



## “Our Depression is Different”: Experiences and Perceptions of Depression in Young Black Men with a History of Incarceration



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### ABSTRACT

One in three Black men in the US faces difficulties obtaining employment, housing and maintaining self-sufficiency post incarceration. Felony records result in considerable social and economic vulnerability, placing many young Black men at risk for depression. Little is known about depression in Black men with felony records. Twenty Black men with a history of incarceration were interviewed to explore perceptions and experiences of depression. Emergent themes were anger and negativity, depression is weakness, invisible depression, being strong and going on, and our depression is different. Findings have implications for clinicians who initiate ongoing therapeutic relationships with young Black men.

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Despite widespread poverty, poor education opportunities, high unemployment rates, and widespread incarceration among young Black men in major cities across America, little is known about their mental health (Kendrick, Anderson, & Moore, 2007). Available research indicates that among Black men residing in some of the largest and harshest inner-city environments in the United States (US) depression is uncommon (Curry, Latkin, & Davey-Rothwell, 2008; Silver, Mulvey, & Swanson, 2002). A well-established inverse relationship exists between low socio-economic status and depression that is contradicted by research findings about Black men (Aneshensel, 1992). Several studies reported low rates of depression among community samples of young Black men living in poverty in disadvantaged neighborhoods (Curry et al., 2008; Latkin & Curry, 2003; Silver et al., 2002).

Mainstream public and professional psychological definitions and characteristics of depression are similar (American Psychiatric Association, 2000; Watkins, Green, Rivers, & Rowell, 2006). Depression is a mood disorder characterized by lack of interest or pleasure in most activities and may include any wide array of symptoms including but not limited to effects on appetite, complaints of pain, and feelings of hopelessness and/or helplessness (American Psychiatric Association, 2000). Causes for depression include genetic and hormone imbalances, situational crises, and/or environmental stressors (American Psychiatric Association, 2000; Matheson et al., 2006).

Depression measurement has typically been based on traditional clinical definitions and symptomatology of depression (Kim, 2010). Measures such as the Center for Epidemiologic Studies Depression Scale (CES-D) were developed for use in community settings to assess frequency and severity of classic depression symptoms such as crying, loneliness, sadness, feelings of fear, and difficulty completing daily tasks (Radloff, 1977). However, this measure and others like it were “initially developed and tested for European Americans” (Kim, 2010, p.28).

Researchers who have recently conducted studies focusing on the uniqueness of depression expressions have noted that men’s experiences of depression often differ from traditional clinical symptoms (Branney & White, 2008; Brownhill, Wilhelm, Barclay, & Schmied, 2005; Rochlen et al., 2010). For example, risk-taking behavior, including deliberate self-harm, anger, sexual indiscretions, and drug and alcohol abuse, are much more common among men than women (Brownhill et al., 2005). Risk taking behaviors are a more acceptable manifestation of depression among men when compared to women who more commonly display depression through expressing emotion, feeling powerlessness, crying, and feeling lack of control (Emslie, Ridge, Ziebland, & Hunt, 2006). Furthermore, diagnostic criteria for depression on traditional depression screening tools such as the Center for Epidemiologic Studies-Depression Scale (CES-D) do not include items that reflect risky behaviors that are common for men (Branney & White, 2008; Brownhill et al., 2005).

### BACKGROUND

Scant literature exists to aid in understanding of depression among young Black men. Further, little is known about how the symptomatology included on depression screening measures substantiates the realities of this population. Most depression studies have examined

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epidemiologic and predictive variables, including self-esteem, racial-identity, racism, parenting style and gender-role conflict (Kogan & Brody, 2010; Mahalik, Pierre, & Wan, 2006; Pierre & Mahalik, 2005; Pieterse & Cater, 2007; Wester, Vogel, Wei, & McLain, 2006). Epidemiological studies that have examined prevalence of depression in residents of economically depressed areas, primarily inner-city communities in the US, compared depression among subgroups residing in the area. Gary, Stark, and LaVeist (2007) and Schulz et al. (2000) reported higher psychological distress, depression, and anxiety in White people who reside in high poverty inner-city neighborhood than Black inhabitants in the same area. Similarly, Curry et al. (2008) and Silver et al. (2002), and Matheson et al. (2006) examined the prevalence of depression in large poor inner-city communities. In these studies, researchers found that women experienced depression at statistically significant higher rates than men and that, overall, men were at a lower risk for depression. However, the instruments used to measure depression symptom severity in the aforementioned studies were based on traditional depressive symptomatology. Moreover, the researchers did not address the cultural validity of instruments used to screen for depression when they discussed limitations of findings. As a result of this oversight, a low incidence of depression for men reported in epidemiological studies negatively impacts further research and intervention for this group.

Despite the findings from epidemiologic depression research, a reality for men and specifically young inner-city Black men, is that there are psychological consequences for their social and economic situations (hooks, 2004). Findings from Kendrick et al. (2007) ethnographic study of perceptions of depression in 28 community-dwelling young Black men 18–25 years of age suggests that epidemiologists may be missing something in assuming that young Black men are at low risk for depression. Participants often used the word “stress” rather than “depression” when describing their response to various situations or experiences. Many of the young men described their stress as normal and mostly tolerable, but for some “being Black in this society is always a stress that eats away at your soul” (Kendrick et al., 2007, p.68). Participants shared experiences of being stereotyped as athletically talented but academically unintelligent, which contributed to feelings of depression or stress, by the young men (Kendrick et al., 2007). The young men also identified the constant threat of harassment by law enforcement as a source of stress; most participants shared experiences of profiling, targeting, and negative interactions with police (Kendrick et al., 2007). Ultimately, the young men in the study were clear that depression was unique for Black men and that a traditional medical definition of depression was not applicable to their experiences. The constant battles associated with being young, Black, and male and the resultant psychological distress were a reality that, to them, necessitated coping rather than an acknowledgement of depression. In other words, depression was a ‘fact of life’. This study provided insight into the unique impact of gender, race, and culture, on depression. However, few additional studies validate or expound on these findings.

Incarceration of young Black men in America has steadily increased over the previous 30 years despite bidirectional fluctuations in crime statistics (Alexander, 2010). Approximately 30% of all young Black men ages 20–29 years have a history of incarceration (Community Voices, 2003; Tonry & Melewski, 2008). Post-incarceration social exclusion, in the form of discrimination from housing, education, and employment opportunities and voter disenfranchisement, pose significant and lasting threats to individual productivity and mental health, as well as community cohesion (Alexander, 2010; State Felon Voting Laws, 2012). Discrepancies between life in an oppressive environment and low rates of depression found when screening Black men leads to several questions: What are indications that young Black men experience depression? How do young Black men experience and manifest depression (Perkins, 2013)? To begin to address these gaps in

the literature, the aim of this study was to explore the experiences and perceptions of depression among young Black men with a history of incarceration; a population who are at risk for mental illness due to their social and economic vulnerability.

## METHOD

A semi-structured interview with thematic content analysis was chosen for this study because minimal research was available to aid in understanding the unique perspectives about depression held by the target population. The product of thematic analysis is a minimally organized and yet richly descriptive and interpretive summary of the data (Braun & Clarke, 2012).

### Sample

A convenience sample of young Black men with a history of incarceration was recruited from a community program that aids ex-offenders in their transition to the community after incarceration. The program employs approximately 50–60 ex-offenders, and includes both men and women. Inclusion criteria for participants were a) self-identifying Black males, b) age 18–35 years, and c) a history of incarceration within the previous 12 months. Men older than age 35 were not enrolled and difficulties coordinating interview times with volunteers, during their work hours, inhibited some volunteers from enrolling. Thirty men volunteered to participate in the study, 20 met the inclusion criteria and were subsequently enrolled as study participants, verbally consented, and completed the study.

### Data Collection

Approval to conduct the study was obtained from the University Institutional Review Board. Informational study flyers were placed in the break area of the recruitment facility. Interested participants were instructed to fill out a card in order to schedule an appointment with the investigator who answered their questions about the study and read them an information sheet providing details about the study and their rights as subjects. To maintain their anonymity, participants provided verbal consent to participate. The primary investigator conducted all the interviews which lasted from 20 to 60 minutes and were audio recorded. An interview guide was used to ensure that the aims of the study were addressed.

### Data Analysis

All audio files were transcribed verbatim into typed-written reports with professional transcription services. Transcribed interviews were verified against the audio file for accuracy. Interview transcripts were imported into QSR NVivo 10 for data organization and ease of coding. Data were analyzed using an inductive-oriented, thematic content analysis (Boyatzis, 1998). Data analysis began at the level of raw data and progressed toward broadened interpretations of common themes and overall structure (Boyatzis, 1998). After completing an initial coding of data and based on the question posed and the context provided by the participant, codes were grouped into categories of depression experiences or depression perceptions. All coding tasks were independently performed by the primary investigator and a co-investigator with qualitative methods experience. Coding tasks and resultant categories were compared and in cases of discrepancy the data were discussed until a consensus was reached. These tasks were performed in order to ensure credibility and confirmability of findings.

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