My Journey in Researching Depression among Black People: Experiences of a Researcher in a Sensitive Study

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Abstract
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Keywords
mental health, depression, reflexivity, Black youth research, qualitative research methodology, interpretivism research

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My Journey in Researching Depression among Black People: Experiences of a Researcher in a Sensitive Study

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The interest in qualitative research on mental health within Black communities is rapidly growing. However, there are still debates on the conceptualization of depression among the Black community. This paper focuses on the researcher’s experiences as a young Black South African experiencing depression, and their reflections on interpretivist qualitative research focused on the realities of Black South African youth experiencing depression. The paper highlights the importance of reflexivity in a qualitative study and how the topics researched by a Black South African experiencing depression which is still considered a taboo within some parts of the Black community. If a researcher is part of the population, it can be a disadvantage because they hold certain perceptions about this studied phenomenon based on their personal experiences. However, this paper argues that personal experiences and other intersecting social factors are important in research, especially on vulnerable and marginalized groups, to create more critical reflections in qualitative research.

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Introduction

I went through most of my teenage life experiencing depression however did not know what depression was. I spend some days and weeks in a depressive state, and I could not help myself and I did not know how to ask for help. In 2017, I got to place a name on the agonizing feelings and emotions I felt all those years, depression. When I learned what depression was, I spend days reading and researching it to understand it. It was in 2018 when I did my master's and I decided to focus on depression. I came into the research process optimistic assuming people experiencing depression would want to be more involved in correcting the false narrative about depression. I wanted to create awareness and correct this stereotypical perception and stigma around depression. Imagine my shock, disbelief, and lack of understanding when the study presented a different reality. I assumed that people would want to participate, and I could not comprehend why others were reluctant or uncomfortable to participate in this study, given the history of depression within the Black communities, where Black people experiencing depression, or other mental illnesses were discriminated against and not provided with proper mental health care (Horwitz, 2009; Sey 2010).

I identify as a young Black woman experiencing depression, and a recipient of stereotypes and stigma when sharing my experiences with depression. Therefore, the study was a way for me to make a meaningful contribution to the lives of other people who might be confused about what they feel and their lack of knowledge about depression. Therefore, I was astonished by the rejection of potential participants when I tried to recruit them to participate. Moreover, the research itself opened a new way of seeing and understanding things because I
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was faced with issues that contradicted my views, and other obstacles that I did not expect to find when conducting this study.

Due to the sensitivity of the study, it is important to be able to first identify your biases, to address them, which was complex and difficult because of years of perceptions I held of how the stigma and stereotypes of depression should be handled. As someone experiencing depression, you are supposed to say something, teach, educate, and create awareness. Therefore, it was difficult to position and examine myself in this study because of the knowledge I acquired, personal experiences, and how I relate in some ways to the participants, while also having different experiences to theirs Dealing with the rejection from potential participants was a needed lesson and skill to navigate through the sensitivity of the topic and present a reliable study.

The differences in societal beliefs and my assumption about the realities of depression are what I explore in this paper to investigate challenges and opportunities from qualitative research on vulnerable people. While qualitative research has faced criticism for perceived subjectivity, reflexivity serves as a valuable tool in enhancing the rigor and depth of qualitative studies. For researchers that are beginners, reflexivity can present as difficult and a complex tool to navigate especially when as a researcher, you are directly, indirectly, partially, or fully part of the population you are studying (Patnik, 2013). Knowing the participants’ background or personal experiences may lead to the researcher having assumptions which influence their perception of the participant’s reality. Having known about some participants’ experiences encouraged me to identify the biases that I developed before the interviews. Being critical in my reflexivity resulted in my ability to minimize the impact of my biases and lessen the influence of my perceptions, and beliefs on the participants’ experiences and the data analysis. Reflexivity helped in reflecting on my interactions with the participants to reduce bias, and it also helped in ensuring that research authenticity is enhanced because my relation to participants enabled me to probe for depth during the interviews.

Conducting research on depression within the Black community, a topic that is still not recognized and acknowledged in some parts of that community required research methods that would produce reflexive knowledge. Interpretivist epistemology suited the research objectives as it focuses on investigating complex phenomena, this allowed an opportunity to understand young Black South Africans’ experiences with depression in more detail (Alvermann & Mallozzi, 2010). Furthermore, it proved to be suitable for this study as it facilitated an exploration of participants’ interpretations of reality, shaped by their individual knowledge and personal experiences. This approach enabled a nuanced understanding of reality as dynamic and multifaceted, reflecting the diverse perspectives and interpretations of the participants. The nature of the study required a qualitative research design to investigate the personal experiences, and realities of young Black South Africans experiencing depression, within a community that stereotypes and stigmatize depression. I had to be aware of my positionality within the research study to achieve trustworthiness, and not allow my relation to the research participants to impact the research design and findings. Reflexivity played a pivotal role in ensuring the integrity and authenticity of the research study, aligning it with the chosen research design and objectives. My positionality in the study; same race, similar personal experiences with depression, and social background with the research participants presented a complicated factor as I had my assumptions of the realities of participants based on my personal experiences and knowledge.

This paper focuses on the reflexivity I engaged in throughout the research process, which is imperative when studying the personal experiences of people from vulnerable and marginalized groups. Therefore, this study contributes to the literature on reflexivity in a qualitative interpretivist study by highlighting how reflexivity was used by an interpretivist researcher on experiences with depression. Reflexivity was a necessary tool to ensure that
stories and narrations of Black South African youth are told from an authentic perception, without changing or corrupting the meanings of the experiences. Reflexivity allowed me to first acknowledge my biography to understand my research positionality.

**Personal Biography**

I grew up in a village where depression was not recognised, and people regard those with mental challenges as “crazy.” The knowledge of the concept of “depression” was foreign to me. I used to have fluctuating moods, without concrete reasons for my feelings. I would often feel numb and unexplainable pain that prompt me to cry. I would cry for hours and ask God to “make me normal.” All I knew was, how I was feeling was not normal. I felt emotions more intensely which I could not explain or understand. The “Lord, please make me normal” prayer was forever on repeat, because I could not comprehend my emotions, therefore, I could not even explain it to my family to get help. I continued to suffer in silence. It was until 2017, I was introduced to the concept of “depression.” There was a lady on my Facebook friend list, that constantly posted about her life. She would post that she is excited and happy, and how she felt blessed, then literally a few minutes later, she would express how she does not want to live anymore. Her posts always baffled me because of her fluctuating moods. The irony was lost on me. I assumed the societal stereotypical perception that such people are attention seekers on social media and are somewhat annoying. It was after a few weeks, she shared different mental illnesses she was experiencing and would dedicate each day of the week to explaining each mental illness, among those was depression. It was then I learned about depression because what she explained was like how I was feeling. I proceeded to contact her for further clarity on depression and explained how I felt.

Unfortunately, my knowledge and interest in depression were due to my personal experience with it. I got to understand it on a deeper level because of my experience with it. My interest developed as I read and educated myself more on the subject. More and more articles and stories about depression emerged. I learned that most Black people do not believe in depression and see it as a “White-people disease.” A specific incident pulled my interest deeper. There was an incident that occurred in Braamfontein, Johannesburg, where a young Black South African attempted to jump off her building (Gous, 2017), in her second attempt, people (mostly Black people) kept motivating her to jump because she is just seeking attention as it happened before. People tried to explain that she was depressed but others kept insisting she was just seeking attention and would not proceed with the act. However, she eventually jumped. The discussions around the incident heightened my interest.

**People’s Reactions to Researching Depression**

The lack of sensitivity was astonishing because it was from professionals and researchers, with acquired knowledge about such research or study, spewed comments about my study that left me shocked. In one instance, I was discussing my research with a professor and narrating a story mentioned above about the girl in Braamfontein, Johannesburg, she nonchalantly shrugged her shoulders and said, “I thought they are just seeking attention.” In another incident, a final-year Ph.D. student enquired about my study, but the question was what was interesting, “How is it going with your crazy people,” I constantly heard this comment from other postgraduate students. All these were Black people, indicating that they do not regard depression as a serious illness. Others expressed how depression is “White people’s disease.” Some Black people still do not recognise or rather refuse to acknowledge the existence of depression. This might be due to different reasons; however, their beliefs do not allow them to recognise depression.
This belief system has led some Black people to believe depression is a myth. This made me realise, it is hard to understand or acknowledge the existence of depression if a person has not experienced it. Therefore, it furthers the stereotypical perception because depression cannot be seen. After all, it is often associated with sadness, which is common. Unfortunately, first-hand experience is what convinces people or changes people’s minds about depression (Kgatla, 2019). Another reaction was how some people were astonished that I am researching depression, but I am studying Sociology. The shock was people regard depression as a psychological aspect and has no social impact. This ideology privileges the medical model of comprehending and understanding depression. This correlates with the literature that depression is usually understood from the medical model (Deacon, 2013). However, this stance is heavily critiqued because it is individualistic, and focuses on the symptomology when diagnosing people (Wade & Halligan, 2004). According to the medical model, a person needs to present certain symptoms to be diagnosed with depression. As a result, social factors are not considered when diagnosing people (American Psychiatric Association, 2022).

Personal Perception of Depression vs. Sadness

During the process of my master’s study, I often spoke to people about depression within my social circle and read posts and statuses on social media about depression. I wanted to understand people’s perceptions of depression. I came to understand that people often associated depression with sadness because, at the end of a bad day, a person would say, “I’m depressed,” while they mean that they are sad, tired, or lack energy (Horwitz & Wakefield, 2007). Depression may present symptoms that are like those of a sad person, for instance, having low energy, not interested in doing any activity, constantly crying, and failing to get out of bed (World Health Organization, 2012; American Psychiatric Association, 2022). These are symptoms that could describe a sad person and not necessarily a depressed person, therefore when someone is depressed and has similar symptoms it is acknowledged as sadness. One of the participants in my study described depression as a “case of sadness.” She understood that depression has similar symptoms to being sad, however, she felt her “case of sadness” was different from the normal one she was used to. She expressed that it was more than that and although her friends also recognized her symptoms as sadness, she ultimately felt a different type of sad, so she labelled it a “case of sadness” (Kgatla, 2019).

While I do understand there are different causes of depression, and it could be biological, or seasonal due to a certain event that occurred in people’s lives (American Psychiatric Association, 2022), people loosely associating it with sadness created a void in failing to fully understand the depths of being depressed. This association breeds the stereotypical perception of depression, that it is not real, and leads people to fail to acknowledge its existence and experiences. As a result, depression is not seen for what it is, and people try to understand it by associating it with something else. It is easier to misunderstand or follow the stereotypical perception of depression if you have never experienced depression.

Interestingly, many individuals may refuse to acknowledge depression because it lacks visible manifestations and is often associated with symptoms that are considered common or mundane. A person is supposed to look a certain way biologically or naturally; however, people can still fall outside the bracket of what is deemed to be a “human being.” There is no “normal” human being because although biology has a structure or a foundation of what a human being is supposed to be like physically or how a human being is supposed to behave, there are people that fall outside those structures and foundation (Ziano & Koc, 2023). Does that mean people cannot acknowledge their lack of limbs because it falls outside the biological normalcy of a human being? What is interesting is people can acknowledge biological abnormalities if they are physical, or tangible, however, will not accept that people can have complications in their
minds. If biology can be defied by nature, and a person can be born without limbs, why is it so difficult to believe that a person can have complexities within their mind? I mean the mind is part of the human body, is part of the human being, if other parts of the human body can have malfunctions or complexities why not the mind? They associate depression with being needy, dependent, helpless, and unpredictable because they do not want to acknowledge it for what it is.

I concur with participants from my study when they said, it is difficult for people who have not experienced depression to truly understand what depression is. They also fell victim to that reality where they believed depressed people are crazy, lazy, unproductive, or just sad before they were diagnosed with depression (Kgatla, 2019), including me. They did not truly understand what depression was and they refused to believe they have depression due to the negative connotations and stigma attached to depression. Participants could not understand what it was, because craziness and sadness were not fully describing how they felt, but depression was describing what and how they felt, and it was only then they understood what depression is (Kgatla, 2019). As aforementioned, I also did not understand what depression was, I did not even know the existence of depression until I went through it.

To an extent, I do understand people that do not understand what depression is. I usually define or describe it like this; a depressed person is like someone who drags this huge ball chained to them, and the ball can only be seen by them and no one else. Therefore, because it is a huge ball, it is going to affect their mood, work, and their thought process because every day of their life they must carry this huge ball with them. The huge ball chained to them can never be taken off because no one can see it but them and they do not have the tools to remove it. Therefore, managing depression (the ball) might be finding a wheelbarrow (antidepressants, therapy, or other ways to cope with depression) to carry the ball every day, so they can walk simpler, but it does not erase the ball. Therefore, although the wheelbarrow alleviated the problem a bit, they must drag their wheelbarrow with them all the time. They are managing it, but it is still affecting them. Thus, other people will see them walking funny, being moody, and being tired, but they do not understand why because they cannot see the huge ball, they are dragging every day. It would be hard for them to understand or believe they do have a huge ball stuck to them. Therefore, that is how I usually describe my experience with depression that I am chained to a huge ball that can only be seen by me or other people that also have the ball chained to them.

My Master’s Research Study on South African Black Youth’s Experiences with Depression

My master’s study provided a detailed discussion of my experiences as a young Black South African with depression who conducted a study on how Black South African youth understand and cope with depression. As such I had to deal with questions of positionality, and reflexivity before the commencement of the study, during the research process and lastly while finalizing the research findings. The stereotypical ways of perceiving and understanding depression, plus the stigma around depression have hindered people from accepting their diagnosis therefore resulting in them failing to seek treatment (Kgatla, 2019). I adopted the interpretivist epistemology to fully understand the experiences of Black South African youth experiencing depression without the influences of the stigma and stereotypes around depression.

The objective of this study was to understand ways that Black South African youth understand and cope with depression because of the rich history of how mental illness is viewed within the Black community. Therefore, following the interpretivist epistemology allowed a platform for young Black South Africans to tell their story from a personal perspective, their
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own experiences without the stereotypes and stigma. As Chimamanda Adichie said “... the problem with stereotypes is not that they are untrue, but that they are incomplete” (Adichie, 2009). Therefore, I needed to give young Black South Africans the opportunity to tell their own complete story without the societal influences of what depression is and the stigma that depressed people are not normal. There is a societal consensus that a person who is considered normal falls under certain brackets of normalcy and anyone that falls outside of that is deviant and not normal, and depressed people are placed outside the brackets of that normalcy (Ziano & Koc, 2023). The study allowed the Black youth to challenge the false narrative about what depressed people look like. Furthermore, it enabled them to tell their story of how they understand depression differently from the societal stereotypical understanding of depression. From an interpretivist qualitative researcher, it is important to understand this studied phenomenon from its root and different angles to provide a detailed and in-depth understanding of people's experiences. The authority that comes with being an interpretivist qualitative researcher needs to be acknowledged when providing space or researching people from vulnerable or marginalized groups.

Reflexivity is an important part of qualitative research to produce reliable and authentic knowledge that is trustworthy. I have personally been the recipient of stereotypical comments when I revealed to certain people within my social circle that I experience depression. Therefore, I went into this research knowing and understanding how it feels to have people question the authenticity of depression and try to minimize your experiences, by refusing to acknowledge that depression can exist within the Black community. My research was not just to provide the Black South African youth with a platform to share their stories, but to also provide an opportunity to open discussions within the Black community about the authenticity and realness of depression. To allow people that are experiencing depression to have a voice in sharing their authentic experience with depression, to rid the false narrative and perceptions of what depression is, and how it cannot affect Black people. Therefore, I knew, understood, and read about stereotypical perceptions and stigma around depression, which I have also experienced, and that combined knowledge put me in a position of authority. This was a concern about how my subjectivity might influence my interpretations of participants’ narratives.

The interpretivist epistemology was the foundation of the research methodological choices. The research objectives were achieved by allowing Black South African youth to share their depressive thoughts, feelings, emotions, and experiences with the stigma around depression and how that affected their comprehension and understanding of depression. My positionality and authority allowed me to investigate participants understanding of how their social background impacted how they perceived and understood depression which ultimately affected how they sought treatment to cope with depression.

The study’s data collection was through in-depth face-to-face interviews with Black South African youth. Having face-to-face interviews with participants helped in creating a bond with them because the interview became less formal and more conversational. For some participants, it was not easy, and they found it hard to express themselves at the beginning of the interview, but gradually began to open because of the conversational flow of the interview. Some participants were eventually at ease and were able to fully express themselves. Confidentiality was very important to participants, especially at the beginning of the study, thus, I had to reassure participants that their identities will not be revealed and that anything that was said during the interview would be accessed by myself and my supervisors only. Additionally, supervisors would not have access to their real names or identity. Confidentiality was a concern to some of the participants whereas others were free about using their real names or identity because they were already publicly creating mental health awareness. This will be discussed in detail in the subsequent sections. To further ensure that participants felt safe due
to the sensitivity of the topic, participants were assured that we could call or go to the University of Johannesburg’s (UJ) Center of Psychological Services and Career Development (PsyCad) if they become too vulnerable and needed a professional, as interviews took place at the UJ Library. This was to ensure that participants felt safe to share their experiences because it is personal, and trust was an important part of the process.

As the participants, young Black South Africans narrated their experiences, reflexivity became an important tool in developing an even deeper understanding and knowledge of their experiences. The following sections will detail a discussion on my positionality in the study, highlighting reflexive moments during the research process and taking into consideration the conflict that came from my subjectivities as a researcher. I first engage with some literature on reflexivity and how the literature guided my research. Reflexivity was a constant reminder during the research process in identifying the points of conflict and biases. After conducting the interviews, I did an introspective process where I tried to identify traces of biases and attempt to critically engage with them to reduce their influence on data analysis. The introspective process of identifying biases and self-criticism was difficult, however, the following sections will indicate how reflexivity impacted the research.

I proceed to reflect on the relationships with the participants and how I navigated the role of an insider/outsider. Additionally, I applied reflexivity to hinder myself from redirecting the attention of participants to me by avoiding telling my own story based on societal stereotypical perceptions and stigma around depression. As this would have ultimately marginalized them even further and taken away the authenticity of their own stories.

Negotiating Access to Black South African youth experiencing depression

Berger (2015) argued that participants might be more willing and freer to share their stories and experiences if they feel the researcher is more sympathetic towards their experiences. From the inception of my study, I understood that certain personal factors might influence participants from taking part in the study. However, my perception was more positive that it will influence people to be more willing to participate and not hinder people from taking part. As Berger (2015) indicated some participants are more willing to share their experiences with a researcher that is more sympathetic to their situation. Therefore, as a Black South African researcher investigating Black South African youth, I anticipated that potential participants would be more inclined to participate due to the shared cultural background and experiences. This shared identity and understanding could foster trust and rapport between the researcher and participants, potentially encouraging greater willingness to engage in the study. There were people that I knew were diagnosed with depression because I was in the same WhatsApp virtual support group with them. As a result, I assumed that because they are already on a platform sharing their feelings about depression, they will be more open and inclined to talk to me. However, I only had three participants from the group, which had more than twenty members. Other participants were referred by the three that I interviewed from the group. While others were people I knew outside the group.

I had a few people on my social media friends list that experienced and were diagnosed with depression, and I identified them to be potential participants. Through them, I was introduced to other people. However, most of the participants I met after I had placed posters around the UJ, Auckland Park (APK) campus. I had gone to the student office to acquire permission to place posters around the campus to find participants for the study. I proceeded to visit the UJ Center of Psychological Services and Career Development (PsyCad), to acquire permission to place my posters there. PsyCad is a centre at UJ dedicated to supporting students with personal and mental health challenges. It offers access to therapists and psychologists who provide assistance and guidance to students in navigating their difficulties. Thus, placing my
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posters there was beneficial because students who went for their therapy sessions saw my posters and contacted me. My poster was an information sheet with the title of the study; Black South African youth and how they understand and cope with depression. It further detailed the criteria of the study and assured potential participants that interviews will be confidential, and their personal details will not be shared. There were personal contact details for people who were interested to contact me.

The poster attracted a lot of potential participants, although some of them did not meet the set criteria for the study. Two people contacted me after seeing the poster at PsyCad and were eager to participate. One of them fell within the age range, was Black, but was not South African and the other potential participant was not diagnosed with depression but was close to someone who had depression. They both contacted me, and I further explained the criteria and the objective of the study, so the second individual excused herself from the study. The first individual insisted on meeting with me, and he shared his experiences with depression and his views on how his social background understands and perceives depression. He was a young man from Zimbabwe and his experiences with depression were like the South African participants’ experiences. They shared similar stories, and it was very interesting which was unfortunate that he could not participate in the study.

Moreover, it was astonishing to me that some people were reluctant to share their experiences with depression. However, I got to understand that individuals differ and the reason behind some people not being vocal about their experiences is because they are influenced by the stereotypical perception of what and how depression is. For instance, depression is viewed as someone needy, dependent, helpless, and unpredictable (Angermeyer & Matschinger, 2003). I remember one participant said when she was diagnosed with depression, she refused because she was a strong-willed, positive person, therefore, did not fit the description of a depressed person, because depression is for the weak, thus she cannot have depression. Thus, those stereotypical comments and perceptions about depression build a certain image in participants that ultimately affected how they understood depression. This is why some of them were in denial because the description did not fit who they are. It was difficult for me to understand that because I have always been free to talk about my experiences with depression, even when I did not know what it was. I shared it with my friends, I tried to read and research it. When I learned about the stigma and stereotypes about depression, it encouraged me to talk more about it and try to educate people about it. I did not fear being called needy, dependent, helpless, and unpredictable because I was used to people calling me weird, which I enjoyed. Therefore, I was blessed enough to not fall for peer pressure and that helped me immensely when I was experiencing depression. I took advantage of the fact that I have always been free and unashamed to talk about my experiences with depression. I assumed that anyone experiencing depression would desire to get rid of the stigma and stereotypical perception of depression.

Although I was open and vocal about my experiences with depression, not all participants knew that I experienced depression which is why I refrained from disclosing to participants. I did not want them to omit information or be vague because they assume I understand what they are sharing, therefore, refrain from fully describing their experiences. Additionally, I did not want them to assume that because I am vocal about my experiences, then they are obligated to be open about their experiences publicly. Part of the reason some of them participated in the study is due to confidentiality and knowing that their identity will not be known by anyone even if the paper is published. Some of them believed that stereotypes and stigma around depression should be corrected and people should be educated because mental health is important. However, they were not ready to share their experience publicly, thus the study was the perfect platform for them to do so. They were attempting to correct the stereotypes and stigma, without the danger or the possibility of exposing their identity.
Granted some participants concurred that this type of study is important, but some of them politely declined to participate because they were not ready to share their experiences with depression. It is another thing that I struggled to understand because although they were not ready to share their experiences, some of them disclosed they are experiencing depression by what they posted on social media. This is the reason why I approached them because of their posts. However, I also had to understand that I am a stranger asking them to talk to me about a sensitive topic and be interviewed. An interview setting does not afford the same level of control as individuals have on social media, where they can choose what to share and omit, as well as which questions to engage with or ignore. On social media platforms, individuals can post content and decide whether to respond to comments and questions, giving them a greater sense of autonomy and control over their interactions. Therefore, I had to understand that it is not an easy topic and just because an individual talks about their experiences does not mean they are ready to be interviewed.

All those incidents made me question my understanding of the sensitivity of the study. I had to understand that me being vocal about my experiences with depression and not fearing how people would perceive me was not a general perception. Encountering individuals who appreciated the objective of the study but were not yet ready to participate was an enlightening experience. It underscored the fact that raising mental health awareness is just one aspect of the broader challenge individuals face in addressing their mental well-being. Many struggles with self-stigma, which can create barriers to seeking help or participating in discussions about mental health. It was easier on some participants because they were referred to me by other participants. Thus, understood what the interview was like, and it was easier for them to come forward and share their experiences. They already had an idea of how the interview would unfold and whether they could handle it.

I approached some of the participants on social media platforms and some were reluctant to take part, whereas they were vocal about their experiences with depression online. However, I came to realize that social media can often be toxic for individuals experiencing depression. People are discerning about their interactions on social platforms, carefully selecting whom they follow and engage with. Consequently, I had to acknowledge and respect the decisions of potential participants who declined the opportunity to take part in the study, understanding the sensitivity surrounding mental health discussions in online spaces. This realization helped when I started my data collection for my Ph.D. because I collected data in two ways, firstly data mining from social media, and then interviews. This means part of the criteria to participate in the study were individuals who were vocal or using social media to cope with depression. I went into the process knowing it might be difficult to find participants even though they use social media as a coping mechanism. In one instance, there was an individual who held Instagram Lives sharing her experiences with depression, however, declined to participate because she was not comfortable doing an interview.

Another issue with finding participants on social media is popularity. From my experience, it genuinely helps to engage with people on social media, if you have a lot of followers. People with a lot of followers are less likely to engage with you if you have fewer followers. Nonetheless, I knew that some people might be uncomfortable with participating, but I did not consider that having few followers on social media would hinder people from engaging with me. This is besides the fact that they are also trying to create mental health awareness or educate people about depression or other mental illnesses. I quickly realized that popularity is important to people, and they only engage with certain kinds of people especially if they have a huge following. This is something I could not comprehend because the goal is creating mental health awareness, but a popularity mindset still influences people on whom to engage with because it will help with increasing their following. A low following will not benefit anyone so the engagement will not be beneficial so, they would ignore you. As a result,
I struggled to find people on my social media because of my low following. Fortunately, I had a friend with a higher following, and he posted my information sheet on the study on his social media platforms, and I was able to get people because he has more followers, thus, he was taken more seriously.

**Insider-Outsider: Reflecting on Relationships with the Participants**

When I approached participants for the study, some of them assumed that I am also experiencing depression. This is not something that I told them, but because of my interest in the study, they concluded that I might also be depressed. However, few participants knew I experienced depression because we were in the same WhatsApp virtual support group. My experiences with depression, race, and age, put me in an insider position, which ultimately helped in making the interview less formal and more conversational. Due to the similarities, there were instances where they would make statements such as, “you know what I'm talking about,” because of the position I was in. Some participants sometimes held themselves back on certain points because they assumed I knew what they meant. They used phrases like, “You know how it is as a Black person,” or “You know how depression is,” if I understand the full image of what they are trying to portray to me. This to an extent is true because when they narrated their stories, I resonated with them, and I was able to see myself in their stories. There were times when they got emotional about some of their experiences with depression before being diagnosed, and it personally affected me. They had no knowledge of what depression is. This is because, although depression is hard, not knowing what you are dealing with and having to deal with every day is complex, confusing, scary, and painful. Labels are usually not appreciated because some people believe they breed stereotypes and stigma (Becker, 1963; Muda & Yusoff, 2022). However, when concerning health, it is better to know what the actual issue is to properly manage or deal with it. Having to understand what is wrong, to put a name to an issue that you are facing helps with employing proper coping mechanisms or treatments for your problem, instead of employing various treatments that might not work.

Therefore, because I resonated with the narrated stories of participants experiencing depression, on a few occasions I struggled with showing compassion towards them and attempting to comfort them. This study is about a very sensitive topic; thus, some participants were emotional when they shared their experiences and because I resonated with and understood their discomfort, pain, and sadness prompted me to want to comfort them. However, I was able to restrain myself to keep the quality of the study as it is important to share their authentic stories without compromising them. The comfort I was attempting to offer them was temporary whereas their stories being told from an authentic point of view is crucial. Therefore, avoiding sharing my background on my experiences with depression, was to avoid redirecting the attention from the participants to myself, which will defeat the purpose of the study. Therefore, I focused on a different perception when approaching the interviews, that my position, being able to relate to participants helped me to identify where I need to probe. Additionally, it helped in knowing which follow-up questions to ask, managing their emotions, and not trying to push them harder than I must.

Although I acknowledge my insider position, I constantly had to navigate between my insider and outsider position. Although I share certain factors with participants such as raised age, race, experiences with depression, and socioeconomic status, however, there are other factors which I did not relate with the participants. For instance, during the process of the study, I was a master's student thus education status differed, employed at the university, and I went to a public school, as some participants went to a private school. Thus, although I resonated with some of their experiences with depression, there were times I could not relate because we are not in the same position in some respects. I resonated with the feelings that came with
depression, but I did not resonate with some of their experiences due to depression. There is no specific cause for depression, it can be due to several things, there were participants who got depressed due to tragedies in their lives (World Health Organization [WHO], 2012). This includes accidents, loss of loved ones and health problems, which might be foreign to me because my depression was not caused by either of those things. Therefore, this placed me in the outside position, since I was entering a foreign space to seek information as a researcher from the participants.

The interview was more conversational than formal, however, I had to constantly remind myself of taking a professional stance for the quality of the interview. Thus, I had to guard what I said, how I said it, to avoid influencing the participants' stories, experiences, or responses. It was difficult to do so, as aforementioned the study is on a sensitive topic, thus involving too many emotions and feelings. At times it was hard to refrain from consoling the participants or sharing my perception of what they shared, as I could relate. Therefore, I constantly had to check myself for the benefit of the participant and for the study to be credible. I felt it was important for the interviews to have a friendly and conducive atmosphere which allowed a flowing conversation where participants were free to express their feelings and emotions when sharing their stories rather than having a formal and rigid interview. However, I also had to be cognizant that as much as these interviews are more of a conversation, they also had to be professional.

Conclusion

The similarities and differences between me as a researcher, a young Black South African experiencing depression and participants have highlighted that I am also an active member of the community I am investigating, and it is almost impossible to disregard me in the research processes. As a result, I was able to identify my biases and hindered them from influencing the participants’ experiences and their individual stories. Reflexivity allowed me to have my narration while being open to participants' different ways of understanding and conceptualizing their personal stories. When researching vulnerable and marginalized groups, it is important to exercise sensitivity as any uneasiness can result in rejections. The topic of depression is still sensitive in some Black communities; therefore, it is important to understand the reluctance and uneasiness of people in sharing their personal stories. Therefore, it is important to ensure that participants come to a place where they feel is conducive and safe for them to express their depressive thoughts without fear of judgment or stigma. As a researcher, it is important to understand it is as important to create mental health awareness and educate people more about depression, as it is to ensure people are ready to share their personal stories and not force them into an uncomfortable situation. This is because one incident can result in worsening their depression which will be the opposite objective of the study.

Qualitative research allows space for multiple ways of understanding a phenomenon which sometimes is similar or contradictory especially when the researcher and participants have similar experiences. Although I shared certain similar identities and experiences with participants, there were differences in our experiences, and how depression affected and influenced our individual world. Although we might share a similar struggle, our interpretation of it can be similar or different. Due to my interpretation of my struggles with depression, I operated from a place of privilege that allowed me to not be fearful of sharing my story, but it has also allowed me to be open to other ways of interpreting experiences with depression.

Researchers need to understand the extent of the research’s impact on them, the participants, and their world to fully understand and be aware of their biases to avoid influencing the authenticity of the study. This is very important when a researcher is part of the population, and therefore, comes into the research process with their assumptions of
participants' reality. This might result in them invalidating and ignoring any information that is not aligned with their assumed research findings.

It is important to note that reflexivity is an important tool in qualitative study for trustworthiness and depth. It is a continuous learning process that requires an immense understanding, patience, and an open mind to produce authentic and reliable research. Reflexivity allows researchers to broaden their understanding and not be boxed within a certain way of understanding experiences and events in their lives and other people's lives. It is a personal journey, as an academic, a researcher, and an individual because it enhances your introspective senses and be able to place yourself in a completely different reality to theirs and still be able to comprehend that reality without the influence of your own. Therefore, the main objective was to provide participants with a platform to share their authentic personal stories whether they are aligned with our values, beliefs, and perceptions and allow them to deliver their message to the world without our influences as researchers.

Through the reflexivity process in my master's studies and as I proceed with my Ph.D., I have learned to understand that participants are co-creators of knowledge that needs to be valued and understood. I have also noted that it is understandable as a researcher to have subjectivities that can potentially influence the research, but it is more important to have the ability and open-mindedness to understand and identify my biases to avoid their influence on the research. Reflexivity has allowed me to understand that as a researcher I am part of the participants' world, and in turn, they are part of mine, and we help each other to understand each other’s realities. It helps to understand that there are various ways to understand a phenomenon and there is no correct way of understanding things especially when they are a personal experience. Reflexivity has helped me to understand that participants are their own agency that needs to be respected and studied, to produce authentic stories.

References


Author Note

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