Many immigrant children are linguistically, culturally, and socially displaced in the school system, leading to elevated dropout rates despite higher academic achievement compared to American-born groups

(Hernandez & Cervantes, 2011; Obiakor & Afoláyan, 2007). These concerns with immigrant children aggravate the problems immigrant families face in the U.S.

Many aspects about life for an African immigrant in the U.S. is drastically different from life in their native countries. For example, food, dress, climate, housing and work conditions, language, values and norms, social interactions, education process, and the experience of racism are novel to many Africans (Constantine et al., 2005; Mori, 2000; Takougang, 2003). A major difference, however, is found in the African immigrant's perspective as compared to that of the U.S. larger society. The African immigrant approaches life from the view of benefiting the needs of the social group (a collectivistic cultural orientation) yet enters a society that prioritizes autonomy and individual identity (an individualistic cultural orientation; Sue & Sue, 2013; Van Dyk & Nefale, 2005). Many African cultures include a lot of social support from relatives, friends, and neighbors, which is vastly different from that in their new environment. They are further separated from their social support as they have migrated away from their home countries. This struggle becomes even more challenging because many African immigrants are unaware of how to understand and express the cultural differences they experience. And many mental health professionals fail to recognize these issues along with overall mental health concerns of African immigrants. These factors increase the social isolation that the African immigrant already experiences (Boise et al., 2013; Kabuiku, 2016; Makwarimba et al., 2013; Thomas, 2008).

Other issues that might arise for the African immigrant are fluctuations in their immigration status and disappointment in their expectations upon coming to the U.S. (Kabuiku, 2016; Nwoye, 2009; Thomas, 2008; Ward et al., 2005). Well-established

Africans that migrate are sometimes unable to work within their trained professions once they move to the U.S. because their degrees are not recognized (Nwoye, 2009). African immigrants encounter changes in gender roles and parental laws about disciplining children; a cultural divide may develop between parents and their children in the U.S. (Kamya, 2005; Nwadiora, 1996; Rasmussen, Akinsulure-Smith, Chu, & Keatley, 2012; Thomas, 2008; Ward et al., 2005). Furthermore, some African immigrants can be overwhelmed by the demands of life in the U.S. while supporting family back in their native countries (Kabuiku, 2016; Makwarimba et al., 2013; Nwoye, 2009). If persistently unaddressed, these issues only increase the mental health burden of African immigrants in the U.S.

The issue of identity may also aggravate the stress on African immigrants. Many African immigrants struggle between loyalty to their country of origin and adopting the traditions of the U.S. African immigrants' pursuit of education, success, financial gain for their families, and dealing with life stressors could contribute to cultural discontinuity in the U.S. and in their homeland (Obiakor & Afoláyan, 2007). Raising children in an America who do not remember cultural traditions from their parents' homeland may make parenting especially difficult. While parents might experience guilt of not raising "completely African kids", the children may struggle with differences between their culture at home and that in school (Kamya, 2005). Cultural divide between parents and children could complicate their relationship causing more emotional and mental distress (Rasmussen et al., 2012). The issue of identity can be further heightened by the politics of African immigrants' home countries, which can negatively influence how they are perceived by others in America (Kamya, 2005). Moreover, with the increase in

globalization, many of today's African immigrants possess multiple identities that influence their self-definition, relationships with family and friends in their home countries, interactions with other immigrants and African-Americans, and the American larger society (Nyang, 2011).

The Diversity Immigrant Visa Program, also known as the American lottery, offers 50,000 immigrant visas annually to individuals from countries with low U.S. immigration rates (U.S. Department of State, 2017). While winning the American lottery has been beneficial for some African immigrants in the long run, many have had distressing experiences after coming to the U.S. that have aggravated mental and physical problems (Afoláyan, 2002; Wamalwa, 2013). After reading a newspaper article written by Makeni (2007) about Kenyans who won the permanent residency card (green card), Nwoye (2009) summarized four major dimensions experienced by well-established African immigrants. The first is the journey motif, recognizing that most African immigrants who obtain the green card have college degrees and are fairly successful in their home countries. Thus, they migrate in search of opportunities to create more significance in their lives and to humankind. Many Africans hold assumptions of America being a place where there is equal opportunity for all, hence, would enable them to resign from their careers in their home country such as professors, engineers, and doctors, to easily regain placement in similar or better opportunities in the U.S. (Nwoye, 2009; Ward at al., 2005) After migrating to the U.S., many of them find out that they are on their own, would need to wait for five years before they can apply for American citizenship, and are unable to work within their professions (Makeni, 2007).

The second dimension experienced by well-established African immigrants is that migrating to the U.S. would be an important step in helping them realize their dreams. The third is that most Africans who come under the assumption of realizing their dreams are disappointed by the recognition that every place has problems including the U.S. They notice that the green card might be a form of "cheap labor" (Wamalwa, 2013) for the U.S., to enable the country to provide jobs to immigrants that citizens do not readily take on such as dish-washing in hotels, sweeping the streets, being security guards, and others (Nwoye, 2009). Some well-established professors are denied tenure in the U.S. and forced to work as adjunct professors or start from scratch because their degrees are unrecognized in the U.S. This disappointment could lead to disorientation, cognitive dissonance, depression, and regret for leaving their home countries (Makena, 2007; Nwoye, 2009). The fourth dimension is the loyalty that some African immigrants may have to family and friends in their home countries (Nwoye, 2009). This could be especially distressing for those who borrowed money to migrate in hopes of repaying soon after migrating. People also have loyalties to family members who expect financial gains or whom they left behind in hopes of later bringing to the U.S. These aspects can leave many African immigrants feeling shame and guilt persecution, humiliation, embarrassment, and depreciated self-esteem, which in some cases has led to domestic violence, alcohol and drug abuse (Afoláyan, 2002; Makena, 2007; Nwoye, 2009; Wamalwa, 2013).

Help Seeking Attitudes and Behaviors among African Immigrants

Health professionals that have worked with people in different continents such as Africa, Asia, Europe, and the U.S. have found that cultural beliefs and perceptions

influence help-seeking approaches for diseases and mental distress (Hall, 2001; Kleinman, 1980; Rahman, 2016; Sheikh & Furnham, 2000). African immigrants in the U.S. and U.K. do not often seek professional help for psychological issues (Browne, 2013; Mori, 2000; Nadeem et al., 2007; Thomas, 2008). However, according to research findings, African-descended individuals have flexible and diverse ways of dealing with stressful conditions (Constantine et al., 2005). Some focus on living a healthy lifestyle that includes exercise and a good diet to maintain mental health while others rely on their support system and their faith (Boise et al., 2013). When asked where African immigrants in the U.K. seek help when distressed, respondents reported being more likely to seek help from people outside of their friend/family network concerning emotional or psychological distress. Sixty percent stated that they looked towards teachers/colleagues. Similarly, 60% looked to their community groups while about 50% sought their faith group/church/mosque. Less than 40% stated turning to friends, and even fewer reported looking toward family (Browne, 2013). This could be related to the possibility of being stigmatized or excluded from friends and family (Browne, 2013).

In one study utilizing focus groups, depression emerged as a significant health concern experienced by African immigrant women (Ward et al., 2005). Nevertheless, they reported that there is no word for depression in their native languages. The word likened to depression in many of their languages is "madness." In certain communities, mental problems are associated with "madness" and being incurable. Hence, there is a fear of being thrown into the category of someone who is "mad" and shameful to his/her family, and thereby excluded or known as an outcast. Therefore, stigma could impact an individual's willingness to disclose their problem (Browne, 2013). Furthermore, research

on West African immigrants in the U.S. demonstrated that people were more likely to talk to a medical doctor, family members, friend, clergy/minister, a traditional healer, and a spiritual healer, respectively, rather than a therapist (Thomas, 2008).

Some African immigrants may experience shame regarding their mental health issues, which may result in denial of the problems all together (Thomas, 2008). For example, Jimale and colleagues (2002) found that, Somalis tend to express things are well even when they are encountering hardships. Someone might describe an issue and deny its negative impact (Scuglik, Alarcón, Lapeyre III, Williams, & Logan, 2007). Additionally, Africans, especially African women, who have undergone significant amount of sexually traumatic experiences might find it daunting and culturally inappropriate to discuss such matters with strangers (Akinsulure-Smith, 2014). Other studies have demonstrated that international students in the U.S. underutilize mental health services (Mori, 2000). African international students have been found to show a lack of openness to seek counseling for cultural adjustment issues (Constantine et al., 2005). These examples demonstrate that there is a difference between African immigrants' interpretation of mental health problems and those of the U.S. larger society.

It is widely understood that people from Non-Western cultures often display their emotions and psychological distress somatically (Aragona et al., 2012; Ayonrinde, 2003; Minhas & Nizami, 2006; Scuglik et al., 2007; Ward at al., 2005). In one study, Aragona et al. (2012) found that U.S. immigrants from Africa and South America were more likely to somaticize their psychological distress. African women in another study described depression in terms of headaches, physical tiredness, heaviness, and body aches (Ward et al., 2005). One reason proposed was because of a lack of psychological

language or concepts (Minhas & Nizami, 2006). Another possible reason is because emotional expression of psychological problems may be considered a weakness and is stigmatized in some ethnic groups (Hugo et al., 2003; Nadeem et al., 2007), thus, somatization could be a way to reduce stigma (Aragona et al, 2012). While stigma plays a role in reducing desire for treatment, Nadeem et al. (2007) suggest that other factors prevent African and Caribbean immigrant women from utilizing mental health services. African immigrants may have confidentiality concerns, lack of knowledge on when and where to seek help, and lack of knowledge of U.S. health system. African immigrant women might also perceive that professionals may not be equipped to adequately help them especially regarding their traditionally/cultural background and having experienced poor treatment quality. Additionally, some may have limited financial resources or lack of insurance (Boise, 2013; Thomas, 2008; Ward et al, 2005). After studying African immigrants' attitudes towards seeking psychological help, Thomas (2008) concluded that "non-Western cultures (in this case West African cultures) have a different conceptualization of mental health distress from Western cultures" (p. 62). He asserts that more research is needed to investigate this phenomenon.

Attitudes and behaviors about seeking help vary depending on age, religion, sex, ethnicity, education, marital status, and sexual orientation (Mori, 2000; Sheikh & Furnham, 2000). A study conducted with immigrant groups in the U.K. from India, Pakistan, and East Africa showed factors that significantly predicted positive attitudes towards mental help-seeking were education and gender (Sheikh & Furnham, 2000). The higher one's level of education, the more positive their attitudes were towards seeking professional help. Women had more positive attitudes about professional help-seeking

than men. Moreover, individuals that were religious had lower positive attitudes than non-religious groups in seeking treatment. Those with religious backgrounds attributed a cause of mental distress to "the will of God" and thus, valued prayer as a major way to seek help (Sheikh & Furnham, 2000). Similarly, international West African students who had attained African and Western values (high acculturation) showed more positive attitudes towards seeking help from a psychotherapist than people with medium or low acculturation in the U.S. (Thomas, 2008). Therefore, mental health treatment for African immigrants is extremely complex, making it critical to achieve a clear understanding of all the factors influencing a client, in order to provide culturally appropriate and sensitive care.

Current Mental Health Treatment Approaches for African Immigrants in the U.S.

With the continuous increase in the immigrant and ethnic minority population in the U.S., the need for empirically supported therapies (ESTs) for these groups is becoming more evident. In the early 2000s, few ESTs demonstrated effectiveness with ethnic minorities, but this may have been primarily because the studies did not include this population, rather, they mainly focused on European Americans. It has been observed that ethnic minorities are more likely to attend psychotherapy sessions in which there are other ethnic minorities than those with more nonminority populations (Hall, 2001). However, the reasons for this might be less obvious, moreover, attendance does not represent treatment effectiveness. While a therapy approach may be empirically supported and effective in general, it might not be culturally sensitive, and consequently result in varying levels of effectiveness for different populations. Therefore, some ESTs might not be effective for African immigrants (Hall, 2001). In addition to ESTs,

Akinsulure-Smith (2012, 2014) notes that there is still a need for interventions that are culturally informed for Africans in the United States. She states that clinicians need to think creatively and sensitively in using culturally relevant methods based on an adequate understanding of the client's cultural influences.

When working with ethnic minorities regarding mental health treatment, Hall (2001) states that three essential concepts should be considered to fully understand the individual and context, as well as to conceptualize their concerns. These constructs are spirituality, interdependence, and discrimination. The concepts are central because ethnic minority groups place a higher value than European Americans on the presence of a supreme force or being that guides and unifies the universe (spirituality). Ethnic minorities also value group identity and interpersonal relationships (interdependence) and are more likely to have experienced discrimination than non-minority groups (Hall, 2001). Psychologists have collaborated with various populations including ethnic minority groups to create psychotherapy models that consider worldview differences. When working with Asians in the U.S., a model that includes shame, stigma, and value systems was developed due to the high emphasis many Asian cultures place on respect for superiors, family identity, and maintaining harmony within relationships (Root, 1998; Bedford & Hwang, 2003). A model that emphasizes developing racial identity was created for African Americans because of this groups' history of experiencing racism and discrimination (Carter, 1995). Latino Americans value family cohesion, thus, inclusion of the family structure is important when working with this population (Szapocznik et al., 1997). Incorporating indigenous empowerment, problem solving, sociopolitical context, and network resources are vital when working with Native Americans (LaFromboise,

Trimble, & Mohatt, 1998). Although not studied with African immigrants, Nwoye (2009) proposes Turner's ritual theory approach to be used for this group. This model draws on strategies and knowledge to bring action that would restore individuals' degree of control in their lives. Various ethnic groups also demonstrate preferences for different types of treatment. For example, in treating women with breast cancer in the U.S., White women preferred physical and dietary methods, Black women favored spiritual healing, Latino women liked spiritual healing and dietary therapies, and Chinese women were drawn to herbal remedies (Lee, Lin, Wrensch, Adler, & Eisenberg, 2000). Although these pertain to physical health, it shows ethnic differences that can equally influence mental health approaches.

Even though studies have been done with refugees and asylum seekers, and displaced men from Africa (Akinsulure-Smith, 2012), specific studies evaluating treatment models are still lacking for African immigrants as a whole, especially models that incorporate concepts and ideologies from African immigrants. Having studied and worked with Africans and African immigrant populations for multiple years, Akinsulure-Smith (2014) points out the huge heterogeneity and diversity among African cultures. Thus, cultural sensitivity may be perceived differently depending on the individual's sub-culture, hence, increasing the challenge to provide culturally appropriate care.

Nevertheless, interventions utilizing group work have been found successful with treating African immigrants who came to the U.S. due to civil unrest in their countries (Akinsulure-Smith, 2012; Akinsulure-Smith, Ghiglione, & Wollmershauser, 2008; Akinsulure-Smith, & Jones, 2011; Janzen, Ngudiankama, & Filippi-Franz, 2005). Researchers caution that clinicians and other mental health workers should recognize a

possible impact of trauma and memories of conflict on African immigrants that have migrated involuntarily. This affects the ways in which this group relates to their new environment (Janzen, Ngudiankama, & Filippi-Franz, 2005). A group therapy treatment model, Program for Survivors of Torture (PSOT) recognizes the importance of incorporating African culture in the services they provide (Akinsulure-Smith, 2012). PSOT was designed to help male African asylees and refugees to acquire social support, reduce PTSD symptoms, and gain healing and coping strategies. This program has successfully provided group therapy to over 2000 individuals from more than 80 countries including Chad, Cameroon, Burkina Faso, Senegal, the Gambia, Congo Brazzaville, the Democratic Republic of Congo, Liberia, Guinea, Sierra Leone, Mauritania, Niger, Sudan, Rwanda, Tanzania, and Togo. The program draws from various therapeutic orientations such as supportive therapy, psychodynamic therapy, and cognitive behavior therapy in delivering group, family, and individual formats of treatment. PSOT recognizes that these individuals come from collectivistic cultures in which people work more interdependently and value community engagement and cohesion over structured time limitations when together. Thus, PSOT emphasizes the use of group therapy, offering flexibility in the time-frame (short or long-term), and closed or open groups (Akinsulure-Smith, 2012). Similarly, Nah We Yone meaning "It belongs to us" is a grassroots organization created to provide culturally informed services to Africans in the New York area. Some of these services include crisis interventions for all age groups, social and psychological support, wellness activities, strengthening community ties, and important information about living in the U.S. (Akinsulure-Smith, Ghiglione, & Wollmershauser, 2008; Akinsulure-Smith, & Jones, 2011). Although these

ongoing programs served thousands of African immigrants in the U.S., Akinsulure-Smith (2012) concludes that there is still a need to ameliorate African immigrants' mental health by studying and developing sustainable long-term interventions that utilize strengths from African culture.

Nwoye (2009) proposes three levels of family therapy practices to be utilized when working with African immigrants. The first involves the individual level, examining interior longings and failed expectations or hopes, and might include coaching on how to cope with various issues. The second involves the familial level addressing husband and wife roles and challenges, difficulties with raising children in a new environment, and dealing with extended family relationships. The third involves a greater social system in acting to change discrimination and immigration policies that are oppressive. Crises in one of these areas often originates from an intersection of other areas. Therefore, utilizing solely one therapeutic approach may fall short of addressing the African immigrants' complex problems.

The Importance of Cultural Sensitivity and Competence in Mental Health Treatment

Cultural sensitivity is associated with improved health outcomes and increased patient satisfaction (Ayonrinde, 2003; Sue & Zane, 2009). Various researchers concur that a significant reason why ethnic minorities have elevated dropout rates and underutilize services for mental health is because counselors and psychotherapists are unable to deliver culturally responsive/sensitive therapy (Gelso & Fretz, 2001). While it is impossible for clinicians to be knowledgeable of all cultural norms for various ethnic groups, it is essential that they effectively screen for cultural information that would be

significant in treating their clients (Ayonrinde, 2003; Sue & Zane, 2009). Nevertheless, mental health professionals need to be careful not to fall into the danger of emphasizing cultural differences, which could lead to stereotyping, over-generalizations, or drawing conclusions about individuals based on their background. Instead, common cultural trends about a group can provide professionals with initial awareness prior to acquiring further information about the individuals with whom they work (Ayonrinde, 2003; Sue & Zane, 2009).

A study evaluating the first three counseling sessions found that black clients received more satisfactory therapy and perceived therapists who had obtained culturally sensitive training as being more attractive, trustworthy, and expert than those who failed to recognize culture or race (Wade & Bernstein, 1991). Culturally sensitive therapy had a greater effect on the clients than the race of the therapist; culturally sensitive training significantly affected clients' evaluations of both white and black therapists. Being sensitive to minority clients also decreased client attrition rate (Wade & Bernstein, 1991). This study supported suggestions that credentials, degrees, and certifications did not make the therapist credible, rather, they were considered credible if they had knowledge of the cultural group (Sue, 1978; Wade & Bernstein, 1991; Sue, 2009). Furthermore, lack of cultural awareness and competence can aggravate distress of the client and promote misdiagnosis. A difference has been observed related to ethnicity and psychiatric diagnosis (Ayonrinde, 2003; Blackmon, & Stevens, 2009). Schizophrenia has been overdiagnosed while affective disorders have been underdiagnosed among African Caribbean and African Americans in the U.S. and the UK. By the same token, Asian Americans with mood disorders are more likely to be misdiagnosed with schizophrenia

while Latinos are more likely to be diagnosed with major depression than European Americans and African Americans (Bailey, Blackmon, & Stevens, 2009; Flaskerud & Hu, 1992; Minsky, Vega, Miskimen, Gara, & Escobar, 2003).

Theories to Providing Culturally Appropriate Treatment to African Immigrants

A major problem faced by mental health professionals in providing culturally sensitive treatment is translation from knowledge to practice; that is being knowledgeable of a particular cultural group is not adequate for effective therapy. For example, knowing that African cultures are more collectivistic in relation to individualistic American cultures does not address how to work with African immigrants (Sue & Zane, 2009). Moreover, culturally sensitive care does not necessarily mean utilizing specific techniques for certain population groups. The most commonly identified conceptual framework for culturally competent therapy includes cultural knowledge (of client), cultural beliefs and awareness (of therapist and how it relates to the therapeutic relationship), and cultural skills (providing culturally sensitive and relevant care) (Sue, 2006).

Three process elements of cultural competence include culture-specific skills, dynamic sizing, and scientific mindedness. Culture-specific skills are the therapist's knowledge and skills pertaining to the individual's specific culture. Dynamic sizing refers to the ability to differentiate aspects relating to the individual versus aspects that can be generalized to the cultural group; effective therapy avoids stereotyping yet appreciates cultural differences. Scientific mindedness describes when the therapist is able to form and test hypotheses, then act based on information attained. Therapists who possess these

three elements make less premature conclusions and do more effective therapy (Sue, 2006).

Sue and Zane (2009) propose two important content factors for effectively treating ethnic minorities are credibility and giving. Credibility is achieved when the client perceives the therapist to be trustworthy and effective in helping him or her. Giving refers to the client perceiving that he/she receives something from therapy (Sue & Zane, 2009). Two main components of credibility include ascribed status and achieved status. Ascribed status refers to the role or position the individual might assigned to the therapist, which can be influenced by the therapist's age, race, and gender. Achieved status relates to the therapist's skills. Both elements of credibility affect each other. For example, ascribed credibility might influence underutilization of mental health resources while achieved credibility may affect the attrition rate of clients. Some aspects that can be examined in achieving credibility are problem conceptualization, treatment goals, and method of problem resolution. The therapist's credibility can diminish when the client and the therapist disagree in their understanding of these features (Sue & Zane, 2009).

Giving in therapy reduces clients' questions and doubts especially in the beginning of therapy. It can include providing explanations of the therapeutic process, rational for treatment, and direct benefits to client as early as possible during treatment. Some ways to offer giving in therapy are normalization, goal setting, reassurance, and anxiety reduction. Increased credibility leads to more effective giving. Credibility and giving are essential no matter the therapeutic orientation, nevertheless, how each individual rates both varies depending on his or her cultural background. Adequate understanding and awareness of an ethnic group could directly promote credibility and

appropriate giving to individuals from the group. Sue and Zane (2009) used the example of Asian Americans in understanding these concepts, but no such studies have been done with African immigrants.

Statement of the Problem: The Need to Understand Africans' Mental Health from Africans' Perspectives

Cultural background, perspectives, and values have a profound influence on perceptions, attitudes, and treatment of mental health problems. A significant amount of research demonstrates the mental health burden of African immigrants in the U.S. (Afoláyan, 2002; Amuyunzu-Nyamongo, 2013; Brown, 2013; Constantine et al., 2004; Constantine et al., 2005; Nwoye, 2009; Obiakor & Afoláyan, 2007). Additionally, African immigrants underutilize mental health services and do not receive culturally sensitive care (Boise et al., 2013; Mori, 2000). In addressing these mental health concerns, various aspects need to be considered including the current African practices and treatments, issues surrounding immigration and adjustment to the U.S. culture, and African worldviews, values, and beliefs that are pertinent to the client. Currently, research and practice of psychotherapy is lacking in culturally sensitive treatment approaches for African immigrants in the U.S. This poses an enormous gap and disservice to this group, which has been identified as having the fastest growth rate for immigrant populations in the U.S. Furthermore, African immigrants have diverse ways of dealing with their mental distress (Constantine et al., 2005, Boise et al., 2013) that may not have been researched or documented. These aspects could potentially be added to therapeutic treatment for them. Previous research with minorities including African displaced men has demonstrated that people were more invested in their treatment when

they contributed to its development (Akinsulure-Smith, 2012). Hence, in acquiring preliminary knowledge on mental health treatment for the African immigrant, it would be essential to understand their own perspectives and notions on effective treatment.

Purpose Statement and Research Questions

The aim of this study is to investigate the lived experience of African immigrants' emotional and psychological distress and strategies they utilize to cope. For the purpose of this study, being African means relating or belonging to the continent of Africa, or its countries, cultures, people, or languages. An African immigrant in the U.S. is someone who is or was a national of modern Africa and moved to the U.S. I am interested in understanding African immigrants' preferences and cultural values regarding treatment of distress and psychological symptoms in order to improve cultural sensitivity and competency when working clinically with this population. In this qualitative study, I posed the following research questions to African immigrants in the U.S.:

1. How do African immigrants manage mental health distress? That is what strategies, activities, resources, events, rituals, etc., do they engage in when experiencing distress?
2. What therapeutic approach or style do African immigrants prefer when seeking mental health care?
3. What are important factors mental health professionals should consider when conceptualizing and providing treatment to an African immigrant?

Chapter Two: Qualitative Methodology

Purpose Overview

The purpose of this study was to highlight the strategies African immigrants in the U.S. use to ameliorate their mental health as well as important aspects to providing them with culturally sensitive mental health care. African immigrants experience a wide range of challenges that affect their psychological and emotional health including changes in cultural norms and social support, financial worries, immigration concerns, adjusting to new gender roles and parental laws, racism and discrimination, and past trauma (Constantine, Okazaki, & Utsey, 2004; Constantine et al., 2005; Malos, 2012; Mori, 2000; Rasmussen, Akinsulure-Smith, Chu, & Keatley, 2012; Ward, Sellers, & Pate, 2005). Nevertheless, this group tends to underutilize mental health services because of concerns such as differences in cultural understanding of mental health, stigma towards mental health, limited access, and lack of knowledge in navigating the U.S. health system (Boise, 2013; Fennelly, 2006, Minhas & Nizami, 2006; Thomas, 2008; Ward et al, 2005). African immigrants have also expressed that a barrier to them seeking health care is a lack of knowledge and insensitivity to their issues (Boise at al., 2013). Currently, there is limited information on effective mental health treatment approaches for African immigrants in the U.S. (Akinsulure-Smith, 2012; Nwoye, 2009). There is also a lack of understanding of what culturally sensitive care looks like for this group (Boise et al., 2013; Thomas, 2008). Previous research with minorities including African displaced men has demonstrated that people were more invested in their treatment when they contributed to its development (Akinsulure-Smith, 2012). Therefore, I was interested in understanding African immigrants' preferences and cultural values regarding treatment of

distress and psychological symptoms. I aimed to derive strategies from the people themselves that could be incorporated when treating African immigrants.

Research Question

For the current study, I posed the following research questions:

1. How do African immigrants manage mental health distress? That is what strategies, activities, resources, events, rituals, etc., do they engage in when experiencing distress?
2. What therapeutic approach or style do African immigrants prefer when seeking mental health care?
3. What are important factors mental health professionals should consider when conceptualizing and providing treatment to an African immigrant?

In the section below, I provide a description of the relevant underpinnings and procedures utilized during the study. The following sections include the philosophical worldview, research design, sample characteristics, participant recruitment procedures, methods of data collection, and analysis. I also explain procedures to enhance credibility, reliability, validity, and protection of the study participants.

Philosophical Worldview and Design Strategy

A phenomenological qualitative research design was used. Qualitative research seeks to explore and understand meanings people ascribe to an issue, how people interpret their experiences, how they construct their worlds, and the meanings they attribute to their experiences (Merriam & Tisdell, 2016). It emphasizes understanding from participants' views, usually by obtaining themes that emerge from the data. Phenomenological research design originated from psychology and philosophy; the

researcher gains understanding about an individual's experiences on a particular phenomenon based on the individual's description of his or her lived experience. The researcher captures and analyzes information to identify essences of phenomenon derived from the data (Creswell, 2014; Merriam & Tisdell, 2016). In-depth one-on-one interviews using open-ended questions were conducted to obtain information from people who self-identify as Africans or African immigrants living in the U.S.

This study involved a social constructivist worldview. This worldview emerges from the idea that individuals understand their world based on their history, cultural, and social experiences (Creswell, 2014). Thus, this study examines personal and community values, cultural and social influences or contexts, and interactions with other individuals in the African immigrant community. The goal of using this worldview was to derive meanings inductively from the collected data that aided in understanding how historical and cultural aspects play into current methods that African immigrants use to relieve psychological distress. Another goal was to recognize how culture and history affect how this population hopes to be treated when receiving mental health care.

Participants

A small sample selection was obtained purposefully and nonrandomly (Merriam & Tisdell, 2016) in order to enable adequate learning from the individuals chosen. Participants for the study included 13 adults (seven males and six females) between the ages of 21 to 68 years old (see Table 1 in Results section). All of them self-identified as being from an African country and having migrated to the U.S. from Africa. Interviewees were from Cameroon, Democratic Republic of Congo, Ethiopia, Ghana, Liberia, Kenya, Nigeria, Madagascar, and Zambia. Some of them had resided in other African countries

and two had lived in Europe during their adult years. Ten of them had been in the U.S. for 14 to 26 years, while the other three reported being in the U.S. for 7 years, 6 years, and 11 months, respectively. Six of the participants were married, one was divorced, two widowed, and four had never been married. Participants education level ranged from currently pursuing an Associate's degree to holding a Doctorate or Medical degree. Occupations included working with children, retired teacher, truck driver, physician, epidemiologist, registered nurse, business owner, graduate student, program coordinator, and financial analyst. Majority of the participants had lived in urban settings in their native countries in Africa.

As per requirement of the study, individuals reported that they were previously or currently involved in an African community (or African communities) in the U.S. and all reported being closely connected with people in Africa. Cultural identification was important for this study because of the aim to understand perspectives within and from the African culture. The individuals in the study were raised within African culture at least during their formative years. Hence, they were able to provide important information on thoughts and experiences of Africans in the U.S. considering that they come from Africa.

Participants were recruited from two states, seven from Washington (WA) and six from Georgia (GA). Individuals were chosen from the state of WA because this is the area in which the study took place and I was knowledgeable of some African communities within this region. GA has a significant population of African immigrant communities, some of which I was familiar, thus, people were recruited from this state. Including participants from two different states may have increased generalizability of

the findings for similarities found for African immigrants across states. Conversely, major differences by participants' state of residence might suggest that treatment strategies should vary depending where the African immigrant resides. Recruitment of participants was conducted by advertisements through social media, and word of mouth through individuals within African communities. Interested individuals were invited to contact me for further information. If they met inclusion criteria, individual study interviews were scheduled at an agreed upon community location, such as a public library.

Research Methodology

Data collection procedures. Upon meeting with a potential research participant, I described the study and inclusion requirements, specifically, to be an African immigrant of 21 years or older and to have been reared within African culture early in life (see Appendix A). Participants read and signed two copies of informed consent forms (one for participant and one for researcher), indicating formal agreement to participate in the study (see Appendix B). Opportunities were provided for participants to ask questions.

Interviews. Open-ended face-to-face one-on-one interviews of 35 to 105 minutes were subsequently conducted and audio-recorded. Interviews consisted of the participant's demographic information, areas of distress, strategies of coping, and therapeutic experiences (see Appendix C). The aim was to examine the perspectives participants have developed about receiving mental health treatment based on their experiences and those of other people from Africa. Research has demonstrated great benefits of gathering information from African groups in order to better serve this population (Akinsulure-Smith, 2012; Boise et al., 2013). I hoped to derive what

contributes to positive and effective treatment, and what can be improved upon. Additionally, I wanted to identify how these factors may vary by the client's demographic information. These goals assisted in highlighting key factors about African immigrants' value system and ideologies, thereby, offering recommendations on how mental health professionals may effectively work with them.

Participant observation. Participant observations aided in providing a more holistic depiction of thoughts and feelings the participants reflect through body language, tone, and attitude. Some other elements considered in the observations included my own behavior with the participant, and the nature of our interaction. These aspects demonstrated to the researcher pertinent information about the participant's perspectives (Merriam & Tisdell, 2016).

Field notes. Field notes include anything written by the researcher during the interview process. Observations and field notes help with triangulation and validity, hence, facilitating the research process (Kawulich, 2005). Therefore, I recorded notes on observations of the participant's behaviors, my relationship with the participant, and how that may or may not have influenced the interview. Notes were also taken on my thoughts and feelings during each interview and how my age, gender, or role might have affected the participant.

Protection of human subjects. Approval was obtained from the Institutional Review Board to ensure protection prior to study implementation. Each interview was audio recorded with participants' information de-identified and kept securely so as to maintain their confidentiality.

Data Analysis Process and Procedures

Data was transcribed in tandem with data collection, which helped create clearer focus of concepts derived from participants and eased the research analysis process (Merriam & Tisdell, 2016). Analysis included the data collected from interviews, notes from my observations of participants, and notes on my thoughts and feelings while conducting interviews. Transcribed interviews were initially coded by hand to draw out themes and descriptions of themes using open and axial coding. Open coding involves being expansive to identify useful concepts derived from the data while axial coding includes grouping open codes to categorize the themes obtained (Merriam & Tisdell, 2016). After hand-coding, the data was analyzed using Atlas.ti software to further clarify and organize codes. Codes were defined based on responses to the research questions obtained from the data. Initial codes derived through Atlas.ti were grouped into main and sub-categories. The meanings of these categories were subsequently refined using a constant comparative method in which comparisons of themes were made within interviews, between interviews, and between the interviews from Washington and Georgia (Boeije, 2002). A reliability coder and a peer debriefer were involved in the process to ensure study reliability, credibility, and validity. This process is described in detail in the next section.

Triangulation of the data was achieved through attention to what the participants said, how they said it, their affect and tone, and how the interview data paralleled the field notes collected during the interview. Significant statements and themes found were used to generate interrelated descriptions and meanings (Creswell, 2014).

Promoting Study Reliability, Credibility, and Validity

Reflexivity (researcher's biases/assumptions). Having lived in various African countries including Cameroon, Senegal, and Ghana, and being involved in African communities in the US, I recognize differences in perspectives on mental health between people from Africa and people from the U.S. These differences translate to a dissimilarity between both groups regarding dealing with distress, seeking treatment for help, and perceptions of mental health professionals. I recognize that I hold an assumption that many people from Africa may not realize some of the ways they deal with distress such as engaging in large gatherings with fellow Africans where they eat, talk, and dance. Some may have utilized traditional methods of treatment involving seeing a traditional doctor or herbalist in their native countries. I assume that the idea of a psychologist or therapist might be uncommon due to differences in cultural beliefs about psychological health problems. Therefore, African immigrants might be more likely to talk to people they know when they are faced with distress and/or they may hide some of their distressing feelings and thoughts rather than seek professional help. Additionally, people might believe that non-Africans may not be able to relate to their issues, thus, they may refrain completely from seeking mental health care. Others may be unaware of their own emotional and mental distress, or how to articulate them to health professionals, and they may not be knowledgeable on how to seek professional help. My perspective may have been considered a strength in assisting to design a research methodology that solicited responses to understand African immigrants' perceptions about mental health, well-being, and management and treatment. At the same time, during the research interviews my own perspectives were set aside to help ensure that assumptions about the participants

and their viewpoints or meanings were not obscured. There were a few instances where some participants had difficulty coming up with responses and asked me for examples which might have been a temptation to offer my opinion. However, rather than offering suggestions, I re-worded the question in order not to influence the participants' response.

Reliability and validity. During the interviews, I clarified responses from the participant to ensure that he or she was well understood. The transcripts were double-checked against the recording for accuracy. The coded data was constantly checked against previous coding to ensure that the data was coded consistently.

Member checking was done to ensure internal validity by obtaining feedback from some participants on emerging findings (Creswell & Miller, 2000; Merriam & Tisdell, 2016). Member checking involves a process in which after coding the data and obtaining primary and minor themes, I established my interpretations of the codes based on the results and sent a copy to the participants for feedback (Appendix E). Participants were given a time frame of 12 to 14 days to provide feedback (please view instructions given on Appendix D). Even though all participants were given the opportunity for feedback, only four of them responded (Appendix H) and their feedback was taken into consideration for the final results.

Peer debriefing was utilized in this study; an impartial peer reviewed four interviews that represented the common themes of the study. Four interviews out of the 13 were chosen due to time constraints, however, the interviews chosen highlighted the shared themes from majority of the interviews. The peer debriefer was a counseling psychology doctoral student who had some knowledge of the research process, but very limited knowledge on African immigrant populations. Peer debriefing instructions were

given (Appendix F). The peer debriefer and I met and discussed the responses to the questions noted on Appendix F and any other remarks obtained from reading the interviews. Feedback from the peer debriefer assessed for accuracy, under or over emphasized points, assumptions, or biases of the investigator, ultimately, leading to more robust results (Barber & Walczak, 2009; Creswell & Miller, 2000; Lincoln & Guba, 1985). The study findings were adjusted accordingly.

Another impartial peer served as a reliability coder using the instructions indicated in Appendix G. This individual was a counseling psychology doctoral student who had some knowledge on the research process but limited knowledge on African immigrant populations. Intercoder reliability is beneficial in reducing biases and errors that may occur when going through voluminous data. Congruence found between coded texts by both coders increases the reliability of the coding schema, thereby, enhancing the quality of the results (Hruschka et al., 2004). The reliability coder was trained using the study coding schemes. Then, we both coded segments of the interviews together to ensure that the reliability coder had an accurate understanding of the coding schemes. After acquiring adequate knowledge, the reliability coder randomly coded interview segments pertaining to participant responses of the three research questions. Agreement on measures of congruence between reliability coder and I was 90%. Hence, validity and reliability of data analysis were enhanced through the employment of member checking, a peer debriefer, and reliability coding.

Triangulation of themes was subsequently carried out using interview responses, observations, and researcher's field notes. Findings from the study were interpreted based on the meanings derived from all the sources of data.

Chapter Three: Results

The study aimed to acquire information from African immigrants in the U.S. on strategies they utilize to ameliorate and maintain their emotional and mental wellbeing. It also intended to gain knowledge on important aspects mental health professionals should consider in order to provide culturally sensitive care to African immigrants. Significant differences were not found between male and female responses. The findings derived from the study are organized and discussed according to the three research questions. Additional examples of quotes are found in the List of Tables section from Table 7 to Table 19. Table 1 presents a description of the demographic information of the 13 study participants, 7 of which resided in Washington state and 6 in the state of Georgia.

Table 1

Participant Demographics

Participants	Gender	Age	Country of Origin	U.S. Location	Years in the U.S.	Marital Status	Educational Degree
P1	Male	47	Ghana	WA	17	Married	Bachelors
P2	Female	21	Madagascar	WA	7	Never married	Graduate student
P3	Male	40	Kenya	WA	16	Divorced	Masters
P4	Female	68	Ghana	GA	15	Widow	Bachelors
P5	Female	53	Democratic Republic of Congo (DRC)	GA	26	Married	Masters
P6	Female	50	Cameroon	GA	17	Married	Bachelors
P7	Male	55	Nigeria	GA	20	Married	Masters
P8	Male	48	Cameroon	GA	14	Married	PhD
P9	Male	35	Cameroon	GA	18	Married	Masters
P10	Female	33	Zambia	WA	15	Never married	Pursuing Associates
P11	Male	34	Nigeria	WA	<1	Never married	Medical and Masters
P12	Female	35	Ghana & Liberia	WA	19	Widow	Bachelors
P13	Male	34	Ethiopia	WA	6	Never married	Masters

Research Question 1: How do African Immigrants Manage Mental Health Distress?

I was interested in learning about the strategies, activities, resources, events, and rituals that participants engage in on a regular basis and when they experience distress. I recognized that some of these aspects may be habitual to some participants that they might not be aware of their benefits. Thus, questions were asked in various ways to assist

participants in naming various tools they utilize for their emotional and mental wellbeing. The themes below were those most mentioned by participants.

Sense of community. Every participant described community as being highly important to Africans and African immigrants. They expressed coming from countries in which they lived in community with others; all life's responsibilities did not fall on one person, rather they always had people with whom to share life's burdens and victories; "Community, it's huge! Unlike more individualistic countries where, you know, you just deal with it on your own, it's more of a collectivist culture where everybody gets the support from everyone" (P2 from Madagascar). Many tried to create something similar in the U.S. People described their sense of community consisting of family and friends. Some found it important to have a sense of community that is relatable to their cultural background while others cared about having common values or interests.

They also had frequent connections with family and/or friends in their native countries; some expressed using social media especially WhatsApp to stay connected abroad. Their communities in the U.S. operated slightly differently from those in their native countries due to cultural variations particularly with African countries being collectivistic and the United States being more individualistic. Some of the changes brought nostalgic feelings of the loss of true connection as it was back in their native countries. While the sense of community is still a huge coping mechanism for Africans in the U.S., it is sometimes difficult to find the real sense of community that many were used to in their native countries.

Participant 10 from Zambia said:

> I haven't been there, I miss my family. It's different. Being back home even when you're poor, you have that piece of mind because you have family all over, people to talk to all the time. But here, even when you're going through something, it's like it's hard to find someone that you can talk to and trust.

The sense of community is described in three sub-categories below. Also refer to Table 7 for more example quotes.

Table 2

Sense of Community as Indicated by Study Participants

Sense of Community	Participants													
	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
Social gathering	X	X	X	X	X	X	X	X	X	X	X	X	X	13/13
Social and emotional support		X	X	X	X	X	X	X	X	X	X	X	X	12/13
Financial support				X	X	X	X	X	X			X		7/13

Social gathering. They described enjoying being with members of their community and exchanging information or news about their home countries. They also had fun together including sharing food, music, dance, and family stories; "It's the social gathering of the community. When we do gather, we talk about everything, you know, issues back home, we talk about our food, our culture, our music, our families, our children" (P1 from Ghana). Participant 11 from Nigeria expressed meeting spontaneously with a group of Nigerians and Ghanaians for lunch:

> I felt like everybody felt better about themselves after that discussion like it was supposed to be, "let's just have lunch." But I think we stayed there for like an hour and a half, two hours just sitting there at the table and basically making a nuisance of ourselves, well not a nuisance but you know what I mean, we were talking pretty animatedly.

Participant 6 from Cameroon described being uncertain of particular practices done in her native country to ameliorate wellbeing rather just being in community helps. She said, ". . . even if you are not going through any emotional problems, but just the fact of having the meetings every Sunday, you come, and you socialize. . . you get a lot of peace and relax when you get those meetings very often." This participant expressed holding similar gatherings in the U.S.; "And that is what everybody in that group in my house looks forward to. . . . After we finish our Njangi business, we play our music, we dance." Njangi is a term used in some Cameroonian societies to describe a group in which everyone contributes a certain amount of money each meeting day for a particular person in the group. The goal is for each person in the group to have a turn in which they obtain a large contribution from all other members.

Social and emotional support. People described talking to someone from their community during distress such as sisters, aunts, relatives, and friends. They learned from how others overcame their struggles and they depended on their communities during family losses:

> It's a cultural thing that happens in Africa, so family members will or immediately somebody passes, people will come and sympathize with you at your home, while here sometimes I feel like other people feel like, "Oh let's give her space" you

know, "Let's give her space until she's ready." But then in our culture we want to be there right away to support. (P12 from Ghana and Liberia).

Participant 8 from Cameroon described having various people to talk to depending on the nature of the problem; "…in our community there are certain individuals that if you have a serious, let's say a matrimonial issue, there's people that you can go talk to them, there are people that if you have academic challenges, you can approach them." Some leaned on their families to express their distress:

> Yeah! You vent, if you feel like crying, you say, 'guys, I feel like this'… So, talking to my brothers and sisters, knowing that they share the same feelings, you know, we trust each other, we are very… we love each other. We are very close family, very close family. (P5 from DRC)

Financial support. Within their African groups, participants helped each other financially. Participant 8 from Cameroon expressed:

> At times I may have difficulties, financial difficulties, I run to the Njangi, which is different from the banks where we go take loans you know. Even if they give you loans it may be too small, but that coming together helps one another. It's unique to the African culture.

Community (Njangi) groups were organized to help each other financial as was previously described. Additionally, when there was a death, people came together and contributed money to the family of the deceased, "…when somebody's parent dies and the person has to go back (to their native country), you have what do you call it? A wake-keeping, and usually the community comes around and they donate money" (P7 from Nigeria).

Participant 6 from Cameroon emphasized the importance of sharing one's struggles with others, she asserted:

> I was paying out of pocket but there was a semester that I really did not have the money to pay and it seemed like I was going to drop out but just by sharing, one of my teachers, she was my clinical instructor, she stepped in and helped me with the school fees.

Spirituality, faith, and religion. All participants expressed the importance of their spirituality or faith for themselves or for other Africans regardless of their religious beliefs:

> I've met a lot of Africans who are quite spiritual and I don't think I've met any African who says they're like atheists or they're not spiritual or stuff like that, either they are super religious or they are somewhat religious or they're kind of spiritual and I think a lot of us are like that, like we know that there's a lot more out there than what we can see and touch and I think for a lot of people when stuff goes sideways, when things get tough we turn back to our spiritual sides, and look for spiritual strength. (P3 from Kenya)

Participant 11 from Nigeria described similarly:

> I think religion is a huge way people cope, whether it is Christianity or Islam, people are very religious and Nigeria and I'm sure many other African countries and that's a way that people cope. They attribute stuff that happens to God's will and they pray about it and assume that it will get better and believe it will get better.

Table 3

Spirituality, Faith, and Religion as Indicated by Study Participants

	Participants													
Spirituality, faith, and religion	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
Individual faith	X	X	X	X	X	X	X	X	X	X	X	X	X	13/13
Communal faith	X	X		X		X	X	X		X	X	X	X	10/13

Individual faith. Spirituality, faith, and religion includes individual faith and communal faith. Individual faith refers to the personal reliance and connection to a higher power. It encompassed various aspects, which varied depending on the individual. Most of the participants were Christians and described relying on prayer, fasting, reading the Bible, communicating with God, being led by the Holy Spirit, and listening to sermons and songs. For example, Participant 1 from Ghana asserts:

> I'm a Christian and my family believes in the word of God. And my Bible tells me that the word of God is sharper than any two-edged sword. Every problem has its solution in the Bible, the word of God. And that is how I communicate, or God communicates with me.

This brought them peace and relief; "I will pray. For me, prayer gives me a sense of relief" (P9 from Cameroon). Some talked about gaining hope in God's promises and anticipating positive outcomes because they believed God is bigger than their current situation and they remembered how he had brought them through past challenges; "God

has always come through for me" (P7 from Nigeria). Refer to Table 8 for more example quotes.

Communal faith. Communal faith involves obtaining help through others who shared similar believes. Most people described being a part of a faith community that they could connect with and depend on. Most people utilized their church and stayed connected with people who shared their faith especially during distress. Some also leaned on pastors, priests, and friends in the faith for counsel; "When I get challenges sometimes the first thing is I pray, the second thing is I need help from other people. For example, just if I need spiritual help, I ask people or the pastor" (P13 from Ethiopia). Participant 10 from Zambia expressed, "I talk to the girls that I study the Bible with, we usually talk about it, pray about it." Table 8 has more example quotes.

Meaningful recreation. Participants described engaging in various activities that were rejuvenating and beneficial for them in managing distress. Some of these activities were physical while others were non-physical.

Table 4

Meaningful Recreation as Indicated by Study Participants

	Participants													
Meaningful recreation	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
Physical activity	X	X	X	X	X	X		X	X		X	X	X	11/13
Non-physical activity	X	X	X	X	X		X		X	X	X	X	X	11/13

Physical activity. Almost all participants expressed engaging in physical activity. In most cases, they described activities they enjoyed doing such as dancing, walking, playing soccer or a sport, bike riding, yoga, and kick boxing. The majority did not merely exercise because it was a good thing to do, they did it because they enjoyed the activity and it helped them cope with stress:

> …There were times when I felt a bit overwhelmed by what I was going through, and I guess that's what I did do during those periods; found a place where I could work out by playing basketball, workout is the wrong word, exercise and even exercise is the wrong word… it's wrong because I don't work out, I just play. (P11 from Nigeria)

Some acknowledged the mental benefits of doing their activity of choice; "I do a lot of physical activities. So, I try to do kick boxing or Zumba. So, I love dancing and I think that's a way for me to kinda *[sic]* free my mind from things" (P2 from Madagascar).

Non-physical activities. Participants described doing activities such as listening to music and other audios, singing, listening to the news, having moments of solitude, playing instruments, doing dishes, watching sports, watching movies (and drawing lessons from the characters), traveling, meditation, pursuing the things they want (being ambitious), learning new things, and reading books. For example:

> I've been slowly looking back at my life, 15, 20 years ago and going, "What did I used to do that used to make me feel alive and full and can I do it again?" So, I've joined a choir, practicing once or twice a week, a gospel choir…Yeah, it feels really good. (P3 from Kenya – lives in WA).

Some of these activities were newly acquired in the U.S. such as meditation, breathing exercises, yoga, and hiking. It was more common for those in Washington State (WA) to have multiple individual hobbies and activities. They also described doing outdoor activities such as walking, being by the water, hiking, and bike riding. Participants in Georgia State (GA) mentioned a few individual physical activities and doing things in community such as dancing, singing, and team sports. GA participants did not mention as many individual hobbies for coping. Refer to Table 9 for more examples of quotes.

Cognitive strategies. Most participants expressed a variation of a cognitive strategy that they used to help them cope with distress (refer to Table 10 for more examples of quotes).

Table 5

Cognitive Strategies as Indicated by Study Participants

Cognitive strategies	Participants													
	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
Being positive and hopeful	X		X	X	X	X	X	X	X		X		X	10/13
Cognitive restructuring	X		X	X		X	X	X	X					7/13
Identity and purpose in the U.S.	X						X	X	X		X			5/13
Taking personal responsibility	X		X	X		X	X	X		X				7/13

Being positive and hopeful. Thinking positively or optimistically about a situation. Some individuals obtained hope from their faith, their friends, and their past. They told themselves that tomorrow will be a better day:

> We will always say that there would be a light at the end of the tunnel. You live you just think, you know, even though it's dark you just say, "Tomorrow you'll be fine." That's African, that's how we survive, there's always hope. (P5 from DRC)

Others focused on being grateful for being alive, physically healthy, and having supportive family and friends. Some expressed that being positive was their nature, "I think smiling is just part of me because even when things are going bad, I smile" (P6 from Cameroon) and was influenced by the way they were raised. From some participant's responses, positivity and hope are connected to Africans being mentally strong:

> There's always hope. I think mentally we are very strong… very strong! Do you know how many people live without money, they live without work, how many people they have children, but they know this kid will finish University, they don't even have money, but they just know somehow this kid will finish. That's how we live. That's Africa. (P5 from DRC)

Cognitive restructuring. Changing one's thinking about a situation based on his/her past challenges and victories, learning from experience, and analysis of potential negative consequences of dwelling on the present problem; "To burden yourself is not going to provide a solution, rather taking it one day at a time and what your emotions cannot carry and your mental cannot carry, you don't force to carry that, you let go" (P1 from Ghana). Some described giving themselves a cognitive break from thinking of the

problem before returning to it; "I'm getting stressed or sometimes just being quiet for a little while, taking yourself away from anything that is going to cause you any stress or bring some emotions on you, that helps, just moving away for a little while helps" (P6 from Cameroon). Other's expressed acceptance and being realistic about life's hardships; "That's been a lot of running in my brain like how did this happen? … And I'm actually getting to an acceptance place and like it happened, deal with it, live with it and you have today to make good decisions" (P3 from Kenya). Changing the way they thought led to changes in their decisions and behaviors on how to approach the situation.

Identity and purpose in the U.S. Living in Africa, many African immigrants have experienced certain hardships that give them endurance, perseverance, and resilience in dealing with distress in the U.S.:

> Endurance! We were brought up in very hardship conditions so there are certain things that our colleagues, our brothers here would not endure like pain, you know. My mother... we are 7 of us, when she delivered, all of us were delivered at home, not even in the hospital. Can you imagine what she … So, we are able to persevere, we can persevere. There is that resilience in us. Many people cannot cope with that. (P8 from Cameroon)

Additionally, many African immigrants recognize that the U.S. is not their home, they are Africans in a foreign land, and they are here for a purpose. For example, P1 from Nigeria says:

> I think we expect to face this like I don't think we come here with any sense of entitlement. We come here knowing that we are here to hustle so to speak, you know make a better life of ourselves so just knowing that is I think is different

> from you know if I had moved somewhere else within Nigeria. Like knowing that I'm in a different land, it isn't my land, I have no quote unquote rights within this country, I'm not a citizen of this country, just knowing that helps you cope with certain things.

Knowing where they came from and why they are in the U.S. influences their priorities and may act as a buffer from dwelling on issues not directly related to their purpose in the U.S. as well as provide perspective in dealing with certain challenges.

Taking personal responsibility. Participants recognized that they have a role to play in doing something about the distress they encounter; they can express their needs, they can deal with their personal problems, and they can pull from other's strength. One participant expressed this as, "Faith without works is rubbish. You got to implement it" (P7 from Nigeria). Some participants in GA also mentioned that people seeking professional help have to take responsibility for letting their therapist know how to help them, or else the therapist would not be able to address their problems. P4 from Ghana stated:

> But, if you go... you have to be true to yourself... if you go to the therapist or the counselor and you just want to tell what you want to tell, not to let the counselor know the truth about it so that you also... because they have been trained for this job, they have been trained for this job and if you don't tell them exactly what you're going through, they will not be able to help.

Research Question 2: What Therapeutic Approach or Style do African Immigrants Prefer When Seeking Mental Health Care?

Results demonstrated that only one person had consistently gone for psychotherapy, seeing six therapists in the past 5 years due to changes in insurance and other circumstances. This participant would be considered an outlier of the study and provided elaborate descriptions on preferences for therapeutic elements. This individual was the only one who voluntarily sought me to do an interview and took an active role in spreading information for others to participate in the study. Two other participants had previously gone for psychotherapy; both sought counseling once in college and one was currently in the process of seeking psychotherapy. The other ten participants had never sought psychotherapy and all of them stated that they did not have a reason to seek professional help. Table 6 portrays participants' findings for each theme answering research question two.

Table 6

Therapeutic Approaches or Style Preferences as Indicated by Study Participants

Therapeutic Approaches/ Style Preferences	Participants													
	1	2	3	4	5	6	7	8	9	10	11	12	13	Total
Be culturally relevant	X	X	X	X	X	X	X	X	X			X	X	11/13
Collaborate			X	X		X	X	X			X			6/13
Clarify expectations	X		X	X							X	X	X	6/13
Offer solutions		X	X							X		X		4/13
Offer hospitality and a comfortable environment		X	X	X	X				X			X		6/13
Build rapport			X									X	X	3/13
Assure confidentiality											X		X	2/13
Incorporate values and interests	X	X	X				X		X			X	X	7/13
Play a more active role		X	X	X	X			X				X		6/13

The major themes obtained regarding therapeutic approaches are described below.

Cultural relevance. Majority of the participants expressed that knowing, understanding, and respecting their cultural beliefs and values is highly important; "First, culture is very important to us Africans and if you're designing any therapy for me, I will like my culture to be respected as much as possible" (P6 from Cameroon). Therapists

should recognize things that are uncommon for their culture and the differences in their worldview, "I'll say to be really culturally aware, how mental health professionals address a white person wouldn't be the same as how they address an African person" (P2 from Madagascar). Participants also expressed the importance of aligning and integrating cultural values and beliefs into therapy, "If the process is not in line with the culture and tradition of the African, he will not do it" (P1 from Ghana). Although learning from the client is beneficial, it is important that the client does not become the main reference point of educating the therapist, rather, the therapist should strive to educate themselves on the particular client's cultural background. One participant expresses how therapists can become more culturally relevant:

> Like if they really want to work with Africans, I think it would really pay off well if they went and spent a few months in Africa. Like just go there, go to a village, volunteer, do something, sit down and watch how people live and how they talk to each other and how they solve their problems and I think that will give them a pretty good thing to start on and know when you go into an office and someone starts talking about where you're from, you're like "Oh yeah, I've been to Kenya, I did this, I did that. I've been to Uganda." And they really understand how life is lived there and why people make the decisions they do and how it could be such a shock for you to come here and have to deal with all these other things and be oriented and go from a system that deals with things through family and community to a system that throws you to the courts and it's all legal, it's all lawyers, it's all paperwork, and stuff like that like that stresses people out like

> crazy cause *[sic]* suddenly what you know and what you fall back on is not there. (P3 from Kenya)

Refer to Table 11 for more example quotes regarding cultural relevance.

Collaborate, clarify expectations, and offer solutions. These aspects would be beneficial from the beginning of therapy that is from the first session (refer to Table 12 for quote examples).

Work collaboratively. Some participants expressed wanting to work collaboratively with the therapist as opposed to being told what to do. They expressed developing a therapeutic relationship that would promote collaboration:

> It should be a both ways, designing a therapy should be a both... input from both sides. I give input and you give input and we come up with a plan on how the therapy should look like.... Yes, and another thing too is getting an input from them because if you don't get input from them, they will fill like you are imposing on them and I don't think an African would want something to be imposed on him or her. So active participation on their part should be something very important. (P6 from Cameroon)

Clarify expectations. Even though people want collaboration, many participants will like an open discussion on what to expect during therapy and how to think about their presenting problem. For example, P11 from Nigeria says, "I think it's important that they set clear and realistic expectations of what this is going to entail. Help them understand how many visits they could be having you know and just be clear about the expectations from the beginning." This was also beneficial because some people were unclear of the therapeutic process. Lack of communication about expectations left some

feeling unsure about the benefits of therapy; "…how are you going to help me with this? This is how I'm feeling so how are you going to help me with this you know?" (P12 from Ghana and Liberia). Some expressed that explanations regarding psychotherapy are particularly necessary for African immigrants because they are unfamiliar with psychotherapy and when they do seek professional help, they want to see results quickly.

Offer solutions. Some study participants were forthright about wanting to be offered solutions for their issues; "I want solutions. What I want is solutions, give me solutions to the problem I just gave you. That's what I want." (P10 from Zambia). They expressed wanting to see a difference in the presenting problem or else it felt like a waste of time and money; "I still went home crying. Yes, I just said to her this is how I'm feeling but I didn't feel like I got results… And sometimes you think about waste of money, wasting money" (P12 from Ghana and Liberia). Additionally, some described coming from cultures in which having regular appointments was uncommon:

> Maybe they thought that and maybe it's an artifact of just the way we were socialized like you think you go to the hospital, you are given medicines, you should be fine the next visit like most African cultures don't have like this regular habit of visiting a physician or healthcare provider. (P11 from Nigeria)

Offer hospitality and a comfortable environment, build rapport, and assure confidentiality. Many participants described a need to feel comfortable and to be treated with hospitality:

> I want them to make me feel comfortable because I just meet with them, like let's say this is the first time meeting with a counselor, I want to feel the vibe if I can

> actually trust this person who I'm just gonna *[sic]* tell my entire life story. (P2 from Madagascar)

Some also wanted to be able to have some connection with their therapist. For example, Participant 2 expressed that it is helpful "to have the counselor connect with me on a human level" and Participant 12 asserted that it was important to talk to someone she "can trust or have a rapport with." Others wanted to be sure that the therapist would keep their information confidential; "Yeah confidential, confidential, and that is the main important thing for me" (P13 from Ethiopia). These aspects seemed to be related to feeling safe, relaxed, and being able to trust their therapist. Trust may be important because:

> African people are so afraid of judgement. They don't want to be judged and so when they tell a person their business… they don't think of it as, 'Oh maybe you might be of help,' they think of, 'Oh she might judge me because she just found out about my problem.' Even though they know they need help, but they're afraid to be judged. And how they are seen by other people is like very big you know. (P10 from Zambia)

Some people wanted to be offered something such as something to drink; "If you have a bottle of water, give it to her…" (P4 from Ghana). All these characteristics (hospitality, comfort, rapport, and confidentiality) create an environment in which the individual feels free to share their deepest struggles (refer to Table 13 for more example quotes).

Incorporate values and interests. When considering treatment approaches, many participants would like their interests and values (such as faith) to be incorporated during therapy. For example, P3 expressed:

> Some of my other best experiences and what I kind of value has been working with a therapist who is also aware of spirituality and like figures out that I have spiritual stuff that I bring from my culture. (P3 from Kenya)

This can also be represented by the environment in which therapy is conducted. For example, being outside in nature, doing art therapy, doing activities rather than just sitting and talking, doing physical activity, listening to music, having faith-based conversations were suggested as elements to incorporate during session. Another participant described wanting to be in nature:

> Being outdoors is one thing and not being outdoors like in the traffic, in the crowd all that. Being in nature, being able to exercise, maybe doing some painting to just really free other people's mind because being in the crowd and in traffic and all that might hinder more than help even though it's just going for a walk, like a serenity place to reflect almost. (P2 from Madagascar)

Incorporated clients' interests and values helps them feel heard and understood while making them more comfortable to express themselves (refer to Table 14 for more examples of quotes).

Play a more active role. Some participants indicated that when working with African immigrants, the psychotherapist will need to play a more active role regarding following up on the client; "And also follow up, just checking in, I would say and not necessarily just wait for the patient to make an appointment, to just check like 'oh, how is

it going?'" (P2 from Madagascar). The therapist may also need to make themselves more available outside of the therapy hour by phone, text, or email. For example, P3 from Kenya stated:

> So I think the counselors I've gotten the most from are those who've figured out how I like to communicate and kind of made themselves available to that, even though... they give me some of the limitations like you know, 'I can't really give you advice by text, but if you have a question about something or the other like I'm available by phone, I'm available by text, I'm available by email.' And so, knowing that I don't have to wait for seven days to discuss a problem has been really good. It has really been helpful like I can shoot a question out and either they're like yeah we'll talk about that, I'll think about it, I'll do some research about it and we'll talk about it next time so knowing that I'm on his or her mind before we actually show up because if I don't do that I feel like I have to hold a bunch of stuff in my head until we meet again yeah.

People wanted to have a sense of freedom to contact their therapist when necessary out of session and they wanted to know that their therapist cared. Refer to Table 15 for additional examples of quotes regarding this theme.

Research Question 3: What are Important Factors Mental Health Professionals Should Consider When Conceptualizing and Providing Treatment to an African Immigrant?

African immigrants' values should be considered and respected. Throughout the interviews, participants described various aspects that were cultural values. Evidence of education as a high value was demonstrated in that majority of the participants as

noted in Table 1, had at least a college degree. Some other values were evident with certain participants' interactions with me during the interviews. Being a young African woman interviewing older participants, particularly the males, I felt the need to be extremely respectful with my vocal tone and allow them to express their thoughts without interrupting. Some participants paused when asked about personal distress, and I could sense some discomfort as they thought about if or how to express themselves. Some values obtained include:

1. Interconnectedness with family and friends;
2. Belief in a higher power;
3. Hierarchy of age – there is wisdom in age, thus, those who are older are respected;
4. Being respected and being respectful to others;
5. Education;
6. Working hard;
7. "African time" – the notion that Africans arrive late to events or appointments;
8. African hospitality;
9. Discipline especially of children;
10. Obedience to authority including parents;
11. Identity as an African;
12. Stoicism – Africans do not vocalize many emotional issues.

Refer to Table 16 for examples of each of these values.

African immigrants need help with life adjustment particularly when they initially migrate to the U.S. Several study participants (8 and 13) mentioned that African immigrants need help navigating life in the U.S. including being in a new environment, having new laws, and adjusting to a new culture. Some stated that this help is especially beneficial for African immigrants "...because we are pretty much lost in this country" (P12 from Ghana and Liberia). Some emphasized the importance of psychotherapists providing initial help to African immigrants transitioning from Africa to the U.S. They need help understanding the U.S. system (such as health care system) and the American way of life, and knowing what resources are available to them:

> First thing when they come especially newcomers, when they come here, they need a strong advisor for everything. For example, just show them job opportunities, teach, learn how the cultural, how to communicate with people from the culture, how to get into school and those kinds of things. That is very, very important I think. (P13 from Ethiopia)

Refer to Table 17 for more examples of quotes.

Consider African immigrants' lifestyle and their roles within their families (and community) in the U.S. and abroad. Due to the interconnected nature in which Africans live, many African immigrants have multiple roles and responsibilities within their families and communities. Many have dependents in their native countries who rely on them financially, thus, they work to provide for themselves and relatives in Africa:

> First of all, the African works twice harder in the sense that like I said earlier on, the African takes care of himself and the family here, then the relatives, so if you get an African and tell him that you can't work 16 hours, it's so and so on your

> life, it could be a fact, but the underlying factor is he is doing it for a reason. He needs to take care of himself and his family here and his relatives back home so if you don't consider that fact for an African, you could talk from now to next year, you are not making no sense. So, it is important that you take the lifestyle of that African into consideration, then you go from there. (P1 from Ghana)

This is particularly true for those who are older and/or still have many connections in Africa. Participant 5 from DRC asserted:

> We, Africans, we don't have food, we are still working for the food, we can't even think about going to therapists to spend money. You know, that's the money I can send back home for people to, you know, it's Christmas. If I have my hundred dollars I can send it back home. Why I have to go to give it to psychologists? That's us. Your generation, you guys would do that because I see my kids going to buy pizza when I have fufu at home.

This participant alludes to some differences between the older generation of African immigrants who still have close connections in their native countries and the younger generation who are not as connected.

Additionally, many African immigrants are balancing two worlds, life in the U.S. and concerns in their native countries. Some may be undocumented while others may have challenges transferring their educational or professional qualifications to the U.S. These aspects contribute to many of them working extra hours or working during late hours at night, consequently, can affect their basic health such as their sleeping and eating habits. Therefore, to some, spending money on a therapist might seem like a waste of

money especially when they are accustomed to talking to friends or relatives for social support (refer to Table 18 for example quotes).

African immigrants need to be educated on mental distress and psychotherapy. Using a phenomenological view, people's current perspectives are influenced by their history and their background, which was evident in this study. Most of the participants' understanding was heavily influenced by their cultural background even though many had been in the U.S. for over 10 years. Majority of the participants viewed mental distress in extremes where either you had a serious mental problem, or you were free from mental distress, hence, seeking professional help raised some fear in being labelled as someone who is seriously mentally unstable. Additionally, many of the participants talked about major challenges they had encountered such as difficulties with cultural transitioning, loss of loved ones, miscarriages, loneliness, depression, and relationship challenges. However, 9 out of 13 equally stated that they have not had a personal reason to seek psychotherapy. Many people thought similarly to P1 from Ghana, who stated, "There hasn't been any situation that demands, you know, that level of attention." Participant 9 from Cameroon expressed:

> Because I've never really felt like I've had a mental... any kind of mental disorder or anything like that. I mean I have always felt like I have blended well, you know like the people around me, nobody has ever raised any concerns. And I've always felt like I'm an integral part of society, of the community so I've never really felt a reason to go see a mental health counselor.

Refer to Table 19 for more examples of quotes.

Stigma and limited understanding of mental distress. Many participants portrayed perspectives suggesting that mental health was poorly understood in their native countries; people usually think of severe cases of mental disorders. Mental distress is stigmatized; "Yeah, because it's viewed negatively, you know, by the time you start going to therapy, you're telling the person that there's something wrong with them and don't forget the stigma. Mental health is stigmatized in Africa" (P7 from Nigeria). During my interview with one participant, whenever I asked a question such as "If you were to go see a therapist…," this participant knocked on wood or made statements including, "God forbid." This participant described evolving in his thinking regarding mental distress; he expressed having more understanding and less stigma concerning mental distress. Nevertheless, he still held some negative connotations towards having mental problems and seeking professional help.

Psychotherapy as a profession is uncommon in many African societies. Many participants alluded to that Africans and African immigrants are not accustomed to psychotherapy. Seven of the 13 participants expressed that psychotherapy is uncommon; "I think I would probably explain to them (therapists) that it is a... part of it is it's a relatively unknown phenomenon, it's a relatively unknown thing to Africans, the whole idea of therapy (P9 from Cameroon). They also stated that there are limited trained mental health professionals in many African countries; "And I think a huge part of it is also that we don't necessarily have people going into that field" (P2 from Madagascar).

Limited understanding of psychotherapy. Some participants directly stated that they will need to be educated on psychotherapy. For example, Participant 5 from Cameroon said:

> Well, because I don't know what therapy... the design for psych patients, so it all depends on what you let me know the therapy... because at this level now, I don't actually know what type of therapies that are designed. What are the things that they do during the therapy?

Some mentioned that African immigrants need to be made aware that psychotherapy is a resource available to them:

> It just doesn't occur to him that it's just something you could work with and when he hears me saying... like sometimes he calls me and I'm like, 'hey, I'm just going in for counseling, can I call you back later?' And I called him back he's like, 'yeah, why do you go to counseling? Why don't you just talk to me about these things?' (P3 from Kenya)

Thus, there is a need for African communities to be educated on mental health illness and psychotherapy. Participant 3 from Kenya described how this can be done within African communities:

> Trying an African-focused thing for mental health like working through cultural events. Like I know Kenyans have this big Independence Day on yesterday, December 12th. I think they have it every… the weekend after like somewhere in Texas, somewhere in Los Angeles, whatever, like if we could find those events and find a way to desensitize people about mental health issues and how it's okay to seek help and talk about what you're going through and what you're feeling because there's a lot of us here that are just struggling, we're by ourselves… we have all these events, we have all these gatherings, we talk about black power, we

talk about pride, and stuff like that, but I haven't heard any people say, ‘let's talk Mental Health.’

Chapter Four: Discussion

Study findings demonstrated that African immigrants utilize a variety of strategies and resources to deal with their emotional and mental distress. Results confirmed previous findings that African-descended individuals have flexible and diverse ways of dealing with stressful conditions (Constantine et al., 2005) including living a healthy lifestyle (such as exercising), relying on social support and their faith (Boise et al., 2013). They also have various cultural beliefs that influence their perspectives regarding mental health and seeking psychotherapy. Many of the participants' perspectives were influenced by the fact that they were raised in Africa, which has different customs from the American way of life. Obiakor & Afoláyan (2007) emphasize that mental health professionals assess and understand the difficulties African immigrants face in order to adequately assist them. Therefore, when working therapeutically with this population, it will be essential for mental health professionals to understand their cultural background and incorporate their perspectives, beliefs, values, and coping mechanisms.

Resiliency among African Immigrants

Resiliency research has drawn connections between increased resiliency and several factors including spirituality (Greeff & Loubser, 2008; Reutter & Bigatti, 2014), hope, positivity (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009; Milioni, Alessandri, & Caprara, 2016), ethnic identity (Greig, 2003), self-efficacy and confidence in doing challenging tasks (Avolio & Luthans, 2006; Luthans, Vogelgesang, & Lester, 2006), having strong social networks (Masten, 2001), learning skills to deal with adversity, and increased education and ownership for issues (Bonanno, 2004, 2005; Luthans, Vogelgesang, & Lester, 2006; Luthar, & Cicchetti, 2000). All these factors were

demonstrated by participants in this study, therefore, pointing to the fact that African immigrants are extremely resilient.

Participants relied on their faith, their communities, various activities, cognitive reframing, and thinking positively about their issues. These aspects along with the knowledge that people had been through more difficult situations in their native countries led to one participant stating, "I think mentally we are very strong" (P5 from DRC). Some went on to say that they were raised to think positively when encountering trials, rather than thinking all hope is lost. Another articulated that the hardships they had overcome in their home countries enabled African immigrants to persevere and remain hopeful. Additionally, knowing where they came from provided them with a sense of identity and purpose that empowered them to keep going.

African identity and resilience. Being proud of their identity as an African served as a protective factor in that it provided a sense of belonging for these African immigrants especially with them being in a foreign land. For example, P7 from Nigeria said regarding knowing where he comes from, "That way you can tolerate a lot more of what is happening, and I say to give me a Nigerian of my generation who has ever been affected by racism, no because we're a proud people. You know from our root we're grounded in Nigeria." African immigrants who know where they come from and are proud of it have a place to fall back on when life situations become challenging. They think differently because they may say to themselves, "this is not my home" and some may travel to their native countries to take a break from stressors. One reason why people in this study emphasized staying in contact with their cultural or religious communities was to keep them connected with their African identity. They had unique ways of talking

with each other, sharing cultural food, music, dance, stories, and news that reminded them of where they came from in Africa. This kept their African identity alive and made them happier, particularly in a country where as some expressed, they felt lost. Their culture was vital to their identity, hence, they stressed that their culture should be respected during therapy.

Knowing the importance of an African immigrants' identity as an African has implications for therapy with this group. Some study participants expressed fear of their therapist not understanding their culture and wanting them to change, "An African that is a polygamist, you go to a counselor and tell the counselor, the counselor says it's wrong you can't marry two, my culture and my tradition permits that so what are you telling me? Does your counseling outweigh my tradition and my culture?" (P1 from Ghana). They would consider it problematic if the therapist focused on them changing their cultural beliefs and this prevented some from seeking therapy in the first place. Therefore, while therapists can help African immigrants understand the rules and regulations in the U.S., the resources available to them, and cultural differences, it will be important to respect their culture and traditions and help them develop pride in their African identity. Although African immigrants need assistance in understanding their new environment, many do not want to forget where they came from. This implies that the acculturation process may look different depending on the individual; not every African immigrant may be interested in acculturating to the U.S. and even those who acculturate may still want to remember their African identity.

Nevertheless, Kamya (2005) discussed a tension many African immigrants hold between their different identities and the relationship between their home countries and

the U.S. While many still have obligations in their native countries, they also struggle with the tension of maintaining their roots as an African or taking on a new identity in the U.S. Similarly, Nyang (2011) expressed that being in the U.S., African immigrants recognize that they have multiple social identities related to differences economically, linguistically, ethnically, and racially. Thus, they may struggle to self-identify. Mental health professionals can offer African immigrants a safe place to explore such identity concerns. They can also assist them in remaining grounded in their African identity if desired, while providing guidance in navigating the U.S. system. Professionals can also encourage them to get involved in African immigrant communities outside of therapy that will provide a sense of belonging and identity. Mental health professionals can encourage engagement with African immigrant organizations that are well established to help African immigrant populations (Nyang, 2011). Nonetheless, each African immigrant client is different, thus, adequate understanding on how much they relate with their culture and African identity is necessary.

Meaningful recreation and resilience. Majority of the participants developed coping strategies such as exercise and other activities they enjoyed; they were aware of the positive benefits these activities provided for them, which was a main reason why they engaged in them. This implies that African immigrants in this study had some self-awareness on what keeps them emotionally healthy. They were also adaptable and acquired new skills from their environment in the U.S. such as meditation and yoga. Some individuals particularly those in WA talked about being in nature, while others described incorporating activities within therapy. These aspects provided comfort,

relaxation, and a sense of accomplishment, which relates to their value for African hospitality and possibly wanting to see progress through collaboration and hard work.

There were slight differences between participants in Washington state (WA) and those in Georgia state (GA). Those in WA did more individual activities outdoors while those in GA did more activities within their groups. This might have been influenced by the differences in the environment of both states. WA, known as the "Evergreen State" is in the pacific Northwest and has a rich nature environment including mountains, lakes, and easily accessible places for outdoor activities such as hiking, bike riding, and more (State of Washington, 2018). It is also known to have a more individualistic culture as compared to GA, which has been considered one of the more collectivistic states in the U.S. (Vandello & Cohen, 1999). The variations in both environments influenced the types of activities done by African immigrants in both places, which demonstrates that this group of people can learn new coping mechanisms based on their environment. Therefore, slight variations in therapeutic approaches can be made depending on one's setting.

Studies have demonstrated benefits of art-related therapy including creative movement (Leseho & Maxwell, 2010; Van Lith, Schofield, & Fenner, 2013), meditation and yoga (Brown & Gerbarg, 2009; Grossman, Niemann, Schmidt, & Walach, 2004), and nature experiences (Bowler, Buyung-Ali, Knight, & Pullin, 2010; Bratman, Hamilton, & Daily, 2012; Roe & Aspinall, 2011) to mental health and overall well-being. Furthermore, the notion of incorporating clients' strengths and values into psychotherapy are related to the positive psychology literature, which has been portrayed to have positive emotional and mental health outcomes (Rashid, 2015; Seligman &

Csikszentmihalyi, 2000). Therefore, mental health professionals should acknowledge African immigrants' abilities, incorporate their values, interests, and skills, and empower them to utilize the resources within their environment.

Spirituality, faith, religion. As was evident from the results of this study, spirituality, faith, and religion play a vital role in the lives of African immigrants. Their faith is a major source of strength and resilience. Many believed that God had brought them through difficult situations, hence, he was able to help them in the future. Although they had faith in God, they still spoke about taking action in the face of adversity. Furthermore, they did not just rely on their spirituality, faith, or religion, they depended on their community of faith. The people within their religious groups offered support that someone out of this group may be less equipped to provide.

Previous findings have supported the important of spirituality for African populations (McAllister, 2009; Nwadiora, 1996; Wheeler et al., 2002) and ethnic minorities (Hall, 2001). Faith, spirituality, and religion might be significant for this population because there is a strong belief in what is unseen including the supernatural world (Idemudia, 2015). As stated by some participants, people sometimes attribute mental health problems to witchcraft and some go to "witch doctors" to seek help for problems they may encounter:

> A Witch Doctor is somebody who believes they have magical powers, they have super powers, they have powers beyond human understanding to solve complex problems, right. They can see things which the natural human eyes cannot see. I mean they can maybe see the future, see the past so through some unknown power by some folk, calling some god or goddess. I mean some people can refer

to it as witchcraft, other people, people call it different names. (P9 from Cameroon)

Apart from the belief in supernatural forces, Wheeler and colleagues (2002) emphasize that spirituality is an essential part of Africans belief system due to reasons including their collective culture and their history of undergoing social injustices. Various researchers have demonstrated the benefits of spirituality to mental health (Baetz & Toews, 2009; Hill & Pargament, 2003; Koenig, 2009; Plante, 2009; Weber & Pargament, 2014; Wong, Rew, & Slaikeu, 2006). In addition to the natural benefits of spirituality to mental health, the fact that spirituality, faith, and religion are essential to Africans would make it valuable to be incorporated when working therapeutic with African immigrants. It might be valuable for the therapist to ask about their spiritual beliefs early on during the process of psychotherapy in order to obtain an adequate understanding of its importance in their lives.

The importance of collaboration in restoring dignity. The African immigrants who participated in this study took ownership for their issues; majority of them spoke with an assumption of personal responsibility. Many expressed that to get through their problems, they would need to work through things for themselves even if they sought psychotherapy. Being inclined to take responsibility and do something about their problems could be a reason why many people in this study wanted a collaborative approach that will provide them with guidance and solutions they could utilize. They wanted the therapist to be non-judgmental in helping them identify what they could do to make things better. The notion of personal responsibility and collaboration may relate to African values of hard work (towards achieving their goals), interdependence ("I am

because we are"), and respect (for the client as a human being). Individuals in this study spoke about being treated as people with dignity and "not trying to play with my intelligence" (P1 from Ghana). Even if they sought psychotherapy, this did not imply that they were not capable of positive achievements, thus, it is important for the therapist to acknowledge and respect their abilities. This makes sense considering that many African immigrants find themselves in situations in which their educational and professional accomplishments from their native countries are not recognized in the U.S., hence, they may be working in lower paying jobs (Goodman, Vesely, Letiecq, & Cleaveland, 2017; Nwoye, 2009). Sometimes, they might be made to feel inferior because of their accents, the negative perceptions people may have of their native countries, and prejudice and racial discrimination they may encounter being in the U.S. (Kamya, 2005; Nwoye, 2009). Consequently, collaboration with their therapist can play an important role in restoring dignity to an African immigrant.

African immigrants come from cultures in which the professional is regarded as the expert and the authority figure (Boise et al., 2013), thus, they may look to the mental health professional for guidance. However, this group also wants to be involved in the process. Being a part of the process is especially important because they are in a new environment in which some may feel out of place, they may lack understanding of resources available to them, and many come from cultures in which mental distress is highly stigmatized (Amuyunzu-Nyamongo, 2013; Browne, 2013). Perhaps many individuals want to be assured that they still have their wits and have control in some areas of their lives. Nwoye (2009) proposed that in working with African immigrant populations, strategies and knowledge should restore the individual's degree of control in

their lives. Therefore, the therapist can assist in achieving this by being non-judgmental, providing guidance, and collaborating with the individual. Acknowledging that they can be a part of the process makes African immigrants feel validated, respected, and it provides dignity to them.

Intersection between Sense of Community and "African Hospitality"

A primary difference that affects how African immigrants handle distress is their coming from collectivistic societies in Africa. Africans have an engrained sense of interconnectedness and interdependence; "Just the way we are socialized, we're socialized to have family around us and have a deep connection with people around us and that's a huge coping mechanism" (P11 from Nigeria). There seems to be a difference between just having a support group and feeling a sense of community. The former relates more to living as an individual who has a group of people for support while the latter refers more to living in community where all the responsibility does not always fall on one person, rather one has others with whom to share his or her burdens. This sense of community is what many Africans are accustomed to, thus, their communities serve as their therapists; most participants reported relying on their families and friends when problems arise. This phenomenon of seeking help from one's community has been portrayed in previous research on African immigrants in the U.S. (Thomas, 2008) and in the U.K. (Browne, 2013).

The value of connection was also evident in the descriptions of how African immigrants would like to experience psychotherapy. Participants expressed being able to establish a relationship with their therapist that would feel like a friendship. They needed to feel comfortable in this relationship and in the environment in which therapy was

being held. It seems being out in nature rather than in one room might give people a sense of interconnectedness, thus simulating Africans lived experiences back in their native countries. The sense of community and the notion of hospitality and comfort they described strikes as similar to the concept of "African hospitality" demarcated by previous African researchers and philosophers (Echema, 1995; Gathogo 2008; Olikenyi, 2001). "African hospitality can be defined as that extension of generosity, giving freely without strings attached. It can also be seen as 'an unconditional readiness to share.' This sharing has to be social and religious in scope. In view of this, it can be simply seen as the willingness to give, to help, to assist, to love and to carry one another's burden without necessarily putting profit or rewards as the driving force." (Gathogo, 2008 p. 3). The term, Ubuntu has been linked as a part of African hospitality. "As an African philosophy, Ubuntu expresses the African sense of community. That is, instead of, 'I think, therefore, I exist' (cogito ergo sum) of the French Philosopher Rene Descartes, the African asserts 'I am because we are,' or 'I am related, therefore, I am'." (Gathogo, 2008 p. 6; Shutte, 2001). The sense of community rings true to Africans from various countries as indicated from the study and from previous research (Akinsulure-Smith, 2012; Brown, 2013; Gathogo, 2006, 2008; Thomas, 2008). This is a deeply engrained value that continues to be practiced among Africans over 20 years away from their native countries. It influences how African immigrants live and how they would like to be treated by others including their therapist.

Although dependence on one's community remains a valuable resource for African immigrants in dealing with distress, relying only on their community can become problematic in the U.S. because the way of life is different. As expressed by some

participants, the pace of life is much faster, people have additional responsibilities, and many family and friends lack competence in navigating various life situations due to being in a different system. Additionally, the distances in the U.S. make it challenging for families and friends to come together as they would back in their native countries to resolve issues. Previous research has demonstrated that African immigrants face challenges including employment and education difficulties, racism and discrimination, past trauma, and cultural barriers/acculturation, poorer psychological health outcomes, financial worries, relationships and family issues, and problems with children's adjustment in school (Browne, 2013; Constantine, Okazaki, & Utsey, 2004; Constantine et al., 2005; Malos, 2012; Hernandez & Cervantes, 2011; Mori, 2000; Obiakor & Afoláyan, 2007; Ward, Sellers, & Pate, 2005). These difficulties make psychotherapy and external support even more needed for African communities in the U.S. especially when they initially migrate into the country. Initial introduction to psychotherapy may serve as a beneficial way to orient African immigrants to the American way of life, normalize therapy, and educate them on resources available to their wellbeing in their new environment. Researchers have found that upon arrival in the U.S., immediate assistance such as social services and resources was very helpful for undocumented immigrant and refugee women including those from Africa (Goodman, Vesely, Letiecq, & Cleaveland, 2017). It gave these women a sense of being supported and aided them cope with social and cultural adjustments. Other mental health interventions have been conducted for African immigrant refugees, asylum seekers, and individuals who have undergone trauma (Akinsulure-Smith, 2012; Amuyunzu-Nyamongo, 2013; Fennelly, 2006). In addition, various African communities and organizations in the U.S. have taken on the roles to

assist their fellow African immigrant families with adjusting and navigating life in the U.S. (Nyang, 2011). However, mental health professionals can also become a part in helping African immigrant populations when they initially migrate to the U.S.

The Need for Education on Mental Health, Illness, and Psychotherapy

Mental health and illness is poorly understood in many African societies (Amuyunzu-Nyamongo, 2013), thus, African immigrants hold some inaccurate perspectives about the subject. It is also possible that differences in cultural language expressions has widened the gap of misunderstanding. For example, different African cultures refer to "witch doctors," "traditional healers," and "native doctors" (Ebigbo et al., 1995; Madu et al., 1996; Madu, 2015). In traditional African societies, many of these individuals served similar roles to psychotherapists. Brown (2013) demonstrated in a study with African immigrant women that they were unfamiliar with the word for depression in their traditional language, the closest word was "madness." Such perceptions influence the ideas African immigrants have concerning mental health and distress and should be taken into consideration when working with African immigrant populations.

Lack of adequate understanding was demonstrated by different participants during the study; some genuinely asked questions because they did not know the answers and others stated that the African immigrant community needed to be educated on mental health. In addition, people expressed a need to understand psychotherapy and other mental health resources. The fact that individuals in this study were honest about seeking to understand mental health, distress, and psychotherapy portrays a willingness to learn. Education is a high value for Africans and African immigrants, hence, education on

mental issues would be appreciated among this group. Furthermore, many of the African immigrants in the study expressed that they had evolved in their thinking about mental health and distress. Therefore, they are willing and capable of learning and adjusting their thoughts, attitudes, and behaviors. Much research on mental health in Africa and among African immigrant populations has focused on negative attitudes including stigma (Adewuya & Makanjuola, 2005; Amuyunzu-Nyamongo, 2013; Browne, 2013). Nwoye (2009) has argued against a deficit model in understanding African immigrants because it is limiting in scope. While it is important to understand the role of stigma as a source of the problem, it is equally if not more important to address the needs of these communities. The antidote to stigma toward mental illness is not dwelling on removing stigma, but rather bringing in solutions to the problems through education so the needs of the society can be met. This study suggests that African immigrants want to be educated on mental health, illness, and psychotherapy.

Implications for Mental Health Professionals, Therapists, and Counselors

This study has various implications for how mental health professionals approach the mental health needs of the African immigrant population in the U.S. A few suggestions are aligned below:

1. Establish a strong therapeutic connection with your African immigrant client. This honors an African value of hospitality and ensures a trusting relationship. Building a strong connection includes being non-judgmental, offering a comfortable and safe environment for the client, collaborating with your client, recognizing and respecting the client's strengths, values, and cultural and religious views. Kleinman (1980), whose research is still being used today, found

it beneficial for health professionals to attend to the patient's cultural context through collaboration in order to provide effective treatment. Boise and colleagues (2013) allude to having a "two-way street," African immigrants need to help professionals understand how to best help them. Coming from a culture of respect for authority (Boise et al., 2013) as was demonstrated from this study, the mental health professional needs to take an active role in providing an environment in which collaboration is encouraged. This also implies that a solely client-centered style may not be as effective, instead some guidance from the therapist would be beneficial.

2. Provide psychoeducation during psychotherapy. Psychoeducation with an African immigrant client may be even more necessary than with other groups because they come from societies in which psychotherapy is uncommon. Additionally, mental illness is viewed negatively and is not well understood. Psychoeducation can include details on the client's presenting problem, its causes and treatment methods, the process of therapy, therapeutic modality of the therapist, length of treatment, and expectations of the client and the therapist. Psychoeducation should begin from as early as the first session and should continue throughout therapy. These elements described are supported by Sue and Zane (2009) to be effective when working with ethnic minorities. Furthermore, mental health professionals may need to play a more active role in following up with the client when necessary and making themselves available outside the therapeutic hour.
3. Expand outreach among African immigrant communities. The sense of community is highly important to African immigrant populations. Therefore,

outreach and education on mental distress and psychotherapy among various African immigrant communities should be promoted and implemented. Education and outreach serve three main purposes: (a) It improves the understanding of the community as a whole thereby enabling them to more adequately help each other, (b) It eases the burden of the individual who has mental distress, consequently, giving him or her the freedom to seek help when necessary, and (c) It empowers the community to advocate for and encourage its members who are struggling to seek help and find resources. Education is necessary for African immigrants in general, but especially for those who initially migrate into the U.S. It should include community buy-in especially from community leaders. As is evident from the research findings, collaboration would be an important part in effectively achieving this goal; collaborating with African immigrant community leaders and community members. Additionally, mental health professionals can propose to incorporate mental health discussions during African community gatherings and events.

4. Provide Culture-Centered Psychotherapy. A term proposed by Madu (2015) which means a "kind of psychotherapy that is embedded or rooted in the client's culture." Every participant stated that their culture was relevant in understanding them and in conducting psychotherapy with them. It is important to note that culture is dynamic rather than static (Madi, 2015), therefore, many African immigrants' beliefs and perspectives are changing. Nevertheless, gaining understanding of African immigrants' cultural background would be an asset to adequately conducting culturally sensitive treatment with them. Mental health

professionals can improve their knowledge of their African immigrant's culture by being open-minded and respecting the client's perspective, visiting or getting involved in an African immigrant community group, and talking to other people from the client's cultural background. One participant proposed that it will be beneficial for the mental health professional invested in this population to spend a few months in an African country. This will help the professional to understand the African immigrant views and would also assist in building better rapport with the client. This will also be beneficial for those in training to be psychotherapists. Additionally, mental health professionals can benefit from learning therapeutic resources utilized on the African continent to work with African immigrant populations. For example, Ubuntu therapy is an African-originated form of therapy used in some parts of Africa that incorporates ubuntu values to assist the individual in achieving psychological balance (Madu, 2015; Van Dyk & Nefale, 2005).

5. Explore new ways to work with African immigrant clients. For example, rather than meeting in an office, taking a walk with the client or meeting outside in nature are different environments in which therapy can be conducted. Furthermore, based on this study, strengths-based approaches including positive psychology and art-based therapy may be valuable approaches for African immigrant clients.

Limitations and Future Directions

The study was mainly focused on understanding perspectives from people who were raised in African countries. It is limited to only 13 participants from various

countries in Africa. Even though there were many similarities between the responses, the findings cannot be generalized due to the study methodology, rather it was designed as an exploratory study to add to the limited research available on perceptions of African immigrants. Future studies can be done examining viewpoints from people within the same African country. Moreover, majority of the participants were Christian, had at least a bachelor's degree, and lived in urban areas in Africa. Differences may be found from people who ascribe to different religions, who lived in more rural areas in Africa, and who have varying levels and types of education. Participants in this study were mostly highly functioning individuals without severe mental health problems; the findings may be different if people with severe mental challenges were interviewed. Moreover, a requirement for the study was that participants were a part of an African community. Although the level of involvement to their communities varied, many of the individuals in this study were closely connected to their African culture. There may be differences in findings from African immigrants who are not as connected to an African community and those who are highly acculturated to the U.S. Therefore, mental health professionals should consider the importance of culture to each individual separately.

Conclusion

The current study aimed to obtain perspectives from African immigrants in the U.S. regarding the strategies they are already using to handle mental and emotional distress and their perceptions on culturally sensitive therapeutic treatment for African immigrant populations. Previous studies have demonstrated that people were more invested in their treatment when they contributed to its development (Akinsulure-Smith, 2012). Therefore, a major goal of this study was to collect information from African

immigrants that mental health providers could incorporate into treatment with this population. Study findings show that African immigrants are very resilient. They have varied coping mechanisms including their sense of community, spirituality or faith, engaging in activities they enjoy, and utilizing cognitive strategies. Their views were heavily influenced by their cultural background, thus cultural relevance is highly significant when working with this population. It is also important for the mental health professional to provide an environment in which they are comfortable, they can collaborate with their therapist, and their values and interests are respected. Additionally, there is a need for education on mental health, illness, and psychotherapy among the African immigrant population. This study adds substantially to understanding perceptions of African immigrants and their overall wellbeing. It portrays that cultural background has a significant influence on people's conceptualization of mental and emotional distress, and the ways in which they cope. Consequently, it can be concluded that in order to be an effective psychotherapist to African immigrants, it is highly important to seek to understand and respect their background, beliefs, and values.

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Appendix A

Participation Requirements

Participation Requirements

You are invited to participate in a research study conducted by ***Ajabeyang Amin,*** graduate student in the doctoral program in Counseling Psychology at Northwest University. The purpose of this study is to understand how African immigrants deal with distress and when working with psychotherapists or counselors.

To be eligible to participate in this study, you must agree to meet the following qualifications:

- Be at least 21 years old
- Are from an African country
- Migrated to the U.S. from Africa
- Are part of an African community and/or maintain connection with people in Africa
- Are actively involved and connected with your African community (i.e. through church, work, organizations, social gatherings, etc.), communicating with other Africans/African immigrants regularly

During the interview, I will ask you some questions about your background, strategies you use when experiencing mental distress, and perceptions about psychotherapists and counselors.

If you have any questions about this study, please contact ***Ajab Amin*** at 734-585-4834 or ***ajabeyang.amin14@northwestu.edu.*** If you have further questions, please contact my dissertation chair, Dr. Leihua Edstrom at 425-889-5367, ***leihua.edstrom@northwestu.edu.***

Appendix B

Informed Consent

Informed Consent

Counseling Psychology Doctoral Dissertation, Northwest University
Ajabeyang Amin, MPH, MA

You are invited to participate in a research study conducted by Ajabeyang Amin, graduate student in the doctoral program in Counseling Psychology at Northwest University. The study is being conducted as her doctoral dissertation. The purpose of this study is to understand the health and wellbeing of African immigrants in the U.S.

If you agree to participate in the study, you will engage in a 45 to 90-minute interview. I would like to audio-tape the interviews. However, your name would not be mentioned during the interview and the information you provide would be kept confidential. During the interview, I will ask you some questions about your views regarding mental health and distress. I would also like to take notes about your answers to the questions and my observations during the interview.

There are minimal risks associated with participation. Some individuals may be uncomfortable or embarrassed answering personal questions. Some questions asked may also raise uncomfortable feelings. The benefit of taking part in this study is the opportunity to participate in the research process as a research subject. You will also have an opportunity to share some of your thoughts and feelings freely in a safe environment.

Participation in this study is voluntary. You may choose not to participate in this study at any time and for any reason. There will not be any negative consequences for you if you refuse to participate. You may refuse to answer any questions asked. All responses are confidential and will not be linked to any of your identifying information. You will be given two consent forms to sign. One will be for me and you may keep the other for your records.

Following completion of the study, I anticipate the results to be presented in a published dissertation document during the summer or fall of 2018. Results may also be published in a psychological journal. All data forms will be destroyed by June 1, 2021.

If you have any questions about this study, please contact Ajabeyang Amin at ajabeyang.amin14@northwestu.edu. If you have further questions, please contact the faculty advisor Dr. Leihua Edstrom at 425-889-5367, leihua.edstrom@northwestu.edu. You may also contact the Chair of the Northwest University IRB, Dr. Molly Quick at irb@northwestu.edu or 425-889-5237.

Thank you for your consideration of participating in this study.

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Principal Investigator	Date	Participant	Date

Appendix C

Interview Questions

Interview Questions

Participant ID # _____ Include GA or WA to identify where participant is from

Demographics

1. What is your gender?
2. What year were you born?
3. Where were you born?
4. In what country(ies) did you grow up? Was this in an urban or rural area?
5. Where are your parents from?
6. How old were you when you migrated to the U.S.?
7. Do you currently have family living in the US? _____
    a) Where? _____
8. With whom do you live?
9. What is your marital status?
10. What is your highest degree or level of education?
11. What is your occupation or current employment status?
12. Are you part of any African groups i.e. through church, work, organizations, social gatherings, etc.? ____ Which ones?
13. Do you currently maintain contact with relatives or friends living in Africa?
    a) How often do you communicate with them?

Treatment Approaches for Mental Distress

1) Mental health and illness
    a) What are your perspectives on mental health?
    b) What does it mean to be mentally ill?

2) What was the most serious distressing issue that you faced within the past year or two such as loss of someone, feelings of loneliness, cultural transitioning, etc.?
    a. Describe the situation or experience.
    b. Tell me what has helped you during the process?
    c. What are some things you did?
3) Suppose you were going through something really challenging, what ways, activities, resources, events, rituals, etc., would you use to deal with the problem?
4) Would you describe an example of a time when you experienced such challenges and the tools that were successful/helpful in getting you through the situation?
5) Can you describe any example of personally witnessing or taking part in a practice or event that later had beneficial health effects to you or someone you know?
6) What are some things you do to maintain your emotional and mental health (even if you are not experiencing significant distress)?
7) What are some things you believe are unique to African immigrants that help them…
    a. Maintain their emotional and mental health?
    b. When they have distressing concerns?
8) Tell me about any practices that were used back in your native country that were helpful for people's emotional and mental health (when they were or were not going through distress).
    a. Which of these practices do you currently use being in the U.S., if any?

b. Which new practices do you currently use if different from the ones mentioned before?

Cultural Competence and Sensitivity

1. If there was a time when you went to see a therapist, counselor, or mental health professional,
    a. What was the reason for this decision and what were you hoping to gain?
    b. Please, describe your experience.
    c. Was there anything in particularly you appreciated, or did not appreciate about your experience?
    d. If you have never sought a mental health professional, what has prevented you from doing so?
2. Some Africans in the US would say that therapists or counselors cannot understand their problems. What do you think about this statement?
3. Some Africans in the U.S. tend to stop going to therapy after only a few sessions.
    a. Can you describe any reasons you might think for this?
    b. If you had to speak with their therapist, counselor, or mental health professional, what would you say to them?
4. Suppose you had to go see a therapist or counselor, how would you want him or her to interact with you? Give examples if necessary.
5. If I could design a therapy treatment for you,
    a. What are some ideal elements you would like incorporated in your treatment?

   b. What are some important factors I should know about you considering your cultural background?

6. What would you consider important aspects for mental health professionals to know when working with African populations in the US?
7. Is there anything else you will like to share about how to best help Africans in the U.S. with their mental and emotional health?

Appendix D

Email Sent for Member Checking

Email Sent for Member Checking

Hello _____,

Thanks for your willingness again to help me with this last stage of my study. I am currently verifying my data and would truly appreciate your feedback. This will help the study to be more reliable and credible, thus, more likely to be used for future considerations. I have attached a document with the main themes in response to my research questions, gathered from everyone who participated in the interviews. There may have been some things you said that were not a major theme in other interviews, hence, not everything was included.

Please, read through the document and provide any comments and impressions you have. If there is a point that you want to be particularly emphasized or de-emphasized, please do let me know. **If I don't hear back from you by June 17th, I will assume that everything looks good** and move on with these results.

Thank you so much again for participating in this study. The information you provided would be beneficial in helping mental health professionals assist African immigrants in the U.S.

Thank you!

Appendix E

Member Checking Results

Member Checking Results
A Qualitative Study on Treatment Approaches and Culturally Sensitive Mental Health Care for African Immigrants in the U.S.

Q1 = How do African immigrants manage mental health distress? That is what strategies, activities, resources, events, rituals, etc., do they engage in when experiencing distress?

1) **Sense of community**

Every participant described community as being highly important to Africans and African immigrants. They expressed coming from countries in which they lived in community with others; all life's responsibilities did not fall on one person, rather they always had people with whom to share life's burdens and victories. Many tried to create something similar in the U.S. People described their sense of community consisting of family and friends. They enjoyed being with them, they helped each other financially, they learned from how others overcame their struggles, they depended on their communities during family losses, they exchanged information or news about their home countries, they had fun together including sharing food, music, dance, and family stories. Some found it important to have a sense of community that is relatable to their cultural or religious background. People described talking to someone from their community during distress such as sisters, aunts, relatives, and friends. They also had frequent connections with family and/or friends in their native countries; some expressed using social media especially WhatsApp to stay connected abroad. Their communities in the U.S. operated slightly differently from those in their native countries due to cultural variations particularly with African countries being collectivistic and the United States being more individualistic. Some of the changes brought nostalgic feelings of the loss of true connection as it was back in their native countries. While the sense of community is still a huge coping mechanism for Africans in the U.S., it is sometimes difficult to find the real sense of community that many were used to in their native countries.

2) **Spirituality, faith, and religion**

All participants expressed the importance of their spirituality or faith for themselves or for other Africans regardless of their religious beliefs. Spirituality encompassed various aspects, which varied depending on the individual. Most of them were Christians and described relying on prayer, fasting, reading the Bible, communicating with God, being led by the Holy Spirit, and listening to sermons and songs. This brought them peace and relief. Some talked about gaining hope in God's promises and anticipating positive outcomes because they believed God is bigger than their current situation and they remembered how he had brought them through past challenges. Some expressed that their faith provided confidence in their identity, thus, this gave them a positive perspective when challenges arose. Spirituality, faith, and religion includes individual faith and communal faith. Most people described being a part of a faith community that they could connect with and depend on. Some also leaned on pastors, priests, and friends in the faith for counsel. Most people utilized their church and stayed connected with people who shared their faith especially during distress.

3) **Doing activities they enjoy**

   a. Physical activity: Every participant expressed engaging in physical activity. In most cases, they described activities they enjoyed doing such

as dancing, walking, playing soccer or a sport, bike riding, yoga, and kick boxing. The majority did not merely exercise because it was a good thing to do, they did it because they enjoyed the activity and it helped them cope with stress.

b. Non-physical activities: Participants described doing activities such as listening to music and other audios, singing, listening to the news, having moments of solitude, playing instruments, doing dishes, watching movies (and drawing lessons from the characters), traveling, meditation, pursuing the things they want (being ambitious), learning new things, and reading books.

Some of these activities were newly acquired in the U.S. such as meditation, breathing exercises, and yoga.

It was more common for those in Washington state (WA) to have multiple individual hobbies and activities. They also described doing outdoor activities such as walking, being by the water, hiking, and bike riding. Participants in Georgia state (GA) mentioned some individual physical activities and doing things in community such as dancing, singing, and team sports. They did not mention as many individual hobbies for coping.

4) Cognitive strategies

Most participants expressed a variation of a cognitive strategy that they used to help them cope with distress.

a) Being positive and hopeful: Thinking positively or optimistically about a situation. Some individuals obtained hope from their faith, they told themselves that tomorrow will be a better day, or they were grateful for being alive and physically healthy and having supportive family and friends. Some expressed that being positive was their nature and was influenced by the way they were raised. Positivity and hope might be connected to Africans persevering, being "mentally strong" and "resilient."

b) Cognitive restructuring: Changing one's thinking about a situation based on his/her past challenges and victories, learning from experience, and analysis of potential negative consequences of dwelling on the present problem. Some described giving themselves a cognitive break from thinking of the problem before returning to it. Other's expressed acceptance and being realistic about life's hardships. Changing the way they thought led to changes in their decisions and behaviors on how to approach the situation.

c) Identity and purpose in the U.S.: Living in Africa, many African immigrants have experienced certain hardships that give them endurance and resilience in dealing with distress in the U.S. Additionally, most African immigrants recognize that the U.S. is not their home and they are here for a purpose. Knowing where they came from and why they are in the U.S. influences their priorities and may act as a buffer from dwelling on issues not directly related to their purpose in the U.S. as well as provide perspective in dealing with certain challenges.

d) Taking personal responsibility: Participants recognize that they have a role to play in doing something about the distress they encounter; they can express their needs, they can deal with their personal problems, and they can pull from other's strength. Some participants in GA also mentioned that people

seeking professional help have to take responsibility for letting their therapist know how to help them, or else the therapist would not be able to address their problems.

Q2 = What therapeutic approach or style do African immigrants prefer when seeking mental health care?

1) Cultural relevance

Majority of the participants expressed that knowing, understanding, and respecting their cultural beliefs and values is highly important. Therapists should recognize things that are uncommon for their culture and the differences in their worldview. Although learning from the client is beneficial, it is important that the client does not become the main reference point of educating the therapist, rather, the therapist should strive to educate themselves on the particular client's cultural background.

2) Collaborate, clarify expectations, and offer solutions

Some participants expressed wanting to work collaboratively with the therapist as opposed to being told what to do. However, many people will like an open discussion on what to expect during therapy, how to think about their presenting problem, and solutions for their issues. These aspects would be beneficial from the beginning of therapy i.e. from the first session. Some expressed that explanations regarding psychotherapy are particularly necessary for African immigrants because they are unfamiliar with psychotherapy and when they do seek professional help, they want to see results quickly.

3) Offer hospitality and comfort, and assure confidentiality

Many participants described a need to feel comfortable and to be treated with hospitality. Some also wanted to be sure that the therapist would keep their information confidential. These aspects seemed to be related to feeling safe, relaxed, and being able to trust their therapist. Some people wanted to be offered something such as something to drink. Others would like to be in an environment that does not remind them of a sterile office, rather helps them to relax or connects them to nature. All these aspects (hospitality, comfort, and confidentiality) create an environment in which the individual feels free to share their deepest struggles.

4) Incorporate values and interests

When considering treatment approaches, many participants would like their interests and values (such as faith) to be incorporated during therapy. For example, being outside in nature, art therapy, doing activities rather than just sitting and talking, doing physical activity, listening to music were suggested as elements to incorporate during session. This also helps make the client feel more comfortable and takes some of the focus off of them.

5) Play a more active role

Some participants indicated that when working with African immigrants, the psychotherapist will need to play a more active role regarding following up on the client and making themselves more available outside of the therapy hour by phone, text, or email. People wanted to have a sense of freedom to contact their therapist when necessary out of session and they wanted to know that their therapist cared.

Q3 = What are important factors mental health professionals should consider when conceptualizing and providing treatment to an African immigrant?

1) **African immigrants have various values that should be considered and respected**

Throughout the interviews, participants described various aspects that were cultural values including:

13. Being interconnected with family and friends
14. Existence of a higher power
15. Hierarchy of age – there is wisdom in age, thus, those who are older are respected
16. Being respected and being respectful to others
17. Education
18. Working hard
19. "African time" – the notion that Africans arrive late to events or appointments
20. Discipline especially of children
21. Obedience to authority including parents
22. Identity as an African
23. Africans do not vocalize many emotional issues

2) **African immigrants need help with cultural adjustment particularly when they initially migrate to the U.S.**

Several study participants mentioned that African immigrants need help navigating life in the U.S. Some emphasized the importance of psychotherapists providing initial help to African immigrants transitioning from Africa to the U.S. They need help understanding the U.S. system (such as health care system) and culture, and knowing what resources are available to them.

3) **When working with African immigrants, consider their lifestyle and their roles within their family (and community) in the U.S. and abroad**

Due to the interconnected nature in which Africans live, many African immigrants have multiple roles and responsibilities within their families and communities. Many have dependents in their native countries who rely on them financially, thus, they work to provide for themselves and relatives in Africa. This is particularly true for those who are older and/or still have many connections in Africa. Additionally, many are balancing two worlds, life in the U.S. and concerns in their native countries. Some may be undocumented while others may have challenges transferring their educational or professional qualifications to the U.S. These aspects contribute to many of them working extra hours or working during late hours at night, consequently, can affect their basic health such as their sleeping and eating habits. Therefore, to some, spending money on a therapist might seem like a waste of money especially when they are accustomed to talking to friends or relatives for social support.

4) **African immigrants need to be educated on mental health and psychotherapy**

People's current perspectives are influenced by their history and their background, which was evident in this study. Most of the participants' understanding was based on their

background even though many had been in the U.S. for over 10 years. Some participants directly stated that they will need to be educated on psychotherapy while others portrayed perspectives suggesting that mental health was stigmatized in their native countries; people usually think of severe cases of mental disorders. Mental distress is poorly understood, psychotherapy is uncommon, and there are limited trained mental health professionals in many African countries. Thus, there is a need for African communities to be educated about the topic. Some mentioned that African immigrants need to be made aware that psychotherapy is a resource available to them.

Appendix F

Peer Debriefer Instructions

Peer Debriefer Instructions

The title of my study is **"A Qualitative Study on Treatment Approaches and Culturally Sensitive Mental Health Care for African Immigrants in the U.S."**

My research questions are:

1) How do African immigrants manage mental health distress? That is what strategies, activities, resources, events, rituals, etc., do they engage in when experiencing distress?
2) What therapeutic approach or style do African immigrants prefer when seeking mental health care?
3) What are important factors mental health professionals should consider when conceptualizing and providing treatment to an African immigrant?

Phenomenological Qualitative Study – a small description of the type of study

This study uses a phenomenological qualitative research design, which means it seeks to explore and understand meanings people ascribe to an issue, "how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences" (Merriam & Tisdell, 2016). It emphasizes understanding from participants' views, usually by obtaining themes that emerge from the data. The researcher gains understanding about an individual's experiences on a particular phenomenon based on the individual's description of his or her lived experience.

Instructions for peer debriefing

I will send you 4 of my interviews. Please answer the following questions while and/or after reading the interviews.

1. What is the relevance of the study?
2. In light of my research questions, what are some broad themes?
3. How do they answer the research questions?
4. What do the answers mean for what kind of help African immigrants need?
5. Any other comments on what stands out to you? Any noticeable differences between WA and GA?

Appendix G

Reliability Coder Instructions

Reliability Coder Instructions

The title of my study is **"A Qualitative Study on Treatment Approaches and Culturally Sensitive Mental Health Care for African Immigrants in the U.S."**

My research questions are:

1) How do African immigrants manage mental health distress? That is what strategies, activities, resources, events, rituals, etc., do they engage in when experiencing distress?

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Instructions for reliability coding

1. I will train you on my coding schema; explain how I coded the data and what themes I attached to various excerpts.
2. We both will do some coding together, so I can answer any questions you may have and ensure you understand the codes.
3. Then I will give you various segments from the transcripts to code separately; you get to randomly choose which ones to code from different segments.
4. Then us both will go through our codes and see if they are congruent. Also note if there are any things you notice that have not been mentioned in the coding schema.

Appendix H

Member Check Responses and Actions Taken

Member Check Responses and Actions Taken

Participant	Comments	Action Taken
P11	So, I went quickly through the report, it wasn't as long as I thought it would be. The only question I have is whether Christian spirituality is slightly over emphasized. But that might just be a reflection of us the respondents. Otherwise I think it's a very accurate representation of most the discussions we had.	This participant mentioned being a Christian and said faith was a resource for African immigrants but did not talk in detail about this as other participants did. Hence, no action was taken.
P2	It was an honor to be interviewed for this study and thank you for sharing you results with me. A lot of the answers spoke to me even when they didn't come from me. I was able to relate. In fact, now that I am thinking about it, those weekly check-ins with you was like therapy for me. God provided someone who I could relate to and talk about my struggles and aspirations and as a practitioner, you did and are already doing the work and IT IS WORKING because we are not talking in a "sterile office." We meet anywhere and everywhere. And you have been making yourself available. Everything in this study is YOU and what you are already doing, Ajab and you should be proud because you truly are gifted in this.	No action taken
P9	It is a privilege to be a subject in your study. I read the article, and it looks great, I think it truly reflects the issues which some of us Africans face here in US when it comes to mental health. I really think the points are well expressed, and very articulate. But since we are Africans and growing up in Africa I was made to believe that no one ever gets a 100%, I feel it is only right to make a suggestion. Under cognitive strategies, in part B, it could be inferred, but I would suggest that you explicitly mention that part of the coping mechanism is the thought that; based on where and what we have seen growing up, there is always someone in Africa who is in a worse situation than you are, so that helps people get over stress or difficult time. Again, the paper looks good, I am suggesting a change out of obligation.	Although this participant's point is well taken, the explanation provided was not explicitly described as a major theme during the interviews. However, excerpts from interviews (which were not sent to the participants) in the "Cognitive strategies" section under "Identity and purpose in the U.S." includes descriptions of this point. Also expressed in discussion section.

P3	I think you captured and expressed my thoughts very well indeed!! I'm really excited to see the final product, and the future book too!	No action taken.

List of Tables

Table 7

Sense of Community

Major Theme	Sub-themes	Participant quotes
Sense of community	Social and emotional support	*Community, it's huge! Unlike more individualistic countries where, you know, you just deal with it on your own, it's more of a collectivist culture where everybody gets the support from everyone. (P2 from Madagascar)* *It's a cultural thing that happens in Africa, so family members will or immediately somebody passes, people will come and sympathize with you at your home, while here sometimes I feel like other people feel like, "Oh let's give her space" you know, "Let's give her space until she's ready." But then in our culture we want to be there right away to support. So it was nice having people around you know people are coming in and out daily it to support… people feel like they need to be there to you know be part of the planning process so they know what is happening and any support that they can provide and then the other part is people be there to provide you food and all that because they know that you have guests and to be supportive in that area. (P12 from Ghana and Liberia speaking about the support she received when she lost a loved one).* *The laughter! I feel like every African and most of my African friends are older, like they are moms or grandpa's or grandmas. They just joke so much, and they laugh so much and they tell stories that are just funny. Being around them is fun. You're laughing all the time, you eat good food. When you go home you're like "Oh I miss that…. Like even my aunt, she's supposed to be serious, she's always cracking jokes. Even when she's teaching, she's teaching you something, but she's actually throwing jokes in the teaching, you know. Like you sit down when you're done talking to her you're like, "Wow, that made sense, but why was she laughing? (P10 from Zambia)* *I think talking to other people, yeah, talking to other people. Mostly, we Africans, we don't believe in medication so, if I was like a white person, a Caucasian, I'll go and seek help, but we don't believe in medication most of the time. We talk to our friends, talk to your husband, you talk to your mom, blah blah blah and you cry loud because people here don't cry. But, we let*

		our emotions by crying, we cry loud and then after that, we feel good and so yeah. (P5 from DCR)
	Social gathering	*Despite the recession, they still say we're one of the happiest people, which is an oxymoron actually, but it is true. People will go to a party and you know they will celebrate 40, 50, 60, 70, they will turn second burial, third burial, any excuse to do a party. They will celebrate retirement, birthday, you know, but the thing is the social circle, the social network enables them to cope better. P7 from Nigeria* *I've noticed was we have like Kenyans have a certain way of talking, the way we talk about stuff like our conversation and our sense of humor is pretty unique and when I hang out with other non-Kenyans, like we don't quite attack humor the way we do with just people from Kenya so like there's a lot of unspoken things that there's a lot of like short hand, a lot of stuff that just make us laugh like crazy and I used to do that when I was in grad school in Iowa, there was a bunch of Kenyans that were in the Kenyan Students Association that I was a part of and like when we'd hang out even at that time my ex-wife will tell me that when I was in the group she'd never seen me that happy, as happy as I was when I was with a group of Kenyans and just like laughing about things. I'd laugh until my eyes were tearing up and I rarely do that, I rarely do that around say Americans or other non-Kenyans. (P3 from Kenya)* *Socializing is so much common with us not like here. Socializing and keeping close to the family because when you talk about family, family is not just you, your children, your husband, or your mother. It is extended, so what keeps most of us happy is that family cohesion, family unity, not just the immediate, but extended. And with us, friends are just like family so there's no cut off point so I think that's a big thing in African communities or Cameroonians in particular that I know much about. (P6 from Cameroon)*
	Financial support	*They run to their group, their social group, seek for help for assistance. For example, in our meeting group, we have the Njangi, do you understand? At times I may have difficulties, financial difficulties, I run to the Njangi, which is different from the banks where we go take loans you know. Even if they give you loans it may be too small, but that coming together helps one another. It's unique to the African culture, the Njangi, the fact that you have to consult, go to your meeting house, expose the problem, people may raise ideas and see how they can help you. I*

		think it's unique to us especially the financial part because Bangwa people don't want to pay interest from the banks. We prefer to go to the Njangi home and we take the money and they will not even pay it back. It is very common with us right from home and that is our strength. Yeah, we help each other. (P8 from Cameroon) *I will find some cases where when somebody's parent dies and the person has to go back, you have what do you call it? A wake-keeping, and usually the community comes around and they donate money, some spray it, some just give checks, and those kinds of thing help them to be able to travel back and give their parents a fitting burial so that's one of the support systems. Somebody loss, somebody's sick or something like that... and in fact, there are some societies where they do have community insurance where they pay if anything happens even though people still have their employer-based insurance, they still have that for those who don't have it so those are the kind of things that...little things that help them to cope with the stress. (P7 from Nigeria)*

Table 8

Spirituality, Faith, and Religion

Major Theme	Sub-themes	Participant quotes
Spirituality, faith, and religion	*I've met a lot of Africans who are quite spiritual and I don't think I've met any African who says they're like atheists or they're not spiritual or stuff like that, either they are super religious or they are somewhat religious or they're kind of spiritual and I think a lot of us are like that, like we know that there's a lot more out there than what we can see and touch and I think for a lot of people when stuff goes sideways when things get tough we turn back to our spiritual sides, and look for spiritual strength and we know that there's something to be drawn when the material world fails you, yeah. (P3 from Kenya)*	
	Individual faith	*Faith is everything, prayer can do everything. If your time hasn't come, the time is not yet up. If your time is come, nothing will block it, so these are some of the things that my faith, my prayer has helped me to accomplish through all these things. (P4 from Ghana)* *Mostly, prayer. We pray a lot in Congo. We don't do gymnastic. It's only prayers, being with the family. (P5 from Democratic Republic of Congo (DRC))* *I have a strong faith in God so usually that would be my first you know because the Bible is there it has a lot of answers for every situation and then you can apply it to your life so that would be my first resource to use. (P12 from Ghana and Liberia)* *I'm a Christian and my family believes in the word of God. And my Bible tells me that the word of God is sharper than any two-edged sword. Every problem has its solution in the Bible, the word of God. And that is how I communicate, or God communicates with me. I go to his word based on the need and I listen to people, when I say I listen to people, I listen to sermons, I listen to songs. (P1 from Ghana)* *I remember one time I was audited by the IRS. Now I was required to pay $16,000. My client is the IRS, you don't owe the IRS I work for the IRS so you see the implication is that you will lose your job. I freaked out because at that time I did not have $16,000. I reached out to my sisters, my siblings, nobody had that type of money and I just went out on my knees and I said I don't know what to do I was panicked like normal. But after praying about it and fasting about it, a calm descended upon me and I didn't understand it, then in my mind the Holy Spirit put it in my mind, "Have you checked what you have in your 401K?" And I did not know I had a 401K account that had*

		been… they had been withdrawing from my account. I just said, you know how you get paid, you just check how much you have available, all those little little deductions, you just say that's for them but actually they have been taking out my 401k and I checked and I had money which I was able to take out and pay so that was a stressful situation. (P7 from Nigeria)
	Communal faith	*So, I am a Christian. I'm a person of faith so that helps a lot. I don't know if you've asked this question or what I answered to it but being part of a community of faith helps so that's definitely something I do. (P11 from Nigerian)* *When I get challenges sometimes the first thing is I pray, the second thing is I need help from other people. For example, just if I need spiritual help, I ask people or the pastor. (P13 from Ethiopia)* *My church group was very close to me, my friends sometimes will come. At that time, I still had kids who were 8, 10 years old so sometimes friends will just come and take them away just to… because facing that stress especially when he was still in the hospital, taking care of children at home was a lot on me so friends helped a lot and family, my church group, like every... he was moved sometimes.... Most of the time, every Sunday afternoon, the church van will come carry me and the children and take us so that was a real help. (P6 from Cameroon talking about the support she obtained when her husband became paralyzed)* *I would like to say that my first reaction would be turning to God, but I usually turn to one of my friends from church and she would be the one telling me, "have you asked the Lord what this means or have you asked him to help you ehm interpret that dream?" (P2 from Madagascar)*

Table 9

Meaningful Recreation.

Major Theme	Sub-themes	Participant quotes
Meaningful recreation	Physical activities	*... There were times when I felt a bit overwhelmed by what I was going through, and I guess that's what I did do during those periods; found a place where I could work out by playing basketball, workout is the wrong word, exercise and even exercise is the wrong word... it's wrong because I don't work out, I just play. (P11 from Nigeria – lives in WA)* *My wife for instance, she goes to the gym a lot and one of the things she said is to decrease the stress level and to make her sleep better. (P1 from Ghana – lives in WA* *I do a lot of physical activities. So, I try to do kick boxing or Zumba. So, I love dancing and I think that's a way for me to kinda free my mind from things. (P2 from Madagascar – lives in WA)* *I've also been taking dancing classes, dance classes, salsa…. I got a mountain bike, I used to mountain bike a lot when I first came to the U.S. and back home I also owned a bike and I loved the freedom of being on a bike. I also have a road bike and that one too, I stopped riding my bike because I didn't have time. (P3 from Kenya – lives in WA)* *... listening to the music, and as Congolese, dancing. I dance even when there is no music. I pray a lot, I listen to the music, I dance. (P5 from DRC – lives in GA)* *We have this Ghana Catholic Community, we meet once a month, every third Sunday of the month we all go to our parishes and then after every third Sunday of the month after coming to parishes at 2 o'clock, we meet at Saint Patrick's and we have our Ghanaian mass. You know in Ghana when you are having collection, you put a bowl there and we all come from our pews, dancing, enjoying, and exercising ourselves and praising the Lord while giving your offering. You don't sit at the pews, it helps. It makes us happy and these our African songs too, when we go to mass we sing all African songs even last Sunday, we had our Mass and one Spanish priest, our African priest didn't come, so one Spanish priest at Saint Patrick's came and officiated the mass. And whenever they come to officiate a mass, those who are not Ghanaian, they enjoy the mass because the music, the attitude, the facial expressions, and the way we sing, the way we enjoy our Mass, it makes us healthy, it is so refreshing. And then we drum, we do drumming, we*

		shake our malikas, we drag our... (motions to instrument and makes sound). Sometimes the Spanish people they come to our Mass because they hear the music and they want to come so it helps us emotionally and everything, psychologically, physically. (P4 from Ghana – lives in GA) *And that is what everybody in that group in my house looks forward to, that one day in a month, you come you just forget about everything, it means a lot. So, most people in that Njangi group, they look forward to that one day in a month where we come together and just forget about everything. After we finish our Njangi business, we play our music, we dance. (P6 from Cameroon – lives in GA)*
	Non-physical activities	*I listen to music, I listen to the news and sometimes when I am home, everything quiet, you know, just be with myself. (P1 from Ghana – lives in WA)* *I've been slowly looking back at my life, 15, 20 years ago and going, "What did I used to do that used to make me feel alive and full and can I do it again?" So, I've joined a choir, practicing once or twice a week, a gospel choir... Yea, it feels really good. (P3 from Kenya – lives in WA)* *One of the biggest things too is doing dishes, like just having the feel of the soap going through my hands, it helps me process the things that happened especially in the evenings. There are times when I just rush home after a long day just to do the dishes. (P2 from Madagascar – lives in WA)* *Also, I watch spiritual movies, Bible movies, church movies, and listen to songs especially spiritual songs, that helps very well and just if you play guitar or any instrumental thing it's very helpful (P13 from Ethiopia – lives in WA)* *...I tend to think about I spend the proceeding moments doing things that I enjoy doing more to help me get over it. So, I come home, watch soccer, go play soccer myself or you know, things like that, just doing more of the things that help me that make me feel good about myself so that's what I do when I have challenging times. (P9 from Cameroon – lives in GA)*

Table 10

Cognitive Strategies

Major Theme	Sub-themes	Participant quotes
Cognitive strategies	Being positive and hopeful	*I rely on the good old days, I go back to, in such and such days I had a good time so if things aren't going the way I wanted, as long as I have life, I have hope. So long as I'm healthy, I have hope. So long as I can see and think through things, there is hope so that helps me and then having a good family that understands who I am, you know. Regardless of everyday challenges in marriages in homes, but the better part of it outweighs the negative so my family, my faith and hope in general has really propelled me or it helps me in everyday life when it comes to those affairs. (P1 from Ghana)* *The old generation… That your father can be there, he's upset at your mom or something, he might say, "Let me go to my friend there," you know, he will go there, Guinness, he will be drinking. He will get home, he will be fine. But, that is African, that is our generation. You know what? Tomorrow you'll be fine, you know, you just say, "It's a matter of time, you'll be fine." We are not like, "Oh my God," take a knife and kill someone, you know, that's American. They see like it's the end of time. We will always say that there would be a light at the end of the tunnel. You live, you just think, you know, even though it's dark you just say, "Tomorrow you'll be fine." That's African, that's how we survive, there's always hope…. Uh hmm! There's always hope. I think mentally we are very strong…Very strong! Do you know how many people live without money, they live without work, how many people they have children, but they know this kid will finish University, they don't even have money, but they just know somehow this kid will finish. That's how we live. That's Africa. (P5 from DRC)* *Everybody knows me, I'm always happy and yes, I always wear one dress to church. That will not stop me from coming to mass, if I have it, if I don't have it, I have to come to the Lord. So, there are certain things that will never stop me from doing anything that I want to do. As of now that I'm talking to you, I have not paid for my apartment. I have to pay extra fees, but I'm not bothered because... I haven't got the money yet to pay. My daughter will bring me the money, she hasn't brought it yet, so why do I have to worry, and I have to add a little to it to pay my electricity bill but it's not there, so I'm just looking to the Lord. If I should be thinking about things that I don't have to, I'll grow old, I'll be sick, I'll be ill, I'll be miserable, I'll be retched, but you take it at a time. (P4 from Ghana)* *I remind myself how I handled the situation in my past. I've been through a lot of challenges and then just always tomorrow there is hope, that is my rule in life, tomorrow there is hope, tomorrow will be a good time, tomorrow sunshine, tomorrow is bright future, and then also I'm*

		hopeful you know just optimistic, which means I will help other people. I will help evangelical service, God has a plan for me. I remember you know the work of God's plans for me, those kinds of things. It's helpful to change the challenges. (P13 from Ethiopia) *Yeah, but I'm just a very positive person because depending on my culture, you know how you've grown up in your parents' home. (P13 from Ethiopia).* *Interviewer (I): You've been smiling the whole time we've been here* *P6: That is part of me, they say that all the time that is part of me and I can't take it away* *I: Yeah! What keeps you smiling?* *P6: I think smiling is just part of me because even when things are going bad I smile (Excerpt from interview with P6 from Cameroon)*
	Cognitive restructuring	*To burden yourself is not going to provide a solution, rather taking it one day at a time and what your emotions cannot carry and your mental cannot carry, you don't force to carry that, you let go. It's very important. Example, there are so many cars, but it depends on how much you can afford to buy the car you want. I want to drive me a Benz, but I can't afford to buy the Benz, so the thought of wanting to get the Benz and not having what it takes to get the Bens becomes a burden of mind so instead of focusing on something more productive because I am burdening my mind with the Benz, it tends to distract me from something more productive. But if I know that all that I need is to take me from point A to point Z and I can afford that, then why not, rather than having the burden of the Mercedes Benz that I cannot afford (P1 from Ghana)* *... that's been a lot of running in my brain like how did this happen, how does this happen and I'm actually getting to an acceptance place and like it happened, deal with it, live with it and you have today to make good decisions, you have today to be a better dad, and you have today and the future to prepare for the future like I can't keep on going back and beating myself up about things I didn't do or what should I have done and what I could have done differently, and yes there's lessons to learn, but I'm also learning how to let go of the past and regrets and all that and just kinda being present and looking forward to the future and trying to be a better person, a better parent, a better co-parent... (P3 from Kenya)* *... but when I'm getting stressed or sometimes just being quiet for a little while, taking yourself away from anything that is going to cause you any stress or bring some emotions on you, that helps, just moving away for a little while helps. And in the case where somebody's talking and it's going to make you angry, the best thing is just be quiet and let it stay for a while. (P6 from Cameroon)*

		Dealing with stress, the same way, basically, you know I say I can only do the things that I can do that are within my control, the others I believe that God will take care of and learning to be content with wherever you are helps to reduce stress. A lot of people put a lot of stress on themselves because they want to do more. They think they deserve more and they put a lot of pressure on them so instead of them to enjoy where they are they're busy plotting to be at the next step so it's like chasing your tail, you are never satisfied. So, a lot of people… especially in the Nigerian community, I don't know about the African community, but a lot of Nigerians put a lot of pressure on themselves having to dance with the Joneses and all that puts a lot of pressure on themselves. You know hey you don't want people to know that you're out of a job. It's not a stigma to be out of a job, people can get out of a job, you just regroup and find yourself another job so those are the kind of things. (P7 from Nigeria) *Yeah, when I talk about coping skills, for example when somebody dies, you have to first of all accept it. You know that this is stage in life. You're born, you grow, and then you have to die. So, I knew at his age, based on the fact that I took him to the doctor, there were a lot of chronic diseases which were never diagnosed in time, diabetic… So, once I had that in mind, I knew that it was a matter of time, based on his age. I refused some surgery that they requested him to do because I knew he was old, doing the surgery will not help him so I wanted him to die in a peaceful manner, rather than going through some stressful operations. So those are some of the... I mean I have lived it, so I knew what were the next steps. (P8 from Cameroon talking about dealing with the loss of his father)* *Yeah because there are times when I just I think about if things were to potentially go wrong, I try to think about things before they occur. I realize that that is the best way for me to deal with... prevent myself from... because challenges are always going to come but I think just try to get myself, just try to think about potential things that may go wrong. And I think another thing which is extremely important is whatever kind of situation I am in, I try to stay as calm as possible. I realize that I make the most irrational decisions when I'm not calm, when I'm over-thinking things or when I'm in a moment of... So sometimes whatever it is, I just tell myself that "you know what? I'm going to sleep on this. I'm going to sleep on that. I'm not going to make any kind of..." I try not to make any rash decisions. I try to think about what I'm doing, think about right or wrong, let me think about it first before I do it. So that is what I do. That's my strategy. (P9 from Cameroon)*
	Identity and purpose in the U.S.	*Endurance! We were brought up in very hardship conditions so there are certain things that our colleagues, our brothers here would not endure like pain, you know. My mother... we are 7 of us, when she*

		delivered, all of us were delivered at home, not even in the hospital. Can you imagine what she... So, we are able to persevere, we can persevere. There is that resilience in us. Many people cannot cope with that. There are certain things that... we grew out of hardship so what people would take it to be abnormal, to us it is very normal. So those are some of the things. Our background, the way we were brought up, we are resilient, there is that endurance in us that we can persevere say "Well I don't have it today, but tomorrow, better days are still to come." We don't give up so yeah. (P8 from Cameroon) *I think a lot of Africans always revert to the fact that they've seen worse and that helps them get through challenging times. I think you know most people I talk to in bad times, they always go back to they always default to, "It could be worse, or it has been worse before so this one is nothing. I mean I can challenge it." So, I think by virtue may be coming from Africa, they've seen certain things. It helps them get through not think of any issue here as a bigger issue, so I think that's the biggest thing. That's what I've seen. (P9 from Cameroon)* *I think one of the stuff that probably helps Africans is we ... I think we expect to face this like I don't think we come here with any sense of entitlement. We come here knowing that we are here to hustle so to speak, you know make a better life of ourselves so just knowing that is I think is different from you know if I had moved somewhere else within Nigeria. Like knowing that I'm in a different land, it isn't my land, I have no quote on quote rights within this country, I'm not a citizen of this country, just knowing that helps you cope with certain things and so I don't know if you're really going to get into asking about this later on but when people of color within the US who are Americans feel that they are experiencing racist behaviors towards them, I think for them it's a much stronger reaction than for the average African. That's just what I think. I think that's one of the biggest things. (P11 from Nigeria)* *And knowing who they are. There is nothing... that is why I make sure being tied to your roots that is why I made sure my children visited Nigeria at some point so that you are rooted in your identity and I say to them all the time you may be African American, but you are Nigerian and when you go to a place where you say this is my place, this is my root, this is where I am in the majority, it helps you to be grounded in who you are. That way you can tolerate a lot more of what is happening, and I say to... give me a Nigerian of my generation who has ever been affected by racism, no because we're a proud people. You know from our root we're grounded in Nigeria. (P7 from Nigeria)*

	Taking personal responsibility	<u>Ownership in dealing with personal issues</u> *I get a lot of information and more often than not, I get to know that I am not the only one going through this, Mr. Z is also going through this and this is how he is handling it so definitely, there is a solution out there and it's up to me to reach out and grab it. (P1 from Ghana)* *If it's a minor problem, I just deal with it, what can you do? (P10 from Zambia)* *And at the same time, develop your own coping strategies that if I have a problem, how do I overcome this? (P8 from Cameroon)* *I mean yeah, it is not a tool. You just deploy your faith. You deploy your thinking cap, you don't...like the one I saw that says, if you do not work hard you spend the rest of your life in church shouting at a claymate. That makes a lot of sense in that the fact that you have a lot of faith does not mean that it's going to happen if you did not deploy it. So, the fact that you say God loves you, does not mean... Heaven helps those who help themselves, so I see a lot of people who want to do something and get blessings for nothing and that is what is happening in Africa now. You go to church and give this, you give that, and you say, "I claim it, today is my year" but you have not sent out any one single application. "Today is my year" but you have not sent out any proposal, so my faith is not a statement, my faith is a belief system that I rely on to propel me and propel whoever I come across.* *Interviewer (I): It's also... it is backed by your actions* *P7: Yes!* *I: Okay* *P7: Faith without works is rubbish. You got to implement it. (Excerpt from interview with P7 from Nigeria)* <u>Ownership while working with a mental health professional</u> *For the most part I keep thinking that there was probably a lot I could have done to make progress or to actually communicate how I was thinking or feeling and so a lot of time I kinda thought it was up to me that I didn't push it well enough. (P3 from Kenya talking about some experiences with psychotherapy)* *If the person doesn't understand your problem, it means you didn't tell the counselor exactly what is happening. If you go to the doctor and you are not able to disclose your illness, the doctor will not find the right drug for you. So, if you have a problem put it down so that you get the antidote, that is how it is. But, if you go... you have to be true to yourself... if you go to the therapist or the counselor and you just want to tell what you want to tell not to let the counselor know the truth about it so that you also... because they have been trained for this job, they have been trained for this job and if you don't tell them exactly what you're*

		going through, they will not be able to... that's why some of them they don't get their remedies, I think so. (P4 from Ghana) *Well, they can't understand their problems if they do not open up because I think anybody can understand your problems if you open up and lay the problem to them as it is. But if you hold it, if you keep part of it behind, there's no way you would expect somebody to understand something they don't know or you've not told them. So, I don't think it's that they don't understand, it's that you don't open up to them to be able to understand to give you the help you need. (P6 from Cameroon expressing her thoughts on how African immigrants can help therapists or counselors understand their problems)*

Table 11

Cultural Relevance

Major Theme	Sub-themes	Participant quotes
Cultural relevance	Cultural alignment and integration	*Some therapists like the example I just gave, might understand part of the problem cuz it presents kind of the same way, we're all human like stress is stress, so they understand that, but I think some of them fail to understand what's under the surface, what's probably driving what they're seeing as the stress, what's causing all that stuff especially if they don't understand how we are raised, how our culture works, and how it affects who we are and what we carry today. If they don't get that, and some of them they just don't get it and then they try to prescribe kind of the same solutions that they've used on other people, who are the majority numerically and all of their patients go through all this and they are fine, and then they get an African and they're like, "I don't know, it's not working. I don't know why it's not working." Yeah, so it's partially true if people who are not, counselors who are not multiculturally competent, they are pretty frustrating to work with and I don't think they get to the actual problem that's driving what they see on the surface, the symptoms they see. (P3 from Kenya who has seen 6 therapists)* *My cultural background is very very important because being a European is one aspect, being an African is one aspect even though we are all God's children. We are the same except our color, but God did that in his own wisdom because sometimes even the climate demands… because those of us who are in Africa, we don't have snow, maybe that's why God gave us this dark… we have a lot of sunshine to just absorb the sun and here, they have a lot of snow too. You know white doesn't absorb much, it is black that absorbs much so God did it for a reason. So, the cultural background is very very important. For instance, the medicine that I can take, a European cannot take or maybe some medicine that a European can take, I cannot take. So that is why the cultural background is very very important. And the food too, you know our food differs from one another. So, if you are designing a program, you have to look back to the person's background too. And then sometimes, there are some diseases in a family, some families have some diseases that goes on from generation to generation to generation. And it is asking more questions that would bring all this out to let you know that the person in front of you, this is who he is or who she is so that you will be able to deal with her effectively. (P4 from Ghana)* *I will ask you what customer believes do I tend to associate, attach myself to, those traditional beliefs because you need to include my*

		traditional beliefs, what we practice common back at home. How can you integrate those beliefs into what you are prescribing? You need buy-in from me, you need to push me to be open to you. I should disclose some of those things because by disclosing some of those things, you'll be able to educate me, inform me, and communicate clearly with me, but if you don't have that background, you may be saying things which do not even touch my problem. So, you need to understand the background, where I'm coming from, how you can integrate those factors into your own problems and integrate it to come up with a strategy that is inclusive. (P8 from Cameroon)
	Be a culturally knowledgeable therapist	*You have to know my culture like when you are talking to a therapist, don't expect me to look at you in the eyes because that's our problem here, you know the eye contact. I think if you have... I'm a nurse, right? I'm very soon going to be NP (nurse practitioner). They always tell us we have to be culturally competent, we have to know the culture of other people. Like Jehovah Witness, right? Jehovah Witness, we have to know already that they don't take blood. Okay, they can have the baby, they can bleed to death, no transfusion, that's their belief. So, knowing that this lady wanted transfusion, as a nurse, what can I do to prevent that she loses a lot of blood? Things like that. I think it's good for my therapist to know where I'm coming from, to know my culture, not to compare me with other people because I'm unique, you know so yeah. (P5 from DRC)* *I remember this one counselor I had who didn't really know my like African culture and the things like where I came from and how I thought and like half the session was me educating him on how I think and how I was raised and why we do the things we do and so that was a little frustrating to feel like here is this guy that was raised in the US and but has no clue about other cultures, has no idea and he probably never had to do that, needed that cuz all these clients are from the US. But that was one of the frustrating experiences because it was me educating him all the time, like half the time it was me educating him on and this is what happens and this is what happens in the village, this is how we are raised and this... and he'll ask, "But why would you do that?" And then I would say, "It's because of the family, the extended clan...." Like every session, he had no idea who I was, why I was the way I was, yeah, that was frustrating and yeah I stopped seeing him after probably like 7 months so that was like (expresses sigh of frustration). (P3 from Kenya)* *P13: I was thinking it will be good for an African therapist to provide help for African immigrants* *Interviewer (I): So, it would be more helpful...* *P13: More helpful*

		I: ...if it was an African that was a therapist to another African *P13: Yes, for example for you, you are from there right so you know a little bit understand about African immigrants and what that means so you are good for Africans. I recommend you… I am a good solution for my home country because I know the culture, the problems, economics, political and social thing so if I go to there, maybe some are struggling to understand the culture, but I know the culture, so I can advise people easily. So similarly, you are good for Africans to advice so similar culture to advice is better yeah… (P13 from Ethiopia)* *An ideal therapist, for one, it has to be, okay an ideal therapist it is an African, someone that can understand my background, somebody that can understand where I'm coming from right. Because if I was to have an ideal therapist, I will want it to be somebody that I can talk to both in bad times and good times because I think that's one thing that a lot of people get wrong too, you go see a therapist only in bad times but if the therapist does not know you in good times, I feeling may be hard for them to know you in bad times. So, an African, maybe someone a friend, someone who I know in good times I can relate, they can relate, in bad times they can relate so maybe a friend, someone, maybe a friend I've known for some time. (P9 from Cameroon)*

Table 12

Collaborate, Clarify Expectations, and Offer Solutions

Major Theme	Sub-themes	Participant quotes
Collaborate, clarify expectations, and offer solutions	Work Collaboratively	*It should be a both ways, designing a therapy should be a both... input from both sides. I give input and you give input and we come up with a plan on how the therapy should look like…. Yes, and another thing too is getting an input from them because if you don't get input from them, they will fill like you are imposing on them and I don't think an African would want something to be imposed on him or her. So active participation on their part should be something very important. (P6 from Cameroon)* *Listen to me, don't be judgmental, try to assume that I still have my wits about me so that we can come to the same agreement. An agreement that is jointly reached, or conclusion that is jointly reached is more acceptable than a judgment that is given. You can't just say, "This is what I think." Even though you are the one with the training, but at the same time, he is the person riding in those shoes, so you should listen to him a lot, you draw... you make some deductions and bounce it off of him and say, "Would it be this? What do you think it would be? Why?..." You know, get to the roots. (P7 from Nigeria)* *And then it was really good to have the sort of like a tour guide system, somebody who has done this with other people and they will throw out a suggestion like so I think for this problem here, I think for this thing, what if you thought this way, or what if you did this or what if you went back and did something or the other and usually before we got to that point we also clarify that I'm okay with being given suggestions about what to do cuz there are some people who don't like to be told what they should try or could try. (P3 from Kenya)*
	Set clear expectations	*I think it's important that they set clear and realistic expectations of what this is going to entail. Help them understand how many visits they could be having you know and just be clear about the expectations from the beginning. I think that is probably the single most important thing that they could do. And then in setting those expectations, try to be clear about the differences between what sort of treatment they will be receiving and what conventional biomedical treatments would entail. I think if they're clear about those two things, it will improve I mean it could who knows right, but it could improve just the outcomes of the engagements. (P11 from Nigeria)*

		Interviewer (I): Hmm so you went... you went once and during that... it was the intake session, so they are taking a lot of information *P12: Yeah, it was the intake session so ehm I said okay I'll try... I'll go back again and see* *I: Good for you* *P12: So, the question is ehm so what should I do?* *I: So, what should you do* *P12: Yeah* *I: In terms of should you go back or not?* *P12: Ehm not should I go back but how are you going to help me with this, that's what it is, how are you going to help me with this? This is how I'm feeling so how are you going to help me with this you know?* *I: What did they... did you ask that question to them?* *P12: Yes, I did, and she said we'll need to I think we'll need to focus on you, we need to focus on you, yeah getting you back into your normal routine you know* *I: It felt like that wasn't enough?* *P12: (laughs) It was just an hour, so, it was just an hour, and it's abrupt, it comes that quick" (Excerpt from interview with P12 from Ghana and Liberia)* *It's possible that maybe they (African immigrants) had unrealistic expectations of what the therapy would do for them. Maybe they thought that and maybe it's an artifact of just the way we were socialized like you think you go to the hospital, you are given medicines, you should be fine the next visit like most African cultures don't have like this regular habit of visiting a physician or healthcare provider. We only go when we are very ill and we expect to be cured and then like that's it and so maybe that's possibly, that could be a major factor just the fact that we are... we have this mental fatigue of, "why do I have to go for so many visits?" That's possibly something like I had to go to a dentist and I had to go for maybe three visits, and I was tired by the second visit and this is a dentist for my tooth. I actually need that to have the tooth replaced and I was tired by the second visit, so I can't imagine, or I can imagine how someone would feel having gone for two, three, four visits and they don't feel any differently, which isn't surprising in psychotherapy. It's not surprising, but I can understand how that could be a factor. (P11 from Nigeria)*
	Clarify expectations and offer solutions	*...Here (in the U.S.) they really go to the root and understand where this feeling is coming from, but in a way ehm, my culture is like, "here are some solutions and get over it. (P2 from Madagascar)* *P12: Ehm after going to the first one I asked myself, "what's the point?" like literally today* *Interviewer (I): Well this is an example of one of...* *P12: Literally I said, what's the point* *I: What's the point*

		P12: Because of how I felt *I: Because you didn't feel any different* *P12: No, I still went home crying. Yes, I just said to her this is how I'm feeling but I didn't feel like I got results I felt like I was still crying no matter what so why am I sitting here? And sometimes you think about waste of money, wasting money* *I: Yeah, you're not seeing results quickly and you're still spending money, it seems like a waste of time* *P12: Yeah cuz I like to see things that this is my issue* *I: This is the solution* *P12: ...this is a solution... walk away, but this is something that will take years so am I going to be seeing a therapist for the rest of my life?* *I: You ask yourself that question?* *P12: Yes! How many sessions do I have, think I need to go for to be able to think clearly? So which aspects are we going to? This is the problem, but how are we going to tackle it? What angle? Are we moving away from the problem or are we doing something else? So that could be a reason why people will not go, money issues and not* *I: They're not seeing quick results* *P12: ...not seeing quick results" (Excerpt from interview with P12 from Ghana and Liberia)* *Interviewer (I): Instead of telling that... because you have this perspective that they don't... they just listen and they don't give you solutions. What would you want?* *P10: I want solutions. What I want is solutions, give me solutions to the problem I just gave you. That's what I want.* *I: So, you want tangible solutions like tell me what to do type of thing?* *P10: Yeah, what do I need to do to change the situation so I'm no longer in this situation you know* *I: Okay, anything else you would want from your interaction with them?* *P10: I don't know besides resolution* *I: Resolution* *P10: Like in anything I do I want to see a difference. (Excerpt from interview with P10 from Zambia)* *I love it when my counselors threw out a bunch of solutions like so cuz I know I'm stuck so like my technical mind has been trying to fix this problem, I can't, so help me figure out a solution and we'll talk about what's going on and give me a bunch of ideas to try and I'll go away and work on the solutions and try some things and sometimes it works, sometimes it didn't, and go back and try again. So, I like that approach of tackling and other stuff I'm going through, kind of like projects like so here's a problem let's try to have four options to solve it. Go try option 1 and maybe if it doesn't work try option 2, try option 3. And I think when I was under a lot of stress, my creative*

		mind just wasn't engaged, like I wasn't seeing how I could solve some of that stuff. (P3 from Kenya)

Table 13

Offer Hospitality and a Comfortable Environment, Build Rapport, and Assure Confidentiality.

Major Theme	Sub-themes	Participant quotes
Offer hospitality and comfort, and assure confidentiality	Comfort and hospitality	*P2: I want them to make me feel comfortable because I just meet with them, like let's say this is the first time meeting with a counselor, I want to feel the vibe if I can actually trust this person who I'm just gonna tell my entire life story, you know, about the person that I'm in love with.* *Interviewer (I): Trust* *P2: Yeah, trust is huge (P2 from Madagascar)* *P12: Make yourself feel comfortable because sometimes they just say have a seat but, "Would you like something to drink? No, just have a seat (laughs)* *Me: (laughing) Can I get some water, some tea* *P12: Can I get some... cuz you don't know cuz you're already nervous coming in you know so* *Me: Yeah yeah, making you feel comfortable* *P12: Yeah making that person feel comfortable (P12 from Ghana and Liberia)* *P4: When an African comes, give him some 5 minutes or 2 minutes, you tell him you are coming, just sit down and rest for a while. You are not going anywhere, but that is psychological aspect of the work. So, in so doing, he will calm down, he will settle down, he will bring his mind here, maybe the mind will not even be here. So, he is relaxing, everything will come together… maybe that's why some of the therapists, some of them go, they don't finish it up because when they go, they don't see the need. They don't get anything, they don't get anything, so they don't feel like going. You understand me?* *I: uh hmm! Yes, I understand you* *P4: So, when an African comes, let him sit down. If you have a bottle of water, give it to her, maybe he is rushing or she's rushing, he's not there yet. He is sitting there, but he is not there. Leave him time to bring himself* *I: So, it sounds like it is also important to create a comfortable environment where the African can sit and relax and also be hospitable in terms of* *P4: Not necessarily a beautiful place, but the little time that you give… "Madame, you're… oh… you sit down… just relax" and then you start. Just a little way to calm him down* *I: Ok, that's good* *P4: Or you just ask, "would you like a bottle of water?"*

		I: Yeah! So, if possible offer something? *P4: Yeah! (Excerpt from interview with P4 from Ghana)* *P5: I would like to have relaxation. Just having a nice conversation and that place has to be a very relaxation place, very nice place, you know, when you enter in the room, the room is not like "this is depressing," very nice room where when you enter you feel like, "ahh this is like heaven on earth" something like that so* *I: So, the environment has to be relaxing* *P5: The environment has to be good. If I'm somebody that drinks, offer me a glass of wine, make me comfortable, make me feel like I'm home* *I: You want to be... oh comfortable* *P5: Yeah feel like I'm home so I can be... so I can talk, you know so* *I: So, offer you... When you said offer you a glass of wine, so also...* *P5: If I drink, a glass of wine why not? (Excerpt from P5 from DRC)*
	Build rapport	*Yeah, I think it has also really been helpful to have the counselor connect with me on a human level like during the first few times like kind of establish that common ground like, "hey, I grew up in Washington, or I was married, or I'm married or I have family too and talk about kids. So, like connecting on all of those personal things that has been really really nice and then later on if they remember the stuff I talked about like last time like if I say, "Oh, my daughter is going to have soccer this weekend dadadada..." And so the next week, they're like "how was your daughter's soccer?" That's kind of like, "Wow, you were paying attention to me, you know what I'm going through and you know all this stuff so which I guess is just like general customer service stuff like every other sales organization does. Yeah, I think that really kind of builds a lot more rapport between me and my counselors is to have them remember all those things I'm doing like outside life, outside of discussion. (P3 from Kenya)* *P12: But it seems like coming more to a realization is that you just need a listening ear because it's different from this country than in Africa. In Africa, you always have a listening ear, families are there, but here you don't have that so it takes time, it takes time* *Me: It's like a loss of a lot of community* *P12: Yeah* *Me: Like going from so many people to* *P12: Just you alone, yeah and then making sure that talking to someone that you can trust or have a rapport with but it takes some time to get to know people so that also, personality and you know believes and what not. (Excerpt from P12 from Ghana and Liberia)*
	Confidentiality	*Let's see I guess the other things that people involving therapy would do, which would be to assure assure confidentiality and just*

		create a safe space for the sessions. I guess just those I would expect that anybody in charge of therapy would do that by default yeah. (P11 from Nigeria)
	Comfort, hospitality, building rapport, and confidentiality	*P13: In that case, just keep your secret only for him or for her. Some therapist maybe... "oh this guy," just explain to other people information and then the other day, nobody will come to that person so just keep the person's secret* *I: Hmmm.... so, confidentiality* *P13: Yeah confidential, confidential, and that is the main important thing for me* *I: Ok and you also talked about being friendly* *P13: Friendly, friendly yes that is more...* *I: Ok, you will want the therapist to be friendly towards you* *P13: Friendly uh huh* *I: Ok* *P13: Like just drinking coffee or tea or just like those kind of things* *I: Hospitality* *P13: ...how to explain my inside out you know everything so yeah* *I: You want to feel comfortable* *P13: Comfortable yeah sometimes I hear that when I was in my home country, some people went to advice from some advisor they go to advisor and then finally the advisor maybe it's a man and then he tell to that secret to his wife, his wife told maybe prayer group or friends, and then just not confidential so in that case nobody wants to tell anybody so that is the problem, confidence that's the major thing* *I: Yes, confidentiality is a big deal* *P13: Very very very I would say it is much more* *I: You would say much more for Ethiopians?* *P13: Yeah so because if I go to therapy, I need healing right? I need healing for my spirituality or I just need advice and if I tell everything to that person and that person tells to the other, oh I won't go. Oh, I will ask him like I don't want to see him ever again because he is not keeping... I trust him to go there and then if he is not confidential, I don't trust for others. I will tell others don't go to that person.* *(Excerpt from interview with P13 from Ethiopia)*

Table 14

Incorporate Values and Interests

Major Theme	Sub-themes	Participant quotes
Incorporate values and interests	Incorporating interests	*I would like to design would be something outdoorsy for those mentally healthy people so whether that's going on walks. So, if the therapist would ask me like, "So, what are your suggestions, what should we do here in Madagascar to help those mentally ill people?" Being outdoors is one thing and not being outdoor like in the traffic, in the crowd all that, being in nature, being able to exercise, maybe doing some painting to just really free other people's mind because being in the crowd and in traffic and all that might hinder more than help even though it's just going for a walk, like a serenity place to reflect almost. (P2 from Madagascar)* *I think the best experiences I've had for therapy where in larger rooms and rooms that had more nature in them plants, pictures of open spaces, bright open spaces, people have pictures of the beach, somewhere. And then I'm also currently seeing this guy who has a lot of artifacts from nature, he has rocks, and like driftwood and animal horns and stuff like that, and I grew up on a farm so like seeing all these things that look like junk, I know like that's how a farm looks like, that's what my parents' garage looks like. So, stuff that takes me out of a sterile office environment cuz I work 8 hours a day in a sterile office environment and that's part of my stress, so going to another place like that, it's like nah, I want to leave that behind and I think the environment, bigger space and a lot more of that stuff is really really good. (P3 from Kenya)* *P12: Hands-On materials. Hands-On materials so* *Interviewer (I): Like things to... activities for you to do as the form of therapy or things to fidget with while you're talking?* *P12: As the form of therapy* *I: Ok* *P12: Yeah, as the form of therapy so you can see results you know you being uplifted at the same time not being, "here's a handkerchief, cry to it" (Excerpt from interview with P12 from Ghana and Liberia)* *Maybe my interest. For example, just like I spend most of my time watching the news, and then I like to hear more spiritual things, how to approach the church you know. (P13 from Ethiopia)* *And like I mentioned I think you know just keep in touch with them in good times, talk to them in bad times I think that's very important too because if you know… some of these African people if you know what makes them happy, you can be able to help them when they're sad I think. (P9 from Cameroon)*

	Incorporating spirituality, faith, and religion	*You will make sure that I'm connected to my faith or reconnect me to my faith. (P7 from Nigeria)* *My religion comes first, my religion would have to play a huge role because everything that I say or do are through the eyes of my religion so social or how or whatever it is, it has to be that way. (P1 from Ghana)* *I wish that he introduced a faith conversation early on because my school was a faith-based institution and I wasn't sure if I was the one supposed to introduce that or he was the one who was going to say anything about it. (P2 from Madagascar discussing aspects she wanted during her only session in psychotherapy experience)* *Some of my other best experiences and what I kind of value has been working with a therapist who is also aware of spirituality and like figures out that I have spiritual stuff that I bring from my culture and especially figuring out that... I still have I still think about things that we had indigenous Africans have, our culture, our religion, our spirituality that was kind of pushed aside by Europeans and you know I don't quite subscribe to the idea that there's only one way to heaven and there's only one religion and all that like that stuff was real. Our people develop that stuff and it was only a matter of who had the gun that changed the way things worked. And I think it's still valid like what our grandparents and great-grandparents had and what all the ancestors and all the people, the living dead and... they're stuff I still like and value and so if I work with somebody who is kind of not aware of that or tries to just push a monotheistic view of the world like, "yeah I don't know why you guys have polygamy, that's wrong" and stuff like that, those are things that kind of turn me off. I still think our culture was pretty cool and it's still pretty cool but it still survives and somebody who is aware of that and knowing that I come from a place that has all that kind of cool culture and its validity as well yeah. (P3 from Kenya)*

Table 15

Play a More Active Role

Major Themes	Sub-themes	Participant quotes
Play a more active role	Be available outside of the therapy hour	*P3: So I think the counselors I find the most and I think I've gotten the most from are those who've figured out how I like to communicate and kind of made themselves available to that, even though they've had to... you know they give me some of the limitations like you know I can't really give you advice by text, but if you have a question about something or the other like I'm available by phone, I'm available by text, I'm available by email. And so, knowing that I don't have to wait for seven days to discuss a problem has been really good. It has really been helpful like I can shoot a question out and either they're like yeah we'll talk about that, I'll think about it, I'll do some research about it and we'll talk about it next time so knowing that I'm on his or her mind before we actually show up because if I don't do that I feel like I have to hold a bunch of stuff in my head until we meet again yeah. And then...* *Interviewer (I): So, they are also making themselves available?* *P3: Yeah, available outside the 1 hour, 50 minute-window (Excerpt from interview with P3 from Kenya)* *I want him to listen to me because when you go you have to let it go because you have so many things you just want to talk to someone. You know, I would like the person just to listen to me, let me talk and the end of the day, once I finish, I want to know that he did understand, and you know, he says, "Go give me a call if you need me." And I want someone to be available, you know, that's why people have friends because they know even at 2 o'clock, you feel like talking to someone, you say, "God, I have three friends, but 2 o'clock." I think if I call maybe Josephine, Josephine is always there so if my psychologist can be available to me not only on sessions, you know if they can be available even though I just finish I go I remember something I can be able to call him back. How many times you go to see the doctor and then you finish you say, "Oh my God I forgot to tell the doctor about my..." you know what I mean? You can't even call the doctor back now you have to make another appointment you have to pay $35 more just to say what you forgot, you know, things like that so I just want my therapist to be there for me, you know, not only for sessions, but on the phone. (P5 from DRC)*
	Follow up on the client	*P2: And also follow up, ehm just checking in, I would say and not necessarily just wait for the patient to make an appointment, to just check like "oh, how is it going?"* *I: So, for the therapist to take a more active role in reaching out* *P2: Be proactive, yea* *I: Do you find that that is more important for Africans?* *P2: Yea, I would think so because I feel like if that counselor checked on me and asked like, "hey, how are you?" I might have probably made a*

		second appointment, because it just felt like oh ok, he was done with me, he didn't follow up, he didn't ask how I was doing, did he really care? So, I went on with my life. (P2 from Madagascar) *I want him to ask me more questions because through the questions will bring out a lot of what is going on. Some people don't know how to explain but you being the master of the situation, you have to indulge in it more, you have to find ways and means whereby you help that person bring out whatever is inside because some people don't know how to react to certain situations and you being somebody who has been educated on it, help that person to… ask more questions, do what you can. If even you ask the person to come and the person refuses, call again, ask the person does it mean that he has no transportation or what? What is preventing him or her from coming? Find out maybe the person needs a helping hand somewhere. (P4 from Ghana)* *Because there's what I call lost to follow-up. When you have patients and they stop coming to you, you need to understand why they're not coming. Is it because they cannot afford the cost of the payment or they were not satisfied with what you gave them in terms of advice or counseling or what were the main reasons? Where do they live? Do they have an alternative? So, these are some of the questions that I will ask the therapist. We call it lost to follow-up, very important why are people not coming? Why are they not coming back to follow-ups? So, I will ask them to check on this and see what is the problem. (P8 from Cameroon)*

Table 16

African Immigrants' Values Should be Considered and Respected

Major Themes	Participant quotes	Value represented
Consider and respect African values	*But they believe in age… that there is wisdom because they say, "What an old person sees sitting down, a young person who has climbed the tree cannot see" because it's wisdom because they've been through it, they've experienced it. So, then they tell you, they're telling you from events that they have experienced, or know about other people have experienced. (P7 from Nigeria)* *P2: I would say same age because you wouldn't necessarily wanna put a teenage with a 30 or 40-year-old* *Interviewer (I): Because?* *P2: Because we have a high power distance and just if we see like an older adult in the group, we wouldn't necessarily want to open up, we wouldn't want to be judged or be shamed upon from the things that we did or that we need help from. (P2 from Madagascar talking about how to arrange group therapy sessions)*	Hierarchy of age
	But in our culture and tradition, when somebody is older than you, you accord him that respect regardless of the rank and file. The respect by age comes first before anything. (P1 from Ghana) *There's the thing about our relationship with elders like we're always taught to respect elders, to listen to them, give them space, to do things for them and so I still have that. I think if I'm dealing with issues that have people of different ages, the issue about elders versus people of my age versus younger people will come up depending on what's going on. (P3 from Kenya)*	Hierarchy of age and Respect
	In Africa, we listen to our parents, more often than not, our concerns and our expressions are secondary. Daddy said, mommy said, that is it, it's done, done deal, finish. I said earlier on we obey before we complain, but here your son can ask you why, you know, with a firm tone, why? And my son dare not ask me that. I think my son cannot ask me that because my culture and my tradition does not permit that so in that case, the counselor would tell me that your child has every right to ask you why, but, in actual sense, my culture and my tradition does not permit that. (P1 from Ghana) *I: So, when you said don't look at you in the eye, is that mainly a Congolese or would you generalize that to Africans?* *P5: Africans! African people, you know the eye contact is a problem, right? Do you know about it?* *I: Some, yeah*	Hierarchy of age, Respect, and Obedience

	P5: Most! Most of Africans. Here, we can talk like this, but back home, if you talk to your parents or whatever *I: Someone who is older* *P5: ...you have to be like this (bows head down) you know so, and here when you do like this (bows head), they think you're lying, you know… (Excerpt from interview with P5 from DRC)*	
	To respect me as who I am, as a man and an African (P1 from Ghana)	African Identity, and Respect
	P4: You know sometimes you being the therapist, you design a program for an African and then you design another program for a European. The European will be there 5 minutes before the time, the African will be there 5 minutes late. It is in the blood, we try to, but still. Even though we are here, we are trying, but still. At least one minute late or on the dote, but a European will come earlier. *I: So, one cultural aspect from there is that Africans tend to be later to things and that is part of the culture* *P4: Yeah, we say "African time", but Africans don't have any time (Excerpt from interview with P4 from Ghana)*	African time
	It is regular because the thing is immigrant families that came here from Africa, I wouldn't say it's only Nigeria, are usually people who value education and see education as a gateway, as a pathway to making a diff… to succeeding here so they do everything to encourage their children, they make a lot of sacrifices to make sure that their children get well educated. So, a typical African family, going to college is a given, which I don't see in the national, you know, the native African American families whereby the believe is that it is not everybody that needs to go to college. That is not acceptable in the African community, the African immigrant community. It is a given that everybody would take advantage of the educational opportunities that the system offers so they do that. So, I would say we're not unique in anyway, it's just a typical thing. Look at you, doing a PhD, I mean, that's… for somebody so young and you're doing it, you know, that tells you that you're driven and I'm sure you got a lot of pressure from your siblings, from your uncles, from your parents that that is what it is, you know, and that's usually imbedded in people from when they are little. So, it's not.. I would like to say that it's typical, *but we also believe that… we would probably talk about that when we talk about stress, but we are people of faith as well so. We do not believe that anything is impossible because with God, all things are possible, and we believe that if we exercise our faith and exercise persistence and hard work, you know, the culture, then things will work out. (P7 from Nigeria)*	Education, Belief in a Higher Power, Working hard, and African identity
	Africans… discipline is our culture, let me say it that way. A true African is well disciplined, a true African obeys before complaining so that is why more often than not an African in a low level of	Discipline and Obedience

	employment is taken for granted because of their obedience and not complaining. (P1 from Ghana)	
	There's that sense of community, it's not the same. African Americans don't have that, at least where I live. Like I've tried to reach out to my neighbors you know it's not the same. You know Africans are like, "oh you don't have someone to watch your daughter, I can watch her for you, I'm not doing anything tomorrow." African Americans are like, "How much you got? You got $15, $20? How long are you going to be gone?" Africans are like, "Oh I'll be here" you know it's different. (P10 from Zambia) *It's easier for somebody to lose a home and be able to move into their brother's house and stay in the basement until they find your feet, which the native society does not condone. You can't just up and go to your brother's house, you know, that's why a lot of them end up not finding a place to go because when we say homeless, it doesn't mean that the person is a drunk. Homeless people are two perils away from homelessness if they lose that job so... that support, being able to say, you know what? I've got somebody that if push comes to shove, I can go over there so yeah! (P7 from Nigeria)* *Yeah! I mean the environment because again I grew up in a very very communal society. I grew up in a place where our neighbors mom could just say, "Hey, so today, I'm making food and I will invite all the kids to come and eat." We will have Bible studies today and then we'll eat popcorn, so it was very communal, so I think that has shaped a big part of me, who I am. I mean so that sense of community I think they will have to understand that, you know that that's really what... I grew up in a city where it was almost like clockwork after you get out of school at 3 o'clock, we're all… everybody's at the soccer field just kicking the ball around, just running around. I mean 7 o'clock like clockwork, everybody is back home taking a shower and the next day, we do it all over again so that whole thing is just I think that will probably be just one of the biggest things just that sense of community. (P9 from Cameroon)*	Interconnectedness, and African hospitality
	And she did a lot of work too, she had two jobs in order for her to get her degree because you know, it's expensive, but she was dedicated in order to do all of that for her. (P2 from Madagascar) *If they are not, just immigrants... just everything is working hard here, just do your best. (P13 from Ethiopia)*	Working hard
	P13: Yeah and then how to success American Dream how to be successful in American… because everyone has a dream especially American Dream *I: Yeah, what do you mean when you say American Dream?* *P13: American Dream, for me just successful in education, have a better job, better life, and success for my vision like serving God or*	Working hard, Education, Belief in a Higher Power

	serving Church, the successful but I need someone to help me, someone, you know, those kind of things. (Excerpt from interview with P13 from Ethiopia regarding how therapists can help African immigrants)	
	"The Africans here, you know we always live in a... back home, we live together, aunts are there, grandparents are there, sisters are there, mothers are there, but here, mommy has to leave you and go to work. Sometimes when you come, nobody is home. Even though you can stay by yourself, according to the regulations here, you are of age you stay at home, but you lack that motherly relations, motherly care, motherly love. Back home, it's not like that. When a child goes to school, mother goes to work. By the time the child comes from school, mother is home, but here maybe you have to sleep alone, mother has to go to the night job. So, it is all this coming together brings a lot of mental disorders and all that and sometimes when they go to school they copy wrongly. Some children are really really really difficult to deal with. Back home when you do something wrong, you are punished, and it helps the children. I am telling you if I am to go back to school to teach here, it will be difficult because if you are not attentive, how are you going to learn. If the child is sitting down fidgeting while you are teaching, or you are on a subject, how is he going to pay attention? Here you can't control any child. They say freedom, freedom, freedom, but here, nothing is free. That's what I've realized, nothing is free here because the freedom is not the freedom. A child doesn't know himself or herself, a child has to be guided. But here, you have to allow the child to do what he wants to do. Back home, it's not like that, so when children, especially those who come from home and they come here, they see the situation, they tend to be very bad because here, no control in the school. (P4 from Ghana)	Interconnectedness of families, and Discipline of children
	They need to understand that Africans don't vocalize most of their issues. You need to dig deeper to get the real cause of their problems. Yeah! (P8 from Cameroon) *...some of the questions were very direct, like straight to the point about sex, you know, but in our culture, we kind of beat around the bush, like we ask indirect questions to get to the point. (P2 from Madagascar)* *P10: I've had so many African friends and I've lost so many African friends because of being truthful you know* *I: Because you were truthful to them about yourself or about just...* *P10: Right! About myself about things in general, right, like I just feel like like I'm talking to you right now, there's no reason that I should feel like you're going to judge me because I'm trying to get to know me, you're trying to get to know me, but for them it's like there are things you just don't say, there's things you say, there's things*	Stoicism

	you don't say you know. (Excerpt from interview with P10 from Zambia) *P12: It's very difficult for you coming to therapy you also have to know that, that being in tune with your feelings* *I: Is difficult* *P12: It is difficult, acknowledge that yes, it's difficult to even* *I: Yeah to even talk about your feelings* *P12: Yeah and assuring the person that it's okay* *I: It's okay to talk about your feelings* *P12: It's okay to talk about your feelings because being an African usually your feelings is not A is A, it's black and white so sometimes it's black and white then it depends on the person too and it depends on the family background that you're in or how the person was brought up you know. (Excerpt from interview with P12 from Ghana and Liberia)*	

Table 17

African Immigrants Need Help with Life Adjustment Particularly When They Initially Migrate to The U.S.

Major Themes	Sub-themes	Participant quotes
Help with life adjustment particularly after initially migrating to the U.S.	Help with adjusting to the U.S.	*I've seen a lot of my African friends who come from Madagascar and moving here really struggling finding their identity in the community (P2 from Madagascar)* *Africans, I think whatever reinforces their individuality to them because many things can cause somebody to feel out of the system, even your accent you know. I remember a client that he will say, "I don't understand you" but when he is giving me work, he understands me, so I said, "(name), you don't understand me when it's time to pay my money, my friend give me my money. (P7 from Nigeria)* *What I would suggest would be to look at the mental problems that most Africans face meaning that you look at most hospitals like in Atlanta you go to places like Grady Hospital that receives a lot of Africans and you look at their background to see some of the main problems. I mean not only that, if you see the prisons, why are there so many Africans in prisons compared to other populations? It has something to do with their background. Most of them commit crimes without knowing that these are things, you are not supposed to do, so you look at their background. (P8 from Cameroon)* *P13: How to manage family, how to approach family just like brother, sister because now I am in a different culture now, they are still in my home country right? Sometimes when I call sometimes like cultural difference I am a little bit changing now you know I am shaping American culture, sometimes we don't understand each other* *Interviewer (I): Yeah so, to you that you are changing and your family back at home is still.. they're still in the culture that they were in and so there are some cultural challenges* *P13: Uh huh not only just that but in the church Americans more, Ethiopians they're struggling with parents that is a big problem* *I: Hmm a big problem here is the Ethiopian parents who have American born, who have kids that were born here* *P13: Born here, yes, yes and then also just when I was in University of Washington, I heard that, I talked to them like children that were born here and then they told me there's always fighting with parents. Why? Because of cultural problems, they don't care about their parents and parents are their own culture and they want to lead their kids, but their kids they don't want and they don't obey and those kinds of things. I think it's a major problem, it's not easy. (Excerpt from interview with P13 from Ethiopia)*

	Help with initial transition to the U.S.	*First thing when they come especially newcomers, when they come here, they need a strong advisor for everything. For example, just showing job opportunities, teach, learning how the cultural, how to communicate with people from the culture, how to get into school and those kinds of things. That is very very important I think. (P13 from Ethiopia)* *Mostly when they just get here, like the newcomers. I think everyone has a story, they have a story, mostly when they come here, they are not coming just to... yes they're coming to a good life, but they're coming because they're running away from something. Look at what is going on in Cameroon right now. If they give the chance to every Cameroonian to come here, they will be here. So, when they come here, it's not just, America is the best, they're coming here to find peace and quiet and when they get here, okay they left Mom, Dad, some of them, they come without children blah blah blah, they're lost. They are lost, so you know if a therapist... that's the time when the therapist can step in, not only mentally, financially, just to orient them to some organizations that can help, you know with some food with, you know, to fill for Medicaid like when they get sick, they have health insurance. Because people here when they come here... because back home who has health insurance? Nobody. We don't have health insurance. Once you get sick, it's out of your own pocket, so when they come here, they don't know we have free health insurance. We need people who can tell them that if they just bumped to you as their therapist, they don't know, you have to tell them you know they have to know the culture like American culture like you can't beat up your kids here it is our problem, you can't beat up your wife, it is a problem, you can't leave the kids alone in the house, it is a problem. Back home, 2years old can stay alone because anybody can just take care of the kids, I mean there's just so many things in this country we have to learn. (P5 from DRC)* *P12: They need to know that it's a hard thing to do like for us to see a therapist and acknowledge that you know taking that step is very huge and they definitely need that support, so you have to do your best to be able to* *I: So, the therapist might need to* *P12: provide much more resources for them* *I: To encourage them* *P12: Yeah, keep encouraging so you don't feel like you're doing the wrong thing or and it could be one thing, or it could be another thing, so however other resources that are there, they should provide it as much because we are pretty much lost in this country too so it's a barrier you know cultural* *I: Knowing what resources to* *P12: What resources are there, yeah because you can easily get lost, yeah, not only with emotions but how to make things easy for them* *I: Uh huh like different life aspects*

		P12: Yeah because not having the family or support system here it plays a big roll so *I: Yeah, ok. Last question, is there anything else you will like to share about how to best help Africans in the U.S. with their mental and emotional health?* *P12: Ehm I mean not waiting until there is a problem before going to go see a counselor or when families come into this country it should be some type of support* *I: So mental health professionals can help by providing resources initially when people just come?* *P12: Yeah* *I: Ok* *P12: So, they are aware that it's there, that option is there so they shouldn't be ashamed or afraid to explore those resources you know cuz the earlier the better you know to get that support be it whatever and they shouldn't be afraid you know* *I: Yeah, there's different resources to navigate life in the US, from that to emotional* *P12: Uh huh cuz people get... and it shouldn't... to encourage them not to feel you know embarrassed you know there's nothing wrong with having somebody listening or there's nothing wrong with you know so the earlier that you know that, your views changes. (Excerpt from interview with P12 from Ghana and Liberia)*

Table 18

Consider African Immigrants' Lifestyle and Their Roles within Their Family (and Community) in The U.S. and Abroad

Major Themes	Sub-themes	Participant quotes
Consider African immigrant's lifestyle and family or community roles	Consider their lifestyle	*First of all, the African works twice harder in the sense that like I said earlier on, the African takes care of himself and the family here, then the relatives, so if you get an African and tell him that you can't work 16 hours, it's so and so on your life, it could be a fact, but the underlying factor is he is doing it for a reason. He needs to take care of himself and his family here and his relatives back home so if you don't consider that fact for an African, you could talk from now to next year, you are not making no sense. So, it is important that you take the lifestyle of that African into consideration, then you go from there. (P1 from Ghana)* *And then the second, who is paying that therapist, that's another problem too, financial, it's a problem, you know because it's like uh people eating here, they are so full, so they think about other things. We, Africans, we don't have food, we are still working for the food, we can't even think about going to therapists to spend money. You know, that's the money I can send back home for people to, you know, it's Christmas. If I have my hundred dollars I can send it back home. Why I have to go to give it to psychologists? That's us. Your generation, you guys would do that because I see my kids going to buy pizza when I have fufu at home. (P5 from DRC)* *They think that it's just a waste of time because… I don't think that they would think it's necessary to go and see a therapist. Ehm I guess the question is why would you spend $100 an hour to talk to someone when you can just talk to someone at home for example. And the people at home know you and you feel like they are giving you what you wanna hear instead of when you actually go to a therapist, it's like they are telling you things like, it's like, "no, you don't understand, that's not what I want to do" It kinda goes against your belief. (P2 from Madagascar)* *P4: Maybe I'm a working person and you know this therapy, going up and down involves money so I will like you to design it in such a way that either I can go to work or and come or come before I go to work (P4 from Ghana)* *P4: You know one thing is most of these Africans that are here, most of them don't have papers* *Interviewer (I): Ok*

		P4: And most of them don't have good jobs, you know here having a room is so expensive so if you can't get ends meet, you are always in a stress *I: It's stressful* *P4: ... mentally disorganized. You are not sick, but you are really really sick mental, emotions and all that (P4 from Ghana)* *A lot of the ones that are here, that I know are educated, documented. Now when you are not documented, that is a big problem because you cannot deploy your resources, you cannot benefit from the system. A lot of people that came in the last 15-20 years are people who came through the Visa lottery. And most of them were educated, and they were documented and they're free to practice what they have. (P7 from Nigeria)*
	Consider their roles within family and community	*I think it's important to figure out the social networks around the person they're working with and how they interact with that network, how it affects them and how they affect it. Like I think about my case where my housemate has been such a... he leans on me a lot for advice, for logistics. He doesn't know what the bills are cuz I signed up for the bills and he's refused to sign up for an account…. Yeah, so all that stuff like if somebody didn't know what support I was providing to somebody else, they wouldn't even know what's driving me and what's bugging me and even our relationships with our family back home like where are we in the hierarchy? What are the expectations? When I came to the US, my parents were like, "Okay, you go there you get the money, send some home for your siblings dadadada..." And I had those expectations for so long and I became so resentful cuz I was like, "Why is it me all the time? Why is it just me? Look at all these guys are finishing school and they just go do their thing. Why can't they give back?" So, stuff like that was in the back of my mind, which is affecting other things and if somebody didn't know to ask that I probably wouldn't even know to say that, this stuff that I bring with me, I carry it around all the time. (P3 from Kenya)* *I am very much in touch with my family back home, with my sister, so most of the time what I do is when I have a little money on me, I buy stuff and I send back to her home to sell. She has a small store so, most of the time when I'm really financially hard up she sends back money to me so… that helps me, yeah because I send her things mostly like if it is not school time... the beginning of the academic year or the semester where I have to pay fees, once I have a little bit of money, I buy stuff and accumulate and I send, ship them back home so I ship things to her at least two to three times a year and each time I'm really financially hard up, I turn back to her and that takes off some of the stress from me. And sometimes you know when you get a call from back home, "Oh we need money for this," if I don't have the money, I just ask her to take care of the situation, which still takes off the stress from me because if somebody calls*

		from back home, they're sick, that's not something you can ignore and if you don't have the money, you'll be stressed up about it. But if you have the means back home where somebody can take care of it and take the stress off of you it helps a lot. So that is how I financially take off my stress. (P6 from Cameroon) *So, I think I think that's part of it too, so I just think you know there has to be… so all of these things, there has to be a better way of, but I think getting the solution to it like you mentioned stems from getting to the roots. Some of it too is just pressure pressure from people back at home you know. If me and you come here at the same time, you see by the time I realize you have shipped two cars to Cameroon and built a house in Cameroon and I haven't, then I start feeling like what's wrong with me? And I start feeling inferior and I think that's part of it too yeah. I think it is a big issue and I think it's going to get even and it might get worse just you know, just due to the whole chunk of migration now from Africans coming to America. It might get worse just by virtue of absolute, so I think I think something has to be done right? (P9 from Cameroon)*

Table 19

African Immigrants Need to be Educated on Mental Distress and Psychotherapy.

Major Themes	Sub-themes	Participant quotes
Need for education on mental distress and psychotherapy	Stigma and limited understanding of mental distress	*Yeah, because it's viewed negatively, you know, by the time you start going to therapy, you're telling the person that there's something wrong with them and don't forget the stigma. Mental health is stigmatized in Africa, so it's only tells... in the heat of the moment, they will go because they feel they need to go, they need help, but once they begin to think it through and the opposing voices in their head comes in their head saying that, "Oh my God, I better not let people know." Or they talk to family and they say, "What?" Just like we said to our son that, "you can't go to see that counselor," you know. So, it is stigma, they are afraid to be labeled in the system, and they believe that that kind of reduces their chances of success. (P7 from Nigeria)* *In Madagascar, it just feels like uh that person is mentally distressed so that person lives on the street and there is not necessarily a person who is gonna pick up that person who lives on the street and try to figure out what's going on. (P2 from Madagascar)* *They never looked for help to help him process what's going on in his mind ehm, people just say he is different, so people try to stay away from him. It just feels ehm weird, in a way he is that outsider group that can never fit in. (P2 from Madagascar talking about a relative in her native country that has mental problems)* *Well, mental health from my perspective is a public health issue that is not highly recognized in most societies especially from... in Africa where I come from. People attribute mental issues to witchcraft, which is a big problem, it is something that has troubled me a lot. I was planning on focusing and writing a paper on that and even doing a sensitization program about mental health because growing up from Africa, there were a lot of things that we somewhat neglected. But, when I came into the US and Europe after going through my studies, I realized that these are some issues that we could easily address at an earlier stage, but they were neglected. They attributed it to witchcraft because they didn't know the epidemiology of those diseases. (P8 from Cameroon)* *I think that stigma is even bigger in the African community and I was thinking about how the stigma around HIV used to be in Africa and how long it took and what it took to get people to be more comfortable talking about it and more willing to go get tested and live with it and go get treatment. I think what would*

		benefit the rest of the American population would also benefit Africans a lot like it could be a similar approach of finding ways to destigmatize the idea of getting mental health assistance, mental health services and stuff like that because I think that's also probably another barrier that makes people like my friends go, "Man, I don't go talking…" because they don't want to be seen as weak, they don't want to be seen as losing their minds, they don't want to be seen as they could go crazy anytime and mess things up. (P3 from Kenya) *Right so families will discourage it, parents would discourage their children from potentially seeking mental health because they feel like it is a taboo to the family. (P9 from Cameroon)*
	Psychotherapy as a profession is uncommon in many African societies	*You know I think I would probably explain to them (therapists) that it is a... part of it is it's a relatively unknown phenomenon, it's a relatively unknown thing to Africans, the whole idea of therapy. Because I grew up in Cameron like how many years, I don't think I ever knew anybody who was a therapist. I don't think I ever knew anybody who saw a therapist… so I don't think Africans really, they are not... part of it is they are just not used to... I mean and maybe they go see a witch doctor. Maybe that's the form of therapy, maybe that's what they use as therapy, but they're not used to going to some academic person for some academic solution to a mental issue you know. So, they try to think of other ways. I mean I have a cousin who I think might have some mental issues in Cameroon but if you tell him to go see a counselor or go see someone I mean his issues… there are things he can go to that will probably help than to go see a counselor. And like I mentioned it is not... part of it too is I don't think there are trained counselors right I don't think there is anybody who studied counseling, who aspired to be a therapist in Cameroon. So maybe that's it, maybe because we don't have the trained specialists maybe that helps and because it's a new thing, it's not an established field. (P9 from Cameroon)* *And I think a huge part of it is also that we don't necessarily have people going into that field because not a lot of our people are educated and we're mostly trying to come up with the basics so like food, clean water and all that and just to think about oh what might be going on in that person's mind would be the last thing that the Malagasy people would think about. (P2 from Madagascar)* *I'm still thinking about exploring that (going for therapy) and seeing. I mean but it's a very uncomfortable thing to do because as I said growing up in Africa you don't hear about being in tune to your emotions and feelings and going to see a therapist or it's not something that you just say, "oh I think something is wrong with me so I'm going to go see a therapist. (P12 from Ghana)*

		This is one thing I know even my family I don't think... I don't know anybody in my family who is going to the counselor. (P10 from Zambia) *P13: And they don't know about the use. For example, Americans they have therapists until they're high school, teenagers, like elementary school, starting their elementary school, they have experience, practice with going to therapy. But Africans, for example to me in my home country, I don't have any therapy, so here just now just being in school, I know the benefits…* *Interviewer (I): Yeah, so you think because you have been in the US a little longer, you know more...* *P13: Yes, the benefits (P13 from Ethiopia)*
	Limited understanding of psychotherapy	*I think a huge part of it is to really figure out where to draw the line when we need to go to a therapist, like how do we… when do we know that we need to go and talk to a therapist? When is mild or serious problem, like how do you determine that? (P2 from Madagascar)* *It just doesn't occur to him that it's just something you could work with and when he hears me saying... like sometimes he calls me and I'm like, "hey, I'm just going in for counseling, can I call you back later?" And I called him back he's like, "yeah, why do you go to counseling? Why don't you just talk to me about these things?" (P3 from Kenya)* *Well, because I don't know what therapy... the design for psych patients, so it all depends on what you let me know the therapy... because at this level now, I don't actually know what type of therapies that are designed. What are the things that they do during the therapy? So that's why that question is a little hard, but, if I have an idea of the type of things they do during their therapies or the different types of therapies that they design for psych patients then I may be able to… (P6 from Cameroon struggling to respond to the question of how she would like therapy to be designed for her)* *P5: Coz I never really have problems like big problems. I know the time my father passed away, I relied on my family and my husband, but I never think about going out. Mostly, it's not like our culture, put it that way, it's not African culture to go and seek for help outside. Majority of Africans, I don't think so, they don't do that.* *I: So when you say out…* *P5: They don't even think about it* *I: Yes, it's not even…*

		P5: We don't think about it. We don't believe in that. I don't know if they have psychologist back home, but when I grow up, we never had a psychologist. Mostly, people confide in Pastors. *I: Hmmm* *P5: They go to church, if they have problems, they will talk to their pastor (P5 from DRC)*