An Exploration Into Black Males' Lived Experience of Psychological Distress in the U.K:

Interpretative Phenomenological Analysis

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~

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ABSTRACT

UK Black males are disproportionately represented in psychiatric services and significantly under-represented in therapeutic services, despite concerning suicide statistics. Existing literature is dominated by quantitative, US studies focusing on African-American adolescents. Of the limited qualitative studies, focus predominantly surrounds experiences of healthcare and barriers/reluctance to help-seeking. Focus on blockers and individual adverseness highlights a gap in literature and calls for more understanding pertaining to qualitative, idiosyncratic experiences regarding the intersection of gender, race and well-being. This study aims to explore UK Black males' lived experience of psychological distress, to gain better understanding of their awareness and perceptions of psychological distress and how they address it. A one-to-one semi-structured interview was conducted with eight Black UK males, aged 26-38, followed by an exploratory artistic expression, where six men used a medium of their choice to further encapsulate what psychological distress means to them. Interviews and artistic expression were analyses using Interpretive Phenomenological Analysis and interpretations made through the researcher's critical realist epistemological framework. This saw the emergence of four superordinate-themes, 'Conceptualisation and Construction of Psychological Distress', 'Through His Eyes', 'The degradation of the Black Form' and 'Black MANnerism'. Of the experiential artistic expression, one superordinate-theme emerged, 'Aspects of Self'. Findings highlighted that psychological distress experienced by UK Black males derive and are maintained by historical, social and cultural factors pertaining to masculinity, race and oppression. Concluding the study, Counselling Psychology, clinical and wider implications are discussed and suggestions for future research suggested.

Keywords: UK, Black men/males, African-Caribbean heritage, psychological distress, distress, mental-health, wellbeing, lived experience, help-seeking, Counselling Psychology, qualitative, Interpretative Phenomenological Analysis (IPA).

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We wear the mask that grins and lies,

It hides our cheeks and shades our eyes,

This debt we pay to human guile;

With torn and bleeding hearts we smile.

And mouth with myriad subtleties.

Why should the world be over-wise,

In counting all our tears and sighs?

Nay, let them only see us,

While we wear the mask.

- Paul Laurence Dunbar

CHAPTER ONE: INTRODUCTION

1.1 Chapter Overview

This chapter commences with a reflective contextual overview, framing the origins of the present research. Consideration is then given to the positioning of Counselling Psychology (CoP) researchers, with reference to the scientist-practitioner-advocacy model and finally conceptualisations and definitions are given for 'Black' and 'psychological distress'.

1.2 Personal Context

The excerpt from Paul Laurence Dunbar's *'The Mask',* a child born to parents who were freed slaves, serves as a humbling reminder and anchor, that passivity; a disposition I often struggle with, was in-fact a survival apparatus, implemented by my ancestors, to ensure their survival. Years later, their sacrifice is enabling me to drop the mask and assertively speak my truth aloud, to be heard and understood. I too want to create a space where other Black voices can be heard and better understood. No longer having to nullify our lived realities, but to give it a voice and allow it to take up space within academic literature.

The journey to establishing a prosperous and fruitful career that aligns with my humanistic nature and curiosity in understanding 'why people do what they do', led me to embark on a Counselling Psychology Doctorate course (CoP). Progressing through academia, the under-representation of black students did not go unnoticed, as I was often one of few, or the only Black person on the course. This under-representation was also evident in academics teaching the courses and the literature provided. As a result, I felt obliged and motivated to undertake a Doctoral piece of research focusing on the Black perspective. It would feel negligent not to.

My academic journey generated approval, appreciation and dialogue between members of my own race and ethnicity, for being a Black female trainee psychologist, embarking on a career,

in a field that lacks sufficient diversity and representation. They expressed their wishes and expectations for change, regarding black people's therapeutic engagement and better clinical understanding that meet their needs and promotes emotional wellbeing. These conversations felt relevant and refreshing and I felt the responsibility, as if I was the transitory object bridging the gap between race and wellness, however, I quickly learnt at the beginning of my doctorate, that it is not my position to 'fix' or 'save', others, rather to enlighten, guide and support. To shift some of this responsibility, I questioned whether they had ever considered utilising therapeutic services, to better understand and address their stressors? Their responses discounted earlier claims, with statements such as, '*It's just not for me', 'No way I don't need it', 'I have never struggled with mental health before'*. Most dismissive of my inquiry was that of Black males, their adamant refusal, resembling hints of defensiveness and frustration. This sparked my curiosity to further explore Black males' understanding and relationship with their mental health.

1.3 Positioning of a Counselling Psychology Researcher

The division of CoP (BPS, 2005) suggests research should remain consistent with key values and principles practised in CoP, thus the humanistic framework underpinning CoP, implements Rogerian person-centred principles (1961), as a main vehicle for promoting wellbeing, through: Unconditional Positive Regard, empathy and congruence (Jacobs et al., 2006; Woolfe et al, 2010).

As an applied psychology, CoP emphasises the scientist-practitioner model, defined as "*A model of training, requiring professionals to master both the helping, practitioner roles and methods of investigative science*" (Gelso, 1993, p. 44). It has since been said, these two domains are no longer adequate within professional psychology training, resulting in the emergence of a third domain (Mallinckrodt, Miles & Levy, 2014). The scientist-practitioner-advocate model *"meets the needs of clients whose presenting problems are rooted in a*

sociocultural context of oppression and unjust distribution of resources and opportunities" *(Mallinckrodt et al, 2014, pg.1).* Contemporary training for social justice advocacy, does not just focus on individual's symptomatology but considers and addresses social contexts affecting client psychological wellbeing. This model is thought to be a better fit for the present study and to the researcher's ethos. As a scientist-practitioner-advocate, the existing literature that informs this research explores intersectionality of, race, gender and mental health, within the context of social, cultural and historical factors (Snowden, 2001).

1.4 Conceptualising and Defining The Term 'Black'

This research focuses on the Black UK male experience, which requires a clear definition of the term 'Black' to be established, however this cannot be achieved without understanding the differences between race, ethnicity and culture.

1.4.1 Race

Over time, the terminology and meaning of race has changed. Initially a system of classification, race referred to one human race, which differed from other biological organisms referred to as species (Darder & Torres, 2003). Science has since verified that people from around the world have more commonalities than disparities, with a less than 1% genetic difference and no basis for differential performance, achievement, physicality or intellect (Lock, 1993). Moreover, different skin tones and other physical variations, is said to be as a result of migrating further away from the equator to different parts of the world (Relethford, 1997).

Over time, the rise of power among the Western and European milieu saw the emergence of theories, concerning physiological differences between people (Cameron & Wycoff, 1998). This paradigm shift, towards a modern evolution of the term race, no longer categorised humans, but now categorised people, based on distinctive and unchangeable physical

features, i.e., eye colour, skin colour, hair texture etc. (Smedley, 2012). Rather the notion of race and racial differences, was said to be an opportunity for hierarchical power structures that unfairly advance one race; namely the 'White-race' and unfairly disadvantage the 'other' (Smedley. 2012; Fredrickson, 2015). Thompson and Tyagi (2000) supported this, arguing that the social construct of race, gives rise to White supremacy, racism, racial inequalities, and discrimination, suggesting "*race is about everything…historical, political, personal…and race is about nothing…a construct, an invention that has changed dramatically over time and historical circumstances*" (cited in Best, 2000, p. 120).

1.4.2 Ethnicity

Ethnicity overlaps with race and culture and acknowledges history, language, culture, religion and geographical location in the construction of identity. Although it is used interchangeably with race and culture, Baumann (1996) warns of ethnic reductionism, often used as the preferred pronoun as opposed to race and references a subset of people within a given race, who share a specific culture, language, religion or geographical location e.g., despite being related concepts, through ancestry; two people of the same race can be from two different ethnicities (Griffith et al., 1995).

1.4.3 Culture

Culture is dynamic and contextual in nature, shaping our identity, understanding and interactions with the world (Tseng & Strelzer, 2013). Defined by Fernando (2014) as "A constantly evolving process of adaptation and change in response to the environment. It is a dynamic interplay between individuals and groups, and between individuals and their environment…situated within a historical, social and political context" (pg.27). This definition acknowledges cultures diverse collective and historical stance, which can range from values, customs, beliefs, norms etc. from a macroscopic level; representing institutional patterns

within society, or at a microscopic level; individuals conscious/unconscious thinking and behavioural patterns, which can be passed down through an active process of enculturation (Bhugra et al, 2022; Fernando, 2010; Triandis & Suh, 2002).

1.4.4 Defining Blackness

Ongoing conversations around the discourse used to describe people of African descent is needed, as the ever-changing terms make it difficult to encapsulate different people and their cultures under one umbrella. However, such a discussion goes beyond the scope of this research. Throughout the study, the term 'Black' refers to individuals who identify with other ethnonyms such as Black British, Black-African, Black-Caribbean or African-Caribbean. Similarly, to the U.S and as a result of slavery, individuals are unable to trace their heritage, which gave rise to terms such as African-American to represent their historical origins and symbolise their current position and nationality. This is used interchangeably with the term Black, for those who may not feel a connection to their African roots, or put a name to a collective experience which connects them.

Individuals of mixed heritage i.e., those who have parents from different racial groups, will not be considered for the study. Although they may identify as Black, this study does not adopt the 'one drop rule', established in America during slavery, where one drop of 'Black blood', would categorise you as Black within society, despite having a second parent from another racial group (Khanna, 2010). In exploring the 'Black' experience, the researcher acknowledges and understands the cultural, social, political, and economic differences which influence and shape beliefs and outlook on experiences, thus for the purpose of the research, both parents should be of African and/or Caribbean heritage and ethnicity.

1.4.5 Redefining Terminologies

The terms 'people of colour', 'minorities', 'Black, Asian and Minority Ethnic' (BAME) and 'Black Minority Ethnic' (BME) are racial nomenclatures originating from socially constructed racialisation and marginalisation of non-White people. Reminiscent of White supremacy, such terms centre whiteness and perpetuates ideologies of whiteness as the default. However, with a shift in politics and entering an age of multiplicities, such terms are becoming outmoded. To decolonise language, the researcher will, instead use the term 'Global Majority' referring to 85% of the world's population, whose identity does not exist in relation to whiteness and transcends being racialised as 'ethnic minorities' (Campbell-Stephens, 2021).

1.5 Conceptualising and Defining Psychological Distress

Although psychological distress and mental health are often used interchangeably, the DSM-V (Diagnostic and Statistical Manual of Mental Disorders, 5th edition) does not explicitly define psychological distress as a diagnostic category. Instead, it can be an indicator to a wider range of mental disorders and symptoms, such as anxiety, depression, post-traumatic stress disorders (PTSD), obsessive-compulsive disorders (OCD) etc. Its prevalence is often difficult to pinpoint, due to the various scales measuring distress, however, Benzeval & Judge (2001) and Chittleborough et al. (2011), estimated psychological distress occurred in 5%-27% of the general population, with an increase among certain populations, due to specific risk factors and stressors.

Psychological distress can arise from a number of socio-demographic factors such as, stressful life events, interpersonal difficulties and inadequate internal/external resources (Abeloff *et al.* 2000; Suresh & Bhui, 2006; Haftgoli et al, 2010). If these stressors are extreme, prolonged and surpass one's optimal level of tolerance, it can give rise to (psychological) distress, a, "*Biological or emotional response to a demand or stressor that is harmful to the*

individual" (Ridner, 2004. Pg. 539), negatively impacting psychological and daily levels of functioning (Drapeau, et al, 2012; Fagring et al., 2008; Horwitz 2007).

Masse's (2000) mixed-measures study found six idioms of psychological distress: Demoralisation and pessimism about the future, anguish and stress, self-depreciation, social withdrawal and isolation, somatisation and withdrawal. A later study by Ridner (2004) found similar findings of five characteristics of psychological distress: A perceived inability to cope, changes in emotional state, discomfort, expressing discomfort and harm**.**

CHAPTER 2: LITERATURE REVIEW

2.1 Chapter Overview

The literature review is written from a methodological position of Interpretative Phenomenological Analysis (IPA) and adopts a critical realist epistemological position. This combined stance acknowledges, a reality pertaining to a given phenomenon exists and is experienced, depending on the meaning attached to it. This reality cannot be fully accessed, through definitive answers or hypothesis, hence, this literature review will provide a contextual overview and critical evaluation of materials, explore current literature and studies drawing on the nature of psychological distress, with consideration given to historical, social, cultural, and other systemic intersectionality, that examined the lived experience among Black UK males. Significant gaps within the literature will be identified, before introducing the research question and providing a rationale and aim in the next chapter. The researcher will then highlight the potential contribution of this study to CoP.

2.2 Mental Health Statistics

Mental health difficulties are a growing social concern, with 1 in 4 people diagnosed worldwide (World Health Organisation, 2021). Poor mental health is seen as the primary driver for functional disabilities (inability or reduced ability to attend to basic self-care tasks required for independent living) (Lozano et al, 2012). Mental Health issues also attribute to approximately 14% of 'the global burden of disease' (e.g. suicide, heart disease etc) (Whiteford et al, 2013). However this study separated physical and mental disorders in relation to mortality and disability rates. This lack of duality is problematic, as *'There is no health without mental health'* (Prince et al, 2007, pg.859), with both impacting each other. This suggests the global burden of mental disorders is underestimated and requires more exploration.

In UK specifically, poor mental health Impacts 1 in 6 people (McManus et al, 2016) and accounts for almost a quarter of ill health in the UK, with causality strongly associated

with social and economic circumstances including, poverty, low work rates, unemployment, housing issues and poor physical health (World Health Foundation, 2021).

2.3 Mental Health and Gender Differences

When considering the intersectionality of gender and mental health, a survey of over 1,000 people conducted by CALM (Campaign Against Living Miserably, 2016) found evidence of gender differences, when coping with stress. Women were 67% more likely, compared to 55% of men, to talk to someone when severely depressed and twice as likely to receive a diagnosis of depression, with approximately 64% being referred to IAPT (Improving Access to psychological Therapies) (Nolen-Hoeksema, 1995; McManus et al., 2016). However, statistics from the Samaritans in 2021, documented 5,219 suicides (307 more than in 2020), of which 1,367 (26%) were females and 3,852 (74%) were males, indicating men are 2.9 times more likely to complete suicide than women and reported as the leading cause of death in men aged 50-54 (Samaritans, 2021; World Health Organisation, 2021). This gender gap indicates that men are less likely to admit, or seek formal/informal help for their psychological distress (Hoy, 2012; Addis & Mahalik, 2003; Kung et al 2003; Richardson et al, 2021) despite higher suicide rates.

The growing body of research identifies factors that contribute to males' psychological distress are often due to, stigma, embarrassment, masculine-identity and difficulty conceptualising psychological problems (Clement et al., 2015; Kilmartin, 2005; Galdas et al, 2005). However, most studies derive from the United States, highlighting a need for more UK based studies, to determine whether similarities or differences exist. Attempts to fill this gap, Liddon et al's (2018), UK cross sectional survey, found gender differences, for psychological treatment preferences, coping strategies and help-seeking. Men expressed that they would be more inclined to engage in psychotherapy if it catered to their psychological needs. With other findings suggesting men were motivated to seek psychological help, when issues directly and negatively impacted their work, or when encouraged by female family members or partners

(Russ et al., 2015; Lemkey et al., 2015). Although men benefit as much as women from emotional disclosure, males were more reluctant to engage in interventions which focused more on emotional disclosure (Liddon et al, 2018), and sought quick solutions, in comparison to women who preferred to talk about their feelings (Holloway et al., 2018; Vogel, Wade & Hackler, 2008; Addis & Mahalik, 2003).

This is supported by Tamres, Janicki, & Helgeson's, (2002) meta-analysis, which found women used emotion-focused coping strategies, to address stressors, whereas males used more problem focused coping strategies. Evidence suggests this may be due to many men perceiving, help-seeking as an admission of vulnerability, inadequacy, and inability to cope, which can subsequently be conflated with weakness and a threat on one's masculinity (Emslie et al., 2006; Lindsey & Marcell, 2012; Memon et al, 2016). This may be due to early socialisation, in which males are encouraged to be less emotionally expressive or to seek help (Rose et al, 2007), with Courtenay (2000) proposing that 'doing health is a form of doing gender' (Saltonstall, 1993, p.12).

The above UK studies adopt a quantitative method. Albeit insightful highlighting gender disparities, comparing men and women, fails to provide adequate explanations of; the study's hypothesis, the processes of men's help-seeking, or why they delay (Galda's et al, 2005; Rochlen & Hoyer, 2005; Oliffe, 2006; Whorley & Addis, 2007). Some gender-specific studies implicate 'traditional masculine behaviour' among White-middle-class men as an explanation for help-seeking delays (Galda's et al, 2005) and can be a contributory factor to men's suicide completion (Houle et al, 2008; Richardson et al, 2021), due to perceived failure (Hayes & Mahalik, 2000, Zamarripa et al., 2003, O'neil, 2015). However this does not account for or make explicit reference to other intersectional differences, considering the long-standing inequalities that contribute to higher psychological distress among ethnic communities, particularly that of the African-Caribbean UK community (Smaje & LeGrand, 1997; Benzeval & Judge, 2001). This highlights a need for further research to gain greater understanding of

barriers and triggers associated with the decision making process of help-seeking behaviour, with specific consideration given to Black males.

2.4 Mental Health and Ethnicity

Williams (2011) proposed the concept of mental ill-health amongst the Black community is seen as a 'Western problem', that is 'not supposed' to affect the Black community, with psychological stressors such as anxiety and depression not deemed significant markers for seeking therapeutic help (Taylor & Kuo, 2019). As a result African-Caribbean populations are said to disregard their health needs, with it taking an average of six attempts to conceal psychological distress, before seeking help through mental health pathways (Morgan et al., 2005). At which point, Black patients' conditions are often acute (Akinkunmi, 2019; Bush & Radeki-Bush, 1995; Warfield & Marion, 1985). Concerning statistics show that 26.9% of suicides where completed by UK Black men, compared to 12.8% Asians and 19.2% White men, despite reports that depression in Black males is 1.8 compared 3.1% of Asians and 3% of Whites (McManus et al, 2016). This highlighting that despite low reports of depression, there is alarmingly high rates of suicide. The Mental Health Foundation (2018) and National Institute for Mental Health in England (2022) found that Black male's psychological distress and mental health was increasingly under-reported, overlooked and undetected by GP's. Such disparities call for action and understanding into Black men's mental health.

Attempts to identify risk factors for depression, Watkins et al (2006) carried out a screening and descriptive analysis of 17 articles, over two decades. Analysis revealed ten risk factors for depression and symptomology in this group: Age, marital conflict, employment status, income, family structures, health/illness, psychosocial coping, racism/discrimination, residential status and victims of violence. Although this study was conducted in the US, it provides good insight to potential risks. Limitations of this study is, the lack of homogeneity in participant age, does not acknowledge different life course stressors, leading to depression. Also the one-drop-rule adopted within the US, does not consider socio-cultural, upbringing

and experiences, resulting in a less homogeneous sample. Thus similar studies are required within the UK, where race and mental health are addressed differently.

Despite low reporting of mental health, significant disparities and variation are also found in Black males diagnosis and the pathways to utilise services (Morgan et al, 2005; Bhui et al, 2003). Statistics shows, Black men are seventeen times more likely than others to be diagnosed with Schizophrenia (Fernando, 2017; Snowden et al., 2009; Pinto et al, 2008), misdiagnosed with psychosis at a rate of 3.1% compared to their White counterparts at 0.2% (Kirkbride et al, 2008) and less likely to be diagnosed with personality disorders, requiring therapeutic intervention, compared to White patients (McGilloway et al, 2010).

African-Caribbean's are historically and disproportionately represented in psychiatric services (Hickling, 2002; Bhui et al., 2003; Morgan et al, 2005; Sign et al, 2007), at a rate of 40% compared to their White counterparts (Mind, 2019). It has also been found that Black males enter into psychiatric settings via alternative adversarial routes; through police or other criminal justice agencies or through involuntary hospitalisation/detainment (Suresh & Bhui, 2006). Singh et al (2007) identified Black men are almost three times more likely to be detained under the Mental Health Act (2020), with a higher chance of being subjected to restraints and seclusion (Mind, 2019).

Despite high numbers within psychiatric services, African-Caribbean communities in the UK show the lowest psychological treatment rates of any ethnic group, at only 6.5%, compared to 14.5% of the White British population, 7.6% White other, 7.1% Asian and 7.4% mixed other (Lubian et al, 2016), with treatments geared towards medication, as opposed to therapeutic input, in the form of counselling and psychotherapy (McKenzie et al., 2001; Cooper et al. 2012; Lubian et al, 2016). However even when therapeutically engaged, it was found that Black patients tended to terminate therapy prematurely (Terrell et al, 2009; Nickerson, Helms & Terrell, 1994).

In conclusion when the intersectionality of ethnicity and mental health are explored, the global majority, specifically the Black community are reported as having higher psychological stressors, poorer health outcomes and greater difficulties in accessing health services, in comparison to their White counterparts (Memon et al, 2016; Suresh & Bhui, 2006). These significant disparities are an urgent call for statutory and non-statutory organisations in the UK, to address the inequalities existing within mental health service provision (Department of Health, 2009; Keating et al. 2002) and to explore the plethora of reasons, factors and events leading to high mental health occurrence within the Black UK community.

2.5 Causes of Psychological Distress In Black Men

Before causality can be adequately addressed, one must first acknowledge the poignant historical impact of slavery. Although African-Caribbean people's history predates slavery, the many years of systemic oppression, institutional racism, and abuse of power, inflicted by European White supremacists, continues to permeate, and heavily influence the Black UK experience. There is not much UK research that addresses the impact of slavery and colonisation, thus our attention is brought to US literature and the African-American experience, in an attempt to better understand some of the psychological stressors facing Black men and to see if similar findings apply in the UK.

2.5.1 The Residual Effects of Slavery and Trauma

Developmental Psychologist Erikson (1968), wrote that our surroundings and culture, shape our personality, identity, core beliefs and values. With psychosocial development being determined by successful progression through life stages. Fennel (2006) also proposed that early experiences and messages received from influential people within life, may set the tone for core beliefs and values in relation to others and the world.

Based on the premise of Black inferiority and subjugation, the Transatlantic Slave Trade, in the 15th century, was responsible for over 246 years of economic and social engineering (Williams & Williams-Morris, 2000), with its impact reaching "*far beyond the plantation, affecting an entire culture*" (Gump, 2010, pg. 46). The inhumane and brutal torture endured by Black people over this extended period, would undoubtedly impact upon developmental process, beliefs, behaviours, attitudes and values (Bains, 2010; Comas-Diaz, 2016; Degruy, 2017; Eddo-lodge, 2018). These unresolved/unprocessed traumas would often result in maladaptive behavioural patterns and evoke a profound intrapsychic experience of helplessness, rage, shame, vacant-self-esteem, and racial-socialisation (Stolorow & Atwood, 2014; Degruy, 2017; Moss 2003), along with other emotional and psychological injuries, such as nightmares, flashbacks, hypervigilance, intrusive thoughts and fears of serious injury or death. These experiences may explain for black males' distrust and reluctance to engage with mental health services.

The cause and effect of such trauma meet the DSM-5 criteria for Post-Traumatic Stress Disorder (PTSD), a psychiatric disorder occurring in people who have experienced or witnessed a traumatic event(s), either directly or indirectly (American Psychiatric Association, 2017). Stolorow & Atwood (1992; cited in Gump, 2010, pg.46) defined trauma as *'The experience of unbearable effect, occurring in the context of a profound relational mal-attunement'*. Mal-attunement, resulting from trauma; especially historical trauma, can have exponential effects on individuals' psyche and genetics. Biologists also propose traumatic events/memories stored in the conscious/unconscious mind, alters biological chemistry and causes modifications and metabolic changes in genes; in the form of epigenetic tags, which can be passed on offspring (Weber, 2007; Mims et al., 2005). Bohacek et al's (2013) study was the foundation for exploring Epigenetic transmission of PTSD and Transgenerational Transmission of Trauma (TTT), which was quickly followed by others such as Kellermann (2013), whose study found that some second-generation survivors of the holocaust, experienced repressed memories, nightmares and were more susceptible to PTSD

symptoms, even in the absence of exposure to the actual trauma. Braga, Mello & Fiks, (2012), found similar results with Brazilian offspring of Holocaust survivors, who found resiliency patterns were also transmittable. Similarly, Yehuda et al's, (2005) study on the 9/11 incident, found pregnant mothers who developed PTSD, had higher cortisol and lower hormone levels involved in regulating stress, which was also identified in their babies compared to mothers without PTSD, who did not appear to have any changes in hormones and genes.

These quantitative studies shed important light on TTT passed onto subsequent generations, unfortunately the subjective psychological impact and process obtained via qualitative research is missed, especially within the UK. Trauma research predominantly centres the holocaust, natural and man-made disasters, whereas PTSD research pertaining to slavery is less documented, despite its multifaceted impact (Degruy, 2017; Graff, 2011; Gump, 2010).

Herman (2015), referenced slavery in her 'Trauma and Recovery' writing, however it was criticised for failure to explicitly reference the African-American experience (Gump, 2000). Degruy's (2017) work offers an exception to this gap. Having studied PTSD in African-Americans, Degruy published works on a theory she coined, 'Post-Traumatic Slave Syndrome' (PTSS). PTSS extensively explored the residual impact of slavery, to shed light on racist oppressions that currently exist and strongly impact the Black community. Degruy, proposed "*Slavery yielded stressors that were both disturbing and traumatic, exacting a wound upon the African American psyche which continues to fester*" (2005 pg.112). This unconscious nature, she states, forms an important part of the Black experience, reflected in their beliefs and behaviours (both positive and negative), which were necessary for survival during slavery. Degrury suggests that exploring the legacy of slavery and multigenerational trauma, should be done in a tentative manner, which can provide a lens in understanding how African-American families respond and heal from trauma. Gump (2010) asserts "*the subjugation, cruelties and deprivations of slavery have a traumatic cast to African-American subjectivity*" (pg. 42). Following on from Degruy's works Sule et al (2017) offers a nursing perspective of PTSS, acknowledging that black people's physical and mental health needs, deriving from

trans-generational transmission of trauma from slavery and major stressors, continues to be overlooked due to racists socialisations, with no real medical care provisions and little attempts to change or dismantle (Bains, 2010).

Counselling and Psychotherapy has long been recognised as an effective way of treating psychological distress and trauma (NICE, 2018), as '*Trauma leaves a void that can be filled only by the revisiting of it.*' (Gump, 2010, pg. 50). Black people are significantly under-represented in therapeutic services (McKenzie et al., 2001; Bhui et al, 2003; Richardson et al, 2021; Davey & Watson, 2008; Cooper et al. 2012; Lubian et al, 2016). When there is therapeutic engagement, the sensitive nature surrounding slavery and racism and the trauma that arises is often overlooked, avoided, or minimised (Bains, 2010). This in itself can be perceived as oppressive, silencing and further compounds Black clients' anxieties and fears of being misunderstood. This unconscious re-enactment and lack of understanding around psychic wounds, caused by slavery and racism, may subsequently result in ruptures and entangled power dynamics within the therapeutic relationship (Bains, 2010).

Divine Charura's (2024) study with British minoritised communities, explored racial trauma, and found causes are systemically located, with long-term impacts on people's psyche despite the trauma being experienced first-hand or vicariously. He proposed more needs to be done within clinical practices regarding training, research and engagement with diverse communities.

Chefetz (2000), offers a biological explanation. He found that PTSD clients of all ethnicities, experienced heightened arousal in the amygdala, which is linked to emotions and reduced activity in the Bronca area, associated with language, generating a type of aphasia in traumatised individuals. Subsequently, difficulty in expressing and processing trauma, leads to a repression and internalising of stressors, which has been found to show itself somatically in most Black men, experiencing psychological distress (Campling, 1989).

Comas-Diaz & Jacobsen (2001), postulate that not all racism is experienced traumatically, with their trauma model offering understanding to clinicians and clients about the effects and various levels of racism; Episodic racism, encountered implicitly or explicitly; Acute racism, which is persistent and frequent and chronic racism, which is cumulative and transgenerational. Other ways racism is experience has been coined by Smith (2014) as 'Racial Battle Fatigue', defined as a *'race-related stress response to distressing mental and emotional conditions…emerging from constantly facing racially dismissive, demeaning, insensitive and/or hostile racial environments and individuals' (pg.238)*. Pierce (1974) suggested *'one must not look for the gross and obvious but the subtle, cumulative mini-assault is the substance of today's racism' (Pg. 516)*. These subtleties or micro aggressions can have a pernicious effect on minorities, with a growing body of literature evidencing that typecasting, racism, hypervigilance and fear of continuous victimisation is a chronic stressor, shown to give rise to depression, psychosis, substance misuse and anger (Bhugra, 2011; Karlsen & Nazroo, 2014; Williams & Williams-Morris, 2000; Gibbons et al, 2012; Kautt, 2010).

Although these findings provide possible explanations as to how Black male's experience distress and may contribute to the underutilisation of psychological therapies, it is also important to glean a conceptual perspective of how Black men see themselves in relation to their identity and wellbeing. Through exploring the intersectionality of mental health, race and gender, the issues of identity and the notion of masculinity will be reviewed (Collinson & Hearn, 1994).

2.5.2 Masculinity and Psychological Distress

Gender roles are not biologically defined but socially constructed, with feminine ideologies stereotypically categorised as, nurturing, sensitive, vulnerable, passive, emotional, etc and masculine roles associated with strength, power, control, independence, logic, resiliency etc. (Thompson & Bennette, 2017). These ideals are often adopted and internalised from young, through a process of socialisation (Vogel & Heath, 2016), however dynamic differences exist

within various social-cultural contexts (Messerschmidt, 2019). Isacco and Wade (2017) proposed that the predominant norm is that of the hegemonic male, who's masculinity focuses less on gender role fulfilment and rather driven by dominance and power dynamics (Courtenay, 2000). Such embodiments of masculinity can be counterproductive to one's well-being, as stressors that challenge or threaten perceptions of strength and power, can lead to insufficient Ju-diligence, avoidance and minimising of one's emotional well-being, paradoxically causing more psychological distress. This may be due to emotions being deemed as vulnerable, weak or associated with feminine characteristics (Addis & Hoffman, 2017). Instead, these emotions may present themselves as defensiveness, stoicism, rigidity and anger (Courtenay, 2000; Majors & Billson, 1992; Degrury, 2005) and manifest in counterproductive behaviours such as substance abuse, aggression, self-reliance etc (Gibbons et al, 2012; Lindsey & Marcell, 2012; Karantzas, 2019).

Understanding masculinity as it pertains to Black Men is essential, as it influences their relationship to self, others and the world. It also shapes their self-esteem, self-expression, identity and lived experience, in relation to psychological distress, conceptualisations of mental health and help-seeking behaviours (Lindsey & Marcell, 2012; Memon et al., 2016). Dating back to the era of slavery and colonial rule, pejorative labels were used to describe Black masculinity. 'Savage', denoted Black men as primitive, cannibalistic, violent and simple minded with no mental aptitude or self-care. 'Sambo' depicts Black men as lazy, irresponsible, and carefree. 'Coon', a derivative of 'Racoon', was used to label Black men as sly, tricksters, who stole and cheated. Other racial slurs such as Mandingo, were used to hypersexualise Black men and reduce them to their body parts. Black men were often deemed as a danger that should be kept away from the fragile and vulnerable White woman (Wilkins et al, 2013; Hook, 2004). Such stereotypes of Black masculinity, generated fear among White supremacy, resulting in the process of emasculating and demeaning Black men e.g., buck breaking, as a way to maintain power and dominance. After witnessing brutality towards those who asserted themselves or displayed masculine ideologies, Black men forged a non-threatening persona

(Walker, 2016), pacifying emotions and natural responses to oppression and retribution (Grier & Cobbs, 2000) as a way of survival (Pouisaant & Atkinson, 1972). These adaptive behaviours of adjusting, assimilation, acculturation (Cross, 1998; Hines, 2008), can also be explained through the process of Social Learning Theory; the intra-psychic cognitive process, constructed within a social context, through observing reinforced punishment or rewards (Bandura 1977), suggesting Black males have been socialised to handle stressors differently.

Another way in which Black males have been socialised to manage stressors differently is by adopting a 'cool pose', this survival apparatus was defined by Majors & Billson (1992) as *'A performance…designed to render the Black male visible and to empower him; it eases the worry and pain of blocked opportunities… It provides a mask that suggests competence, high self-esteem, control, and inner strength. It also hides self-doubt, insecurity, and inner turmoil"* (pg.5). This defence mechanism may have emerged to survive the unrelenting brutality and powerlessness suffered (Alvidrez, Snowden & Kaiser, 2008), with some writers suggesting that Black masculinity is a form of resistance to a racist institution, *'For a man, especially a Black man to acknowledge vulnerability in a society that preys on any perceived weakness can feel like opening yourself up to attack from enemies out to destroy you'* (Walker, 2016, para. 9). Black men struggling, is often perceived as a weakness lacking the resiliency to handle stressors effectively. This unveils the deeply ingrained societal ideology and stereotype of the 'strong Black man', able to endure numerous stressors in the face of adversity, as a marker of masculinity and control (Alvidrez et al, 2008; Walker, 2016; Williams, 2018).

However, these defence-mechanisms which served to keep Black males safe, can manifest into a hyper-masculine persona, reinforcing hegemonic stereotypes. These expectations are unrealistic, damaging and increasingly difficult and unrealistic to maintain (Hook, 2004), with Black males often unaware they meet criteria for psychological distress (Memon et al., 2016; Wallace et al, 2016), leading to character assassination, *'too many of us are locked inside emotional prisons and the cost of maintaining an uncaring, untouchable image is literally killing us'* (Walker, 2016, para. 10). Alongside character assassination of self, is the concerning

statistics pertaining to Black-on-Black crime, where literature has documented aggressive and violent projections of trauma and self-hate from one Black man to another, who they perceive as a representation of self or as less powerful (Jamison, 2020). Okantah (2016) stated that for a successful reformation of Black men, who have been negatively impacted by the pressures of society, they need to realise, acknowledge and reframe themselves to a more desirable and beneficial position. Attempts to address this, Rameswari's (2021) qualitative study explores, through semi-structured interviews, how nine Black British male's; who had previously sought help for depression, re/de/construct masculinity. This Constructivist Grounded Theory approach found that the process of constructing identity, masculinity and depression, had a positive impact on help-seeking beliefs, and progression towards a 'whole self' (cultivating a stable identity and emotional stability). However, participants in this study were predominantly of Caribbean heritage, with only two out of nine being from African heritage, highlighting under-representation in experiences. In keeping with grounded theory, a sample size of nine is considered small, from the ideal number of 10-60 (Charmaz, 2014). Finally, the researcher was non-Black, which could have impacted participants' levels of transparency and elicited different responses and constructions of reality, if carried out by a culturally similar researcher.

Finally, when pertaining to Black masculinity and psychological distress, McLeod and Owens (2004) propose Black men are at a 'double disadvantage', in that they belong to more than one disadvantaged group and are not afforded the same power or equalities as their White counterparts, having to navigate issues of racism, prejudice and discrimination, within Institutionally racist structures (Alexander, 2000; Gaston et al., 2016; Wright et al, 1998). Thus, Black men may have a harder time attaining assigned masculine roles, or a healthy balance between masculine/feminine archetypes (O'Neil, 2015). This can result in gender role conflict, not reaching self-actualisation or embodying their full human potential and resulting in more psychological distress (Alexander, 2000; Boyd-Franklin et al, 2000; Hayes & Mahalik, 2000; O'Neil, 2015; Wade, 1996; Yehuda et al, 2005; Emslie et al, 2006).

2.5.3 Cultural Mistrust

Cultural mistrust is defined as, Black people's mistrust of White people, due to past and present experiences of racism and oppression (Terrell & Terrell, 1981), including racist underpinnings of psychiatric practices and psychological literature (Tribe, 2014; Fernando, 2010). Examples include, Cartwright's (1851), theory of 'Drapetomania'; Gynaecology Physician James Sims (1856) theory that Black people tolerate higher pain thresholds, resulting in experimental surgeries on 17-year-old Anarcha Westcott (and others) without anaesthesia; nineteenth century 'founding father of scientific racism' Craniologist Samuel Morton, who proposed white superiority, due to different cranial sizes; Jung's distinctions between 'primitive' and 'civilised' psyches, equating the former with the less developed Black mind; the infamous and unethical Tuskegee Study (1932) and Leff's (1977) belief that Black males were less evolved and lacked verbal sophistication needed to make use of talking therapies. These are a few of the unethical, outdated, and discredited studies/tortures which took place. Unsurprisingly, such pervasive historical events and theoretical beliefs have shaped experiences and cultivated preconceived notions of cultural mistrust, among some members within the Black community, deterring many from help-seeking or utilising services for healthcare, predominantly headed by White clinicians (Thompson et al., 2004; Jacobs et al., 2006; Fernando & Keating, 2008; Memon et al., 2016).

Present studies exploring cultural mistrust is often in association with help-seeking or attitudes towards health-services/counselling (Davey & Watson, 2008; Whaley, 2001; Nickerson et al; 1994; Terrell & Terrell, 1981; Jacobs et al., 2006; Mclean et al., 2003), including; Memon et al (2016), who explored barriers in accessing mental health services, amongst twenty-six, 'BME' (Black Minority Ethnic) participants aged 18-65. The study found participants had limited knowledge of depression or mental health and a strained therapeutic relationship existed between service provider and user. This all served to delay help-seeking and engagement. It

is noteworthy that this study was conducted in the predominantly White seaside region of Brighton & Hove, thus lack of diversity in comparison to London's diverse city, and may have contributed to feelings of exclusion, racial profiling or lack of appropriate resources for members of the global majority. The assumption that help-seeking was due to participants' lack of knowledge regarding depression is also problematic, as it doesn't account for cultural differences regarding different views or approaches to well-being. The study also failed to gain a comprehensive analysis of culturally specific barriers on how cultural mistrust impacts Black males' wellbeing in the UK and what constitutes quality care for them specifically. Their implementation of the term BME, is a contested and problematic terminology, as it engenders an oppression-based solidarity, generalising melanised–people's experiences and does not account for or address cultural disparities. Another limitation is the data collection; out of the twenty-six participants, eighteen didn't report their ethnicity and three, didn't state their ages. The study also lacks homogeneity and generalisability, due to the large age difference and small sample size often required within quantitative research. .

Williamson's (2014), qualitative IPA study on African-American males and females reluctance to engage in therapy, aligns with the findings above. Themes such as 'Stereotypes' explored the stigma of appearing 'crazy', lacking resilience and judgments in addressing 'private' matters outside of the family unit (Bailey, 2020). Other studies show the Black community are more likely to seek support from friends, family, and other collective support systems such as Churches (Alvidrez, et al., 2008; McGoldrick, et al, 2005; Wallace & Constantine, 2005; Mantovani et al, 2017; Robinson et al, 2018) or attempt to sort the problem out alone (Akinkunmi, 2019). Williamson's study lacked a homogenous group, as both males and females were interviewed and did not address gender differences. The chosen methodology of IPA is also questionable, as the term 'reluctance' implies a conceptual hypothesis better suited to Thematic Analysis (TA).

Thompson et al's (2002), qualitative focus group study on African-Caribbean's perceptions of psychotherapy and psychotherapists, identified themes of stigma, lack of knowledge, affordability, trust, and cultural misunderstanding. Participants reported that race should not matter, however they believed clinicians were insensitive to the African-Caribbean experience. Limitations of this study was that of the 201 participants, only 66 were males, this could be deemed as an insignificant representation for generalisation of Black males. The methodology was also limited as it addressed the collective and did not account for gender disparities or individual idiosyncratic perspectives, potentially hampering honest accounts for fear of judgement.

The above studies supported previous findings of reluctance, barriers and perceptions of therapeutic/medical services, proposing those high on cultural mistrust, hold negative views towards White practitioners. This may be due to unresolved transgenerational trauma, perceived or actual power dynamics being played out and/or practitioners' lack of cultural knowledge/sensitivity (Whaley, 2001; Keating & Robertson, 2004). Keating & Robertson (2004) coined this the 'Circle-of-Fear', stating institutional systems are wary of African-Caribbean people; particularly young Black men, fearing criticism and not knowing how to respond. Paradoxically, Black people fear prejudices from institutional-systems and placing themselves back in the hands of the misinformed 'oppressor'. Failure to break this cycle, can have negative implications in bridging the gap between Black men and mental health services, thus by acknowledging and addressing the impact of racism and cultural mistrust on mental health and help-seeking behaviours, mental health professionals can take steps to build trust with Black males in order to provide effective and culturally sensitive care.

However not all Black people are impacted by racism or cultural mistrust, as Duncan's (2003) US study on Black college students attitudes to help-seeking, found those scoring low on cultural mistrust and socioeconomic status scales, had positive views towards help-seeking;

possibly seeing it as an unaffordable luxury. However due to its positivist approach, causal inferences were not established.

Despite these findings, the House of Commons (2021) found approximately 60% of Black people in the UK do not believe their health needs are sufficiently acknowledged, compared to White people. A recent parliamentary report, pertaining to human rights and racism within the UK (House of Commons, 2020), found that 75% of the Black community felt their human rights were not upheld or protected and 85% felt that governmental institutions did not treat them equally, when compared to their White counterparts. Paradoxically Altman's US study (2006), exploring the self-awareness and blind-spots of white people within a multiracial society, found that almost 60% of white people believed Black people have the same opportunities in comparison to 75% of Blacks believing they have fewer. Eddo-Lodge (2018), proposed that such disparities in beliefs and experiences may be due to cultural norms, where members of the white community are encouraged not to see race and that we are all equal, whereas the Black community are raised to acknowledge race at the forefront of their being, and having to work twice as hard to get where you want to be. Subscribing to a colour-blind approach, can be damaging resulting in conflictual ontological and epistemological positions in establishing truth and understanding around matters of equality (Altman, 2006; Greene, 1985; Campling, 1989).

2.5.4 Systemic Issues In The UK

The lack of comprehensive UK literature addressing colonial history, politics, and systemic issues, symbolises a historical erasure and reluctance to confront uncomfortable societal truths about the British Empire's oppression of Black and Indigenous people (Akala, 2018). Some of the literature from former colonies, critically examines the legacies of empire, however many UK narratives underplay or sanitise the impact of colonialism. Despite some arguing that the emancipation of slaves should be a marker of liberation, progression and

equality, African-Caribbean people's 'freedom' has not exceeded the duration of their enslavement (Graff, 2014). This omission and lack of documentation, obscures the enduring overt and covert systemic inequalities and discrimination that persist in the UK, such as racial discrimination, economic disparity and social exclusion (Memon, 2016), within institutions such as policing (Yesufu, 2013; Majors, 2020), schools/education (Barclay, 2024; Graham & Robinson, 2004; Swell, 1997) and healthcare (Bhui et al, 2018; Fernando, & Keating, 2008), with evidence showing they are yet to be indemnified economically, politically, socially (Pinderhughes, 1990; Crawford et al, 2003; Graff, 2014). However the legacy of the British Empire is not merely political or economic, but deeply psychological, and can be seen as a silencing of voices and lived realities of Black people (Akala, 2018). For Black Britons, the internalisation of colonial oppression can manifest in both individual and collective forms; producing alienation, identity crises, and resistance, which permeates generations (Billingsley, 1968; Price et al, 2008; Crawford et al, 2003; Osbourne et al, 2021; 2022).

The Census for England and Wales (2021) found, 80% of all police stop and searches involve Black people, 1.1% of Black people are victims of hate crimes compared to 0.2% White people and Black people are victims of homicide with a ratio of 24:1 of White people. This does not suggest perpetrators are White, however highlights vast disparities and failings of Black people pertaining to safety and (in)justice, when considering those who identify as Black, Black British, Caribbean or African, serves only 4.2% of the population in England and Wales. The Lammy report (2017), also found 25% of the prison population represented by the global-majority; with Black people reported highest and as suffering with more mental health issues (GOV.UK, 2020). The need for racial reform is essential for the well-being of Black people, as "*The criminal justice system is really a criminal injustice system for African-Caribbean's in the United Kingdom"* (Browne,1990, cited in Hickling, 2002; p116).

A 1990, general survey exploring how racism affects mental health, found 44% of people perceived African-Americans as lazy, 51% believed Blacks are prone to violence and 56%

believed Blacks prefer to live off welfare (Williams & Williams-Morris, 2000). Many also believed that Africans should be afforded limited rights, as many of the White population perceived them as inferior (Mclean et al., 2003; Tatum, 2002). Degrury (2005) suggests Black people are hypersensitive to disrespect due to the years of shaming and subjugation, which can be displayed through anger or unique survival mechanisms/defences such as dissociation, derealisation and/or depersonalisation. These generalisations and stereotypes of Black men, subsequently lead to negative perceptions and misrepresentation, which are hard to dismantle, due to the lack of positive representations and depictions of the Black community and culture (DeGruy, 2017; Wade, 1996; Wester et al, 2006).

Recent examples of colonial ideologies within Britain serving to 'other' the Black community, is that of the Windrush scandal in 2018, where Caribbean Commonwealth Citizens "Windrush Generation", who were invited to Britain and given citizenship, between 1948 and 1971, to fill labour shortage post-war, were deemed illegal immigrants following legislation changes. The Home Office had destroyed their landing cards and records of their right to be in the UK, requiring them to formally apply for Leave to Remain. Hundreds were denied legal rights, NHS treatment and threatened with deportation (Hewitt, 2020). This experience was re-traumatising and resulted in mistrust (Ball, 2021; Goring et al, 2020)).

The Covid-19 pandemic highlighted significant differences in occurrences between racial groups. Public Health England (PHE 2020) found that Blacks and South-Asians were at higher risk of contracting the virus and 50% more likely to die than White people. as the report found highest COVID cases of Blacks and South-Asians lived in deprived areas, working in low-income jobs alongside having pre-existing health conditions. Such findings emphasise the need for public health reform, with the British government prioritising ethnic groups for vaccinations (PHE, 2020). This centred race as a causal factor, rather than addressing the long-standing social and health inequalities, embedded within institutionally racist structures, putting them at a disadvantage (Stafford et al, 2020; Patel et al., 2020). However, given the

long-standing history of cultural mistrust, there was a reluctance among some members of the Black community to comply (Darko, 2021; Razai et al, 2021; Drobniewski et al., 2022; Khan et al., 2021).

The killing of George Floyd in the USA by police in May 2020, ignited a worldwide revolt and the emergence of the Black Lives Matter movement. The distressing and traumatising video, on media platforms, saw a spike in anxiety and depression among African-Americans, (US Census Bureau, 2021) from 36% to 41% (1.4 million people.) The UK government put forward an investigation report into the Commission on Race and Ethnic Disparities (2021) in the UK, which was chaired by Dr Tony Sewell. The controversial report, which received a lot of criticism, concluded that racism exists in the UK and that further progress towards a post-racial society is required. However, found no evidence of institutional racism, stating, "*We no longer see a Britain where the system is deliberately rigged against ethnic minorities*" (Commission on Race and Ethnic Disparities, 2021. pg. 9), suggesting geography and socio-economic background had *"more significant impact"* on life chances, than racism and suggested the UK should be a model for other "White-majority" countries.

However, in the last ten years UK Black scholars and contemporary authors have begun to challenge the void surrounding the lack of UK literature, and Britain's avoidance, about the impact of its colonial past, such as journalist and author Reni Eddo-Lodge (2018), who wrote 'Why I'm No Longer Talking to White People About Race', addressing, structural racism and the UK's refusal to reckon with its racist history.

Dr Isha Mckenzie-Mavinga a Transcultural Psychotherapist, talks extensively about Black rage and internalised oppression. Her book 'Black issues in the therapeutic process' (2009), addresses psychological issues faced by practitioners and clients, and how psychological theory and practice can be more culturally inclusive and sensitive (2016).

Afua Hirsch, a British Writer, Broadcaster and Journalist, focuses on the legacies of the British Empire and the experiences of African and Caribbean descendants in Britain. Also known for

her critically acclaimed book, *'Brit(ish): On Race, Identity and Belonging'* (2018), Afua examines how British society grapples with its colonial past. Most recently 'Decolonising my body: *A Radical Exploration of Rituals and Beauty*' (2023), is a powerful exploration into how the global majority view themselves and are perceived by others, against a Eurocentric standard of beauty.

Although many Black scholars are crucial to discourses around Colonial history and systemic issues, slavery is often taught and characterised as 'Black history', despite their experiences predating the slave trade. Instead, slavery can be seen as 'White history' and how one survived it, as 'Black history'. Consequently, calling for White scholars to engage and address these narratives. One such scholar is James Walvin, a prominent history professor and ally. His influential works, *"Black ivory: Slavery in the British Empire"* (1992), and "*Making the black Atlantic: Britain and the African diaspora"* (2016), among many others, examines the history and experiences of African descendants in Britain. Walvin's research has consistently illuminated the Black experience, shedding light on their suffering, resilience and contributions, raising awareness of both historical and contemporary injustice.

Peter Fryer, a British scholar, historian, and journalist, best known for his pioneering work to reshape dominant narratives of British history. Fryer is also an activist, who highlights the integral role Black people played within British society, long before the transatlantic slave trade. His work highlighted the significant contributions of Black individuals to British culture, politics, and the economy, with his most influential works, *"Staying Power: The History of Black People in Britain"* (1984) and *"Black People in the British Empire"* (2021), offering a comprehensive account of the history of Black people in Britain, tracing their presence from Roman times through to the 20th century.

Further discussions need to be integrated into national discourse, to better understand British history and its ongoing repercussions, otherwise it can have profound long-term costs, including the perpetuation of ignorance about the past, the erasure of multiculturalism,

tokenistic gestures and the deepening of systemic inequalities such as racial equality, economic justice, and immigration reform (Cousins, 2019). By failing to acknowledge and celebrate the diverse contributions shaping Britain, voices are marginalised that offer unique, enriching insights. Instead it fosters narrow, one-sided nationalist views, which can stunt political progress and reinforce ideologies of superiority. Thus, a more honest engagement with these matters would correct historical misrepresentation and erasure, dismantle systemic racism, and foster a more inclusive, just, and forward-looking society, signalling the UK's commitment to accountability and meaningful change (Ababio & Littlewood, 2019; Alexander, 2000; Bhui et al, 2003; Fernando, 2010; 2017, Memon, 2016).

2.6 Western Psychotherapy, African Centred Psychology and Creative Expression

Mainstream psychological theories and standardised models addressing psychological distress, are heavily rooted in European, U.S, epistemologies and ontologies, geared towards the White population (Fernando, 2002; 2004; 2010; Mclean et al., 2003; Comas-Díaz, 2016), despite accounting for only 9.78% of the world's population (Worldometer, 2021). Gump (2010; Charura, 2011; 2021), expresses concerns that some psychotherapy interventions run the risk of deskilling a particular group of people, by undermining the grassroots complexities and networks inherent in that community. This compounds narratives of exclusion and ill-equipped systems, in addressing the global-majority's well-being, calling for the implementation of more culturally diverse theories and models, to increase therapeutic effectiveness (Charura, 2011; Grills, 2002) as well as considerations to the diversity and competence of clinicians (Charura, 2011; 2021; Fernando, 2004; Moreno & Chhatwal, 2000; Catapano & Castle, 2003; Sule et al, 2017). Charura's (2011), writings on transcultural and anti-discrimination practices, proposes ten points for consideration, when working with members of the African Diaspora, highlighting the need to acknowledging African heritage and its impact on the Black experience. Wade Nobles (2013), also postulates the importance to reframe the Black experience within an African worldview, serving as a means of connecting

to ancestral histories, cultural resilience, and communal identity. These philosophical and psychological shifts, will consequently reaffirm identity and create movement towards healing emotional and psychological wounds/trauma, in the face of systemic racism and marginalisation (Nobles, 2014). Okantah (2016) reminds us *"American and European models can offer no real alternatives to the myriad of social, cultural and economic issues confronting people of African descent"* and only "*When the indigenous psychologies are incorporated into a universal framework, we will have a universal psychology"* (pg.420)*.

African-Centred Psychology (ACP), a culture-based treatment, defined as, *"A dynamic manifestation of unifying African principles, values and traditions that are reflected within broader Pan-African or transcultural communities"* (Grills, 2006, pg. 8), is said to be the ideal therapeutic framework for working with Black people; who's needs, need to be better understood, rather than deemed a problem to solve (Grills, 2002; Okantah, 2016). Unlike the empirical nature predominantly used in Western approaches, ACP adopts a more holistic approach, centring African culture and epistemologies. ACP postulates that synergy between the mind, body and spirit is intrinsically linked to mental well-being, with a lack of harmony and imbalance said to be the cause of psychological distress (Hall, 2019; Nobles 2013; 2014, Okantah, 2016**). Talking therapy, is one form of therapeutic healing within ACP, with data following ACP sessions showing the effectiveness in those suffering with drug related issues; becoming more motivated to change, more willing to self-disclose and less likely to use illicit drugs a year after culture-based therapy (Grills, 2012). One may suggest more empirical data regarding ACP's effectiveness, pertaining to other issues is required, however due to its holistic nature, it can be argued that ACP's ethos is not one of westernised empiricism, and focuses more on spiritual and ancestral truth, as a means of grounding and finding peace, with African principles and knowledge being the key to better self-awareness, sense of self and mental wellbeing (Grill 2002; Nwoye, 2015; Okantah, 2016; Gump, 2010).

Gump (2010) also echoed the effectiveness of implementing creative/artistic expression in ACP, as a vehicle to partial understanding of distress, *"Film, poetry, art and the therapist make possible the registration of horror…The unspeakable feelings evoked by trauma must find communicable form and a structure that gives them coherence and meaning"* (Gump, 2010, pg.5). Although expressive arts is widely used within Western psychotherapies, helping therapists track and signpost physical and psychological progression, and helping patients express and connect to thoughts, feelings and emotions (Creadick, 1985), existing research predominantly explores disabled/developmental impairments, such as, brain damage (Leventhal et al, 1984), Autism (Feder, 1981), speech impairments (Abrams, 1984) and trauma (Estrella as cited in Malchiodi, 2005; Carey, 2006), with little research focusing on the Black experience considering the stressors they face. Keating's (2020) Qualitative study endeavoured to challenge this. He explored 19 Black British men's (of African and Caribbean heritage) experience of mental health, through the use of photos they had taken. Findings showed black men were able to express a range of emotions when offered an alternative medium and safe-space to share their experiences. It also found black men contained vulnerabilities in racialised contexts and desired life skills training, in order to build resiliency and take control of their lives, in the face of adversity.

Finally, the pervasive colonialisation of Western culture onto the African Diaspora during the transatlantic slave trade, saw the stripping of not only, Black freedom, language and cultural customs, but of spiritual practices salient to one's beliefs, values and goals (Holdstock, 2013), in favour of Abrahamic religions such as Christianity (Fairchild, 2017). The predominant religion amongst the Black British population, at 62% (Census, 2023). Thus the power of rituals have somewhat been lost and stigmatised.

It is argued that religion is intrinsically linked to mental well-being within the Black community**,** however the syncretism of Abrahamic religions with Black culture and rituals, fosters 'Black Churches', which are not just places of worship, but community hubs where hardships and

mental health challenges are addressed through prayer and other religious practices. Smith (1981) argues, *"To ignore the religious nature of humans beings, while seeking to restore them to psychic health would not only trivialise a vital mental health resource in the Black experience… it would further alienate Black people from awareness of the creative and spiritual depths in which their humanity participates and upon which their total well-being ultimately depends"* (Pg. 264).

Scholar, philosopher and activist Cornel West (Cited by Fuchs, 2021) notes, Black culture and rituals is a "revolutionary" force that challenges dominant narratives and act as powerful forms of resistance against forces that sought to erase or distort Black cultural practices. Transforming pain and struggle into power and freedom.

Far from mere traditions, rituals are acts of ancestral connection, survival, self-definition, liberation, healing and a cathartic release (Hall, 2019; Nobles, 2014), taking on many forms such as: ceremonial drumming/music, dancing, singing, meditation, sacrifices, ancestral callings, prayers, storytelling, poetry, proverbs, art and dream work, to name a few.

British creatives like Derek Owusu's book, 'Safe: On Black British Men Reclaiming Space' (2019b), curated an anthology of powerful essays from top poets, writers, musicians, actors and journalists, explored powerful reflections on Black British male experiences, and what it means to discover one's authentic identity outside of social norms and reclaim space in Western society. British artists like Othello De'Souza Hartley's (2011), 'Masculinity' project explored complexities of Black masculinity, challenging stereotypes and highlighting the emotional and psychological depth of Black men's experiences. These artistic expressions are not just aesthetic but are deeply intertwined with ritualistic practices, connecting the past, present, and future and serve as vital tools for emotional and psychological recovery, giving form and meaning to their lived realities and affirming Black identity in hostile environments. In these spaces, Black people reclaim agency, telling their own stories.

2.7 Rationale, Aims and Implications of Current Study

2.7.1 Rationale and Aims for Research

Research pertaining to UK Black males understanding and experience of psychological distress is limited, with the majority of studies deriving from the US and adopting a positivist/quantitative methodological stance, focusing on adolescent and college populations. Although these studies provide insight to potential factors leading to Black psychological distress, it does not adequately represent the nuances of the Black UK experience in light of socio-cultural and historical differences, thus lacking cross-cultural transferability. Of the very few UK studies available, most address focus groups and often merge intersectionality's such as gender and global majority experiences.

Thus gaps emerge in light of geographic location, methodology, gender and ethnicity, with little attention being given to the individual subjective experience/realities of UK Black adult males. There is a need to understand this group better as the UK have been found to mirror concerning statistics from the US, regarding over-representation in psychiatric services and under-utilisation of therapeutic services. This disparity implies Black men continue to be a high-risk, vulnerable group, experiencing distress and poor mental-health at severe and alarming rates, without long-term management. Why is this?

Attempts to address this gap and promote the Black voice and experience, this research aims to explore eight Black UK males experiences of psychological distress, to gain better understanding of how they conceptualise, make-sense of and approach distress, in light of historical, cultural and social factors.

2.7.2 Counselling Psychology Implications

Counselling psychology as a human science, acknowledges the diverse and ever evolving society in which we live and aims to give a voice to under-researched or marginalised communities, in order to facilitate growth and empowerment. In light of the literature gaps, this study can offer important contributions to the CoP discipline and add to its growing body of literature. It is imperative that Black mental health is continuously and consistently revisited to ensure individual and collective needs are being addressed within healthcare and not overlooked and/or marginalised, as it historically once was. By exploring methodologies away from positivist approaches, which tended to incorrectly pathologies Black males. Findings from this study can support clinicians and counselling psychologists to acquire better understanding and insight into UK Black male's experiences of psychological distress, which differs from other ethnic groups. This personal awareness enhances cultural competency, which can positively inform treatment care, with care-plans and formulations tailored in a culturally sensitive and thorough way. This in turn can optimise avenues for help and support among the Black male community and cultivate a safe, inviting and non-judgmental space, for open discussion and exploration into mental health among Black males.

2.7.3 Research Question

In critically evaluating previous literature, identifying a gap, and providing a rationale for this study, the following research Question is being proposed and explored:

'What are Black Males lived experience of psychological distress in the UK?'

2.8 Personal Reflexivity

To generate findings, electronic journal systems EBSCOhost, PsychInfo and PubMed and Research Open Access Repository (ROAR) provided access to peer-reviewed Psychology journals. To refine the search keywords were referenced, forming the basis of my literature review and semi-structured interview questions.

Immersion into literature predating my existence to present, detailing various factors and events that contribute/d to psychological distress within the Black community, brought up feelings of anger. The realisation that psychologists/psychiatrists whose work I respect and admire, held pre-dated and racist theories/hypotheses pertaining to the Black community, left me feeling unsettled, as many of their works are ones I currently implement within my practice, thus serving to perpetuate views and practices that derive from oppressive beliefs, not developed to support the well-being of people like myself. Other journals highlighted how far we haven't come, as publications dating back, were fighting the same injustices that many still face. These frustrations were further compounded by the current-life events surrounding the inhumane treatment of George Floyd, whose murder was caught on tape, prompting a worldwide uprising, universal pain and emergence of the Black Lives Matter movement.

I was not only triggered but enraged at this injustice and found it difficult to tend to my well-being or write my literature review from a neutral position. For these reasons, I had to take some time away from writing and engage in personal therapy, to process my emotions and approach my work effectively. My supervisor also gave support and expressed empathy and understanding, advising me to take the needed time to heal. She also gave practical advice regarding writing in third person, to create some distance between me and the literature and write in an objective rather than subjective way. This served as a reflexive, in-real-time moment, to note how my own psychological distress was induced and how I best conceptualised and addressed it. A positive take-away that motivated me was despite studying within a structure not historically developed with Black experiences in mind, I was in a fortunate

position to unapologetically take up space and in turn, curate space for Black experiences to

be explored, in continued efforts to make a positive impact.

CHAPTER 3: METHOD AND METHODOLOGY

3.1 Chapter Overview

This chapter commences with the philosophical positioning of the researcher, whose epistemological and ontological stance is firmly rooted throughout the research process. The research question is then revisited and the underlying assumptions examined, before providing a rationale for qualitative, semi-structured interview methods in addition to creative expression.

In keeping with the researchers' philosophical underpinnings, a critical comparison of methodological approaches is addressed, before giving a rationale for Interpretative Phenomenological Analysis (IPA), along with its practical and theoretical implications. The research design then considers recruitment, data gathering and the analytical process, before finally giving consideration to ethical issues and Yardley's (2000) criteria, in assessing quality of qualitative research in Counselling Psychology. A reflective piece will conclude the chapter, detailing the issues and challenges and how potential pitfalls were considered.

3.2 Philosophical Underpinning In Psychology

The philosophy of science is pluralistic in nature, continually evolving and allowing for broader knowledge of the world (Patton, 2002). Psychology's focus on the mind, and philosophy's focus on knowledge, reality and existence, it can be argued, that psychology cannot exist without philosophical underpinnings, with both disciplines using theoretical concepts stemming from philosophical paradigms, to explain worldviews and belief-systems (Guba & Lincoln, 1994). Acknowledging the scientist-practitioner's axiological positioning and establishing an epistemological position, is essential in laying the foundations and context of the research which is influenced at every stage, from approach, data collection, analysis and evaluation (Willig, 2013). The current study references Ponterotto's (2005) expanded

classifications of Guba & Lincoln's (1994) paradigms, alongside ontological classifications made by Willig (2012).

3.2.1 Epistemological Position

Epistemology pertains to the theory of knowledge and how we know, what we know (Guba and Lincoln, 1994; Smith 2008). The present study adopts the post-positivist epistemology of Phenomenology. This stance espouses, human experience is consciously experienced without causal explanation. Phenomenology seeks further insight and understanding into someone's subjective experience and how they make sense of it. Two schools of thought within phenomenology are, Transcendental and Hermeneutic. Transcendental, developed by Husserl (1931) postulates that experiences are descriptive, general structures of a phenomena, requiring researchers to completely bracket their views, experiences and biases and accept participant's truth at face value. Hermeneutics', developed by Heidegger, postulates that experiences are not just descriptive but interpretive (Smith, 2004), arguing that no-one can completely bracket experiences, knowledge and biases and that a level of interpretation is required by the participant and researcher, through a process of double-hermeneutics (Smith & Osborn, 2003) and establishing a co-created reality through the interview process (Schwandt, 2000). For successful interpretation and understanding, reflexivity is an essential component required by the researcher. It is for these reasons that IPA (detailed later within this chapter) was considered the most suitable methodology aligned with the researcher's epistemological position, in understanding Black males' lived experience of psychological distress.

3.2.2 Ontological Position

Ontology pertains to the nature of reality, truth and being (Guba & Lincoln, 1994; Smith, 2008). Aligned with Phenomenology, this study adopts a Critical-Realist ontology (Willig, 2012), believing internal (subjective) and external (objective) realities can be acquired through quantitative and qualitative means (Krauss, 2005), i.e., objective reality exists via data, but can only be partially known and comprehended as data misses subjective, non-observable/measurable factors, such as meaning and intention (Lincoln & Guba, 2000). Influenced by background, values and experiences, Individuals interpret, construct and attach different meanings to things, with one's truth and reality different from another (Robson, 2011; Ponterotto, 2005; Willig, 2008). Truth and reality, governing people's motivation and behaviour are understood and obtained by the researcher's process of interpretation (Willig, 2013).

3.3 Qualitative Design Method

The Research Question was an exploration into UK Black males' lived experience of psychological distress, intending to explore and identify, "*What these experiences mean to them, how they talk about them, and the sense they make sense of them*" (Willig, 2012; p.1).

Qualitative methods seek to uncover 'quality' of an experience (Willig, 2012), exploring descriptive meanings attached to a phenomenon and how participants interpret or construct their reality, considering their symbolic, and social systems (Smith, 2015, Yardley, 2000), as opposed to quantitative studies, who's objective position tests complex phenomena, reducing it into a numerical value and causal relationships (Pietkiewicz & Smith, 2014). Qualitative research observes and interprets unstructured data, such as subjective perceptions and emotions that cannot be identified through structured quantitative studies (Lincoln & Guba, 2000). It is highly recommended for examining phenomena in new or under-researched areas, contributing to literature, research and practice (Allen et al, 2009; Kazdin, 2007). The current research aims to extrapolate detailed, subjective, lived experiences and emerging themes of

eight participants who experienced or are currently experiencing psychological distress. Based on this, a qualitative method of enquiry, through semi-structured interviews was deemed most appropriate (Willig, 2012; Smith, 2015).

3.3.1 Creative Expression

Articulating and conveying the subtle and ambiguous experience, of psychological distress can be difficult (Lindsey & Marcell, 2012; Sutton et al., 2006; Williams, 2011) thus, in addition to open-ended, semi-structured interviews, participants were invited to create an exploratory piece, in a medium of their choice. This was implemented, to gain further insight to participants' lived experiences, meaning making and realities, and hopefully encourage rich, fruitful discussions and reflections (Harper & Thompson, 2011; Willig, 2013, Woolfe et al, 2010).

Expressive arts have shown strong beneficial links to therapeutic healing amongst Black communities (Burrowes, 2019; Grills, 2012; Nwoye, 2015). By revisiting distressing or difficult events and creating artistic forms of expression, is said to help individuals express meaning and coherence (Gump, 2010), capturing a unique embodied and visual experience (Bagnoli, 2009; Finlay, 2008; Larkin, Flower & Smith, 2021) to help explain complex processes (Crilly et al, 2006; Talwar, 2007) that may not have been understood or accessed through interviews alone (Rodriguez & Kerrigan, 2016).

Through this medium, the researcher hoped to create a synthesis between somatic and internal processes to be explored, experienced and reported (Suresh & Bhui, 2006; Zahavi, 2018; Merleau-Ponty, 2008). This is often excluded and overlooked in IPA literature (Murray & Holmes, 2014) and no existing literature has been published to date, exploring Black males and visual mediums depicting psychological distress. Implementation of creative expression hopes to serve as a valuable and novel medium for this research.

3.4 Methodology

3.4.1 Comparing Qualitative Methodologies

Given existing gaps within research and the researcher's philosophical position, IPA was deemed the most suitable methodology when exploring Black males' experiences of psychological distress. Other methodologies commonly used within Counselling Psychology to analyse qualitative data were closely considered: Discourse Analysis, (DA), Foucauldian Discourse Analysis (FDA) and Grounded Theory (GT).

DA focuses on use of language to construct people's reality and positioning, within the larger social, cultural and political contexts (Willig, 2012); FDA goes further to explore the relationship between language and the subjective construction of social and psychological reality (Willig, 2013). These discourses vary among cultures and individuals, in how people perceive and interact with the world; influencing and on occasions, permitting or restricting what can be said, by whom, where and when (Parker, 2013). Such discourse highlights implications of exercising power, as dominant discourses often prevail.

This study notes the importance of language and how discourse is used among the Black community. The study does not seek to separate the participant's subjectivity from the reported experience by exploring the construction of language, rather it focuses on how Black males ascribe meaning to their lived experience. The study acknowledges language as one way to achieve this, but also explores other exploratory mediums to interpret and ascribe meaning (Eatough & Smith, 2017; Starks & Brown-Trinidad, 2007), which is not the objective of DA or FDA. Therefore, these approaches were discarded, and a Phenomenological approach deemed most suitable. Due to the scarcity of literature around Black male experiences, the current study requires a richer exploration and understanding of their meaning by accepting that Black men are not a monolith, hence welcoming differences and divergence which may arise through analysis

Lastly consideration was given to GT, which intends on developing and constructing a theory, to explain the phenomena in question (Willig, 2012). Theoretical construction, is generated by acquiring a large participant sample, aiming to achieve data saturation and requires continual alterations to the research question, during the analytic process (Glaser & Strauss, 2017). The proposed research does not intend to reach saturation, rather, IPA goes beyond the descriptive level of coding, exploring and interpreting, the idiosyncratic nuanced experiences of participants, which requires a smaller homogenous sample.

Although GT and IPA are bottom-up approaches, adopting similar terminology, GT evades reading prior literature and remains grounded in the elicited data, so as not to influence the emergence of a new theory (Charmaz, 2006). GT was deemed unsuitable for the present research, as theories and hypotheses pertaining to well-being, engagement and access among the Black community, already exist. The researcher is not interested in assumptions around a discoverable reality, but aligning with Counselling Psychology, there is a desire to obtain subjective accounts, addressing the effects of psychological distress and how it is experienced and understood by Black men.

3.4.2 Rationale for IPA

The literature review sheds light on factors that impact the collective and highlights a lack of research pertaining to individual perspectives.

This research proposes that psychological distress holds different cultural and epistemological explanations, subjectively experienced and constructed within social contexts of people's lives. Psychological distress emerges from an array of demands, stressors and events, which individuals may experience in physical, emotional, behavioural and cognitive forms. Such experiences are processed in accordance with their views and beliefs about self, others and the world. Black males are not a monolithic, but diverse, unique group, thus through IPA analysis, the researcher aims to gain insight into their lived and subjective experiences.

The use of IPA is also recommended within 'Recommendations for Professional Practice' guidelines (BPS, 2011) and as an appropriate methodology within the field of counselling psychology as it's thought to be best in identifying and exploring the subjective experience of a phenomenon (Smith, et al, 2009). Thus, IPA was deemed the most appropriate methodology in exploring the phenomena in question.

3.4.3 IPA Theoretical Orientation

Developed by Smith (2015), the qualitative methodology of IPA has firmly established itself within psychological domains of counselling, systemic and health literature and is an investigative methodology best suited in exploring novel phenomena (Smith, 2004) and giving a voice to vulnerable and often ignored populations (Finlay, 2008; Larkin et al, 2006; 2021). IPA's theoretical and philosophical origins, focus on experiences shaped by socially, politically and culturally, pre-determined categories, allowing for an inductive analysis underpinned by three fundamental principles: Ideography, phenomenology and hermeneutics (Shinebourne, 2011).

3.4.3.1 Ideography

Ideography derived from the Greek word 'Idios', meaning 'private' or 'own' focuses on individual's unique account of a particular phenomenon and considers individual values, desires, motivations, and beliefs (Larkin, Watts & Clifton, 2006; Ponterotto, 2005; Eatough & Smith, 2017), rather than a collective, or a predetermined hypothesis (Smith & Osborne, 2003; Smith, Langenhove & Harre, 1995). Such experiences are believed to be the by-product of one's current or historical interaction within the world and positionality within a particular social context. Focusing on the specific, rather than the general, aids the researcher through the ideographic analytic process; exploring each transcript in isolation of others and identifying emerging themes, which can be applied within a universal context or among IPA's homogeneous sample.

3.4.3.2 Phenomenology

Phenomenology derives from the Greek word 'Phainomenon', meaning 'that which appears' and 'logos', meaning 'study'. Deriving from the works of Husserl (1927), he proposed phenomenology is achieved by adopting an eidetic approach; staying as close as possible to an individual's understanding, process and formulation and providing a conscious description of the phenomenon, through a process of bracketing; suspending judgements and preconceived notions, to better understand the phenomenological human existence and experience (Larkin et al, 2021; Eatough & Smith, 2017). However, shifts from methodological reduction, saw the emergence of key philosophers Ponty and Heidegger (Smith & Osborne, 2003), who acknowledged a hermeneutic and existential perspective to phenomenology. Ponty (1962), wrote about the role of the body, with embodiment of experiences bringing intersubjective relatedness to the world and self. Heidegger (1927) suggested the nature of being in-the-world, and in relation to the world, arises intersubjectivity, by interpreting experiences and producing meaning within the context of culture, language and relationships. Thus IPA for this study draws upon the work of Heidegger's phenomenology, recognising the subjective and divergent components, in participant's unique accounts, which is arrived at and co-created through interpretation.

3.4.3.3 Hermeneutics

Taken from the Greek word 'interpretation', hermeneutics refers to the interpretation of a phenomenon and one's understanding or sense-making of it. IPA recognises that an individual's experiences may not be captured in its entirety (Eatough & Smith, 2017), thus to gain further understanding the researcher must engage in an active and dynamic double hermeneutic process, by interpreting the meaning given to the phenomena, *"the participants are trying to make sense of their world and the researcher is trying to make sense of the participants trying to make sense of their world"* (Smith and Osborn, 2008, p.53). Heidegger (1962), who was concerned with the ontological enquiry of existence, propositions a researcher's biases, can never truly be 'bracketed' and that it is inevitable that values,

thoughts, assumptions and positionality within a social context, would influence the analytic process and co-creation of truth and understanding. Smith stated that *"without phenomenology, there would be nothing to interpret [and] without the hermeneutics the phenomenon would not be seen"* (2009, pg. 37).

3.5 Participants

3.5.1 Sampling

IPA emphasises exploration and interpretation of individual perspectives, with depth over breadth. Consequently, a purposely small, homogenous sample of less than 10 is advised, to ensure thorough, rich and unique accounts. It acknowledges participants' idiographic nature, identifying emerging patterns across the sample, through nomothetic research methodologies (Pietkiewicz & Smith, 2014; Eatough & Smith, 2017). Inferences obtained from this homogeneous sample cannot account for the larger population, however better understanding of the phenomenon, can allow for transferable in-depth understanding and insight.

Eight Black males residing in London, aged late-twenties to late-thirties, who experienced or were currently experiencing mild-moderate psychological distress, were purposely selected for interviewing. This number was deemed sufficient to elicit richness when exploring the research question, without compromising the quality of IPA. To ensure diversity within the homogeneous sample, the participants were from different socio-economic backgrounds. Four participants were of African heritage, of which one had previous therapeutic input and four were from Caribbean heritage, of which three had previous therapeutic input. The table below displays the demographics of participants, who were given pseudonyms to maintain confidentiality.

Table 1:

Pseudonym	Age	Heritage	Residence	Highest qualification	Previous Therapy
Garvey	36	Caribbean	W. London	NVQ	Yes
Yeshua	32	Caribbean	SW.London	BSc, PGCE	Yes
Cecil	32	Caribbean	N. London	MSC, PhD	Yes
Haile	34	Caribbean	N. London	BTec, NVQ Diploma	No
Malcom	32	African	S. London	BSc	No
Huey	26	African	E. London	BSc	Yes
Frederick	38	African	W. London	GCSE's	No
Nat	32	African	E. London	BA Hons	No

3.5.2 Inclusion Criteria

IPA proposes a purposive and homogenous sample, in that participants share similarities in characteristics or experiences, regarding the phenomena being explored (Smith and Osborn, 2008). Participants should also have adequate experience of the phenomena in question (Smith et al., 2009).

To account for homogeneity and in alignment with Ericson's (1936) psychosocial development theory, the present research explored adults, as this demographic is said to have a more stable identity, intellect, cognitive development and can make more knowledgeable reflections

on lived experiences. Highlighted within the literature review, previous literature explored adolescent experiences, thus the current study aims to explore the experience of psychological distress among a more cognitively developed and culturally homogeneous group. Inclusion criteria also required participants to be British citizens, raised in the UK since birth, identify as Black and have both parents of African or Caribbean ethnicity. All information was acquired through a demographic questionnaire, completed prior to the interview process.

3.5.3 Exclusion Criteria

To ensure potential participants were not high risk or deemed vulnerable, exclusion criteria included those who lacked mental capacity, were experiencing acute/chronic psychological distress or currently undergoing psychiatric care. This was ensured by administering a standard 11-item risk assessment form, in addition to a 7-item Generalised Anxiety Scale (GAD-7), measuring anxiety and the 9-item Physical Health Questionnaire (PHQ-9), measuring depression (Spitzer et al, 1999). Participants scoring highly in any of these outcome measures, were not deemed suitable to participate.

3.5.4 Recruitment

Following ethical approval, participants were recruited through a variety of methods. Posters detailing the study were displayed around UEL campuses, barber-shops, Churches and local community centres (See Appendix G) and shared on social-media platforms such as Facebook, Instagram and twitter. Potential participants were also approached at events, geared towards mental health among the global majority and finally, through a word-of-mouth process, known as 'Snowballing' (Faugier & Sargeant, 1997; Parker et al, 2019).

Through purposeful selection and the snowballing method, proved to be the most effective method of generating interest, whilst recruiting via posters, yielded minimal results.

Individuals who expressed an interest in the study were sent an information sheet (see Appendix B) and consent form (see Appendix C) via e-mail. The information sheet detailed the study aims, interview process and requirements of participants. It also addressed confidentiality and data storage. Consent forms confirmed willingness to take part in the study, to be audio-recorded and for their information to be stored securely for any future publication of findings. Participants wishing to proceed, returned signed consent forms via e-mail or provide it in-person at the point of interview.

3.6 Data Collection

3.6.1 Pilot Study

Although diagnostic labels provide a context to problems, Rose et al's study (2007) identified 250 labels used to stigmatise people with mental illness e.g., crazy, disturbed, psycho, insane, mad, etc. These emotionally charged words can lead to discrimination and prejudice, that can directly impact individuals' self-esteem (Fennell, 2006; Kousoulis, 2019) and carries a stigma that can result in reluctance to help-seeking (Kousoulis, 2019; Rose et al, 2007; Wallace et al., 2016). The researcher felt it important to conduct a pilot study to find a lexicon that was not discriminatory or off-putting. 'Psychological distress' was the preferred term among several Black people in the general-public, who thought it less stigmatising and best encapsulated the meaning attached to their experience.

Another pilot study was conducted with an acquaintance following ethical approval from the University of East London's Ethics Committee. To establish rigour, quality and validity, the pilot study obtained preliminary data, testing the study's design and data collection process; whether the research questions clearly reflected and aligned with the chosen methodology and phenomenon and whether it was effective in eliciting rich responses. The pilot provided valuable insight into the studies effectiveness and highlighted potential issues. Following feedback from the participant and research supervisor, amendments were made to the

interview schedule such as the inclusion and exclusion of questions, reordering of questions and reviewing wording to ensure clarity and coherence. The pilot also gave the researcher a chance to adopt the position of interviewer, establish rapport with the interviewee and implement active listening skills, prompts and Socratic questioning, whilst remaining an active participant within the process, as required by the IPA methodology. Being guided by the interview schedule (see Appendix F), rather than dictated by it (Potter & Hepburn, 2005) allowed for flexible and dynamic ordering of open-ended and closed questions, permitting segway's into deeper discussions (Banister et al., 2011; Smith, 1995).

3.6.2 Initial Screening

Following receipt of consent forms, participants were screened for eligibility. A 7-item, demographic questionnaire was deemed important to account for diversity and variety within an already homogeneous sample, collating participants' personal information, including age, ethnicity, religious/spiritual belief, nationality, current residence, highest education level and therapeutic engagement. Other outcome measures (see Appendix D), assessing level of risk, anxiety and depression, were sent to participants via email and/or the option to complete it over the phone. Following the completion of questionnaires and depending on their suitability, time slots and a choice of locations were then offered to participants, who were also given the opportunity to ask any questions regarding the research.

3.6.3 Interview Locations

Interviews were conducted in two locations to account for easy accessibility; a room at the UEL Stratford campus and a therapy room within a private psychiatric hospital, where the researcher worked. Staff members were informed that interviews would be taking place and notice was given at the start and end of all interviews to ensure both researcher and the participant's safety. All rooms were located away from external distractions and participants were made aware of fire exits and toilets.

Throughout the interview process, growing health concerns pertaining to the COVID-19 pandemic resulted in frequent lockdowns. Ethical approval was subsequently sought and granted, along with participant consent, for interviews to be conducted via Microsoft Teams, a web-based video conferencing tool, used for interviews, meetings and/or presentations.

3.6.4 Creative Expression

Following qualitative, semi-structured interviews, participants were invited to create an exploratory piece of work, which represented their experiences of psychological distress (see Appendix H). This encouraged participants to process the interview, reflect on their emotions and provide further insight into their experience of psychological distress and what it meant for them, through different mediums, other than speaking. Six out of the eight participants engaged in this creative expression, which took the form of two drawings, two poems, one trail of thought and a diagram. Permission to use the exploratory pieces in the research was sought by each participant following the interviews.

3.6.5 Transcription

Audio recordings were transcribed verbatim onto Microsoft Word, while utilising a USB computer pedal to allow for quick and easy navigation of audios. This piece of equipment was able to pause, rewind and forward recordings, to enable accuracy of narratives. The researcher's narratives are placed in bold and considering the various participant discourses, colloquial dialogue was also written as it sounds, in keeping with the authentic nature of the participants' experiences. As pauses are of little analytical value (Banister et al, 2011), only pauses longer than one second were noted. Punctuations were also included to enable ease of reading. Any names mentioned within audios were given a pseudonym and any organisations were replaced with an 'X' to maintain confidentiality. Ambiguous segments of

the extract were detailed within square brackets e.g. [inaudible] and any actions placed within curved brackets e.g. (laughing), (clapping).

3.7 Data Analysis

3.7.1 IPA Analysis of Transcripts

In accordance with Smith's guidelines to effective IPA analysis, transcripts were formatted with double spaces and each line was numbered, to allow for easy identification of themes that may later emerge. The researcher adopted an idiosyncratic and interpretative relationship approach (Smith, 2015) during Initial stages, taking time to address each transcript in isolation of the others to unpack the dynamic hermeneutic circles working in conjunction with one another. Transcripts were re-read several times, with and without audio, as this provided more context regarding tone and expressions; which may not solely translate through text, each time focusing on different things, adopting an emic, rather than etic position. The latter perspective adopts an objective outsider perspective focusing on universal behavioural patterns and similarities between participants and many cultures, whereas the former is not psychologically or theoretically reductionist and provides insight from a subjective, insider position, with an emphasis on unique experiences and differences between participants of one culture. Margins were made on the left and right to note anything of interest, pertaining to use of language, process, similarities, differences, contradictions, interpretations or questions. During the second review, a higher level of extraction was required, where emerging themes and phrases of the initial notes are listed along with appropriate quotes. These were collated by clusters and patterns, of superordinate and subordinate themes. On completion of this process, a master table of superordinate and subordinate themes were drawn up and initial themes that appeared to be isolated or unconnected were dropped.

3.7.2 IPA Analysis of Creative Expression

Participants read aloud their poems/trails of thought, followed by a brief synopsis of its meaning. Participants who created an image/diagram described its contents, composition, and symbolism. Participant's descriptions were explored further through short semi-structured discussions, which provided additional insight. These discussions were transcribed verbatim and individually analysed using IPA (Smith, 2004; Willig, 2013) in the same format as the interviews, in order to identify emergent themes.

3.8 Ethical Considerations

An imperative aspect of research (Bond, 2015), ethical considerations ensure safeguarding and wellbeing of participants throughout the research process (Willig, 2012). As outlined by the BPS and UEL, the current research upholds the core principles of 'Code of Human Research Ethics' (BPS, 2014) and 'Code of Practice for Research Ethics' (UEL, 2015), for planning and executing good practice in research, by adhering to the four competencies; respect of individual differences, competency in executing the research to a high standard, responsibility to ensure safety of participants/others and integrity to ensure transparency, fairness and accuracy of participants accounts (BPS, 2009).

3.8.1 Ethical Approval

Ethical approval was sought and granted by the University of East London's Research Ethics Committee (UREC) (See Appendix A).

3.8.2 Consent

Prior to obtaining written consent, participants were provided with a detailed information sheet outlining the nature of the study, selection process, information storage and contacts and resources available following the study. No deception was employed and participants were given the opportunity to consent to their involvement. Participants' refusal to engage was respected and they were informed of their choice to withdraw from the study at any stage up until the write-up and analysis of data.

3.8.3 Confidentiality and Anonymity

Prior to conducting interviews, participants were informed of the confidentiality clause the researcher was bound by, in accordance with the code of practice for research ethics (BPS, 2018). They were notified that confidential documents are stored within a locked cabinet and electronic information encrypted and any identifying information i.e., names, organisations etc, would be removed and/or given a pseudonym to protect their anonymity, in accordance with HCPC and BPS ethical guidelines (2018). They were also informed that any safeguarding issues disclosed that placed themselves or others in danger, had to be raised with the researcher's supervisor and other appropriate bodies.

3.8.4 Potential for Discomfort

Due to the nature of the research, the researcher acknowledged that participant's may experience levels of distress or discomfort whilst detailing their experience (Warr, 2004). In order to create a safe space and build rapport for participants to explore and discuss their experiences, participants were provided with water, snacks and given the opportunity to ask questions. The researcher also checked in with participants throughout the process, to monitor their well-being. They were informed of their rights to withdraw, if they became too distressed

and offered additional support by a clinician, or member of the academic team (however, none of the participants requested or required this).

3.8.5 Debrief

In accordance with the code of human research ethics (BPS, 2009), participants were debriefed following interviews. They were invited to reflect on the interview process and prompted to discuss any issues, concerns or distressing emotions/feelings that may have arisen as a result of the interview. Participants were informed that following the detailed recounting of their experience, they may feel residual effects (either cognitively, emotionally, somatically or behaviourally), which may present randomly and/or 'out of context', some days later (Warr, 2004). They were informed that should this happen; they should engage in self-care and were given additional information of services and organisations they could contact for further therapeutic support (see Appendix E).

3.9 Appraising Quality In Research

Criticised for lacking in validity, reliability and trustworthiness (Morrow, 2005), Yardley (2000) suggests qualitative researchers use her evaluative criteria, to assess and maintain a valid and good quality research. These principals are:

3.9.1 Sensitivity to Context

This refers to the researcher's awareness of socio-cultural issues and the impact this can have on the researcher and participant. This was upheld through a comprehensive literature review, ensuring the most relevant, empirical and theoretical studies were analysed and referenced, to create a viable argument for the relevance and importance of the current study. Considering the researchers personal experiences with psychological distress, allowed for better understanding and sensitivity towards participants' explorations, by remaining supportive and

attentive towards participants throughout the process. Implementation of creative expression also allowed participants to honour and amplify their experience in a medium of their choice. Sensitivity was also given towards confidential information, which was handled with care and ethical consideration.

3.9.2 Commitment and Rigour

This refers to the researcher's approach to the research. The pilot study ensured the research question was thoroughly understood. Through purposely selecting a homogeneous group, the researcher engaged carefully and responsibly with data, by re-reading transcripts and thoroughly analysing interviews with the same level of depth. The researcher displayed methodological competence and skill during the analytical process and provided detailed interpretations, obtaining a variety of ideocratic perspectives as required by IPA and re-editing chapters to ensure conciseness and consistency. Commitment and rigour were also upheld through frequent supervision and keeping a reflective diary, detailing the process.

3.9.3 Transparency and Coherence

This was upheld by following a clear procedure, in which to develop and conduct the study, ensuring the philosophical, psychological and methodological stance aligned with attention paid to a clear analytical write-up. Transparency with participants about the studies aims and intentions was also discussed within the ethical considerations. Finally, transparency and coherence were maintained through reflective journaling and discussions with therapists and supervisors about emerging themes and challenges within the process.

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3.9.4 Impact and Importance

This refers to the studies' implications and contributions. The inductive, Idiographic and emic perspectives, adopted within IPA to address Black males' experiences of psychological distress, makes original contributions towards the field of Counselling Psychology with findings adding to theoretical transferability and advancement of knowledge and richer understanding for researchers, practitioners, and among the general community (Gergen, 2001; Woolfe et al, 2010; McLeod, 2011).

3.10 Reflexivity In Research

Reflexivity is a researcher's ability to conscientiously refer to themselves in relation to the production of knowledge, surrounding a phenomenon and the people experiencing it (Roulston, 2010). It encourages the researcher to acknowledge thoughts, feelings, beliefs, reactions, motivations and influences, throughout all aspects of the research (philosophical underpinnings, analysis, discussion etc.) (Creswell & Poth, 2018). Reflexivity can be prospective (the effects/influence the researcher has on the study) and/or retrospective (the effects/influence the study has on the researcher) (Attia & Edge, 2017), thus duality between researcher and research, is an important component and criterion in qualitative methodology, for evaluating quality (Willig, 2013).

Effective reflexivity in qualitative research, is obtained through understanding positionality (identity, beliefs and experiences) (Swaminathan & Mulvihill, 2018), with participant's positionality contributing to the construction of their subjective, phenomenological reality and a researcher's positionality, influencing how the interview process is guided; shaping how meaning is understood and interpreted (Smith et al., 2009; Willig, 2013). Thus, reflexivity is an essential component of IPA and when incorporating visual methods, the researcher must

remain aware of their own bias and reality which can influence both visual and verbal data (Willig, 2013).

Continuous reflexivity is also required, to ensure oppressive structures are not being perpetuated within research (Aron, 2000; Wolfe & Dryden, 1996), "*the world is informed by structured power relations, based on race, gender, class, sexual orientation, dis/ability, or religion*" (Merriam & Tisdell, 2016, p. 62). This is especially important as the researcher is an influential element for data gathering and analysis, with reflexivity allowing for accountability, integrity, credibility, clarity, richness, growth, ethical adherence and trustworthiness, all of which are indicative of a study that aligns well with its purpose and design.

3.10.1 Relational Dynamics Between the Black Female Interviewer and the Black Male Interviewees

The relational dynamics between interviewer and interviewee is multi-layered. A successful interview depends on the researcher's awareness of these dynamics and their ability to remain reflexive and navigate them with sensitivity, as the researchers own set of beliefs, assumptions and experiences pertaining to race, gender, and psychological distress, can influence the research and analytical process (Willig, 2013). However, continued reflexivity, recognises that their own personal experiences may differ from that of the participants (Anakwah, Sumampouw & Otgaar, 2023).

Shared racial identity, can create a sense of mutual understanding and solidarity, which can personalise the interview process and encourage openness and honesty on difficult topics surrounding psychological distress; like racism, discrimination or identity struggles, as the interviewer is aware of the cultural context participants navigate (Campbell & Gaga, 1997; Memon et al, 2016). However, although racial similarities can enhance relational dynamics and may provide a basis for empathy, it doesn't mean shared experiences, which can be

shaped by other intersections of, ethnicity, social status/class and gender, all of which can influence the conversation.

As a Black female interviewing Black men, gender plays an important role in the relational dynamics. Even if they share the same racial background; based on the participant's perceptions of gender roles, he may be guarded or reluctant to discuss psychological distress and mental health with a female interviewer, especially if these sensitive topics challenge traditional masculine ideals (Zamarripa et al, 2003). This can result in Black men 'performing' masculinity during the interview and limit their emotional openness (Courtenay, 2000; Messerchmid, 2019). Alternatively, if the Black female interviewer remains reflexive of the relational dynamics at play, when discussing personal experiences that require vulnerability, she can establish trust, and leverage shared cultural knowledge to demonstrate understanding in ways that a non-Black interviewer, or male interviewer might not. This level of trust can be contingent on the interviewer's approach to race, gender and empathy and how she positions herself; albeit an ally, fellow community member or outsider (Anakwah, Sumampouw & Otgaar, 2023, Collins, 2000).

Power dynamics, between a Black female interviewer and Black male interviewee also impacts relational dynamics. While positionality of interviewer warrants a level of respect, there may be challenges in being seen as an equal authority figure to a male interviewer, especially when exploring lived experiences of men and especially if the participant has preconceived and sexist notions on gender hierarchies. The Black female interviewer must balance empathy and authority to preserve the integrity of the interview and ensure that the conversation is both insightful and respectful.

3.11 Personal Reflexivity

As a reflexive Trainee-Counselling Psychologist, my axiological stance, creates congruence between epistemology and ontology and provides a rationale for my methodology.

When embarking on the methodology, some assumed finding sufficient Black participants to take part may present a problem. I found the contrary to be true, attributing their willingness to engage, to my positionality as a Black person, serving as a commonality and positive representation. I acknowledged that my gender may position me within the 'out-group', but could also be a positive, as some participants reported finding it easier to express emotions with the opposite sex. The collective trauma surrounding George Floyd's death could have also motivated Black males to engage and share their realities. Approaching people directly at events geared towards well-being, posting on social-media and the snowballing process, yielded the best results for recruitment, whereas posters generated little to no interaction.

Males who politely declined participation, denied having ever experienced psychological distress before, been diagnosed or 'needed help'. I was aware of my internal bias and judgments about them not needing help, assumptions that psychological distress had to be formally diagnosed or awareness of general stressors. However, these views were bracketed and authenticated previous literature, on Black males' reluctance and lack of awareness around stress and well-being.

Although participants were given an option of interview locations, the majority were conducted at my place of work; a psychiatric hospital. This clinical setting could have served as a barrier for some, who may hold negative perceptions of mental health services and/or clinicians. To account for any potential limitations, I ensured the environment was non-clinical and relaxing, providing patients with snacks and drinks and engaging in general conversation prior to commencing the interview. Despite the different hats worn by scientist-practitioner-advocates, I had to remain cautious not to veer too far from the research question, but just enough so as to get rich accounts.

Participants went into great depth, with most interviews exceeding 1.5hours. All participants spoke on the process being very therapeutic, as for some it was the first time having the opportunity to reflect and share their experiences aloud and through explorative means. Participants expressed their enthusiasm for my research, reinforcing its importance and spoke on motivations to engage therapeutically in the future. Their detailed accounts moved and impacted me more than I anticipated, resulting in me feeling very emotionally drained; as if I had engaged in a therapy session, unable to guide it or explore as I would have if wearing my 'therapist hat'. Throughout the research process and following interviews, I made initial reflections on participant's interviews and documented my personal views. I also attended to my mental health and self-care by engaging with personal therapy and frequent conversations with my supervisor about any issues or concerns and how I found the interview process.

CHAPTER 4: FINDINGS AND ANALYSIS

4.1 Chapter Overview

This chapter presents the researcher's IPA analysis of eight semi-structured interviews, conducted with UK Black men who had experienced psychological distress. Due to the double-hermeneutic approach, themes that emerged are subjective and may differ based on another researcher's interpretation and positionality in relation to findings. Participants offered rich Idiosyncratic accounts, saw the categorisation and emergence of four superordinate-themes, which was subdivided into subordinate-themes, offering an exploration into how the Black men in this study conceptualise and make sense of their psychological distress, their lived experienced and how they addressed it. Participants were also given the option of taking part in a creative expression activity, in a medium of their choice. Six participants chose to take part and explore their lived experience of psychological distress, in further detail. One superordinate-theme emerged and was subdivided into four subordinate-themes

4.2 Interview Analysis

Table 2:

SUPERORDINATE-THEMES	SUBORDINATE-THEMES
CONCEPTULISATION & CONSTRUCTION OF PSYCHOLOGICAL DISTRESS	-Learning about psychological distress -Initial reactions towards psychological distress -Beliefs about psychological distress
THROUGH HIS EYES	-Triggers -Undesirable emotions -Helpful behaviours and learning to manage -Unhelpful behaviours and consequences

THE DEGRADATION OF THE BLACK FORM	- Stereotyped and discriminated by society
	-Social pressures and disadvantages
THE BLACK MANNERISM	- Black masculinity
	- Acts of service
	- I'm Black and I'm proud

4.3 SUPERORDINATE-THEME ONE: CONCEPTULISATION & CONSTRUCTION OF PSYCHOLOGICAL DISTRESS

This major theme emerged as all participants engaged in a process of conceptualisation and construction, to make sense of the phenomena of psychological distress. Detailing their earliest recollections and interactions with psychological distress, subsequently gave rise to the sub-theme 'Learning about psychological distress', albeit through media, family, first-hand experience etc. Early experiences, teachings and first impressions, had a large impact on how they conceptualise and formulate ideas and meaning about a phenomenon, which gave rise to the sub-theme of 'Initial reactions towards psychological distress', detailing a range of responses from discomfort, confusion and curiosity. Finally, the sub-theme 'Beliefs surrounding psychological distress', participants perceived it as a missing piece, deep-rooted and untreated, and an absence of peace.

4.3.1 Subordinate-Theme One: Learning About Psychological Distress

Malcolm was unaware of psychological distress, however through a process of deduction, attempts to construct meaning.

"Not really heard it…I know what distress is and I know it is psychological, but I didn't know that is a term. I suppose I just knew about … what you call it, just going through it" (Malcolm, 34-36)

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Malcolm positions distress in the mind, as a psychological process. '*Going through it'* implies a struggle and process of completion, as opposed to 'going around it'. There is an awareness that it needs to be understood and managed.

Huey's first insight into psychological distress, presented itself during secondary school, because of his biological limitations with sickle cell disease.

> *"In secondary school, I had to see a therapist because I kept on going into hospital, sickle cell crisis and didn't understand why…like people that are involved in the field of sickle cell, and haematology…always talk about how like a lot of physical pain stem from the mental, so your body reacts to what's going on and how you're feeling mentally" (Huey, 18-25)*

Confusion around frequent hospital admissions implies Huey may have been unaware of links between psychological distress and sickle cell crisis experienced during secondary school. Only through therapeutic intervention and discussions with professionals, he learnt about cycles of distress and links between the physical and mental components of sickle cell disease.

Cecil perceived psychological distress as a distant construct, but only came to conceptualise it through his own personal experiences.

> *"I always saw it as something distant, but then I realise I've been going through it…especially when stuff started happening a bit more, that's when I realised, ahh OK, this is something that I've just grown accustomed to…to that kind of disruptive environment." (Cecil, 17-20)*

Realisation emerged once the frequency and impact amplified, highlighting his acclimatisation to an unhealthy environment. Acclimatisation implies no action was taken until an external

force; his friend, intervened and brought it to his attention. Cecil's distress was not only experienced internally but manifested and observed externally. He later clarifies his personal experience stemmed from bereavement.

> *"When I was going through a bereavement, a friend really pushed me and that's when I…started… opening my eyes to OK, this is actually a problem." (Cecil, 48-50)*

'*Pushed*' to seek help implies resistance in getting him to '*open his eyes*'. This supportive relationship enabled acceptance surrounding his problematic reality.

Yeshua shared how he learnt about psychological distress through family.

> *"It wasn't really apparent until ehm I think I was a teenager and my … uncle's wife had a bit of an episode…because I was young, I wasn't really privy to the conversations that were going on regarding it, I just know that I was told she's just not… functioning mentally, which was causing a change in her behaviour." (Yeshua, 23-28)*

Despite being old enough, there was a cautiousness to include him in discussion pertaining to wellbeing. The excerpt indicates, conversations around wellbeing were only discussed at the point of observed behavioural changes, where he is vaguely informed, she's '*not functioning*' as usual.

Participant Hailey detailed learning about psychological distress, through media platforms;

> *"I watch a lot of YouTube… my interest was obviously Black history, slavery and before that, so it's how behaviours were carried on from before to now" (Haile, 33-35)*

Haile constructs behaviours and psychological distress through historical traumas and the impact these events still hold in current society. This is further conceptualised through first-hand experience, detailing how his mother's anxieties may have filtered down and impacted him.

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"She was always quite … I wouldn't say on edge, she was very protective because there's only her and me…one night when we first moved into our new place, whether she heard a noise from outside, she grabbed me and ran into the corridor and just held me… I think that kinda filtered into me to a degree, whereas I'm quite…not paranoid but more…alert to what's going on around me." (Haile, 52-57)

Difficulty in describing his mother as '*on edge*', or himself as '*paranoid'* and exchanging it for more desirable descriptors of 'protective' and 'alert', demonstrated the possible stigma of labelling themselves negatively. It also suggests distress, feeling unsafe, hypervigilance and a desire to protect the-self.

4.3.2 Subordinate-Theme Two: Initial Reactions Towards Psychological Distress

Yeshua's initial response is discomfort in witnessing others distress;

"It's obviously not nice to see someone being in any type of distress, ehm because most physical distress you can kind of help, but psychological is one of those things…you don't know the severity or…what's actually going on, it's difficult to try and help and be empathetic to them... you don't have any control over it… you've just got to try and be there for them, any way you can*." (Yeshua, 96-104)*

His comparison of physical and mental health implies the former can be helped and controlled, whereas the latter is unknown and uncontrollable, making it hard to empathise. Paradoxically, he does display empathy and a willingness to help, despite not appearing to know how best to do this, '*be there for them any way you can'*. His reference to '*them'*, creates distance placing others within an outsider group.

Nat's initial reaction towards psychological distress was one of confusion due to his lack of understanding.

> *"I'm not gonna lie and say that I paid enough attention to it, because I didn't know what I was really watching...* at the same time it was something different, so it was a bit like, how do you categorise what kind of illness this is…it didn't really make sense." *(Nat, 51-59).*

Although he admits to not giving it much consideration as it did not impact him directly, there is a curiosity surrounding '*something different'* and desiring to label, construct and conceptualise it.

Cecil describes a curiosity in better understanding and support others, through a process of observation and research;

> *"Observing people and people…tend to… just confide in me… I felt compelled to kind of read up more and stuff"* (Cecil, 88-91).

Being the confidant for others, implies Cecil's nature is non-judgment, trustworthy and a comfort for others. However, these qualities were constructed over time, as he later reveals, initial reactions and perceptions surrounding psychological distress held negative connotations and were fraught with stigmas;

> *"There's a kind of tinge to it you know, and you don't really want to be associated with that…I had to unlearn that…As in…you'll be like, oh that person's got mental health and it's like…you stay away from that person, you try and like just keep them at a distance coz you don't want to get involved in any sort of drama…or get reeled into their trauma."* (Cecil, 102-107)

The assumption that those suffering with psychological distress would pull you into their issues and trauma, caused him to keep a distance and ignore offering support; leaving the recipient

to manage alone and possibly exacerbate feeling misunderstood. The process of deconstructing and unlearning previously held views, enabled Cecil to construct new beliefs.

4.3.3 Subordinate-Theme Three: Belief About Psychological Distress

Through conceptualisation and construction, Garvey believed psychological distress is;

> *"Maybe deep-rooted psychological issues…or maybe unresolved- which have a lasting impact." (Garvey, 2-3)*

Garvey positions *'Psychological issues'* in the mind, *'Deep-rooted'* suggests long-standing, whilst *'untreated'* suggests psychological distress is ignored, causing a lasting impact..

Participant Huey believed psychological distress is something missing and incomplete in the mind;

> *"It's to do with not feeling completely coherent or like complete in a sense of the psyche, so that's in like distress … in terms like psychological distress." (Huey, 5-7)*

> *"I believe a lot of it's mental… you start to stress, worry, blah blah blah, all that sort of stuff, your mind's having a crisis" (Huey, 168-168)*

This suggests psychological distress is confusing, resulting in a loss of self. Paradoxically *'Blah, blah, blah',* suggests a lack of cognisance, regarding causality or the evolution of psychological distress. Suggesting it ends in a crisis, infers avoiding issues until it worsens, or a lack of awareness around early interventions.

Frederick believes psychological distress stems from acute manifestations;

> *"I'm not saying that this is right, but my understanding is that certain things will happen to them, psychosis…delusion…manifesting itself in different ways, so they might act a*

bit weird or a bit crazy or just out of their character, but they don't really know why."

(Frederick, 10-13)

He believes those with distress act '*weird or a bit crazy'* and suggest causality of psychological distress is unknown.

Cecil believes psychological distress emerges in the absence of peace and '*normal'* thought processes;

"I guess anything that disturbs your peace, your normal flow of thinking…and that can be in any type of form, from physical to… emotional, to just a change in your environment." (Cecil, 4-6)

He believes that such disturbances and disruptions are caused/emerge from physical, emotional, or environmental changes.

4.4 SUPERORDINATE-THEME TWO: THROUGH HIS EYES

This major-theme 'Through his eyes', shines a light and casts a lens on participants' lived experience, helping to gain better understanding of how psychological distress is experienced, processed and addressed among this sample of UK Black males. Sub-themes that emerged were 'Triggers', highlighting various battles they experienced, which induce psychological distress such as: culmination of small stressors, lack of options, being compared to others and problematic interpersonal relationships. As a result of these triggers, all participants detailed the emotional impact, giving rise to the sub-theme of 'Undesirable emotions', ranging from cognitive dissonance, confusion, hopelessness, etc. Finally, participants reflected on coping strategies devised to manage, take control and remedy distress, giving rise to the sub-themes 'Helpful behaviours and learning to manage',

such as prayers, sports, therapy etc. The 'Unhelpful behaviours and consequences of psychological distress', included arguing, not talking, physical implications etc.

4.4.1 Subordinate-Theme One: Triggers

Haile spoke about his daily experiences with a culmination of small stressors;

> *"Every day is a distress, because you have so many different situations… and it's not massive … it's small ones." (Haile, 367-368)*

Malcolm's psychological distress is triggered when faced with a lack of options and undesirable choices, causing him to shut down;

> *"One that can…cause me to almost shut down… when I feel like I don't have any options…as a man, all we ever have is stone cold choices…imagine you have to pick something you can't do and something you won't do…So my problem was if those choices are neither favourable to me, that causes distress." (Malcolm, 70-77)*

Conflating the role of masculinity, with one's ability to make the right decision, implies a rigidity and infers a pressure on him. Being forced to make undesirable choices outside of his control, further highlighting his conflict.

Garvey's trigger stems from being compared to his father;

> *"The trigger for me and a lot of people knew it…mention my dad I'd go off on one compare me to my dad I'd go off on one…and it got worse as the years went on…I'd literally lose it…Just can't function…Like that, that sense of, anxiety...." (Garvey, 81-90)*

Despite others' awareness of Garvey's trigger, it appears his boundaries continue to be crossed. It is inferred the relationship with his dad is problematic and Garvey does not respect him, as he scorns any comparisons made. He acknowledged its impact has progressively worsened, causing psychological distress in the form of anxiety, resulting in a loss of control and inability to function effectively. This further suggests he may not acquire the tools to best manage these triggers;

> *"She ended the letter on… 'I guess in the end, you're just like your dad'…. I lost my shit, I remember putting my fist through a wall, almost straight away." (Garvey, 777-780)*

Garvey's reaction to an antagonist (the mother of his children) results in a paradoxical personification of his father (self-fulfilling prophecy) by displaying aggression. This highlights unresolved psychological distress and a lack of awareness in the parallels between himself and his father, which he has not yet accepted or successfully distanced from. Thus, he projects and displaces his pain towards others and/or things.

Nat's triggers stem from interpersonal relationships with females and himself;

> *"It can be classified as a PTS moment…because it was quite triggering, even when I think about it now I get pissed off…I met this girl from America and thought, yeah, I'm gonna do A-Y-Z … spent like about a grand five-hundred renting a fucking super car...I remember telling myself, this girl's not interested in you like that…she's not there for the long-term…."I found myself battling with my ego…I'm trying to prove that I can keep her longer than it's expected." (Nat, 448-457)*

> *"In my life, it's always racial, self-esteem, self-acceptance…which is a common thing with most people but I think it's overlooked…is inferior complex…I think a lot of us suffer from it." (Nat, 171-177)*

Recounting past experiences generates visceral feelings and reactions suggesting unresolved issues continue to cause distress. Grand gestures and displays of prowess demonstrate a

desire to impress and control through monetary forms. Positioning her as an object or possession that can be bought or kept '*longer than expected',* infers attempts to add value to himself as worthy and good enough. However, such attempts present a lifestyle that he knows he cannot maintain, as his reference to battling his ego, implies competition/conflict with himself and is testing how long he can maintain the façade.

Nat's trigger of racial issues and inferiority, causes psychological distress in the form of low self-esteem and a lack of self-acceptance. He believes many experience these stressors, however admittedly ignores the undesirable feelings.

4.4.2 Subordinate-Theme Two: Undesirable Emotions

Huey likened psychological distress to cognitive dissonance (Internal and external incongruence/conflict, between thoughts and actions);

> *"Cognitive…dissonance, like you just feel a bit… disjointed, like a fuzzy screen …* like radio static…t*hat noise where it's like … you can drown it out… it can be managed, but it's there…like this is just a bit annoying, more than everything else."* *(Huey, 101-110)*

His use of metaphor, attempts to give feelings to cognitive dissonance, referencing it as fragmented and incoherent static between radio frequencies, suggesting the process and experience of psychological distress, is manageable but annoying at best.

Similarly, Malcolm spoke about disjointed and conflictual emotions when someone he respects, does something he disagrees with;

> *"You say something and I'm disappointed in you and don't respect that, but I have to respect you as someone who raised me. it's almost two clashing emotions, and I have to pick…which one is the emotion I should be ruled by, because I wanna be ruled by*

a single emotion, I don't wanna be ruled by many…so I can make… an A or B
decision." (Malcolm, 208-212)

"He gave it to her (£20) and a happy birthday. I looked at him and I…I just felt an
intense…it was almost like someone's just waging war…on my being...I felt like the
very essence of what I called… not love, but like what I defined as cared about
someone…was being disrupted. It's like … what is it about me that doesn't allow
me to be treated like that?" (Malcolm, 324-328)

This conveys conflicting feelings and a desire to be ruled by a single emotion, rather than overwhelmed by multiple. Adopting a black and white approach and rejecting the notion that opposing emotions can co-exist, suggest fear and apprehension. He applies logical reasoning to determine which emotion will subsequently produce the desired outcome.

Malcolm recounts a childhood experience of his father gifting someone he scarcely knew £20 for their birthday. This excerpt could infer jealousy and intense emotional pain, as he recalls never being shown this same affection. '*Waging war'* implies feeling targeted, attacked, unloved and devalued, as he questions why he isn't good enough/worthy.

Nat's negative emotions of a sealed fate in relation to adversities, maintains psychological distress;

"Sealed fate, in the sense of like what's the point…this is something I've been
fighting all my life…. it feels … very draining…like, do I have to do this again? just
like fighting… something that's gonna take you eventually." (Nat, 323-329)

Encompassing a sense of hopelessness and helplessness, Nat speaks about feeling depleted, having to continually navigate negative emotions. He describes trying to fight it as pointless, resigning himself to the belief that psychological distress will eventually get the better of him.

Nat spoke about negative feelings around losing control and perceiving lashing out in anger as appropriate ways to communicate;

> *"It was like a sense of loss of control. Ehm, because I couldn't control the way…I wanted to, so I feel like maybe the nearest thing was to like lash out, you know?...It sounds crazy but it's like … that was my go to then, you know, like not that I went round beating people up but … or even women for that matter, but I would be lying to myself if that wasn't a thought process." (Nat, 464-470)*

> *"I used to think being angry and shouting shut the fuck up is normal…So if I switched at someone, and they were really taken aback, it would be almost like why you getting like that for, this is nothing, I do this all the time…even to the extent that I will be angry at them for over-exaggerating their emotions towards my emotions." (Nat, 591-596)*

Nat's attempts to control situations or people, paradoxically results in a loss of control. To avoid these negative feelings, he attempts to justify behaviours of lashing out at others, suggesting it is his default behaviour. Fantasising about physically hurting others also displays a toxic/fragile ego and unhealthy expressions of emotions, which can cause relationship breakdowns and maintain psychological distress.

Nat normalised negative feelings of rage and aggression, showing a lack of awareness and inability to mentalise or empathise with how others feel, perceiving others' reactions to his outbursts as disproportionate. Inability to contain and regulate negative emotions, makes it hard for him to tolerate others' emotions as he feels the only way to get his needs met or his point across, is through aggression. He absolves himself of accountability and places the responsibility to navigate emotions onto others. These events are suggestive of deeper psychological distress/pain, as anger/rage, is symbolic of unresolved issues and boundary crosses.

4.4.3 Subordinate-Theme Three: Helpful Behaviours and Learning to Manage Psychological Distress

Nat manages psychological distress by listening to audios about self-mastery and through a process of metallisation;

> *"There's a thing I'm listening to right now called Mastery…it's about how the human minds evolve… being in control of your own universe within your own mind...I like to believe that everybody should have an alter-ego…or a go to. Like you feel you are the best in some aspects, so if someone brings you lemons, obviously there's a lot of mentality of turning it into lemonade. When I'm getting angry, I start thinking of my alter-ego…how I see myself" (Nat, 338-348)*

Referencing the mind's evolution, implies fruitful growth where acquired knowledge enables self-control. The metaphor turning lemons into lemonade symbolises alchemy, turning negative situations into positive outcomes or psychological distress into teachable moments. This is achieved through an alter ego-self, which is constructed as objectively aware.

For Yeshua prayers and mantras help manage psychological distress;

> *"Being Christian…my ultimate belief is…God can get me through anything…So when those thoughts do come to pass and it does get a bit overwhelming, I just pray or I just say Jesus' name over and over again in my head." (Yeshua, 210-214)*

Yeshua's Christian faith and belief in God is his vehicle for guidance and support, helping him regulate overwhelming feelings of distress. Repeating Jesus's name helps ground himself and solidify Jesus's importance.

Garvey spoke about utilising snooker and therapy to manage distress;

"It was like my release…that was my safe haven…it was, the calmness…being able to control…. Energy. Because with snooker, you have to be very patient, because it's not like, where you just knock a few balls around and the games over, snooker a very tactical, analytical game… i.e. where I need to be in 5-10 shots and the consequences, i.e. if you miss and what the next person can do, i.e. the outside world… that was literally…my metaphor for the world…being able to control what you're doing, being able to think about what could possibly happen, i.e. moving forward in a positive way, or a negative way." (Garvey, 180-194)

"Didn't feel I needed it. Thought it was a load of bullshit. I'm being completely honest…I was like yeah, I ain't speaking to strangers about my shit...You don't know what I've been through…then… it came to a head, that's probably the whole point…an objective point of view, and not being able to judge you because they don't know you….it got to a point where I was like … I need to be more open to certain things…that's what kind of started the whole being able to be open and being able to communicate and getting certain things…Off my chest…it's bloody amazing. Different experience…Didn't actually realise how good it was!" (Garvey, 1120-1140)

Snooker as a calm, safe haven implies a place of refuge, where he can be mindful. Snooker metaphorically highlights his world view and qualities needed to address psychological distress; critical analysis of one's current position and the ability to foresee potential consequences. Referencing patience, acknowledges the concept of time and the fortitude required to not react hastily but taking time to observe and better understand the world.

Although friends spoke of therapeutic benefits, Garvey made assumptions and was reluctant. Only when things *'came to a head',* implying issues worsened, was he willing to engage. This suggests recovery is a personal process, often addressed when acute. Therapy helped him to be open and communicate better.

Huey also detailed the skills therapy provided;

> *"Therapy has led me to… listen in first, understanding and then responding." (Huey, 603-604)*

4.4.4 Subordinate-Theme Four: Unhelpful Behaviours and Consequences of Psychological Distress

Despite helpful methods to manage, Garvey also had unhelpful behaviours maintaining distress, such as purposefully causing arguments;

> *"I would cause arguments with people just for the sake of it… Yeah, I'm very aware of it…I've been doing it recently, with…my current partner… it's easier for me to have arguments with my partner, about something miniscule, because I know it's not… deep seeded, so I know it won't last long, it will fizzle out very quickly, whereas I feel, if I have that kind of argument, about the actual issues…shit will go south. And I feel like it could just explode to a point where... it does impact the relationship I have with their mum, and possibly the relationship I have with the kids." (Garvey, 486-497)*

His conscious awareness implies an unhealthy pattern of behaviour with his partner, which he exploits to avoid addressing the real issue. Displacing his anger shows a lack of consideration and difficulty/inability to communicate effectively. His belief that avoidance will save the relationship he has with his children and ex-partner, contradicts his above sentiments, as is unable to conceive the long-term damage such behaviours may have on his current relationship, as he continues to minimise its impact as '*minuscule*' and something to soon '*fizzle out*'.

Haile's unhelpful behaviours was not talking or opening-up to others;

> *"I could say I didn't have anyone, but I never really opened up to anyone. So, in one way you feel people don't really wanna hear what you want to say, in other ways you don't want to overbear…put pressure on someone else. So, there was no real support really. So, I just kept things in." (Haile, 670-674)*

He acknowledges his belief about others is unfounded and accepts accountability that not opening-up to people, due to fear of burdening them, is maintaining an unhelpful cycle and causing him to repress true feelings. Consequently, maintaining his distressed and unhelpful beliefs.

Frederick spoke about taking drugs in solitude;

> *"Smoking a lot of weed…And then being withdrawn, that just has an impact on your energy, your positivity…work…relationships…those different elements just suffer." (Frederick, 67-73)*

Fredrick is aware of the unhelpful behaviours and consequences in various areas of his life, however, still engages in them. Both behaviours show an attempt to distance and not address the stressor.

Cecil and Nat, detailed physical consequences of psychological distress and effects on the immune system;

> *"It affects me physically. So, I experienced it with alopecia. And then I think my immune system, where I got shingles." (Cecil, 129-130)*

"I start getting hiccups… I grind my teeth a lot when I'm angry, or when I'm really emotional and I'm trying to process, I don't even realise I'm doing it, I get told I'm grinding my back teeth. Physical result of that is…I've got fillings now." (Nat, 396-399)

Shingles and Alopecia can both result from extreme stress. For Nat, grinding his teeth is done unconsciously due to heightened emotions and could represent a strain and difficulty articulating feelings. Nat shared another negative consequence of psychological distress, which goes unreported by many men is suicidal ideation;

"I considered it … you know I used to think about it, it's weird because I never attempted it, I used to think if I died at this moment in time…would this all be forgotten?" (Nat, 504-506)

Despite denying attempts or current ideation, intrusive thoughts crossed his mind. Questioning how life may be if he wasn't present, positions himself as the problem and shows difficulty in managing distress.

4.5 SUPERORDINATE-THEME THREE: THE DEGRADATION OF THE BLACK FORM

This major-theme emerged as participants spoke about causes of psychological distress in the context of being a Black man born and raised in the UK. 'The degradation of the Black form' highlighted damaging tropes, portrayals and preconceived notions, derived from racist narratives and cultural-conditioning within UK society. This gave rise to the sub-theme of 'Stereotyped and discriminated', with issues arising because of others' naivety, due to hairstyles and perceived capabilities within the workplace and perceptions of Black males as angry/dangerous. The second sub-theme 'Social Pressures and Disadvantages', encompassed several problems that make it harder for UK Black males to navigate through

society, hindering their portrayals of the world such as, not feeling welcomed in certain spaces, regressive mind-sets, peer pressure, difficulties expressing emotions, absent fathers etc.

4.5.1 Subordinate-Theme One: Stereotyped and Discriminated

Garvey believed that people who stereotype, discriminate and negatively represent Black males are ill informed and naïve;

> *"For the less informed and the naïve … we're still going to be perceived a certain way, we're still going to get stopped whilst driving a nice car… we're going to still get called the angry Black man if someone sees us having an argument…if we play a certain type of music or if we fit a certain stereotype…psychologically for a Black man, that's something we'll never be able to accept… we'll try to fight it, we'll try and change the narrative, but the fact of the matter is, we are living in a society where we are perceived a certain way by a very high majority, and that's just the way it is." (Garvey, 1622-1629)*

> *"When you think of a White guy, you'll have the general…the banker or the suit wearing guy. The Asian guy, business owner. Jewish guy, business owner. Black guy … drill rapper, bashment, killer, prison, deadbeat dad…That's what we get. That's our representation…and until we change that… we ain't got a hope in hell." (Garvey, 1778-1785)*

Naivety by a *'high majority'* of society (UK) implies a negative in-group belief that psychologically impacts Black males. Despite refusing to accept such beliefs and fighting to change narratives, Garvey also acknowledges it's *'just the way it is'*, suggesting slight resignation or implying the fight is one, Black males often lose.

Garvey later stereotypes and perceives other races, highlighting positive associations with high socio-economic status and careers which are not attributed to Black men. He expresses that unless these portrayals change, there is no hope for Black males'

progression within society, suggesting an association/intersection between negative representation and psychological distress.

Huey highlights even the act of walking at night is stereotyped and stigmatised as dangerous;

> *"There's the assumption that the Black man's always scary, he's always gonna be walking on the street at night time. What about when I'm in the office, you know what I mean… I'm just smiling, wearing glasses, suddenly… I'm less intimidating?" (Huey, 815-818)*

This suggests the difficulties Black UK males face resulting in questioning one's very existence and how it is experienced by others. Huey questions why Blackness is perceived as less intimidating in different contexts, implying first impressions of Black men are routinely perceived as intimidating, compared to settings where they are better understood or deemed less of a threat.

Nat speaks on implications of being stereotypes as angry;

> *"We're always being told that we are the aggressor…that it's not OK to be angry. You can't be Black, tall and angry... You can't be expressive. If you are, what will shortly follow is prison…There's no form of, why is he angry? Let's try and find out. He might not even be an angry person, it could just be…he's going through something…it's always a form of an oppressor." (Nat, 1219-1225)*

Labelled as the aggressors, pacified and told not to express emotions and threatened with prison, implies dictatorship and judgement from '*an oppressor'*. This control over Black expression takes place in the absence of curiosity and/or empathy, as to why anger is present and what can be done, if anything, to help. This can result in further resentment and psychological distress among Black men.

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Fredrick's excerpt details stigma regarding appearance in the work environment;

> *"You've got some haircut they don't understand, then you've gotta spend time to win*
> *them round, when you should spend that time to focus on just being good at your*
> *flipping job do you know what I mean…Bob and Billy, can come in looking like… Troy…*
> *or Achilles and they get promotions… they just have to fit the bill." (Frederick, 1034-*
> *1038)*

Frederick described having to overcompensate to prove his worth and value, rather than work being his focus. Frederick implies feeling discriminated against as his appearance is scrutinised, placing him at a disadvantage of progressing in comparison to his White counterparts. Such judgement and misunderstanding serves as a precursor to psychological distress, as he attempts to '*fit the bill',* rather than live in his truth.

Malcolm spoke about experiencing Blackness and discrimination in three different countries;

> *"I think the place I was happy being Black really was Germany because I knew I*
> *was Black, I knew I was different, you could cut the bullshit, we're here, I'm Black,*
> *OK fine, these are the options. Nigeria, you're not Black… because everyone's*
> *Black….In the UK it's like, hmm… was I being aggressive, was I being rude? I don't*
> *know. I think he's chattin' shit but… not 100% sure." (Malcolm, 1087-1099)*

In Germany Malcolm has self-awareness as to his differences, knowing where he stands and what to expect. Cutting *'the bullshit'* implies bypassing airs and graces and pretence whilst *'These are the options'* suggests there is a limit on choices available to him because of his race. This clarity is not extended to his UK experience, as *'the bullshit'* is more covert, where he expresses uncertainty and is made to question his behaviour. In Nigeria race is not a common denominator, as everyone is Black. This suggests covert vs overt discrimination is harder to substantiate, which can cause psychological distress. Malcom

infers that despite experiencing discrimination, he is happier knowing where it is coming from to absolve himself of doubt and distress.

4.5.2 Subordinate-Theme Two: Social Pressures and Disadvantages

Haile described disadvantages and pressures of being his mother's carer at a young age;

> *"My mother…got injured…and couldn't work again, and that's when I was in the… last two years of primary school, so I always had to care for her as well as go to school, do my work and then gradually I had to take over more of the housework… I had to go shopping by myself… and as much as she tried not to rely on me, she had to." (Haile, 627-632)*

Being in the last two poignant years of school alongside managing homework, home upkeep and his mother's wellbeing, indicates a struggle and pressure to balance work and life expectations, as he details having to take on more responsibilities; shifting from being a child, into the role of a carer. His mother's attempts to not rely on him, suggests an awareness of the pressures Haile is under. It also highlights social pressures regarding a lack of resources and support.

Haile shared further insight to social pressures he experienced;

> *"I'd never go to a Starbucks or a Costa because I feel like that's not a place for me….I feel like it's a White, person's place…I've been clouded by things that have happened, but the type of people that go in there, I feel would look down on you…a posh restaurant or…certain pubs…I feel a certain energy… I shouldn't feel that way." (Haile, 702-711)*

Prior experiences have negatively clouded Haile's perception and reality, resulting in him avoiding places he distinguishes as White spaces. Subsequently he makes unfounded

predictions and assumptions, due to feeling vulnerable, judged and like an outlier. The social pressure of believing certain spaces is not for Black people, can serve to maintain psychological distress, prevent exploration, prevent a sense of belonging and cause difficulty in owning the space in which he exists.

Malcom shares sentiments regarding the cultural mind-set of the Black community, compared to their White counterparts;

> *"White folk…so they pass things on, inheritance is the normal thing, they're paying for their kids to get an experience, have a good life, move on. With us, we've been taught that we must be the foundations of the people before us and the people after us…So look after your mum, make sure she's alright… I'm not saying don't look after your mum, but I'm saying… my mind-set is not progressive enough… it's not our fault."*
> *(Malcolm, 1006-1013)*

The different cultural mind-sets suggest that White people are more progressive, while Black people are more regressive. Rather than acquiring experiences, they are simply maintaining and surviving, which suggests being disadvantaged and burdened by responsibility/duty that predates and precedes them. Financially supporting family, also suggest others rely on those more able. '*Not our fault*' absolves the Black collective of blame, which may be attributed to systemic and/or institutional factors, geared towards the interest of the White community, not towards creating the foundations needed for progress and generational wealth among the Black community.

Malcom then details the disadvantage and pressure faced by Black males to articulate psychological distress;

> *"Because you have to be able to describe your experience…your problems, and they can't…because they don't know why it's unfair, why they're in the position they are in." (Malcolm, 1063-1065)*

Unable to articulate or conceptualise their lived experience, runs the risk of issues not being acknowledged or addressed, as there is nothing tangible to reference, due to a lack of clarity around *'why'* things are the way they are; how can one expect others to understand something they don't? Questioning their current position, implies Black males' positionality is not dependent on the individual, but in deep-rooted, covert, systemic disadvantages, difficult to pinpoint. This can exacerbate Black males' experiences of psychological distress.

Garvey speaks on media pressures as well as disadvantages perpetrated within the Black collective;

> *"The way they make kids feel about their skin tone, their hair…through programmes… especially being a parent as well, having to then explain… the thing that they don't understand." (Garvey, 1675-1679)*

> *"You won't really see that in the Asian community… in the Jewish community. Yeah, they've got…their own racial issues…but they take care of their own. And that's what we need to be doing… building together… working together… be strong together… Why do you think, when people attack the Jewish, nothing really happens? Because they're so strong as a fucking community, you can't really touch them… you don't see them in their own home battling against each other… When do you see this Jewish person kill this Jewish person?" (Garvey, 1753-1765)*

Media and social attitudes are factors playing a significant role in the degradation of the Black form. Negative portrayals surrounding issues of colourism and hairstyles can serve to not only

perpetuate psychological distress but can lead to self-hate and low self-esteem from an early age, leaving the parents with the challenge of helping their children un-learn such discrimination.

Garvey also comments on Black-on-Black crime, acknowledging that despite *'their own racial issues',* other communities/races support and protect each other; not fighting each other. By not taking *'care of their own',* the Black community is unable to form a strong alliance to defend themselves against those who suppress them. This ties in with Garvey's first quote, implying self-hate can have detrimental implications in attempts to build and progress as a collective.

Frederick details the impact social pressures and disadvantages have on young Black male's morals and psyche;

> *"They already break down the Black man before he gets there, it makes it easy for him to make that stupid decision because he's already been stripped of his power before he's even got to like, high school, which is when you meet up with others and then you start to really act out the psychological distress." (Frederick, 1017-1022)*

The breaking down of one's being is deemed a long-term plan and process implemented by an influential person with power. This also suggests a misuse and abuse of power at poignant stages of Black boys' development. Garvey proposes that powerlessness results in vulnerability and misguidance from others, with the '*acting out'* of psychological distress interpreted as a defence mechanism against pain. This is often displayed in maladaptive ways, which do not address the core issue.

Yeshua details the disadvantages Black boys face without a father-figure and the impact on their psyche;

"I was having a conversation with my tutor group… we were talking about…parents … and the majority of the boys didn't have a relationship with their father… you can hear the anger in their voices. It kind of makes me understand them a bit more why they are, the way they are and why they behave the way they… no one's had a conversation with them, like how has it felt not having a dad?... how you feel about the situation? Most of them just say, oh I don't care. You care, you just don't know how to express yourself… and I think that's one of the major things that needs to be addressed…I think even more so Black males because…in the White household, the statistics of them having a… normal two parent is a lot higher… So… in my tutorials now I focus on being able to express yourself." (Yeshua, 917-929)

Yeshua used conversation as a gateway to better understand why his tutor group behaved in certain ways. Through curiosity, he can hold space for their anger and see this emotion as a way of coping, despite their attempts to minimise its impact. Inability and reluctance to express themselves, suggest a culture and socialisation of male stoicism, which Yeshua makes it his mission to expunge. He acknowledges this common narrative, as he compares the statistical disparities between White and Black households. His focus on Black boys' inability to express themselves, suggests a belief that talking and expressing oneself can minimise potential psychological distress they may experience. His actions are interpreted as modelling a father figure, for those without.

4.6 SUPERORDINATE-THEME FOUR: THE BLACK MANnerism

The Black MANnerism highlights the manner, characteristics and traits of UK Black men, spoken by participants from an individual and collective positionality. Participant explorations gave rise to the subordinate-theme 'Black masculinity', addressing society's expectations and beliefs regarding Black men being self-reliant, hyper-masculine and lacking emotion. It also highlights that Black men are not a set of monolithic stereotypes, rather they exhibit nuances that challenge and steer away from societal expectations of masculinity, such as the Black male aesthetic. The subordinate theme of 'I'm Black and I'm proud' illustrates participant accounts of having pride in their heritage, being resilient by overcoming adversity, being part of a powerful Black collective and seeing Blackness as a gift regarding the intersection of Blackness and psychological distress, when the two are often perceived as a double-negative precursor. Finally, the subordinate-theme 'Acts of service', (one of five love languages) addresses what participants felt they needed from others at the point of their own psychological distress, such as the need for empathy and love, understanding, validation, attunement and consistent communication.

4.6.1 Subordinate-Theme One: Black Masculinity

For Yeshua the intersection of race and gender highlight the quintessential, personification and embodiment of strength and greatness;

> *"Being Black in itself is… strength. So being Black and a man is just like the epitome." (Yeshua, 894-895)*

For Frederick being a Black man is the assumption of being self-sufficient and resourceful;

> *"Being a Black man…I'm supposed to do things without assistance… yes, I could do it with…a support group… of course I could, but as a Black man, it's my duty to*

do without…if I don't have… I'm supposed to show that level of wide shoulders, that

level of responsibility, that level of intelligence, that level of integrity." (Frederick,

1076-1081)

Frederick advocates pushing himself despite available help; suggesting he deems it a weakness and deviation from the Black man's *'duty to do without'*. This is expected whilst showing integrity, wisdom and willingness to manage multiple responsibilities and demands, which can subsequently take a toll on one's well-being.

Huey details society's expectations of men and the psychological distress perpetuated when race is factored;

"Society paints you as, you need to be unwavering, unbending, unyielding…when

you show emotion, that's a problem…like what?! You're crying?! Why? You're a

man! You're a man's man!...obviously being a male is a burden that's one, and

being Black on top of that… there's this belief like… you're used to that kind of level

of stress and that trauma." (Huey, 723-731)

This view suggests rigid societal norms expect men to be independent, emotionless and resilient among other adjectives symbolising pressures. Deviation from notions of strength is deemed problematic and not becoming of what it means to be quintessentially masculine or not 'man enough', if they are not fulfilling certain roles and responsibilities. Huey perceives being a '*man's man'* as a burden and suggests that the intersection of race; the Black male, is somewhat synonymous with psychological distress and continual struggle. Huey implies Black people have had to endure high levels of stress and trauma for so long, that they have somehow grown immune. This perception/assumption is damaging, as the expectancy to be '*unwavering…unyielding'*, keeps Black males from connecting and expressing themselves. Instead, they continue repressing feelings and denying psychological distress, resulting in seeking support when in acute crisis and when it's too late.

Malcolm references the rudimentary and reductionist way Black males are characterised as 'hyper' representation of stereotypes;

> *"Black masculinity seems to be very simplistic…hyper masculinity, hyper sexuality, money, toughness, that's what masculinity is burned down to. So not only are we worth less because we're Black and we're born into this… war, but then we need to achieve more, to validify our experience. So, then it becomes a very extreme process. If you're gonna be a thug, you're gonna be the baddest man. If you're gonna be rich, you're gonna show it in the craziest way." (Malcolm, 834-840)*

'*Burned down'* implies an intense process to reduce Black males, who are born into conflict and positions of insignificance due to the colour of their skin, thus developing an inherent survival mechanism to survive and prove importance. This '*extreme process'* translates into extreme ways of being, which perpetuates and becomes self-fulfilling notions of the 'hyper' Black male.

Cecil embodies an alternative masculine aesthetic that doesn't subscribe to predominant notions of Black masculinity;

> *"Jimi Hendrix, Lenny Kravitz, Prince, cos like that's a Black male aesthetic that wasn't necessarily, quote on quote 'tinged'… with like a homosexual vibe… it was still very much masculine, but it was like a masculinity that I was like, yeah, I fit into that kind of bracket." (Cecil, 1882-1886)*

Artists/role models that inspire and represent Cecil's aesthetic, mannerisms and uniqueness, tow the line of acceptability among the Black community. The phrase '*tinged with like a homosexual vibe'* suggests a stain or taboo notions surrounding homophobia, among some Black people. Despite an aesthetic, which isn't rigid to gender norms, he still boxes himself in '*I fit into that kind of bracket'* suggesting a cultural sub-set of people

separated from conventional social norms, but still influential within the diaspora. This suggests masculinity for Cecil, does not have to be uniform and monolithic.

4.6.2 Subordinate-Theme Two: Acts of Service

Garvey, describes the deed of consistently checking-in, during one of his hardest times in life;

> *"When I went through probably the hardest time in my life… without fail, every week…he just dropped me a message, it would literally be like, everything cool, do you need to talk about anything?" (Garvey, 1512-1516)*

Consistency creates habits and new routines, thus frequent check-ups provided a space for him to talk, express himself and may have helped Garvey become more self-aware of his needs and emotions, highlighting that he is not forgotten.

Opposingly, Frederick recounts his mother's lack of attention and describes his desire for peace, love and understanding;

> *"So, when I'm going high school, I'm like she doesn't have any time for me, she can't spot the distress that I'm under, she can't see that… I'm getting bullied or I'm angry… but then I don't wanna come home because there's anger and fighting and everyone shouts in our culture, so I'm not finding any place of peace. So, anyone who's showing me love, I'm like alright … because it's love I'm looking for, peace I'm looking for." (Frederick, 474-479)*

> *"I wanted my mum to say that she loved me… to understand that the pressures… you are under in London but also when you're Black and then when you're African, and I have to add that bit in, I have to, because I've lived the experience." (Frederick, 586-589)*

His mother's lack of attunement, observation and awareness resulted in his psychological distress going unnoticed. This implies he felt unseen and unprotected. Being bullied in high school and having boundaries crossed manifested itself in anger, showing parallels to his home environment where the culture was conflictual and unsafe. Unable to express vulnerabilities, subsequently left Frederick susceptible to seeking/finding peace and love in all the wrong places.

Frederick describes feeling unloved and misunderstood by his mother, who fails to understand his lived experience. He explains that his positionality as a Black man in the UK, with African heritage, carries a lot of internal pressure and distress, that he desires to be met with love, compassion, curiosity.

Similarly, Cecil describes a desire for empathy, validation and intervention;

> *"I could've done with… empathy and validation…even though the onus is on me, I just wish someone said… maybe you need to take a break…Maybe this is a lot."* (Cecil, 995-999)

Although he acknowledges that the responsibility lays with him, he describes his desire for an external force to release him of this obligation, in efforts of assisting him help himself. This suggests he oversteps his own boundaries by taking on too much and not realising the psychological distress this causes.

4.6.3 Subordinate-Theme Three: I'm Black and I'm Proud

Yeshua, spoke about Blackness in relation to power and influence;

> *"It's very important for us as Black people and Black men, to be aware of how much power we have, and in that power, people are scared and fearful about how powerful we can get… our culture, who we are, is so influential, it's contagious…a type of energy… we wear our scars on our faces…our minds, the way we move, the way we speak…I think like being Black is just…you can't really describe it, it's a vibe." (Yeshua, 849-861)*

Yeshua advocates how the culture and energy of the Black collective is extremely powerful and influential in society (UK). He implies that if Black people tap into and advance this awareness; by recognising their abilities and inner strength, that it has potential to further empower Black men within a society where they are otherwise marginalised; the concept of which leaves (White) people scared and fearful. This can have a positive impact on their well-being, by reducing psychological distress. He professes the essence of Blackness as varied, versatile and a positive felt sense that is hard to verbalise, '*a vibe,'* which he expresses immense pride in.

Garvey speaks on the importance of having a firm self-perception/self-esteem;

> *"Psychologically I think it's having the mentality to understand… we will have to fight against racism… against being stereotyped…but … they can't control our mind set… They can't control how I perceive me as a Black man and every other strong Black man I know around me and how we have fought to change that narrative for bettering ourselves." (Garvey, 1642-1649)*

Garvey's excerpt is spoken from a collective stance, acknowledging the psychological warfare Black men face against external challenges, in the form of stereotypes, racism and

other attempts made to feel inferior. This Consciousness infers Black males require, understanding, preparation, confidence and self-belief in order to fight such oppressions, Refusal to subscribe, be influenced or controlled by oppressive obstacles, depicts a resiliency and ability to shield his internal perception of self and other strong Black men by remaining true to themselves, as he places their '*mind-set*' as their strongest tool. Garvey postulates a belief that they will prevail in the end, as their psychological fights thus far is succeeding in changing the narratives from what it once was.

Frederick spoke about pride in being true to himself, the power of the diaspora and perceiving his racial identity as a gift, in relation to the psychological distress he experiences;

> "*The identity that I carry around with me nowadays is one that's genuine … it's not fake. It's to be who I am, be true to who I am, and to know that I will overcome all obstacles because that is what… I was born to do.*" (Frederick, 1067-1071)

> "*I am Black, I am African, but I'm part of a diaspora, and the diaspora includes Caribbean's and … we are all Black, we all have the melanin… I represent a nation, I represent a race and the race is powerful.*" (Frederick, 1076-1080).

> "*Some people call it a curse but you have to come to know it as a gift, the gift of being Black is that…you can actually do something that the world would stand in awe of, if you could tap into it.*" (Frederick, 1086-1089)

Frederick's current identity is genuine and true, suggesting a previous false sense-of-self or disingenuous identity, which may have also denied/hidden experiences of psychological distress. His self-acceptance indicates progression and no longer doubting his abilities to overcome psychological distress, rather embodying a truth, pride and intrinsic self-belief that his existential purpose is to overcome obstacles, 'that *is what I was born to do'.*

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Frederick then positions himself within the context of race/ethnicity, heritage and part of the wider collective/diaspora. These commonalities; in relation to psychological distress, serve as a source of strength, solidarity and power.

Frederick acknowledges, some perceive Blackness negatively, painting it as a supernatural force, intended for punishment, harm or cause of psychological distress. Instead, he sees it as a welcomed gift that if unwrapped and utilised, others would be amazed by, admire and respect. '*Tap into*' demonstrates a process of going beyond the surface and connecting deeper, thus, the gift of Blackness is an asset helping Black men navigate psychological stressors and other issues that may present.

4.7 Creative Expression Analysis

Table 3:

SUPERORDINATE-THEME	SUBORDINATE-THEMES
ASPECTS OF SELF	- The Abandoned Child - The Masked Man - The Wise Man - The Role of God

4.8 SUPERORDINATE-THEME ONE: ASPECTS OF SELF

This major theme emerged through participant's creative expression, detailing events, emotions, behaviour and psychological perspectives of the human experience, derivative of pre-existing prototypes. The subordinate-theme 'The Abandoned Child' details the isolated, lonely and vulnerable aspects of individuals who have had to develop independence to survive. The subordinate-theme 'The Masked Man' details the shield and social persona worn

amidst various groups in situations, to protect one from negativity. The subordinate-theme 'The Wise Man' represents he who seeks knowledge, wisdom and understanding of the past, with a desire for social awareness and change. The subordinate-theme 'The Role of God', represents how faith helps participants navigate the world and psychological distress, in accordance with God's teachings.

4.8.1 Subordinate-Theme One: The Abandoned Child

Frederick's poem detailed his experience of loneliness, isolation and developing self-reliance;

> *"They say they will be around forever. This is but a word. I hold no emotion in forever. Where were they in their foreverness? The heart hardens in isolation. The only thing forever is to be alone, alone in thoughts, alone in triumph…The spirit is illuminated, the soul is on fire, a bunsen burner lit. The strangest thing happens while forever alone. A king must step out or no one will step out forever." (Frederick, 1216-1221)*

In Fredrick's experience, others have made big declarations but have not proven it through actions. This suggests Frederick has been let down by others in the past and has now grown to distrust people's unfounded words. As a result of this abandonment and in attempts to survive, thrive and succeed, he develops a defence mechanism, cutting himself off emotionally and physically, resulting in a hardened heart and a core belief of being alone and self-reliant. During moments of solace Frederick details that a strange internal process occurs, where the self: spirit and soul, becomes '*illuminated'* and awakened. Reference to the fire and bunsen burner, suggests the burning of old and emergence of new, similar to that of a phoenix overcoming adversity, which could suggest *'the king'* emerging brave and triumphant in overcoming psychological distress. Frederick goes on to encapsulate his poems meaning;

> *"The main output from psychological distress is the loneliness…and that loneliness comes in every single format…it's intrinsically linked to something missing in the soul… loneliness in the heart, I feel like love's missing, loneliness in my environment,*

sometimes you feel like you're flying against the wind… So that, to me, is where I would

say I feel pain." (Frederick, 1234-1243)

"Eventually you only have yourself…you will be faced in life many times over, where

it's just you sitting in a room…you can have a family, you can have a partner…but you

will still be having singular issues all throughout your life, so…it's just trying to fill the

parts that are missing within you, so that when you do exist in your own space, you

don't spiral into depression, you can just navigate through your problems." (Frederick,

1256-1261)

For Frederick, the main trait of psychological distress is loneliness, which emerges in every facet of his life. Loneliness implies loss, abandonment and sadness, which Frederick locates in his soul and heart, suggesting feeling unloved and a lack of belonging/connection, which can result in low self-esteem. Frederick's vulnerability is further explained through metaphor, *"Flying against the wind"* represents a battle of the elements against him, which is a painful process to endure alone and unsupported.

According to Frederick, the most difficult times are often experienced in isolation. Irrespective of friends and family, Frederick believes he only has himself, as "*Singular issues"* implies others may not understand. Frederick deals with psychological distress by identifying and filling the missing aspects, implying unhealed and incomplete. In becoming complete/whole, he may no longer feel alone (even if by himself) and is better equipped to navigate problems, preventing psychological distress/depression, without reliance on others.

Malcom details vulnerability and abandonment by the world/society;

"I couldn't imagine a day where I don't walk out of my door and could just breathe.

Knowing someone I know, will be part of the murder scene, victim or perpetrator,

either way someone will be on the TV screen." (Malcolm, 1162-1164)

This quote illustrates the inconceivable notion of Blackness and safety being synonymous. Malcolm's apprehension of stepping outside of his door, suggests feeling helpless/powerless, unsafe/unprotected and mistrust navigating through society as a Black man. Inability to breathe, is reminiscent of the unlawful murder of George Floyd, suggesting that he feels persecuted and victimised by society, without form of protection (like an abandoned child). Malcolm implies he lives his life in a state of anxiety, waiting for bad news.

4.8.2 Subordinate-Theme Two: The Masked Man

Yeshua's drawing depicted a man with an ambiguous facial expression and several entangled colourful lines within his head, culminating into a big grey cloud hanging over him;
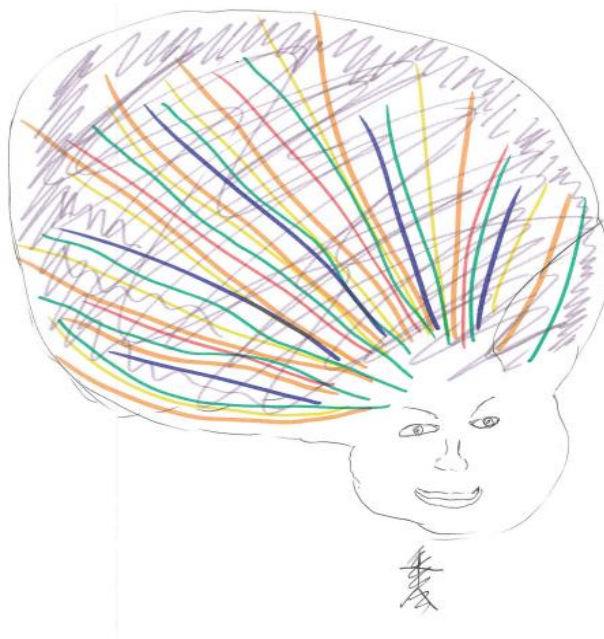
Figure 1.

"The mask…obviously the saying don't judge a book by its cover, you don't really know what people are going through, you could have the smiliest of faces, and have all this happening at the same time…that's what I guess psychological distress means to me, like on the superficial side, what you see…but when you start going into someone's mind … you'll see the busyness, confusion that occurs on a day-to-day basis" (Yeshua, 1034-1044)

Yeshua describes psychological distress as an internalised lack of clarity, located in the mind, masked by a smiley superficial exterior. This implies disparity between his internal and external presentation, with the mask serving as a shield and performative component to external factors. The *'day-to-day'* occurrence of psychological distress suggests that Yeshua presents as superficial more often than sincere and could infer difficulties in trusting or speaking to others about his concerns. Despite this, there appears to be a desire from Yeshua to be truly seen, as he supplicates the importance of not making judgments based at face value, but rather to adopt a process of curiosity, inquiry and deeper exploration, to better understand what lies beneath the surface.

Participant Nat's illustration depicts a crowned authority figure with several outlines and an emanating energy force, standing above/over a mass of people;

Figure 2.

"The outskirts of someone's body, is a blue ray…a perception that's been…put onto you. So that's your outer coat, that's what they think they see…it's a barrier… and then the outline, which is drawn in more of a pencil form, is actually yourself which has been ignored". (Nat, 1410-1418)

"My illustration is to show that, there's different ways to be viewed as a person…So even if someone thinks they know you, you could decide to go completely opposite" (Nat, 1426-1429)

"The thousands of people that think they know me but I'm actually not friends with any…what I hold dearly…is the choice of free will, is my brain and my heart but nobody knows that. That's something that no matter how much I might put it out, you still will not know me." (Nat, 1450-1456)

By not describing the figure as a depiction of himself, suggests Nat may have felt defensive during the interview and attempted to create a distance from his creative expression of psychological distress. This also speaks to the illustration created, as he detailed people being made-up of several layers; an internal true-self, which is often ignored, implying a lack of interest and an external coat of armour, placed upon you by others. This suggests, people quicker accept the image they perceive you to be, rather than accepting your true self (drawn in pencil and easily erased), and/or that Nat embodies this image, as a barrier and way to keep others out (serving as a self-fulfilling prophecy of being ignored/misunderstood).

Unlike Yeshua, Nat does not desire for others to see beneath his surface, going '*completely opposite'* implies an unpredictable shift in behaviour/manner and the embodiment of different archetypes. This is interpreted as Nat's attempt to protect himself from psychological distress or judgments and maintain a sense of freedom, control, and power, *'the best form of gift a human's ever been given is the choice of free will'.*

4.8.3 Subordinate-Theme Three: The Wise Man

Malcolm's trail of thought shows a desire to understand himself and his positionality in the world, in light of his ancestral/historical past;

> *"You've asked me what it takes to be a black man, you're basically asking me what it takes to be me. What did I throw down to plant this tree? Who do I believe in and to what do I take the knee? The truth is, I will never be able to tell you anything because that's what I've always been, it's all I seen." (Malcolm, 1159-1162)*

> *"I often make a choice and try to listen to my inside voice but really, I'm playing with the few cards' life allowed me to have.* Who gave me them? I thought it was my father, but the truth is, it goes way further. *This was built before I was born and will last way after I'm gone. The only thing I can do is make a mark and show people while I was there that I played my part." (Malcolm, 1164-1169)*

Malcolm referencing himself as a tree, implies planting seeds to lay the foundations for growth and grounding himself in the world as a Black man. Referencing taking a knee, is representative of people kneeling in solidarity for a cause. Malcolm suggests that he himself, as a Black man, is the cause (which is forever under persecution) and all he has ever known himself to be.

Malcolm speaks about reliance on his internal voice for guidance, implying trust and self-confidence to guide and navigate the world and psychological stressors. However, the reality of being dealt '*few cards*' in life, suggests an undesirable hand, a lack of choice and control. Malcolm's questioning of the card's origins, represents his desire to seek wisdom and truth and uncovers trans-generational hardships and disadvantages. Although not explicit, it can be implied that oppressive institutional structures predate his existence and will outlive him. This suggests a belief that equality and change will not be attained during his lifetime. Despite this, his quote speaks to his pioneering spirit, as he desires to leave a tangible mark, proving to

others that he played his part, attempting to impact and create a collective change for future generations, like his forefathers.

Haile recognises individual differences and perspectives;

> *"Everyone's different, I can't treat someone the way…I would carry myself. They have their own issues, points of view…I have mine…sometimes we'll clash, sometimes you may take on the other one's point of view". (Haile, 1090-1095)*

Haile implies the saying, treat others how you would like to be treated, is outdated and unsustainable, due to various beliefs and realities, which can result in conflict/clashes. Haile engenders social awareness and empathy in attempts to unify people. By accepting nuanced world views and not having expectations of others, allows for positive change, understanding, knowledge and can reduce potential distress.

4.8.4 Subordinate-Theme Four: The Role of God

Cecil's poem redefines his relationship with God, worship and the world, in light of his psychological distress;

> *"No hands exalted, no praise leaping from my lips. How odd, how peculiar; I have redefined worship in my own image, abstract… Growth, understanding, God finds herself impaled and resurrected; Extolled through the lens of my curiosity, Or rather via my necessity." (Cecil, 2188-2195)*

> *"I do see it as worshipping God…I'm really finding a new way to see the world and reality…so that's why I say 'Worship' which is my percept of God, perceiving God has now become my healing." (Cecil, 2206-2209)*

Consistent with his interview, Cecil's idiosyncratic experience of worship delineates from the norm; implied as loud and expressive (similarly to masculine characteristics). Instead, it takes his '*abstract*' form which delineates from contained realism. This highlights Cecil's desire to be undefined by concrete structures or constructs, which is reiterated when referencing God as female. God '*impaled*', suggests the process of '*growth*' and '*understanding*' is painful, impacting and deeply penetrating, however resurrection suggests a rebirth of old to new perspective. Worshipping and connecting with God in an abstract way has allowed Cecil a new perspective and reality of the world, which in turn has allowed for his healing. The role of God is interpreted as loving, nurturing, compassionate and forgiving, thus psychological distress requires these qualities for Cecil's healing and growth.

Haile's four segment diagram (God, anxiety, people and responsibility) depicting psychological distress, emphasised the important role of God;
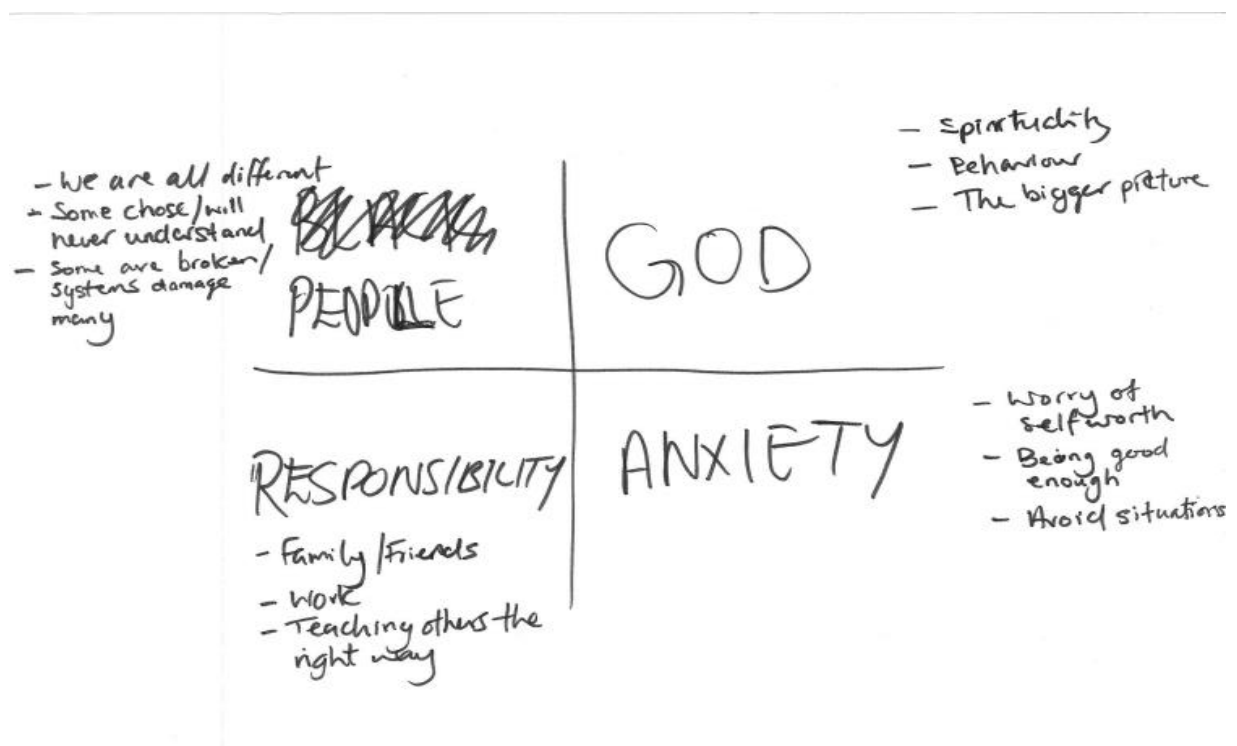
Figure 3.

"Even though I have faith in God, the anxiety is how do I… use what I learn from God to drive me through life when life is so crazy and people are living a whole different way to what God wants us to live. My responsibility is how do I teach the right way without me preaching… I learn Godly wisdom but people might not wanna hear that." *(Haile, 1082-1088)*

"If I live my life the way God would want me to, maybe everything else would become a lot easier to manage." (Haile, 1101-1102)

Despite faith in God, Haile experiences anxiety implementing God's teachings when navigating a *'crazy'* life, which may be a synonym for psychological distress. Haile feels responsible and obligated to teach others "*Godly wisdom*" in *"the right way"*, despite potential resistance if done incorrectly, causing Haile further anxiety and fear of potential consequences.

Haile's second quote implies he does not currently live according to God's will and desire, as he struggles with psychological distress, believing stressors would be easier to navigate and control if he did. This however negates causality and external factors outside of his control i.e., people.

4.9 DIARY EXCERPTS

Diary Extract 1

My first interview was with Cecil, a neuro-divergent male with both ASD and ADHD. He had a beautiful way of framing his experience of psychological distress. He explained that he visualised his experiences in his mind's eye, however his tendency to go off on tangents and need to recount things sequentially made the conversation challenging to follow. His preoccupation with dates, times, and exact wording, combined with his own narrations and interpretations, was fascinating (he displayed a double-hermeneutic process with himself) but also made me think, "*I'm going to have to transcribe all of this verbatim!",* resulting in a 2.5-hour interview!! (It was the longest of all 8).

I had to interject several times to steer him back to the question, but each time I did, I could sense it disrupted his flow. I noticed his deep inhales, the way he shifted in his seat, and how he apologised for '*rambling'* or '*going off on one*' as he tried to be more succinct. It felt like a block, in being able to express himself authentically, and I couldn't help but wonder if it created a rupture in our dynamic? As a result, I found myself avoiding asking follow-up questions or digging deeper into more interesting parts of what he was saying, simply because I didn't want him to lose track again.

I felt guilty for interrupting him, knowing that Black men are rarely given the space to fully vocalise their experiences. Reflecting on it now, I wish I'd validated him more in those moments. Learning from my first interview, I realise how much I need to improve navigating these sensitive moments in future interviews.

Diary Extract 2

Today I reflected on a comment that stood out to me, regarding positionality in the world. Participant Malcolm, shared his experiences of Blackness across different countries and his perspective really challenged my own assumptions.

In Nigeria, Malcolm explained that "*everyone is Black*," so cause for psychological distress and feelings of despair isn't racism or discrimination, but rather structural constraints, linked to systemic oppression, that limit opportunities and result in collective sense of '*hopelessness*'.

In contrast, Malcolm described the UK as "*snaky*" and "*a lie*," which for him was "*exhausting*" as people's actions don't align with their words. This he said created an environment of covert discrimination and micro-aggressions, which caused him doubt and confusion about where he stands. He also expressed doubts that White people, are even aware they are perpetuating unconscious bias, stemming from a deep-seated, internalised racism.

But in Germany, Malcolm felt different. He said there's "*no bullshit*" as discrimination is overt and race-related, which, strangely, makes it easier for him to navigate. There's an honest acknowledgment of his positionality, and because of that, he felt more in control of how he responds to it.

At first, I was surprised that Malcolm preferred Germany over Nigeria. I had assumed he'd lean toward Nigeria, where his heritage connects him to the collective experience. But then I realised, my preference was based on a desire for community, while Malcolm seemed to prioritise the practical side of things; economic opportunities and an awareness of his social position. In Germany, he seemed to feel more empowered, even if the discrimination was more obvious. How Malcolm navigated his Blackness in relation to different cultures, seemed to be a preference, where he could confront discrimination head-on, rather than an environment where it's hidden and unspoken.

This conversation really pushed me to reflect on my own biases and assumptions about where

I feel 'at home'. It's not always about heritage or being part of a collective; sometimes, it's about the space where you feel most empowered to exist. This got me thinking about the difference between surviving and thriving. In Malcolm's case, survival in Nigeria seems limited by financial and structural constraints, whereas in Germany, despite overt racism, he seemed to thrive, because he knew what to expect and could better navigate his environment. It's was a powerful reminder, that how we respond to various circumstances shapes our experience of life. Whether we merely survive or actively thrive.

Diary Extract 3

An interaction that stood out was with Frederick, a man in his late thirties who shared themes of being misunderstood, masculinity, aggression, and control. He was open and vulnerable at first, but something in the dynamic shifted when I left the room, giving him space to complete his creative expression, with regards to psychological distress.

When I returned, I asked him about his creative piece, however Frederick seemed to take on the role of the interviewer, which confused me, as I couldn't pinpoint what had changed? He directed me, "*Have a look at it yourself, what comes to mind?*". This might have been his way of testing whether I, as a professional, truly understood him. A theme he'd touched on earlier. But I interpreted his tone as guarded and abrasive, and as an attempt to regain control. It felt like countertransference and mirroring his lived experiences, of others perceiving him as angry, when he's simply trying to express himself and be understood. He then said, *"I don't think anyone's probably challenged you… I'm more curious about what comes to mind when you see this?"* His interesting use of the word "challenge" made me think he felt tested during the interview and wanted me to experience the same.

I was careful not to project my own assumptions onto his creation, and was aware of my wilfulness to 'concede' in this power-play, but after weighing the situation, and the double-hermeneutic process, I decided to offer my interpretation of his work. Thankfully, it resonated

with him and pushed the discussion forward.

In hindsight, I realise it had to do with the power dynamics at play. As the interviewer, I'm meant to guide the conversation through prompts or Socratic questions, which may have left him feeling somewhat exposed, especially in relation to his accounts of control and masculinity. This experience taught me a lot about the ebb and flow of power dynamics in interviews. It highlighted the importance of allowing participants to feel empowered and in control of their own narratives, and how shifts in power can subtly change the course of the conversation.

Diary Extract 4

Today's interview with Garvey was challenging, and I was acutely aware of my negative judgments towards him. His experience of psychological distress largely revolved around breakdowns in interpersonal relationships, but his passive-aggressive generalisations about women were hard to overlook. Comments like *"you women always..."* and "*One thing about women is..."* felt offensive and ignorant, especially coming from him, a man, speaking directly to me, a woman. I couldn't help but feel uneasy, as it seemed he was projecting his frustrations onto me. His anger and resentment, especially when discussing past events, made me feel on edge, which in turn made it harder to empathise with him. I found myself guarded, focusing more on his hostility rather than the deeper emotions at play.

Looking back, I missed an important moment to pause and address what I was observing. I should have stopped the interview, acknowledged his dysregulated emotional state, helped him to ground, and ask if he was ok to continue. Instead, I let it continue, thinking it was just his way of expression. In hindsight, I see how some Black men (particularly those who carry unhealed trauma), may express distress; through anger and defensiveness, rather than sadness or grief. This can make it harder for others to offer empathy, as the outward behaviour of aggression or defensiveness, often overshadows what's being left unsaid. It's a reminder

of how emotions can be misunderstood when expressed in ways that don't fit societal expectations.

I also noticed Garvey's tendency to redirect the interview, often saying, "*Well, let me answer it like this instead…*" or seeking validation by asking "*what would you do, if you were me?*", I found myself thinking, "*You're not answering how I would like!*" But I know that's not the point of IPA!!! The aim isn't for me to direct the conversation in the way I want, but rather bracket my biases (as much as consciously possible) and allow the participant's voice to take precedent. Again, this highlighted the countertransference at play; how my own discomfort and need for control were influencing my perceptions of him and the interview process.

Reflecting on this, I see the need to better regulate and manage my internal emotional responses in future interviews, especially when faced with anger or defensiveness. I need to remember that these emotions often stem from deeper, unprocessed pain and not necessarily from the participant's intent to challenge or disrespect me.

4.10 Summary of Findings

In summary, participant accounts revealed a complex interplay of racial, cultural, and societal pressures against which to understand their experience of psychological distress. They expressed difficulties navigating tensions between race and heritage within a predominantly white society, alongside cultural expectations of masculinity, whilst not always having a conscious awareness of how this may perpetuate psychological distress. On top of this, emerged narratives of collective and intergenerational trauma, which shaped their identity and mental health. The stigma around mental health, coupled with institutional and cultural mistrust, also made help-seeking difficult. Thus coping mechanisms, seemed to mask deeper psychological pain they could not always articulate, although some challenged societal structures and sought to prioritise their well-being, by seeking therapeutic provisions and alternative support networks.

While conscious discourse (what is described and contextualised) framed the majority of participant experiences, unconscious/latent aspects such as biases, unacknowledged trauma, cognitive dissonance and emotional repression, also offered a deeper understanding of the UK Black males experiences in this study. Within the research, free-association and creative expression were employed to encourage participants to reflect and explore areas they may not have thought about consciously.

Alongside unconscious processes is what may have deliberately remained unsaid. Things such as, fears around vulnerability, difficulty articulating or contextualising experiences, power dynamics, social desirability bias and stigmas. Within the study, the use of open-ended, Socratic questions/prompts, were methods employed to elicit further information. Attending to Yardley's (2000) principles for quality, ensuring confidentiality, anonymity and consent, as well as building rapport, created a safe, trusting and comfortable environment, encouraged participants to open up about their experiences.

The untold and unconscious layers of Black male's experience of psychological distress in the UK, is multifaceted and rooted in complex intersections of race, culture, identity, social structures, and historical trauma. To uncover these dimensions within qualitative research (and in accordance with IPA), remaining reflexive throughout the research process is essential. Staying attuned to the implicit aspects of communication that might otherwise go unnoticed, were uncovered through the double hermeneutic analytic process. This required cultural sensitivity, which in turn allowed participants to explore their experiences in-depth, without fear of judgment. This allowed the researcher to gain rich insight into the phenomena of psychological distress for Black British men, and reflect on the complexities of human behaviour and thought.

CHAPTER 5: DISCUSSION

5.1 Chapter Overview

This chapter presents a summary of the findings, with emergent themes being explored in relation to pre-existing literature, serving to position the present study and its contributions. The strengths, limitations and quality are then evaluated, before offering recommendations for future research. Consideration is given to the studies implications and significance to Counselling Psychology practice and theory, before concluding with a final reflection.

This IPA research explored *'What are Black Males lived experience of psychological distress in the UK?',* yielding four superordinate themes:

1. *'Conceptualisation & Construction of Psychological Distress'*, detailing how Black men learnt, understood and made sense of psychological distress.
2. *'Through His Eyes'*, detailing their idiosyncratic experiences of psychological distress and how they addressed it.
3. *'The Degradation of the Black Form'*, detailing causal factors that predispose, precipitate and perpetuate psychological distress.
4. *'The Black MANnerism'*, detailing characteristics and mannerisms of African-Caribbean men and how they present and position themselves within society.

The second part of their experiences captured through creative expression, saw the emergence of a single theme:

1. *'Aspects of Self'*, detailing the physical, emotional, mental, and spiritual aspects of the self, integral to one's self-esteem, self-perception, identity and well-being.

5.2 Conceptualising Findings In Relation to Previous Literature

5.2.1 Understanding and Making Sense of Psychological Distress

Participants engaged in a process of conceptualisation and construction to better understand their psychological distress. This emerged within three domains: how they initially learnt about psychological distress, initial reactions towards psychological distress and beliefs formed.

All participants recounted 'learning of psychological distress' during younger and adolescent years, through family, friends and media depictions, however it appeared little was done in the way of direct teachings and transparent dialogue, which is in line with Bailey's findings (2020) on help-seeking. Rather their constructions and conceptions evolved through social learning theory (Bandura, 1977), observing the effects on others within close proximity. This is similar to McManus et al's (2016), findings on psychological distress prevalence affecting 1-in-6.

One participant recounts his mother's struggles with anxiety and questions whether his hypervigilance has stemmed from her. This could be explained through epigenetic tags; proposing trauma and distress can change genetic structures and be passed onto off-spring (Bohacek et al, 2013; Kellermann, 2013; Braga et al, 2012; Yehuda et al, 2005). Alternatively, hypervigilance can be internalised fears and caution due to systemic societal failures to protect Black males (Keating & Robertson; Kautt, 2010).

Of those who experienced distress first-hand, there appeared to be confusion regarding its onset or influence, with one participant reflecting having *'grown accustomed' (pg.57)*, before external interventions intervened. This speaks to notions proposed by Alvidrez et al (2008); Walker (2016) and Williams (2018), of Black men's assumed ability to endure more stressors compared to others. Moreover, participants acknowledged their distress at a late stage or point of crisis, which has been a common theme in studies exploring help-seeking and implementing interventions concerning well-being (Oliffe & Phillips, 2008; Memon et al, 2016; Wallace et al, 2016).

Black UK males 'Initial reactions and beliefs' was hesitation of the unknown, as the concept of psychological distress *'didn't make sense' (pg.60).* Participants frequently located the phenomena within the mind, believing it to be symbolic of trauma, delusions or missing elements, impacting the psychological perceptions of self, others and the world. Participants distinction and dichotomy between physical (body) and mental health (mind), with the former requiring a tangible, pragmatic approach and the latter deemed as something they *"don't have any control over" (pg.59),* highlights men's solution-focused tendencies, constructing phenomena logically and as a problem that needs fixing *"I felt compelled to kind of read up more and stuff" (pg.60)*, here, problem focused coping strategies are used to understand psychological distress (Tamres et al, 2002). Similarly, Descartes' doctrine, conceptualised the mind and body as distinctly autonomous, with interactions not deemed significant to account for causality of illness or distress. This could be argued, as a form of colonised Black body and mind through alignment to Eurocentrism (Fanon, 1952) and neoliberalism; whereby marginalised groups are pushed into 'problem solving' or 'self-help' to save costs (Becker et al, 2021). Duncan (2000) and Hawthorne (2007) argued in favour of more unitary concepts as well as poet and civil rights activist Audre Lorde, who famously wrote *"The white fathers told us, "I think, therefore I am." The Black mother within each of us—the poet—whispers in our dreams: "I feel, therefore I can be free".* This speaks to differential belonging of the White and Black body; whereby mere thought is reality for the White male. Black males' difficulty to understand the non-tangible, denotes a disconnect from body, making room for the implementation of creative expression, found to help Black men connect with their body and somatic responses to distress (Burrowes, 2019; Campbell & Gaga, 1997; Van De Kolk, 2014).

However other participants deemed psychological distress as something to steer clear of, ascribing labels such as '*weird*' and '*crazy*' *(pg.62)*, like findings by Bailey (2020) and Rose et al (2007). It can be assumed that such beliefs and reactions towards psychological distress makes it harder for UK Black males to identify and accept, for fear of being labelled as such.

This maintains a stigmatising cycle resulting in discrimination and prejudice, that can directly impact individuals' self-esteem, as studies by Fennell (2006) and Kousoulis (2019) found. Fear of the unknown is also reminiscent of embedded racist stereotypes during slavery, where Jim Crow's caricature portrayed an alleged epithet of Black men, who were deemed 'crazy Black men' and something to avoid (Hook, 2004; Wilkins et al, 2013). In reference to the findings this could be a form of internalised racism whereby participants have created distance, connected to struggle, symbolic of McLeod and Owens (2004) 'Double-Disadvantage'.

5.2.2 Personal Experiences and Approaches Towards Psychological Distress

Through his eyes, explores participant's subjective experiences within four domains: 'triggers' of distress, 'undesirable emotions' accompanied with distress, 'Unhelpful coping strategies and consequences' and adaptive coping strategies helping manage distress.

'Through his eyes', echoed sentiments highlighted by British author, poet and podcaster, Owusu, whose debut novel 'That Reminds Me' (2019a), is a 5-section, coming of age chronicle, of a young man's transition from childhood into adulthood. Exploring the build-up of a mental breakdown and the various psychological struggles he encounters surrounding masculinity, belonging, addiction, sexuality, violence, trauma, family and religion.

Participants spoke on developing greater awareness of mental health with age, life experiences and the ability to conceptualise and articulate themselves better (Habermas & Paha, 2001). Participants' awareness of 'triggers' or precursors to psychological distress were symbolic of issues surrounding identity and perceived attacks on their person, or abilities. One participant's appearance likened his father; this comparison, to an undesirable, abusive caregiver, triggered anger and aggressive reactions, resulting in a self-fulfilling cycle and core fear of becoming like him. Fonagy & Target (1995), proposed that inability to mentalise or develop a secure psychological self, through the relationship with parents (his father), could

result in violence towards self and others, in an attempt to destroy intolerable intra-psychic pain. This also links to studies that shown Black males were raised without fathers are prone to aggression and psychological distress (Paschall et al, 2003; Rodney & Mupier, 1999).

Participants whose distress was triggered due to loss of control/lack of choices, feelings of inferiority or inability to impress the opposite sex, demonstrates gender-role-conflict (O'Neil, 2015), as attempts to execute masculine ideologies and gender-role norms, did not produce desired results. This suggests discrepancy and internalised conflict between their real-self, which is observed by others and deemed insufficient and their internalised ideal-self, which they unsuccessfully embody (O'Neil, 2015). By not meeting own or others expectations, results in further self-devaluation and psychological distress (Hayes & Mahalik, 2000, Zamarripa et al., 2003). One participant details almost *'shutting down'* when he felt he didn't have any options, *'As a man, all we ever have is stone cold choices' (pg.63).* Another participant recalled a traumatising *'PTS moment'* when he found himself *'battling with my ego… I'm trying to prove that I can keep her longer than it's expected' (pg.64).* This rigid criticality implies a failure in role fulfilment (Boyd-Franklin et al, 2000; Wade, 1996) and unsuccessful hegemonic displays of power and dominance (Courtenay, 2000). Studies linked this to increased psychological distress, suggesting to reduce distress, masculinity needed to be reconstructed (Emslie et al, 2006), as discussed by Rameswari's (2021) UK study exploring Black British males, journey to 'whole self'.

'Unhelpful Behaviours and Consequences' highlights the impact of maladaptive behaviours, maintained and perpetuated through 'Undesirable Emotions', which continues to destabilise the UK Black males in this study. Of these undesirable emotions, many participants spoke of experiencing anger and engaging in unhelpful aggressive behaviours such as punching walls and causing arguments, consequently overshadowing the real issues beneath such overt expressions and causing further conflict within interpersonal relationships. The functionality of anger which notifies people of boundary crosses, implies Black males feel as though their

boundaries are frequently crossed; paired with aggression, highlights that some participants struggled to process, navigate or assertively express boundaries and intense emotions. This is in keeping with Campling's (1989) findings regarding heightened emotional arousal impacting the Bronca area, associated with language, causing a type of aphasia in triggered individuals.

Anger and aggression can also be symbolic of other psychological wounds, such as sadness or depression, or biologically linked to the fight, flight, freeze mechanism, in response to perceived threat (Donahue, 2020). A study by Andrews et al (2019) found links between social-anxiety and displays of aggression as a defence, or Karantzas's (2019) cross-sectional study who found anxious-attachment and defensive 'fight' in the form of aggression.

The study found that consequences of psychological distress were physically embodied, through health issues, taking the form of shingles, sickle-cell crisis attacks and alopecia. This correlates with previous studies such as Masse (2000), who identified one of six idioms of psychological distress, being somatisation. Haftgoli et al's (2010) study of primary-care patients, also found mental disorders such as anxiety, depression and other psychological stressors were frequently masked and associated with physical complaints. Similarly, Campling (1989) found Black men who struggled to express/process trauma, led to internalising stressors and somatisation.

Participants from the study spoke about 'undesirable emotions' of hopelessness and having a 'sealed fate' paired with unhelpful behaviours of suicidal ideation with intent. One participant described "*I've been fighting all my life… very draining…something that's gonna take you eventually" (pg.66)* and *"I considered it … you know I used to think about it…would this all be forgotten?" (pg.72).* Ridner (2004), touches on these notions, stating, perceived inability to cope, was a common characteristic associated with psychological distress. Participants also detailed this within the context of their Blackness and the stressors they face, which can symbolise 'Racial Battle Fatigue', coined by critical race theorist, Smith (2014) suggests stress

responses emerging from constantly facing racially dismissive, demeaning, insensitive and/or hostile environments. Such hopelessness, fatigue and fatalistic emotions, should be closely monitored and considered, with regards to Black males' well-being and understanding distress as experienced by Black males, as the present findings support statistics suggesting Black males account for 26.9% compared to 19.2% of White and 12.8% of Asian counterparts (McManus et al, 2016).

Despite Black males in the study engaging in maladaptive behaviours which perpetuate distress, adaptive ways to manage were identified. A strong link that emerged throughout some transcripts related to faith and religious beliefs and the role it played in helping manage psychological distress (which also emerged in the creative expression sub-theme 'The role of God'). Health benefits from religious communities can be the sense of connection and establishing a sense-of-self within the framework of the world, therefore promoting purpose, meaning and resilience, similar to Smith (1981) and Hall (2019), who found that religious beliefs was a vital survival strategy within Black communities. Robinson et al (2018), also explored the Black Church's facilitation of gender-specific, spiritually sensitive and culturally relevant support, addressing the mental health and well-being of Black males.

Another helpful behaviour that emerged was, self-help books encouraging self-mastery and positive self-elevation. *"Everybody should have an alter-ego…like you feel you are the best in some aspects, so if someone brings you lemons…turn it into lemonade" (pg.68).* This relates back to the works of Okantah (2016) and Rameswari (2021), who proposed reformation and reconstruction of negative portrayals of Black identity and masculinity, could help Black men's mental well-being.

A theme highlighted across all transcripts was the use of therapy. Despite not being utilised by all, participants spoke on its importance and benefits in helping navigate mental health issues. All participants mentioned a desire to (re)engage and acknowledged that well-being is

not a quick-fix but a continual process of self-development. This differs from studies highlighting avoidance of services amongst Black males, but still highlights a delay, in help-seeking among men who see therapeutic benefits, but are yet to engage. Most participants mentioned wanting a culturally similar therapist, for culturally sensitive reasons (Memon et al, 2016), however those who had previously engaged with culturally dissimilar therapists stated, despite initial concerns, racial issues did not appear within therapy. However, it is questionable, whether race was acknowledged in relation to the participants psychological distress, or avoided and not welcomed into the space due to the therapists cultural incompetence or misinformed (Charura, 2011; Fernando, 2004; Moreno & Chhatwal, 2000) or perpetuation of the circle-of fear? (Keating and Robertson, 2004), which can serve to strain therapeutic relationships between culturally dissimilar pairings (Thompson et al, 2002). Those who initially viewed therapy negatively, spoke of gradual acceptance, implying a process of self-negotiation regarding biases and accepting the need to adapt and implement new strategies. However, this re-negotiation of held assumptions only emerged following significant deterioration of mental state/circumstances or at point of crisis (Akinkunmi, 2019) linking to findings by Morgan et al (2005) suggesting an average of six attempts to conceal distress by Black men before seeking help, implying psychological distress is often endured by Black males. This may be linked to their social positioning within the UK culture and its structural inability to safeguard, identify or support Black health sufficiently (The Mental Health Foundation, 2018; National Institute for Mental Health in England, 2022; Bains, 2010).

5.2.3 Causes of Psychological Distress

The degradation of the Black form, which formulates psychological distress arose in two domains: 'stereotypes and discrimination', 'social pressures and disadvantages.'

Concurrent with historically negative portrayals and tropes pertaining to Blackness (Hook, 2004; Tatum, 2002; Williams & Williams-Morris, 2000; Wilkins et al, 2013), Black UK males

reported that stereotyping, i.e. perceived as aggressive, scary, intimidating, criminal or absent father, alongside discrimination, i.e. judged by the way they wear their hair, the type of music they listen to and suspicion when seen driving or obtaining nice things, are all contributory factors to experiencing psychological distress. Many participants made comparisons with other ethnicities in relation to socially held views, highlighting Black males receiving the less favourable representations compared to White, Asian and Jewish ethnicities. Making this differentiation implies different social perceptions, which impacts how they experience events and engagement within UK society. Thus, studies grouping 'BME' perspectives, or preferentially referencing holocaust, in relation to trauma, does not adequately capture the nuanced realities of the Black experiences in the UK. Black males reported that despite not subscribing to such stereotypes, it does make them feel persecuted, *"it's always a form of an oppressor" (pg.74)* and lead to feelings of irritation and anger, which can paradoxically personify the 'angry Black man' trope, where Williams & Williams-Morris (2000), found that 51% of a general survey thought Black people were prone to violence. Thus, resulting in Black men pacifying their true feelings and presenting in a socially acceptable way to the White UK majority, with one participant stating that if you are expressive, prison is often the consequence. This striking comparison ties in with statistics of disproportionate stop and searches or imprisonment of Black males (Census, 2021; Lammy, 2017)*.* This also aligns with literature detailing Black men's need to falsify emotions for acceptance and survival, i.e. Walker (2016) proposed Black men are often forced to adopt a non-threatening persona, the 'Cool Pose' (Majors & Billson, 1992) and wear a mask (Fanon, 1952), as one participant highlighted, people's ignorance led to him having to *"spend time to win them round" (pg.75).* Considering such stereotypes, participants spoke of needed change, however acknowledged that others do not show curiosity or desire an understanding of why or what, Black men may be experiencing, thus perpetuating cultural mistrust (Terrell & Terrell, 1981; Terrell et al, 2009).

Interestingly one participant spoke about the psychological impact of experiencing discrimination in different parts of the world. This links to in-group, out-group dynamics, and

feeling 'othered' or as if they don't belong (Osbourne et al, 2021; 2022). The participant's indirect reference to overt discrimination based on his Blackness (Prince et al, 2008), enabled him to gain better understanding of his positionality within different societies and what options were available, allowing for him to *"cut the bullshit" (pg.75)* and manage psychological stressors consciously and effectively. However, discrimination in the UK is described as covert, resulting in a process of self-doubt, questioning his manner and self-blame. This is important to note, as the controversial Sewell report (2021) in the UK, admitted to racism but denied institutional-racism. This participants experience wasn't focused on a specific event, more-so, the UK culture, implying the report may adopt a colour-blind approach to problems (Eddo-Lodge, 2018), where matters of discrimination and racial equality is given little consideration or significance (Altman, 2006; Greene, 1985; Campling, 1989). Institutional racism was present in Osbourne et al's (2021) UK study on Black students in a predominantly White institution, where Black students experiencing discrimination, micro-aggressions and stereotyping by White students determining who 'belonged'. Similarly, Pierce's (1974) reference Black people experiencing mini-assaults rather than gross racism, which has long-term effects on their well-being. This also has links to the 'Social death phenomenon' that references people who are considered unworthy of social participation and deemed hypothetically 'dead', with marginalised groups being more susceptible to this treatment. Interestingly, one may question the participants positioning of his experience in relation to the place he is happiest being Black; it did not appear to be the place where he was part of the majority/collective (Nigeria) and where race is not at the forefront of discrimination?

'Social pressures and disadvantages' in accordance with race served as factors causing further psychological distress in Black men. Since the Civil Rights Movement and the growth of Black middle class, Black people have begun venturing into predominantly 'White spaces' which may have previously been off limits or inaccessible i.e. schools, workplaces, restaurants or other public domains. Despite this shift, many White people still stereotypically associate

Black spaces with negative media portrayals of deprivation or danger, equating to lower-class and Whiteness with privilege, thus marginalised Black people are expected to explain their unexpected presence (Anderson, 2015). This was found to be the case with a participant who spoke of discomfort and perceived judgment in spaces he deemed as 'White', resulting in his avoidance a self-segregation from society.

Lack of access or support from services, saw the same participant take on the role of primary carer for his sick mother when he was younger. Her reliance on him causing him to miss out on schooling. Such pressures and disadvantages were similarly echoed by other participants who spoke on the positionality of children within Black households and the expectation for them to financially support their parents when older. This was deemed by some as a regressive mind-set in comparison to their White counterparts who are perceived as progressive and at a better social and financial advantage, allowing for investments and generational wealth over liabilities. This perspective aligns with Altman's US study (2006), where 75% of Black people believed they had fewer opportunities, compared to 60% of Whites believing they have the same opportunities. However, institutional racism, aims to maintain power structures among the White majority, subsequently making it difficult for Black males to thrive and succeed in the UK. Society's denial of its existence (Commission on race and ethnic disparities, 2021), therefore makes it hard for Black people to articulate and describe experiences and realities, as one participant details the difficulty quantifying and/or ascribing causality to something they know is present but cannot prove. This related to a study by Osbourne et al (2022), who explored UK White students' practice of acceptable racism; achieved by their privilege, diversion of responsibility and denial of its existence. This can lead to Black males' psychological stressors being overlooked or under-reported (The Mental Health Foundation, 2018; National Institute for Mental Health in England, 2022) and similarly, speaks on the phenomena of Social death, where you are not seen by society despite being a part of it.

Another regressive mind-set found within participants accounts was the inability to pull together as a collective and turning against each other in the form of Black-on-Black crime, whilst comparisons to other ethnicities/races' show an ability to unify towards a common goal. This links into literature pertaining to the traumatic residual effects of slavery where the Black unit was divided and conquered and internalised self-hate is projected onto others deemed less powerful or worthy (Jamison, 2020). Similarly, to negative internalisations, and representations, the study found almost all participants were disadvantaged due to absent fathers or poor parental relationships. For some, the fractured relationships were at the root of their psychological distress. These highlights, interpersonal relationships, and positive representations play an important role in the psychological well-being of Black men (Okantah, 2016; Rameswari, 2021), providing continuity, security and care, when the larger UK society does not have the same qualities in place for Black men. These structural issues predate the experiences of the Black males in this study, showing the continuation of inter-generational trauma and the cultural mistrust in UK ability to be sensitive towards the Black man's needs (Graff, 2014; Gump, 2010; Whaley, 2001).

5.2.4 Positionality

The Black MANnerism is positioned socio-culturally within three domains: Societal placement through 'Black masculinity', participants' needs and desires through 'acts of service' and the collective as 'Black and proud'.

Participants perceived Black masculinity as a burden, having to carry stereotypes, judgements and societal expectations with little to no room to deviate. Except for one participant who described Black masculinity as the epitome of strength. Even this however can hold negative connotations of unwavering resilience, perpetuates notions enforced by societal expectations that Black men can handle significant stressors, 'stay strong', not show vulnerabilities, push beyond their optimal level of functioning and not seek support, for fear of being seen as less

of a man (Alvidrez et al, 2008; Walker, 2016; Williams, 2018; Lindsey & Marcell, 2012). This places the onus on Black men, rather than addressing structures or making societal shifts to adequately contain the vulnerabilities and pressures of Black men (Freire, 1972). Further adding to the disproportionate psychiatric services statistics (Singh et al, 2001; Hickling, 2002; Bhui et al, 2003; Fernando, 2004; 2010) and little representation within therapy (McKenzie et al, 2001; Cooper et al, 2012; Lubian et al, 2016).

Stereotypes pertaining to Black resilience and the embodiment of extreme notions *"Black masculinity seems to be very simplistic…hyper masculinity, hyper sexuality" (pg.82)* and its performative nature *"you're gonna show it in the craziest way" (pg.83),* is similar to historically racist tropes, depicting Black males as highly sexed, dangerous monsters or thieves (Wilkins et al, 2013; Hook, 2004). Thus, Black men were forced to deconstruct their masculinity which had become targeted and stigmatised with false narratives and adopt a non-threatening persona (Walker, 2016). One participant, spoke about deviating from the homogenised Black male and adopting a less threatening persona, for one *"tinged…with like a homosexual vibe" (pg.83)*. He later detailed not subscribing to hyper-notions ascribed to alpha males. However this reconstruction of masculine identification, that deviates from hegemonic norms, leaves the Black male open to victimisation, from fellow Black people, who deem him as effeminate, and powerless, (Messerschmidt, 2019; Addis & Hoffman, 2017; Jamison, 2020) adding to statistics of Black-on-Black crime.

Acts of service, one of five love languages (Chapman, 2022), addresses one's attunement, attentiveness, and ability to hold someone in mind. During moments of distress participants' desired validation, empathy, love, peace and consistency. These nurturing and emotive values, typically aligns with socialised female roles and traits (Thompson & Bennette, 2017; Vogel & Heath, 2016). Suggesting that men who are expected to be less emotionally connected, expressive and vulnerable, experience psychological distress in its absence, despite benefitting as much as women from emotional disclosure, (Liddon et al, 2018).

Participant accounts imply, that in order to overcome psychological distress, they must tap into, or achieve a balance between masculine and feminine socialisations, rather than adopt the fixed nature of masculine roles. Connecting with 'being' (process), rather than 'doing' (content). Which is concurrent with Tamres et al's (2002) meta-analysis, findings of women using emotion-focused coping strategies, compared to males' problem focused coping strategies for stress (Holloway et al., 2018; Vogel, Wade & Hackler, 2008; Addis & Mahalik, 2003). However, this may be difficult to employ, due to the struggles of Black males to successfully reaching social markers of masculinity (O'Neil, 2015), due to racial disparities and lack of resources, power or opportunities, linking to 'double disadvantage' (McLeod and Owens, 2004).

Derived from the late James Brown, during a tumultuous time for race relations in 60's America, the theme 'I'm Black and I'm proud!' emerged, paying homage to those who stood up for Black rights, embodied power and explicitly advocated self-respect and dignity. Although one's Blackness has been demonised and used against them, resulting in psychological distress, participants spoke positively about Blackness helping them navigate their mental distress, "*Some people call it a curse but you have to come to know it as a gift*" *(pg.87).* Ruggs et al (2019) found the Black community acknowledged race to a greater extent, affirming race and reporting positive benefits, whereas racial acknowledgments were less effective for White participants. Helms & Cook (1999) found self-affirmed views and positive internalisation of Blackness created positive feelings and better therapeutic outcome. Similarly Pierre & Mahalik's (2005) study with 130 males, found African self-consciousness and Black racial-identity were predictors of psychological distress and self-esteem. Participants with greater internalisation of racial-identity reported higher self-esteem, whereas denigration of Black culture and immersion into White-culture had significant psychological costs for Black men.

5.2.5 Aspects of Self

Supporting Gump (2010) and Burrowes (2019) suggestions that creative expression serves as a vehicle for partial understanding of distress, Campbell & Gaga (1997) postulates the benefits of creative expression cultivated within a culturally-similar space; as the scientist-practitioner-advocate has critical-consciousness of cultural and systemic factors, affecting patients' content and attitudes. Participants reflected; *"It's kind of better to put things down so I can see what's going on" (Haile, pg.1080), "I'm really holding in something, something that's been opened" (Malcolm, pg.1176) and "it felt accurate to what, encapsulates the feeling, the emotion" (Frederick, pg.1250).* This saw the emergence of a new theme 'Aspects of self' not detailed within the semi-structured interviews or literature review. The four sub-themes were: 'The abandoned child', 'The masked man', 'The wise man' and 'The role of God' (Discussed earlier within the section 'helpful behaviours').

The abandoned child emerged following Black men's accounts of feeling alone, unsupported, unsafe and unloved. This resulted in participants becoming self-reliant, defended and lacking trust after being let down by friends, family and society. Vulnerability appeared to be a matter of life and death for some participants, either emerging victorious based on their own volition or increased vigilance and fear of victimisation and assault (Keating & Robertson; Kautt, 2010). This barrier served to further isolate them making it harder to receive the love, connection and security they desire, fearing further loss and abandonment. A study by Taylor (2022) indicated that infrequent contact and diminished emotional closeness from family and friends were associated with higher levels of depression and serious psychological distress in African-Americans and Black-Caribbean's, with lack of emotional closeness found to be more harmful to one's mental health, compared to frequency. This indicates that both are needed as interventions to strengthen integration and connections among the Black community.

Another prevalent theme among Black males was 'The Masked Man', highlighting Black males' tendency to create separation between their internal truth and external presentation. This is similar to Harter (2006), who explored aspects and construction of self in relation to psychological distress; the 'I-Self', how someone sees themselves, based on past and present experiences, accomplishments and mistakes, shapes attitudes and values. The forever evolving, multi-faceted 'Me-Self', how others see you, based on engagement and influence on others and society. Finally, 'Ideal-Self', pertaining to how someone wants to be seen, fulfilling a role, desire, or purpose (Harter, 2006). The hidden and defended nature of the 'I-self' among Black males, safeguards perceived vulnerabilities, however this coping strategy may create cognitive dissonance as studies found psychological distress arose if aspects of self are fragmented, lacking coherence and consistency (Swann & Bosson, 2008; Habermas & Paha, 2001). The external presentation of the 'me-self' is reminiscent of Majors and Billson (1992) 'Cool Pose', a defence mechanism employed during slavery, masking inner turmoil with outer confidence, strength and happiness. This suggests people in marginalised groups, can't afford the emotional predisposition of vulnerability, thus must armour up with defensiveness or resilient, which is counterproductive, feeding into the narrative that Black males are able to endure more stress, pain and adversity, resulting in a lack of empathy towards internal struggles. Fanon (1952), suggests that the masking of the Black man and the adopting of a colonial mind-set, is a survival mechanism, to pacify their being, in order to strive and thrive within a colonial space, However he argues, it is not the Black man's responsibility to adapt thus maintaining institutionally racist structures, as much as it is or the colonial space and mind-set to make the needed space for Black men's vulnerabilities and lived realities.

'The wise man' addresses Black men's curiosity for knowledge growth and progression among the collective and towards one's individual purpose. Participant's existential enquiry shows awareness of things that have gone before and their desires to leave a legacy in/on the world despite factors that keep psychological distress at bay. This links to works on

transgenerational influences and biological links to epigenetics (Grills, 2012; Graff, 2014; Anderson, 2005).

5.3 Attending to Quality

As detailed within the methodology chapter, Yardley's (2000) four dimensions/principles to evaluate quality in research have been maintained throughout.

5.4 Limitations

As with all studies, this study is not without its limitations and areas of improvement. This research did not intend to hypothesise, theorise or generalise themes to a larger participant group, however it does provide transferability and scope to make inferences about the experience of psychological distress. Additionally, it can be hard to ascertain a concise, universal descriptor and definition of psychological distress, which can make it hard to implement transferability.

External factors, outside of the researchers control; namely, Covid-19 pandemic, presented limitations in the study. Face-to-face contact was discouraged by government policy, resulting in some interviews being conducted virtually via Zoom, web-link. The double-hermeneutic process acknowledges the role of researcher and co-creation of reality, IPA also considers the importance of context of interviews, thus the lack of personal connectivity, may have a negative impact on interaction, co-creation of reality and may have impeded the researcher's ability to identify social/environmental cues and body language.

Participants had a choice of interview locations, but most were conducted at the researcher's place of work, within a psychiatric hospital. This clinical setting could have served as a barrier for some, who may hold negative perceptions of institutions such as mental health services and/or clinicians due to the historical abuse of power.

The researcher being a female could also present as a possible limitation, as some Black males may not be open to expressing vulnerabilities or experiences, for fear of judgement, stigmas or stereotypes.

5.5 Strengths and Implications

This study offers several strengths and contributions to the Counselling psychology discipline. The researcher's methodological and epistemological positionality in conjunction with the explored phenomena, identified gaps in literature, allowing for novel and pioneering findings to contribute to Counselling psychology literature. Despite several studies pathologising and exploring causality of mental ill health, this study provides subjective accounts into eight UK Black male's experience of psychological distress, allowing for a more personalised understanding of how the intersection of race, gender and mental health in the UK, are perceived within historical, social and cultural contexts. The researcher's IPA approach perceives language is a tool that precedes and shapes experience (Willig, 2008), however acknowledges language alone may not adequately capture an experience, or construction of the phenomena. Thus, this study welcomed the curation of creative expression, offering a unique perspective of how black men interpret and encapsulate the phenomena, using a medium of their choice, adding to the richness and rigour of data. Although findings are not generalisable, participant accounts, offers transferability and makes steps towards a better understanding of this marginalised and under-researched group.

Psychiatry and therapy models has its roots in fundamentally flawed, beliefs and perceptions in relation to Blackness, resulting in Black men underutilising of services due to; difficult access pathways, stigma, cultural mistrust, incompetency etc. In efforts to accurately represent and meet the needs of the society we serve as Counselling psychologists, action must be taken to challenge discriminatory and oppressive structures, starting with decolonising psychology practice (Charura, 2011; Fernando, 2017; Grills, 2006; Mckenzie-Mavinga, 2016). It was

identified that NICE guidelines do not have a secondary-care audit, pertaining to diversity to ensuring equality is upheld, meaning there are no measures to ensure matters of race are adequately explored and implemented within care-plans, and formulations. This essential audit should be upheld and established as mandatory in clinical practice.

Incorporating better systemic, psychological and culturally informed therapies and non-westernised theories, modalities and interventions, e.g. African Psychology, can also help Black males address distress, as evidence suggests racial socialisation and positive acculturation to heritage reduces psychological distress and trauma (Pierre & Mahalik, 2005). As a result, trust and collaborative healing can establish itself between a marginalised UK population and health services and prevent 'circle-of-fear' (Keating & Robertson, 2004).

Findings from this study can help enhance cultural competency and sensitivities among therapeutic practitioners and clinicians, in better supporting Black males currently or are yet to utilise services. This in turn will cultivate a space for honest emotional expression. It is particularly important to acknowledging the power dynamics that often arise within therapeutic settings, as many of the studies participants spoke about difficulty losing or giving up control and agency, thus the Implementation of creative expression can serve as another tool to help Black men conceptualise and construct experiences better, as well as take control of how they connect with emotions, in a safe, progressive, empowering and liberating way. The study also found Black masculinity plays an important part in navigating and conceptualising psychological distress, with many Black males reaching crisis before acknowledging or addressing it. Thus, therapy that encapsulates and implements masculine norms, through theories and interventions (Seidler et al, 2018), may encourage engagement in a space that does not emasculate them, but rather encourages vulnerability, reframing help-seeking as a strength, towards receiving support and guidance. It also highlights a need for easier pathways to access help, e.g. advertisements within frequented Black spaces, funding culturally specific programmes etc.

Wider implications for the study can extend to other institutions, such as government, policing, social services, primary-secondary healthcare, and community projects. Statistics show clear disparities, discrimination, and injustice that disadvantage Black men and maintain psychological distress. Thus, an urgent call for governmental policy reform is needed to restore trust, safety, and well-being among Black males. Participant accounts suggest their lived experiences differ from other ethnicities, highlighting the importance of curating and establishing specific reforms and services, geared towards specific ethnic groups, rather than generalised to groups referred to as 'BME'. Participant accounts pertaining to vulnerability, fear and isolation, should also encourage social services to explore safeguarding measures, adequate protection and better observations of the Black males they may encounter, especially as finding imply Black males often shield their concerns, through resilience and self-reliance.

Participant's accounts touched upon racial profiling, negative media portrayals and representation. Thus, more needs to be put in place to reform how Black males are depicted and perceived. Projects such as 'The smiling boys Project' created by Adekunle Rufai (2019), recognise a lack of concern surrounding the mental well-being of Black boys in society. Adekunle, proposes the disproportionate stop and searches, psychiatric detainments and profiling of Black males, is as a direct by-product of negative portrayals, serving to reinforce notions of criminality and deviance being associated to the Black identity. His mission is to restore the humanity in Black boys, by creating a counter narrative that supports Black males mental health and challenge the way people see them in society, through positive images and representation of 'Black boy joy' Rufai, holds space within society for Black males to express themselves freely without fear of persecution. Likewise, this study hopes to offer a counter narrative, from pathologising and monolithic portrayals of Blackness. The accounts derived from this study can also aid UK Black males identify potential stressors within the UK, encouraging and allowing for earlier interventions and access of resources.

5.6 Future Research

Given the gaps and neglect within research pertaining to UK Black men, continued exploration is encouraged, as no single qualitative approach illuminates human experience entirely (Willig, 2013). This study endeavoured to produce rich and novel findings using interviews and creative expression and IPA's adequate exploration into individuals' experiences. However other methodologies and methods such as focus-groups could encourage deeper discussion and allow for transparency and a healing space among Black men experiencing similar issues. Implementing empirical evidence alongside one's experiences, through mixed methods can also strengthen findings and make significant contributions to the Counselling Psychology field.

This study identified social structures, stigma, racism and other prejudices, as precipitating and maintaining factors to psychological distress, thus a social constructionist perspective and methodological approach of FDA, could explore the dominant discourses which exists within the UK. Alternatively, the social constructionist perspective and methodological approach of DA could explore the construction of language among the Black diaspora, within social, cultural and political contexts. This could generate new and alternative understanding to their meaning making of reality.

Future research can also expand to explore Black perspectives of psychological distress, in relation to other intersectionality, such as younger/older ages, various socio-economic backgrounds, religion, sexuality etc.

Studies with this population and topic are limited, thus these potential changes can offer perspectives through a different lens, make significant contributions and increase transferability.

5.7 Personal Reflexivity

This journey shone a light on my own experience of psychological distress. Depression and anxiety negatively impacted my behaviour and physical well-being, but also provided me with an opportunity to see where my thoughts wandered during these moments. It surrounded doubt, fear of failure and had prevalent intersections with race; the importance of succeeding as one of few Black psychologists within a White space, being a positive Black representation for others, doing justice to the narratives of my Black male participants, deep rooted desires to not let my ancestors struggles be in vain and leaving a mark as one of few among my family to reach this far. Addressing this through therapy enabled me to be mindful of the difficulties my participants may face discussing vulnerabilities and distress with a stranger and enabled me to approach the interview process and analysis with consideration and empathy. Participants' openness, honesty and vulnerability let me into the world/realities of eight UK Black males, leaving me with a deep sense of sorrow for the societal pressures facing them to freely express emotions and just be and love and respect for their resiliency. As although society often places male patriarchy at the top of the hierarchy, this is not the case for the Black male.

The double-hermeneutic approach, which saw findings emerge, as a product of my own interpretation of participants' meaning making and construction of experiences, required me to remain reflexive and conscious, throughout the analytic process, so as not to be influenced by previous literature findings, but to remain close to the experiences presented before me. Emerging findings supported existing literature and shed light on experiences and perspectives that have not been highlighted before. Themes that I assumed would be present were not, themes I hope would not be perpetuated were and some new themes that I did not anticipate arose, highlighting once again that the Black experience cannot be boxed into a monolithic structure.

I hope to share my findings to clinicians in conferences, talks/seminars and publish my works, to shed light on eight UK Black males' experiences of psychological distress, in hopes of

generating dialogue pertaining to mental health among this marginalised group. As Socrates famously said "An unexamined life is not worth living" and Black men's life matters.

5.8 Summary and Conclusion

Historically literature shows men as less likely to admit or seek help for distress, despite higher suicidality rates. Black males specifically, are over-represented in psychiatric services with many admitted at acute stages of distress or under a mental health section. However, are under-represented in therapeutic services, suggesting they are not getting the help or support needed to understand or manage their well-being effectively. Thus, this study delves deeper into established hypotheses and theories and gain better understanding of how these circumstances are experienced, understood and addressed subjectively. UK Black males' experiences with psychological distress, is of great importance to literature, as this group is often poorly represented, thus insight into their realities will help further our understanding of the multi-cultural society we live in.

This study aimed to access insight into how eight UK Black males experience psychological distress. A review of existing literature found scarce qualitative research available, therefore the current study provides a space for this under-researched homogeneous group to give a voice to their experience, serving to validate their realities, by being listened to and represented within literature and research to provide further understanding to the larger society in which they are positioned.

The study found that not all Black men had a clear understanding of psychological distress, often positioning it in the mind, despite also experiencing it somatically. There was not much discussion about mental health in their earlier years, thus learning arose through, observation, via friend, family or media, or when they themselves experienced it first-hand. Triggers arose through systemic oppressions, prejudice and discrimination; experienced via racism, stigmatisation, stereotyping and negative representation, preventing Black men from thriving

socially and reinforcing a 'social-death'. Problematic Interpersonal relationships, also served as stressors for Black males, with difficulty communicating, due to presenting a mask and engaging in maladaptive behaviours. Four Black men had previously engaged in therapy, however described difficulty in acknowledging or accepting help, as resources and access are not readily available or culturally appropriate serving to perpetuate mental health conditions. Expression of Black masculinity in the UK is often constructed through racist and supremist ideologies embedded and perpetuated within society. The double-disadvantage, of being Black with mental health, paired with social expectations of masculinity, placing Black men in a precarious position, as emotional expression is deemed aggressive, not 'man enough' or weak, thus serving to further emasculate and disempower Black men from surviving and thriving. Creative expression, also aided findings, as 'Aspects of self' highlighted Black males relationships to spiritual beliefs, the tendency to hide ones true self, feelings of abandonment; rooted in earlier experiences and the desire for change, knowledge and growth, allowing for the study to provide the Counselling psychology profession with new opportunities for learning and giving unapologetic space for Black males experiences.

"And herein lies the tragedy of the age:

Not that men are poor, -All men know something of poverty.

Not that men are wicked, -Who is good?

Not that men are ignorant, -What is truth?

Nay, but that men know so little of men."

-Du Bois

REFERENCES

Abeloff, M.D., Armitage, J. O., Lichter, A. S., & Niederhuber, J. E. (2000). *Clinical Oncology (2nd ed.)*. Churchill Livingstone.

Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *The American Psychologist, 58*(1), 5–14. https://doi.org/10.1037/0003-066X.58.1.5 PMID:12674814

Akala. (2018). Natives: Race and Class in the Ruins of Empire. London: Two Roads.

Akinkunmi, S. (2019). Young black males' attitudes towards therapy. In M. McIntosh, H. Nicholas, & A. H. Huq (Eds.), *Leadership and diversity in psychology: Moving beyond the limits* (pp. 47–59). Routledge., https://doi.org/10.4324/9780429432606-4

Alexander, C. E. (2000). Black masculinity, in Owusu, K. (ed.), *Black British Culture and society: A text reader*, London: Routledge, pp. 373-384.

Allen, M., Bromley, A., Kuyken, W., & Sonnenberg, S. J. (2009). Participants' experiences of mindfulness-based cognitive therapy: "It changed me in just about every way possible". *Behavioural and Cognitive Psychotherapy, 37*, 413–430. https://doi.org/10.1017/S135246580999004X PMID:19508744

Altman, N. (2006). Whiteness. *The Psychoanalytic Quarterly, 75*, 45–72. https://doi.org/10.1002/j.2167-4086.2006.tb00032.x PMID:16482960

Alvidrez, J., Snowden, L. R., & Kaiser, D. M. (2008). The experience of stigma among Black mental health consumers. *Journal of Health Care for the Poor and Underserved, 19*(3), 874–893. https://doi.org/10.1353/hpu.0.0058PMID:18677076

Anakwah, N., Sumampouw, N. E. J., & Otgaar, H. (2023). Cultural Aspects of Interviewing. In *Interviewing and Interrogation: A Review of Research and Practice Since World War II* (pp. 177-192).

Anderson, E. (2015). The white space. *Sociology of race and ethnicity*, *1*(1), 10-21.

Andrews, L. A., Brothers, S. L., Sauvé, J. S., Nangle, D. W., Erdley, C. A., & Hord, M. K. (2019). Fight and flight: Examining putative links between social anxiety and youth aggression. *Aggression and violent behaviour*, *48*, 94-103.

Aronson, J. (1995). A pragmatic view of thematic analysis. *Qualitative Report, 2*(1), 1–3.

Attia, M., & Edge, J. (2017). Be(com)ing a reflexive researcher: A developmental approach to research methodology. *Open Review of Educational Research, 4*(1), 33–45. https://doi.org/10.1080/23265507.2017.1300068

Awosan, C. I., Sandberg, J. G., & Hall, C. A. (2011). Understanding the experience of Black clients in marriage and family therapy. *Journal of Marital and Family Therapy, 37*, 153–168. https://doi.org/10.1111/j.1752-0606.2009.00166.x PMID:21457281

Bagnoli, A. (2009). Beyond the standard interview: The use of graphic elicitation and arts-based methods. *Qualitative Research, 9*(5), 547–570. https://doi.org/10.1177/1468794109343625

Bailey, N. V. (2020). A qualitative study to explore the help seeking views relating to depression among older black Caribbean adults living in the UK [Unpublished doctoral thesis]. University of East London.

Bains, S. (2010). Racism as a Trauma. *Anti-discriminatory practice in counselling and psychotherapy*, 23-32.

Ball, J. (2021). Windrush generation: Who are they and why are they facing problems? - BBC News. Retrieved from https://www.bbc.co.uk/news/uk-43782241

Bandura, A., & McClelland, D. C. (1977). *Social learning theory (Vol. 1).* Prentice Hall: Englewood cliffs.

Banister, P., Dunn, G., Burman, E., Daniels, J., Duckett, P., Goodley, D., . . . Whelan, P. (2011). *Qualitative methods in psychology: a research guide (Second)*. Open University Press.

Barclay, S. (2024). *An exploration of Black boys' experiences of exclusion from school* (Doctoral dissertation, University of Essex & Tavistock and Portman NHS Foundation Trust).

Baumann, G. (1996). *Contesting culture: Discourses of identity in multi-ethnic London (Vol. 100)*. Cambridge University Press.

Becker, J. C., Hartwich, L., & Haslam, S. A. (2021). Neoliberalism can reduce well-being by promoting a sense of social disconnection, competition, and loneliness. *British Journal of Social Psychology*, *60*(3), 947-965.

Benzeval, M., & Judge, K. (2001). Income and health: the time dimension. *Social science & medicine*, 52(9), 1371-1390.

Bhugra, D. (2011). Acculturation, cultural identity and mental health. In D. Bhugra & R. Cochrane. (Eds.), *Psychiatry in multicultural Britain* (pp. 112-136). London: Gaskell.

Bhugra, D., Watson, C., & Wijesuriya, R. (2022). Culture and mental illness. *Oxford Textbook of Social Psychiatry*, 83.

Bhui, K., Stansfeld, S., Hull, S., Priebe, S., Mole, F., & Feder, G. (2003). Ethnic variations in pathways to and use of specialist mental health services in the UK. Systematic review. *The British Journal of Psychiatry, 182*, 105-116. https://doi.org/10.1192/bjp.182.2.105 PMID:12562737

Billingsley, A., & Billingsley, A. T. (1968). *Black families in white America (Vol. 10)*. Englewood Cliffs, NJ: Prentice-Hall.

Bohacek, J., Gapp, K., Saab, B. J., & Mansuy, I. M. (2013). Transgenerational epigenetic effects on brain functions. *Biological Psychiatry, 73*, 313–320. https://doi.org/10.1016/j.biopsych.2012.08.019 PMID:23062885

Bond, T. (2015). *Standards and ethics for counselling in action*. *Standards and Ethics for Counselling in Action*, 1-352.

Boyd-Franklin, N., Franklin, A. J., & Toussaint, P. A. (2000). *Boys into men: Raising our African American teenage sons*. Dutton/Penguin Books.

Braga, L. L., Mello, M. F., & Fiks, J. P. (2012). Transgenerational transmission of trauma and resilience: A qualitative study with Brazilian offspring of Holocaust survivors. *BMC Psychiatry, 12*(1), 134. https://doi.org/10.1186/1471-244X-12-134 PMID:22943578

Braun, V. & Clarke, V. (2013). *Successful Qualitative Research: A Practical Guide for Beginners.* London: Sage.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101. https://doi.org/10.1191/1478088706qp063oa

Burrowes, A. (2019). *Post Traumatic Slave Syndrome A Literature Review on African American Community Healing and Expressive Arts Therapy. Expressive* Therapies Campstone Theses.

Bush, J. P., & Radecki-Bush, C. (1995). *Seeking Help from a Psychologist: Demographic and Symptom Variables*. New York, NY.

Cacas, J.M., & Corral, C.V. (2000). Multicultural counselling. In A.E. Kazdin (Eds) Encyclopedia of psychology (Vol.5, pp 337-339). Washington, D.C.: American Psychological Association.

Cameron, S. C., & Wycoff, S. M. (1998). The destructive nature of the term race: Growing beyond a false paradigm. *Journal of Counselling & Development, 76*(3), 277–285.

Campbell, J., & Gaga, D. A. (1997). Black on Black art therapy: Dreaming in colour. *Feminist approaches to art therapy,* 216-227.

Campbell-Stephens, R. M. (2021). Introduction: Global Majority Decolonising Narratives. *Educational Leadership and the Global Majority: Decolonising Narratives*, 1-21.

Campling, P. (1989). Race, Culture and Psychotherapy. *The Psychiatrist,13*(10), 550–551.

Carey, L. (2006). *Expressive and creative arts methods for trauma survivors*. Jessica Kingsley Publishers.

Census (2021). Office for national statistics. Retrieved from Census news - Office for National Statistics (ons.gov.uk)

Census (2023). Office for national statistics. Retrieved from Census news - Office for National Statistics (ons.gov.uk)

Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis.* Sage.

Charura, D. (2011). 18 The effects of an African heritage. *The Handbook Of Transcultural Counselling And Psychotherapy*, 209.

Charura, D., & Lago, C. (2021). *Black identities+ white therapies: Race, respect+ diversity*. PCCS Books.

Charura, D., & Al-Murri, B. (2024). Racial trauma. *Reimagining Race in Psychology: Challenging Narratives and Widening Perspectives in Training and Practice*, 73.

Chefetz, R. A. (2000). Affect dysregulation as a way of life. *The Journal of the American Academy of Psychoanalysis, 28*(2), 289–303. https://doi.org/10.1521/jaap.1.2000.28.2.289 PMID:10976425

Chittleborough, C. R., Winefield, H., Gill, T. K., Koster, C., & Taylor, A. W. (2011). Age differences in associations between psychological distress and chronic conditions. *International journal of public health*, *56*, 71-80.

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J. S., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine, 45*(1), 11–27. https://doi.org/10.1017/S0033291714000129PMID:24569086

Collins, R. L. (2000). Among the better ones: Upward assimilation in social comparison. *Handbook of social comparison: Theory and research*, 159-171.

Collinson, D., & Hearn, J. (1994). Naming men as men: Implications for work, organisation and management. *Gender, Work & Organisation, 1*(1), 2–22.

Comas-Díaz, L. (2016). Racial trauma recovery: A race-informed therapeutic approach to racial wounds. In *The cost of racism for people of colour: Contextualising experiences of discrimination.* (pp. 249-272). American Psychological Association.

Cooper, C., Spiers, N., Livingston, G., Jenkins, R., Meltzer, H., Brugha, T., McManus, S., Weich, S., & Bebbington, P. (2012). Ethnic inequalities in the use of health services for common mental disorders in England. *Social Psychiatry and Psychiatric Epidemiology, 48*(5), 685–692. https://doi.org/10.1007/s00127-012-0565-y PMID:22893107

Courtenay, W. H. (2000). Constructions of Masculinity and Their Influence on men's well-being: A theory of gender and health. *Social Science & Medicine, 50*(10), 1385–1401. PMID:10741575

Cousins, S. (2019) Overcoming Everyday Racism: Building Resilience and Wellbeing in the Face of Discrimination and Microaggressions. London: Jessica Kingsley Publishers.

Crawford, J., Nobles, W. W., & Leary, J. D. (2003). Reparations and Health Care for African Americans: Repairing the Damage from the Legacy of Slavery. *Should America pay,* 251-281.

Creadick, T. A. (1985). The role of the expressive arts in therapy. *Journal of Reading, Writing, and Learning Disabilities, 1*(3), 55–60. https://doi.org/10.1080/0748763850010310

Creswell, J. W., Poth, C. N. (2018). Qualitative inquiry and research design. *Choosing among five approaches*. Sage publications.

Crilly, N., Blackwell, A. F., & Clarkson, P. J. (2006). Graphic Elicitation: Using Research Diagrams as Interview Stimuli. *Qualitative Research, 6*(3), 341–366. https://doi.org/10.1177/1468794106065007

Darder, A., and Torres, R. (2003). Shattering the 'race' lens: towards a critical theory of racism. In A. Darder, R. Torres and M. Baltodano (eds), The Critical Pedagogy Reader (pp. 245–61). New York: RoutledgeFalmer

Darko, J. (2021). Using inclusive language around vaccine hesitancy. *The British Journal of General Practice, 71*(706), 221–221. https://doi.org/10.3399/bjgp21X715817 PMID:33926876

Davey, M. P., & Watson, M. F. (2008). Engaging African Americans in therapy: Integrating a public policy and family therapy perspective. *Contemporary Family Therapy, 30*, 31–47. https://doi.org/10.1007/s10591-007-9053-z

Degruy-Leary, J. (2017). Post-traumatic slave syndrome: America's legacy of enduring injury. *Portland, OR: Joy DeGruy Publications Inc*.

De'Souza, O. H. (2011). Masculinity. Retrieved October 17th, 2024. Access at: http://photomonitor.co.uk/portfolio/masculinity-project/

Donahue, J. J. (2020). Fight-flight-freeze system. *Encyclopaedia of personality and individual differences*, 1590-1595.

Drapeau, A., Marchand, A., &; Beaulieu-Prévost, D. (2012). Epidemiology of psychological distress. *Mental illnesses-understanding, prediction and control*, 69, 105-134.

Drobniewski, F., Kusuma, D., Broda, A., Castro-Sanchez, E., & Ahmad, R. (2022). COVID-19 vaccine hesitancy in diverse groups in the UK-is the driver economic or cultural in student populations. *Vaccines*, 10(4), 501.

Duncan, G. (2000). Mind-body dualism and the biopsychosocial model of pain: what did Descartes really say?. *The Journal of medicine and philosophy*, 25(4), 485-513.

Duncan, L. E. (2003). Black Male College Student's Attitudes Toward Seeking Psychological Help. *The Journal of Black Psychology, 29*(1), 68–86. https://doi.org/10.1177/0095798402239229

Eatough, V., & Smith, J. A. (2017). Interpretative phenomenological analysis. *The Sage handbook of qualitative research in psychology*, 193-209.

Eddo-Lodge, R. (2018). *Why I'm No Longer Talking to White People about Race*. Bloomsbury Publishing.

Emslie, C., Ridge, D., Ziebland, S., & Hunt, K. (2006). Men's accounts of depression: reconstructing or resisting hegemonic masculinity?. *Social science & medicine, 62*(9), 2246-2257.

Estrella, K. (2005). Expressive therapy: An integrated arts approach. *Expressive therapies, 183*-209.

Fagring, A. J., Kjellgren, K. I., Rosengren, A., Lissner, L., Manhem, K., & Welin, C. (2008). Depression, anxiety, stress, social interaction and health-related quality of life in men and women with unexplained chest pain. *BMC Public Health, 8*(1), 165. https://doi.org/10.1186/1471-2458-8-165PMID:18489751

Fairchild, H. H. (2017). What is Africana psychology? *Black Lives Matter: Lifespan Perspectives, 3.*

Fanon, F. (1952). *Black skin, white masks (1952-French)*. Pluto Press.

Faugier, J., & Sargeant, M. (1997). Sampling hard to reach populations. *Journal of Advanced Nursing, 26*(4), 790–797. https://doi.org/10.1046/j.1365-2648.1997.00371.x PMID:9354993

Fennell, M. (2006). *Overcoming Low Self-Esteem: Self-Help Program.* London: Constable and Robinson.

Fernando, S. (2004). *Cultural diversity, mental health and psychiatry: The struggle against racism.* Routledge. https://doi.org/10.4324/9780203420348

Fernando, S. (2010). *Mental Health, Race and Culture (3rd ed.)*. London: Palgrave Macmillan. https://doi.org/10.1007/978-1-137-01368-2

Fernando, S. (2017). *Institutional racism in psychiatry and clinical psychology.* London: Palgrave Macmillan. https://doi.org/10.1007/978-3-319-62728-1

Fernando, S., & Keating, F. (2008). *Mental health in a multi-ethnic society: A multidisciplinary handbook*. Routledge.

Finlay, L. (2008). Reflecting on 'Reflective practice'. Practice-Based Professional Learning Centre. Retrieved May, 05, 2021. Available at: http://www.open.ac.uk/cetl-workspace/cetlcontent/documents/4bf2b48887459.pdf

Fonagy, P., & Target, M. (1995). Understanding the violent patient: The use of the body and the role of the father. *The International Journal of Psycho-analysis*, *76*(3), 487.

Fredrickson, G. M. (2015). Racism. *In Racism*. Princeton University Press.

Freire, P. (1972). *Pedagogy of the Oppressed*. United Kingdom: Penguin Books.

Fryer, P. (1984). *Staying power: The history of Black people in Britain.* London: Pluto Press.

Fryer, P. (2021). *Black people in the British Empire.* London: Pluto Press

Fuchs, C. (2021). Cornel west and Marxist humanism. In *Foundations of Critical Theory* (pp. 191-226). Routledge.

Galdas, P. M., Cheater, F., & Marshall, P. (2005). Men and health help-seeking behaviour: Literature review. *Journal of Advanced Nursing, 49*(6), 616–623. https://doi.org/10.1111/j.1365-2648.2004.03331.x PMID:15737222

Gaston, G. B., Earl, T. R., Nisanci, A., & Glomb, B. (2016). Perception of mental health services among Black Americans. *Social Work in Mental Health,14*(6), 676–695. https://doi.org/10.1080/15332985.2015.1137257

Gelso, C. J. (1993). On the making of a scientist-practitioner: A theory of research training in professional psychology. *Professional Psychology, Research and Practice, 24*(4), 468–476. https://doi.org/10.1037/0735-7028.24.4.468

Gergen, K. J. (2001). Social construction in context. *Sage*.

Gibbons, F. X., O'Hara, R. E., Stock, M. L., Gerrard, M., Weng, C. Y., & Wills, T. A. (2012). The erosive effects of racism: Reduced self-control mediates the relation between perceived racial discrimination and substance use in African American adolescents. *Journal of Personality and Social Psychology, 102*(5), 1089–1104. https://doi.org/10.1037/a0027404 PMID:22390225

Glaser, B. G., & Strauss, A. L. (2017). *The discovery of grounded theory: Strategies for qualitative research*. Routledge.

Goring, N., Beckford, B., & Bowman, S. (2020). The Windrush Scandal. *European Journal of Law Reform, 22*(3), 267. https://doi.org/10.5553/EJLR/138723702020022000004

GOV.UK (2020). The Lammy Review: Final Report (2017). Accessed Lammy review: final report - GOV.UK (www.gov.uk)

Commission of Race and Ethnic Disparities (2021). The report of the Commission on Race and Ethnic Disparities. Retrieved from Welcome to GOV.UK (www.gov.uk)

Graff, G. (2011). Everything has changed, but nothin' has changed: shame, racism, and a dream deferred. *The Journal of Psychohistory, 38*(4), 346.

Graff, G. (2014). The intergenerational trauma of slavery and its aftermath. *The Journal of Psychohistory, 41*(3), 181–197. PMID:25630191

Graham, M., & Robinson, G. (2004). "The silent catastrophe" institutional racism in the

    British educational system and the underachievement of Black boys. *Journal of Black*

    Studies, *34*(5), 653-671.

Greene, B. A. (1985). Considerations in the treatment of Black patients by White

    therapists. *Psychotherapy, 22*(2), 389–393.

Grier, W. H., & Cobbs, P. M. (2000). *Black Rage.* Wipf and Stock Publishers.

Griffith, E. H., Harris, H. W., Blue, H. C., & Griffith, E. E. (1995). *Racial and ethnic identity:*

    Psychological development and creative expression. Routledge.

Grills, C. (2002). African-centred psychology. *Counselling persons of African descent*, 10-23.

Grills, C. (2012). Advancing African-centred psychology theory, epistemology, and

    praxis. *International Journal of Psychology, 47*, 703-703.

Grills, C. T. (2006). African Centred Psychology Strategies for Psychological Survival & v

    Wellness. Accessed Microsoft PowerPoint - London Talk 2 REV DAY 2 (baatn.org.uk)

Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research.

    Handbook of qualitative research, 2(163-194), 105.

Gump, J. P. (2010). Reality Matters: The Shadow of Trauma on African American

    Subjectivity. *Psychoanalytic Psychology, 27*(1), 42–

    54. https://doi.org/10.1037/a0018639

Habermas, T., & Paha, C. (2001). The development of coherence in adolescents' life

    narratives. *Narrative Inquiry*, *11*(1), 35-54.

Haftgoli, N., Favrat, B., Verdon, F., Vaucher, P., Bischoff, T., Burnand, B., & Herzig, L.

    (2010). Patients presenting with somatic complaints in general practice: Depression,

    anxiety and somatoform disorders are frequent and associated with psychosocial

stressors. *BMC Family Practice, 11*(1), 67. https://doi.org/10.1186/1471-2296-11-67 PMID:20843358

Hall, D. (2019). Black Theology and the Care of the Soul, Mind, and Body: Reading African American Theology from a Black British Perspective. *T&T Clark Handbook of African American Theology*, 391.

Harper, D., & Thompson, A. R. (2011). *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners*. John Wiley & Sons.

Harter S. (2006). The self. In Eisenberg N. (Ed.), Damon W., Lerner R. M. (Series Eds.), *Handbook of child psychology, (Vol. 3): Social, emotional, and personality development* (pp. 505–570). New York, NY: Wiley.

Hawthorne, J. (2007). Cartesian dualism. *Persons: Human and divine*, 87-98.

Hayes, J. A., & Mahalik, J. R. (2000). Gender role conflict and psychological distress in male counselling centre clients. *Psychology of men & masculinity*, 1(2), 116-125.

Helms, J. E., & Cook, D. A. (1999). *Using race and culture in counselling and psychotherapy: Theory and process*. Boston: Allyn & Bacon.

Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence--from domestic abuse to political terror*. Hachette UK.

Hewitt, G. (2020). The Windrush scandal: An insider's reflection. *Caribbean Quarterly, 66*(1), 108–128. https://doi.org/10.1080/00086495.2020.1722378

Hickling, F. W. (2002). The political misuse of psychiatry: an African-Caribbean perspective. *The journal of the American Academy of Psychiatry and the Law*, 30(1), 112-119.

Hirsch, A. (2018). *Brit(ish): On Race, Identity and Belonging*. London: Jonathan Cape.

Hirsch, A. (2023). Decolonising my body: *A Radical Exploration of Rituals and Beauty*. London: Square peg.

Holdstock, L. T. (2013). *Re-examining psychology: Critical perspectives and African insights.* Routledge. https://doi.org/10.4324/9780203446751

Holloway, K., Seager, M., & Barry, J. A. (2018). Are clinical psychologists, psychotherapists and counsellors overlooking the needs of their male clients? *Clinical Psychology Forum, 69*(307), 15–21. https://doi.org/10.53841/bpscpf.2018.1.307.15

Hooks, B. (2004). *We real cool: Black men and masculinity*. Psychology Press.

Houle, J., Mishara, B. L., & Chagnon, F. (2008). An empirical test of a mediation model of the impact of the traditional male gender role on suicidal behaviour in men. *Journal of Affective Disorders, 107*(1-3), 37–43. https://doi.org/10.1016/j.jad.2007.07.016 PMID:17707084

House of Commons, House of Lords, (2021). *Black people: Racism and human rights.* Joint Committee on Human Rights. Retrieved Black people, racism and human rights (parliament.uk)

Howitt, D., & Cramer, D. (2007). *Introduction to research methods in psychology*. Pearson Education.

Hoy, S. (2012). Beyond Men Behaving Badly: A Meta-Ethnography of Men's Perspectives on Psychological Distress and Help Seeking. *International Journal of Men's Health, 11*(3), 202–226. http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-treatment.pdfhttps://doi.org/10.3149/jmh.1103.202

Isacco, A. J., & Wade, J. C. (2017). A review of selected theoretical perspectives and research in the psychology of men and masculinities. In *Levant, R. F., & Wong, Y, The psychology of men and masculinities.* American Psychological Association.

Jacobs, E. A., Rolle, I., Ferrans, C. E., Whitaker, E. E., & Warnecke, R. B. (2006). Understanding African Americans' views of the trustworthiness of physicians. *Journal of general internal medicine*, *21*, 642-647.

Jamison, D. F. (2020). Book Review: The Psychology of Self-Hatred and Self-Defeat: Towards a Reclamation of the Afrikan Mind. *Journal of Black Psychology, 46*(8), 659–662. https://doi.org/10.1177/0095798420962254

Joffe, H., & Yardley, L. (2004). Content and thematic analysis. In D. F. Marks & L. Yardley (Eds.), *Research methods for clinical and health psychology* (pp. 56–68). Sage.

Karantzas, G. C., & Kambouropoulos, N. (2019). The role of attachment avoidance and defensive fight in aggression. *Journal of social and personal relationships*, *36*(5), 1476-1490.

Karlsen, S., & Nazroo, J. Y. (2014). Ethnic and religious variations in the reporting of racist victimisation in Britain: 2000 and 2008/2009. *Patterns of Prejudice, 48*(4), 370–397. https://doi.org/10.1080/0031322X.2014.951160

Kautt, P. (2010). Ethnic Variation in Crime-Related Experiences: A Statistical Comparison of Asian and Black Responses on the British Crime Survey 2001–2007. *Ethnicity and Integration: Understanding Population Trends and Processes: volume 3*, 251-268.

Kazdin, A. E. (2007). Mediators and mechanisms of change in psychotherapy research. *Annual Review of Clinical Psychology, 3*, 1–27. https://doi.org/10.1146/annurev.clinpsy.3.022806.091432PMID:17716046

Keating, F. (2021). Black men's conversations about mental health through photos. *Qualitative Social Work*, *20*(3), 755-772.

Keating, F., & Robertson, D. (2004). Fear, Black people and mental illness: A Vicious Circle?. *Health & social care in the community*, 12(5), 439-447.

Kellermann, N. P. (2013). Epigenetic transmission of Holocaust trauma: Can nightmares be inherited? *The Israel Journal of Psychiatry and Related Sciences, 50*(1), 33–39. PMID:24029109

Khan, M. S., Ali, S. A. M., Adelaine, A., & Karan, A. (2021). Rethinking vaccine hesitancy among minority groups. *Lancet, 397*(10288), 1863–1865. https://doi.org/10.1016/S0140-6736(21)00938-7 PMID:33894143

Khanna, N. (2010). "If you're half Black, you're just Black": Reflected appraisals and the persistence of the one-drop rule. *The Sociological Quarterly, 51*(1), 96–121. https://doi.org/10.1111/j.1533-8525.2009.01162.x

Kilmartin, C. (2005). Depression in men: Communication, diagnosis and therapy. *Journal of Men's Health & Gender, 2*(1), 95–99. https://doi.org/10.1016/j.jmhg.2004.10.010

King, A. (2001). *Demystifying the Counseling Process: A Self-Help Handbook for Counsellors.* Allyn and Bacon.

Kirkbride, J. B., Barker, D., Cowden, F., Stamps, R., Yang, M., Jones, P. B., & Coid, J. W. (2008). Psychoses, ethnicity and socio-economic status. *The British Journal of Psychiatry, 193*(1), 18–24. https://doi.org/10.1192/bjp.bp.107.041566 PMID:18700213

Kousoulis, A. (2019). *Prevention and mental health.* Mental Health Foundation.

Krauss, S. (2005). Research paradigms and meaning making: A primer. *Qualitative Report, 10*(4), 758–770.

Kung, H. C., Pearson, J. L., & Liu, X. (2003). Risk factors for male and female suicide decedents ages 15-64 in the United States. Results from the 1993 National Mortality Followback Survey. *Social Psychiatry and Psychiatric Epidemiology, 38*(8), 419–426. https://doi.org/10.1007/s00127-003-0656-xPMID:12910337

Larkin, M., Flowers, P., & Smith, J. A. (2021). Interpretative phenomenological analysis: Theory, method and research. *Interpretative phenomenological analysis*, 1-100.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology,3*(2), 102–120. https://doi.org/10.1191/1478088706qp062oa

Leff, J. (1977). The cross-cultural study of emotions. *Culture, Medicine and Psychiatry, 1*(4), 317–350. https://doi.org/10.1007/BF00116242 PMID:756357

Lemkey, L., Brown, B., & Barry, J. A. (2015). Gender distinctions: Should we be more sensitive to the different therapeutic needs of men and women in clinical hypnosis? Findings from a pilot interview study. *Australian Journal of Clinical Hypnotherapy & Hypnosis, 37*(2), 10-20.

Leventhal, H., Nerenz, D., & Steele. D.J (1984). Illness representations and coping with health threats. *Handbook of psychology and health. London*. (81)

Liddon, L., Kingerlee, R., & Barry, J. A. (2018). Gender differences in preferences for psychological treatment, coping strategies, and triggers to help-seeking. *British Journal of Clinical Psychology, 57*(1), 42–58. https://doi.org/10.1111/bjc.12147 PMID:28691375

Lindsey, M. A., & Marcell, A. V. (2012). "We're going through a lot of struggles that people don't even know about": The need to understand African American males' help-seeking for mental health on multiple levels. *American Journal of Men's Health, 6*(5), 354–364. https://doi.org/10.1177/1557988312441520 PMID:22457264

Lincoln, Y. S. & Guba, E.G. (2000), & Paradigmatic Controversies, Contradictions, and Emerging Influences;, in Handbook of Qualitative Research, eds N. K. Denzin, & Y. S. Lincoln, 2nd edn, *Sage Publications, Thousand Oaks*, pp. 163–188.

Lock, M. (1993). The concept of race: An ideological construct. *Transcultural Psychiatric Research Review, 30*(3), 203–227. https://doi.org/10.1177/136346159303000302

Lozano, R., Naghavi, M., Foreman, K., Lim, S., Shibuya, K., Aboyans, V., Abraham, J., Adair, T., Aggarwal, R., Ahn, S. Y., Alvarado, M., Anderson, H. R., Anderson, L. M., Andrews, K. G., Atkinson, C., Baddour, L. M., Barker-Collo, S., Bartels, D. H., Bell, M. L., . . . Memish, Z. A. (2012). Global and regional mortality from 235 causes of death

for 20 age groups in 1990 and 2010: A systematic analysis for the Global Burden of Disease Study 2010. *Lancet, 380*(9859), 2095–2128. https://doi.org/10.1016/S0140-6736(12)61728-0 PMID:23245604

Lubian, K., Weich, S., Stansfeld, S., Bebbington, P., Brugha, T., Spiers, N. Cooper, C. (2016). Mental health treatment and service use. Retrieved from http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-treatment.pdf

Majors, R., & Billson, J. M. (1992). *Cool pose.* New York: Lexington.

Mallinckrodt, B., Miles, J. R., & Levy, J. J. (2014). The scientist-practitioner-advocate model: Addressing contemporary training needs for social justice advocacy. *Training and Education in Professional Psychology, 8*(4), 303–311. https://doi.org/10.1037/tep0000045

Mantovani, N., Pizzolati, M., & Edge, D. (2017). Exploring the relationship between stigma and help- seeking for mental illness in African- descended faith communities in the UK. *Health Expectations*, *20*(3), 373-384.

Massé, R. (2000). Qualitative and quantitative analyses of psychological distress: Methodological complementarity and ontological incommensurability. *Qualitative Health Research, 10*(3), 411–423. https://doi.org/10.1177/104973200129118426 PMID:10947485

McGilloway, A., Hall, R. E., Lee, T., & Bhui, K. S. (2010). A systematic review of personality disorder, race and ethnicity: Prevalence, aetiology and treatment. *BMC Psychiatry, 10*(1), 33. https://doi.org/10.1186/1471-244X-10-33 PMID:20459788

McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity and Family Therapy.* Guilford Press.

McKenzie-Mavinga, I. (2009). *Black Issues in the Therapeutic Process*. Bloomsbury Publishing.

Mackenzie-Mavinga, I. (2016). *The challenge of racism in therapeutic practice: Engaging with oppression in practice and supervision*. London: Palgrave Macmillan.

McKenzie, K., Samele, C., Van Horn, E., Tattan, T., Van Os, J., & Murray, R. (2001). Comparison of the outcome and treatment of psychosis in people of Caribbean origin living in the UK and British Whites. Report from the UK700 trial. *The British Journal of Psychiatry, 178*, 160–165. https://doi.org/10.1192/bjp.178.2.160 PMID:11157430

Mclean, C., Campbell, C., & Cornish, F. (2003). African-Caribbean interactions with mental health services in the UK: Experiences and expectations of exclusion as (re)productive of health inequalities. *Social Science & Medicine,56*, 657–669. https://doi.org/10.1016/S0277-9536(02)00063-1 PMID:12570981

McLeod, J. (2011). *Qualitative Research in Counselling and Psychotherapy.* Sage.

McLeod, J. D., & Owens, T. J. (2004). Psychological well-being in the early life course: Variations by socioeconomic status, gender, and race/ethnicity. *Social Psychology Quarterly, 67*(3), 257–278. https://doi.org/10.1177/019027250406700303

Memon, A., Taylor, K., Mohebati, L. M., Sundin, J., Cooper, M., Scanlon, T., & de Visser, R. (2016). Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: A qualitative study in Southeast England. *British Medical Journal, 6*(11), https://doi.org/10.1136/bmjopen-2016-012337 PMID:27852712

Merleau-Ponty, M. (2008). *Phenomenology of Perception*. Routledge.

Messerschmidt, J. W. (2019). The salience of "hegemonic masculinity". *Men and masculinities*, *22*(1), 85-91.

Mims, S., Higginbottom, L., & Reid, O. (2005). *Post traumatic slavery disorder: Definition, diagnosis, and treatment.* Conquering Books.

Moreno, F. A., & Chhatwal, J. (2020). Diversity and inclusion in psychiatry: The pursuit of health equity. *American Psychiatric Publishing, 18*(1), 2–7. https://doi.org/10.1176/appi.focus.20190029 PMID:32047391

Morgan, C., Mallett, R., Hutchinson, G., Bagalkote, H., Morgan, K., Fearon, P., Dazzan, P., Boydell, J., McKenzie, K., Harrison, G., Murray, R., Jones, P., Craig, T., Leff, J., & the AESOP Study Group. (2005). Pathways to care and ethnicity. 2: Source of referral and help-seeking. Report from the AESOP study. *The British Journal of Psychiatry, 186*(4), 290–296. https://doi.org/10.1192/bjp.186.4.290 PMID:15802684

Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counselling psychology. *Journal of Counseling Psychology, 52*(2), 250–260. https://doi.org/10.1037/0022-0167.52.2.250

Murray, S. J., & Holmes, D. (2014). Interpretive phenomenological analysis (IPA) and the ethics of body and place: Critical methodological reflections. *Human Studies, 37*, 15–30. https://doi.org/10.1007/s10746-013-9282-0

Nickerson, K. J., Helms, J. E., & Terrell, F. (1994). Cultural Mistrust, Opinions About Mental Illness, and Black Students Attitudes Toward Seeking Psychological Help from White Counsellors. *Journal of Counseling Psychology,41*(3), 378–385. https://doi.org/10.1037/0022-0167.41.3.378

Nobles, W. W. (2013). Natural/man-made disaster and the derailment of the African worldview. *Journal of Black Psychology, 39*(3), 252-256.

Nobles, W. W. (2014). The destruction of the African mind: Shattered consciousness and fractured identity: Black psychology and the restoration of the African psyche. In S. Cooper & K. Ratele (Eds.), Psychology serving humanity: Proceedings of the 30th international congress of psychology: Volume 1—Majority world psychology (pp. 155–180). London: Psychology Press.

Nolen-Hoeksema, S. (1995). Gender differences in coping with depression across the lifespan. *Depression, 3*(1- 2), 81–90. https://doi.org/10.1002/depr.3050030113

Nwoye, A. (2015). African psychology and the Africentric paradigm to clinical diagnosis and treatment. *South African Journal of Psychology, 45*(3), 305–317. https://doi.org/10.1177/0081246315570960

Okantah, M. S. (2016). In search of the real brother man: An African centred approach to Black cultural identity. *The Journal of Pan African Studies, 9*(10), 411–424.

Oliffe, J. (2006). Embodied masculinity and androgen deprivation therapy. *Sociology of Health & Illness, 28*(4), 410–432. https://doi.org/10.1111/j.1467-9566.2006.00499.x PMID:16669806

O'neil, J. M. (2015). *Men's gender role conflict: Psychological costs, consequences, and an agenda for change.* American Psychological Association.

Osbourne, L., Barnett, J., & Blackwood, L. (2021). "You never feel so Black as when you're contrasted against a White background": Black students' experiences at a predominantly White institution in the UK. *Journal of Community & Applied Social Psychology*, *31*(4), 383-395.

Owusu, D. (2019a). *That Reminds Me.* London: Merky Books.

Owusu, D. (2019b). *Safe: On Black British Men Reclaiming Space*. London: Trapeze.

Parker, C., Scott, S., & Geddes, A. (2019). *Snowball sampling.* SAGE research methods foundations.

Parker, I. (2013). Discourse analysis: Dimensions of critique in psychology. *Qualitative Research in Psychology, 10*(3), 223–239. https://doi.org/10.1080/14780887.2012.741509

Paschall, M. J., Ringwalt, C. L., & Flewelling, R. L. (2003). Effects of parenting, father

  absence, and affiliation with delinquent peers on delinquent behaviour among African-

  American male adolescents. *Adolescence*, *38*(149), 15.

Patel, P., Hiam, L., Sowemimo, A., Devakumar, D., & McKee, M. (2020). Ethnicity and covid-

  19. *British Medical Journal*, 369.

Patton, M. Q. (2002). Qualitative evaluation and research methods (3rd ed.). Sage

  Publications, Inc.

Pierre, M. R., & Mahalik, J. R. (2005). Examining African self-consciousness and Black racial

  identity as predictors of Black men's psychological well-being. *Cultural diversity and*

  ethnic minority psychology, *11*(1), 28.

Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative

  phenomenological analysis in qualitative research psychology. *Psychological journal,*

  20(1), 7-14.

Pinderhughes, E. (1990). Legacy of slavery: The experience of Black families in America.

  The social and political contexts of family therapy, 289-305.

Pinto, R., Ashworth, M., & Jones, R. (2008). Schizophrenia in black Caribbeans living in the

  UK: An exploration of underlying causes of the high incidence rate. *The British Journal*

  of General Practice, 58(551), 429–

  434. https://doi.org/10.3399/bjgp08X299254 PMID:18505621

Ponterotto, J. G. (2005). Qualitative Research in Counselling Psychology: A Primer on

  Research Paradigms and Philosophy of Science. *Journal of Counseling*

  Psychology, 52(2), 126–136. https://doi.org/10.1037/0022-0167.52.2.126

Potter, J., & Hepburn, A. (2005). Qualitative interviews in psychology: Problems and

  possibilities. *Qualitative Research in Psychology, 2*, 281–

  307. https://doi.org/10.1191/1478088705qp045oa

Poussaint, A., & Atkinson, C. (1970). Black Youth and Motivation. *The Black Scholar, 1*(5), 43–51. https://doi.org/10.1080/00064246.1970.11644159

Price, G. N., Darity, W. A., Jr., & Headen, A. E., Jr. (2008). Does the stigma of slavery explain the maltreatment of Blacks by Whites?: The case of lynchings. *Journal of Socio-Economics, 37*(1), 167–193. https://doi.org/10.1016/j.socec.2007.06.001

Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M. R., & Rahman, A. (2007). No health without mental health. *The Lancet*, *370*(9590), 859-877.

Public Health England. (2020). *Beyond the data: Understanding the impact of COVID-19 on BAME groups.* Public Health England.

Rameswari, T. (2021). *Towards a Whole Self: Journeys of Marginalised Men* (Doctoral dissertation, City, University of London).

Razai, M. S., Osama, T., McKechnie, D. G., & Majeed, A. (2021). Covid-19 vaccine hesitancy among ethnic minority groups. *British Medical Journal*, 372.

Relethford, J. H. (1997). Hemispheric difference in human skin colour. *American Journal of Physical Anthropology, 104*(4), 449–457. https://hbcu.freshu.io/kalila-roberson/a-strong-Black-manhttps://doi.org/10.1002/(SICI)1096-8644(199712)104:4<449::AID-AJPA2>3.0.CO;2-N PMID:9453695

Richardson, C., Dickson, A., Robb, K. A., & O'Connor, R. C. (2021). The male experience of suicide attempts and recovery: An interpretive Phenomenological analysis. *International journal of environmental research and public health, 18*(10), 5209.

Ridner, S. H. (2004). Psychological distress: Concept analysis. *Journal of Advanced Nursing, 45*(5), 536–545.

https://doi.org/10.1046/j.1365-2648.2003.02938.x PMID:15009358

Robinson, M. A., Jones-Eversley, S., Moore, S. E., Ravenell, J., & Adedoyin, A. C. (2018). Black male mental health and the Black church: Advancing a collaborative partnership and research agenda. *Journal of religion and health*, *57*, 1095-1107.

Robson, C. (2011). *Real World Research* (3rd ed.). John Wiley and Sons Ltd.

Rochlen, A. B., & Hoyer, W. D. (2005). Marketing mental health to men: Theoretical and practical considerations. *Journal of Clinical Psychology, 61*(6), 675–684. https://doi.org/10.1002/jclp.20102 PMID:15732086

Rodney, H. E., & Mupier, R. (1999). Behavioural differences between African American male adolescents with biological fathers and those without biological fathers in the home. *Journal of Black Studies*, *30*(1), 45-61.

Rodriguez, S.K, & Kerrigan, M.R. (2016). Using Graphic Elicitation to Explore Community College Transfer Student Identity, Development and Engagement. *The Qualitative Report.* 21(6). pp.1052-1070. Retrieved from http://nsuworks.nova.edu/tqr/vol21/iss6/4

Rose, D., Thornicroft, G., Pinfold, V., & Kassam, A. (2007). 250 labels used to stigmatise people with mental illness. *BMC health services research*, 7(1), 1-7.

Roulston, K. (2010). Considering quality in qualitative interviewing. *Qualitative Research, 10*(2), 199–228. https://doi.org/10.1177/1468794109356739

Rufai, A (2023). *Smiling Boys Project*. Retrieved from S.M.I.L.E-ing Boys Project – Universoulartist

Ruggs, E. N., Singletary Walker, S., Corrington, A., & Nittrouer, C. L. (2019). "Say it Loud, I'm Black and Proud:" The Effectiveness of Racial Acknowledgments at Work. *Personnel Assessment and Decisions*, *5*(2), 2.

Russ, S., Ellam-Dyson, V., Seager, M., Barry, J. A. (2015). Coaches' views on differences in treatment style for male and female clients. *New Male Studies, 4*(3), 75–92.

Saltonstall, R. (1993). Healthy bodies, social bodies: men's and women's concepts and

practices of health in everyday life. *Social science & medicine,* 36(1), 7-14.

Schwandt, T. A. (2000). The epistemological stances for qualitative inquiry: Interpretivism,

hermeneutics, and social constructionism. In N. K. Denzin & Y. S. Lincoln (Eds.),

Handbook of qualitative research (pp. 189-213). Thousand Oaks, CA: Sage

Shinebourne, P. (2011). The Theoretical Underpinnings of Interpretative Phenomenological

Analysis (IPA). Existential Analysis. *Journal of the Society for Existential*

Analysis, 22(1).

Singh, S. P., Greenwood, N., White, S., & Churchill, R. (2007). Ethnicity and the Mental

Health Act 1983. *The British Journal of Psychiatry, 191*, 99–105

 https://doi.org/10.1192/bjp.bp.106.030346 PMID:17666492

Smaje, C., & Le Grand, J. (1997). Ethnicity, equity and the use of health services in the

British NHS. *Social science & medicine*, *45*(3), 485-496.

Smedley, B. D. (2012). The lived experience of race and its health consequences. *American*

Journal of Public Health, 102(5), 933–

935. https://doi.org/10.2105/AJPH.2011.300643 PMID:22420805

Smith, A. (1981). Religion and mental health among blacks. *Journal of Religion and Health*,

20, 264-287.

Smith, A. (1981). Religion and mental health among blacks. *Journal of Religion and*

Health, *20*, 264-287.

Smith, J. A. (1995). Semi structured interviewing and qualitative analysis. *Rethinking Methods*

in Psychology, 9-26

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological

analysis and its contribution to qualitative research in psychology. *Qualitative research*

in psychology, *1*(1), 39-54.

Smith, B. (2008). Ontology (science). *Nature Precedings*, 1-1.

Smith, W. A. (2014). *Racial battle fatigue in higher education: Exposing the myth of post-racial America.* Rowman & Littlefield.

Smith, J. A. (2015). Qualitative psychology: A practical guide to research methods. *Qualitative psychology*, 1-312.

Smith, J. A., Langenhove, L. V., & Harre, R. (1995). Rethinking methods in psychology. *Rethinking Methods in Psychology*, 1-224.

Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. A. Smith (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 51–80). Sage Publications, Inc.

Snowden, L. R., Hastings, J. F., & Alvidrez, J. (2009). Overrepresentation of black Americans in psychiatric inpatient care. *Psychiatric Services (Washington, D.C.), 60*(6), 779–785. https://doi.org/10.1176/ps.2009.60.6.779PMID:19487347

Snowden, L. R. (2001). Barriers to effective mental health services for African Americans. *Mental Health Services Research, 3*, 181–187. https://doi.org/10.1023/A:1013172913880 PMID:11859964

Stafford, M., Boolaky, U., Elwell-Sutton, T., Asaria, M., & Nazroo, J. (2020). How to interpret research on ethnicity and COVID-19 risk and outcomes: five key questions. Retrieved from:https://www.health.org.uk/publications/long-reads/how-to-interpret-research-on-ethnicity-and-covid-19-risk-and-outcomes-five

Starks, H., & Trinidad, S. B. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative Health Research, 17*(10), 1372–1380. https://doi.org/10.1177/1049732307307031PMID:18000076

Stolorow, R. D., & Atwood, G. E. (2014). Trauma and pathogenesis. In *Contexts of Being* (pp. 51-59). Routledge.

Sule, E., Sutton, R. M., Jones, D., Moore, R., Igbo, I., & Jones, L. A. (2017). The past does matter: A nursing perspective on post traumatic slave syndrome (PTSS). *Journal of Racial and Ethnic Health Disparities, 4*, 779–783. https://doi.org/10.1007/s40615-016-0328-7 PMID:28078658

Suresh, K., & Bhui, K. (2006). Ethnic Minority Patients' Access to Mental Health Services. *Psychiatry (Abingdon), 5*(11), 413–416. https://doi.org/10.1053/j.mppsy.2006.08.005

Sutton, M., Perry, B., John-Baptiste, C., & Williams, G. (2006). *Black and Asian police officers and support staff: Prejudice, identity, agency and social cohesion*. Internet Journal of Criminology.

Swaminathan, R., & Mulvihill, T. M. (2018). *Teaching qualitative research: Strategies for engaging emerging scholars.* Guilford Publications.

Swann, W. B. J., & Bosson, J. K. (2008). Identity negotiation: A theory of self and social interaction. In O., John, R., Robins, & L. Previn (Ed's), *Handbook of Personality: theory and research.* New York: Guildford.

Talwar, S. (2007). Accessing traumatic memory through art making: An art therapy trauma protocol (ATTP). *The Arts in Psychotherapy, 34*(1), 22–35. https://doi.org/10.1016/j.aip.2006.09.001

Tamres, L. K., Janicki, D., & Helgeson, V. S. (2002). Sex differences in coping behaviour: A meta-analytic review and an examination of relative coping. *Personality and Social Psychology Review, 6*(1), 2–30. https://doi.org/10.1207/S15327957PSPR0601_1

Taylor, H. (2022). Social isolation, loneliness, and physical and mental health among black older adults. *Annual Review of Gerontology and Geriatrics*, *41*(1), 123-144.

Taylor, R. E., & Kuo, B. C. H. (2019). Black American psychological help-seeking intention: An integrated literature review with recommendations for clinical practice. *Journal of Psychotherapy Integration, 29*(4), 325–337. https://doi.org/10.1037/int0000131

Terrell, F., & Terrell, S. (1981). An inventory to measure cultural mistrust among Blacks. *The Western Journal of Black Studies*, *5*(3), 180.

Terrell, F., Taylor, J., Menzise, J., & Barrett, R. K. (2009). Cultural mistrust. *Handbook of African American psychology,* 299-309.

Thompson, B. W., & Tyagi, S. (1996) The divided dance floor: Race in school. In Best, A. L. (2000). *Prom night: youth, schools, and popular culture*. Routledge. pg 120

Thompson, V. L. S., Bazile, A., & Akbar, M. (2004). African Americans Perceptions of Psychotherapy and Psychotherapists. *Professional Psychology, Research and Practice, 35*(1), 19–26. https://doi.org/10.1037/0735-7028.35.1.19

Thompson, Edward H. and Kate M. Bennett (2017), "Masculinity Ideologies," in *The Psychology of Men and Masculinities, ed.* Ronald F Levant and Y Wong: American Psychological Association, 45-74.

Triandis, H. C. (1996). The psychological measurement of cultural syndromes. *The American Psychologist, 51*(4), 407–415. https://doi.org/10.1037/0003-066X.51.4.407

Triandis, H. C., & Suh, E. M. (2002). Cultural influences on personality. *Annual Review of Psychology, 53*(1), 133– 160. https://doi.org/10.1146/annurev.psych.53.100901.135200 PMID:11752482

Tribe, R. (2014). *Race and cultural diversity: The training of psychologists and psychiatrists. Critical psychiatry and mental health: Exploring the work of Suman Fernando in clinical practice.* Routledge.

Tseng, Wen-Shing & Streltzer, J. (2001). *Culture and psychotherapy: A guide to clinical practice.* Washington, DC: American Psychiatric Press.

US Census Bureau (2021). Retrieved Dec 2021, Census.gov

Van der Kolk, B. (2014). *The body keeps the score: Mind, brain and body in the transformation of trauma*. Penguin UK.

Vogel, D. L., & Heath, P. J. (2016). Men, masculinities, and help-seeking patterns. In *APA handbook of men and masculinities.* (pp. 685-707). American Psychological Association.

Vogel, D. L., Wade, N. G., & Hackler, A. H. (2008). Emotional expression and the decision to seek therapy: The mediating roles of the anticipated benefits and risks. *Journal of Social and Clinical Psychology, 27*(3), 254–278. https://doi.org/10.1521/jscp.2008.27.3.254

Wade, J. C. (1996). African American men's gender role conflict: The significance of racial identity. *Sex Roles, 34*(1-2), 17–33. https://doi.org/10.1007/BF01544793

Walker, T. (2016). The Trouble with Being a Strong Black Man. Retrieved from https://abernathymagazine.com/author/torrainewalker/

Wallace, B. C., & Constantine, M. G. (2005). Afrocentric Cultural Values, Psychological Help-Seeking Attitudes, and Self-Concealment in African American College Students. *The Journal of Black Psychology, 31*(4), 369–385. https://doi.org/10.1177/0095798405281025

Wallace, S., Nazroo, J., & Bécares, L. (2016). Cumulative effect of racial discrimination on the mental health of ethnic minorities in the United Kingdom. *American Journal of Public Health, 106*(7), 1294–1300. https://doi.org/10.2105/AJPH.2016.303121 PMID:27077347

Walvin, J. (1992). *Black ivory: Slavery in the British Empire.* London: Wiley Blackwell.

Walvin, J. (2016). *Making the black Atlantic: Britain and the African diaspora*. Bloomsbury Publishing.

Warfield, J. L., & Marion, R. L. (1985). Counselling the Black Male. *Journal of Multicultural Counseling and Development, 13*(2), 54–71.

Warr, D. J. (2004). Stories in the flesh and voices in the head: Reflections on the context and impact of research with disadvantaged populations. *Qualitative Health Research, 14*(4), 578–587. https://doi.org/10.1177/1049732303260449PMID:15068581

Watkins, D. C., Green, B. L., Rivers, B. M., & Rowell, K. L. (2006). Depression and black men: Implications for future research. *Journal of Men's Health & Gender, 3*(3), 227–235. https://doi.org/10.1016/j.jmhg.2006.02.005

Weber, A., Dietz, A., Tischoff, I., & Tannapfel, A. (2007). Role of epigenetics in the carcinogenesis of head and neck carcinomas-possible new targeted therapy?. *Laryngo-Rhino-Otologie*, *86*(1), 9-13. https://doi.org/10.1055/s-2006-944821 PMID:17226729

Whaley, A. L. (2001). Cultural mistrust and mental health services for African Americans: A review and meta-analysis. *The Counselling Psychologist*, *29*(4), 513-531.

Whaley, A. L. (2001). Cultural mistrust: An important psychological construct for diagnosis and treatment of African Americans. *Professional Psychology: Research and Practice*, *32*(6), 555.

Whiteford, H. A., Degenhardt, L., Rehm, J., Baxter, A. J., Ferrari, A. J., Erskine, H. E., Charlson, F. J., Norman, R. E., Flaxman, A. D., Johns, N., Burstein, R., Murray, C. J., & Vos, T. (2013). Global burden of disease attributable to mental and substance use disorders: Findings from the Global Burden of Disease Study 2010. *Lancet, 382*(9904), 1575–1586. https://doi.org/10.1016/S0140-6736(13)61611-6 PMID:23993280

Whorley, M. R., & Addis, M. E. (2007). Effects of Scholarly Productivity Expectations on Graduate Training in Clinical Psychology. *Clinical Psychology: Science and Practice, 14*(2), 172–174. https://doi.org/10.1111/j.1468-2850.2007.00076.x

Wilkins, E. J., Whiting, J. B., Watson, M. F., Russon, J. M., & Moncrief, A. M. (2013). Residual Effects of Slavery: What Clinicians Need to Know. *Contemporary Family Therapy, 35*(1), 14–28. https://doi.org/10.1007/s10591-012-9219-1

Williams, D.R, & Williams-Morris, R. (2000). Racism and mental health: The African American experience. *Ethnicity & health*, 5(3-4), 243-268.

Williams, M. T. (2011). Why African Americans Avoid Psychotherapy. *Psychology Today, 44*, 34.

Williamson, M. (2014). The Reluctance of African Americans to Engage in Therapy, (Masters thesis, The Graduate College at the University of Nebraska, 2014). https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1218. Accessed May, 2021.

Willig, C. (2012). *Qualitative Interpretation and Analysis in psychology.* McGraw-Hill Education (UK).

Willig, C. (2013). *Introducing qualitative research in psychology*. McGraw-Hill Education (UK).

Woolfe, R., Strawbridge, S., Dryden, W., & Douglas, B. (2010). *Handbook of Counselling Psychology.* SAGE Publications. https://books.google.co.uk/books?id=83FRAAAAYAAJ

Yardley, L. (2000). Dilemmas in qualitative health research. *Psychology & Health, 15*(2), 215–228. https://doi.org/10.1080/08870440008400302

Yehuda, R., Engel, S. M., Brand, S. R., Seckl, J., Marcus, S. M., & Berkowitz, G. S. (2005). Transgenerational effects of posttraumatic stress disorder in babies of mothers exposed to the World Trade Center attacks during pregnancy. *The Journal of Clinical*

Endocrinology and Metabolism, 90(7), 4115–4118. https://doi.org/10.1210/jc.2005-0550 PMID:15870120

Yesufu, S. (2013). Discriminatory use of police stop-and-search powers in London, UK. *International Journal of Police Science & Management*, *15*(4), 281-293.

Zahavi, D. (2018). *Phenomenology the basics.* Routledge. https://doi.org/10.4324/9781315441603

Zamarripa, M. X., Wampold, B. E., & Gregory, E. (2003). Male gender role conflict, depression, and anxiety: Clarification and generalizability to women. *Journal of Counseling Psychology, 50*(3), 333–338. https://doi.org/10.1037/0022-0167.50.3.333

APPENDIX A: Ethical Approval

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants

BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational Psychology

REVIEWER: Janet Rowley

SUPERVISOR: **Rachel Tribe**

STUDENT: Shelley Parris

Course: Professional Doctorate in Counselling Psychology

Title of proposed study: Black males in the UK and their experience of Psychological Distress. An Interpretative Phenomenological Analysis

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.

2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED <u>BEFORE</u> THE RESEARCH COMMENCES** (see Minor Amendments box below)**:** In this circumstance, re-submission of an ethics application is <u>not</u> required but the student must confirm with their supervisor that all minor amendments have been made <u>before</u> the research commences. Students are to do this by filling in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

3. **NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below)**:** In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

Approved

Minor amendments required *(for reviewer)*:

Major amendments required *(for reviewer)*:

Confirmation of making the above minor amendments *(for students)*:

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data. Student's name *(Typed name to act as signature):* Student number: Date: *(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)*

ASSESSMENT OF RISK TO RESEACHER *(for reviewer)*

Has an adequate risk assessment been offered in the application form?

YES / NO

Please request resubmission with an adequate risk assessment

If the proposed research could expose the <u>researcher</u> to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

☐ HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

☐ MEDIUM (Please approve but with appropriate recommendations)

| * | LOW |

Reviewer comments in relation to researcher risk (if any).

Reviewer Dr Janet Rowley

Date: 7.5.20

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

APPENDIX B: Participant Invitation and Information Letter

Thank you for considering participating in this research project. This research is being conducted as part of my Professional Doctorate in Counselling Psychology, at the University of East London (UEL) and has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics, set by the British Psychological Society (BPS) and will be supervised under the care of Professor Rachel Tribe (Please see contact details at the end of this invitation letter).

Before deciding to take part, it is important that you understand the reason for this research and what your participation will involve. Please take you time to read the following information carefully and feel free to contact me via email if anything is unclear, or if you require further information or support.

Project Title

An Exploration into Black Males' Lived Experience of Psychological Distress in the U.K: Interpretive Phenomenological Analysis

What is the purpose of the study?

This Research is concerned with understanding how psychological distress is experienced and understood by black males. Although research is limited, studies have shown that the black community; especially black men, are over-represented in psychiatric hospitals and are among the lowest of any group to seek support for their wellbeing. This research aims to understand how black males have experienced distress and explore what helped or didn't help during this time.

I hope this study will make a valuable contribution to both Counselling Psychology research and practice, giving a voice and bridging the gap between a group of people over represented in psychiatric statistics but under-reported in research.

The study aims to better understand the experiences of black men, their meaning making and encourage society, researchers and clinicians gain better awareness and understanding in order to enhance therapeutic alliance and support of black men.

Who can take part?

I am looking for up to 8 black men, aged 25-45, of African and Caribbean descent (both parents), who are born and reside in the UK. Participants may have experienced or are currently experiencing psychological distress and be willing to discuss their experience with me.

Your participation in this research is completely voluntary. If you do not wish to take part you will not be required to give an explanation or If you change your mind throughout the study you can withdraw*

(* this is up until the researcher begins analysis of interviews. This will be approximately one month after interviews).

What will you be required to do?

If you would like to take part, please contact the lead researcher, Shelley Parris (whose details are at the bottom of this information sheet), who will complete two questionnaires and a risk assessment, in a short telephone screening interview, to see if potential participants are suitable to take part in the study. These questionnaires are to determine, prevent and minimise potential risk and/or further psychological distress when reporting your experience.

If participants are not comfortable answering these questions via phone and would rather complete these forms independently, they can also be sent via email. If participants score severe, unfortunately they will not be suitable to take part.

If they are suitable, then a date, time and location will be agreed, for the interview to take place. Interviews will take place at UEL Stratford or Roehampton Priory Hospital where we will have a face-to-face interview lasting approximately 60-90 minutes. You will be asked to sign a consent form, giving permission for interviews to be audio recorded and transcribed by the researcher. All identifiable information will be anonymised and stored securely.

During the interview you will be asked about your views and experiences of psychological distress and what you did/are doing to overcome this (if anything). You do not have to answer all the questions and will not be forced to discuss anything you feel uncomfortable with.

Following the semi-structured interview, you will also be asked to complete a creative piece to express/describe your experience of psychological distress. This can be in the form of a song, rap, poem, picture etc… which can be completed on the day of the interview or done beforehand.

** In light of the recent health concerns regarding Covid-19, and government advice for social distancing and the lockdown of businesses, interviews will also be conducted and audio recorded via additional platforms such as Skype, WebEx, or Microsoft teams. **

Benefits

I hope you will welcome the opportunity to talk about your lived experience and take satisfaction in helping to develop a greater understanding of psychological distress among some black men and providing insight, knowledge and understanding for mental health professionals' in understanding the black community and enabling them to tailor the care they provide in a culturally appropriate way. As a fellow black researcher, I am personally invested in this research; giving a voice to a group who is often misrepresented and under-reported as I strongly believe your voice and experience matters.

Disadvantages

The potential disadvantages of taking part in the study is the time taken to complete the interviews, as they are estimated to last approximately 60-90mins. Also, there may be questions you feel uncomfortable answering, however if this is the case you do not have to answer them and as stated above you can stop or withdraw from the study at any time (up until the point of the researcher analysing the data). In the event that you feel discomfort or low mood after speaking about your experience, you will be offered the chance to debrief with the researcher and given additional information and contact details of appropriate emotional support services.

Confidentiality of data

All data collected that could identify you or others, will be anonymised by giving you a pseudonym. Data will be stored within a secure location at all times; either within locked cabinets or electronically saved in encrypted folders, on a password secure laptop. Encrypted or anonymised data will only be accessed by myself or my supervisor to ensure full security. Following all interviews, the data collected will be analysed and reported on. Following the completion and publication of the research all documentation will be destroyed. You will not be named or otherwise identified in any publications arising from this research.

In the event that you no longer wish to be part of the study, your information will be deleted, destroyed and not included in the research. If you wish to withdraw after the researcher has begun data analysis (which will take place approximately one month after interviews), the researcher reserves the rights to include your anonymous data.

*Please be aware that if your creative piece is already in the public domain (has been published, or displayed anywhere etc), then there is a possibility that you may be identified upon publication of my study. If you do not wish to be identified please do not include any published or likely to be published (on any medium including social media) creative pieces.

What will happen with the research and where can I find out more about the results?

Following the successful completion of the research and Counselling Psychology Doctorate course, the researcher intends to publish the findings. This will be made available for members of the public and other researchers or clinicians.

For more information please don't hesitate to contact the researcher in the first instance.

What happens next?

If you would like to take part, please don't hesitate to make contact. The researcher will then arrange to speak to you on the phone to go through a short questionnaire to see if you are suitable for the study. Alternatively, these questionnaires can be sent to you to complete. If suitable, an interview date will be arranged and consent form signed before commencing with interviews.

Contact Information

Researcher: Shelley Giselle Parris, Counselling Psychologist in Training,

University of East London, E15 4LZ

E-mail: U1714254@uel.ac.uk

Supervised by: Prof Rachel Tribe, Counselling Psychologist

E-mail: r.tribe@uel.ac.uk

APPENDIX C: Consent Form

<u>**UNIVERSITY OF EAST LONDON**</u>

Consent to participate in a research study

An Exploration into Black Males' Lived Experience of Psychological Distress in the U.K: Interpretive Phenomenological Analysis

1. I have the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.
   - I agree ☐

2. I understand that my involvement in this study, and the data from this research, will remain strictly confidential. Only the researcher(s) involved in the study, my supervisor and my two examiners will have access to any identifying data. It has been explained to me what will happen once the research study has been completed.
   - I agree ☐

3. I give consent for the interview to be audio-recorded via Dictaphone and deleted from the device, once the audio has been securely transferred onto a laptop with a secure password. During transcription any identifiable information will be removed, coded and/or given a pseudonym.
   - I agree ☐

4.

   I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time without disadvantage to myself and without being obliged to give any reason. I also understand that I can withdraw from the study, up until the point of analysis of data. If analysis has begun (approximately one month after interviews), the researcher reserves the right to use my anonymous data in the write up of the study.

   - I agree ☐

Please note: by ticking all of the above boxes you are consenting to take part in the research study.

Participant's Name (BLOCK CAPITALS)   Signature   Date:

……………………………………………………………………………….

Researcher's Name (BLOCK CAPITALS)   Signature   Date:

……………………………………………………………………………..

APPENDIX D: Demographic Information Sheet and Questionnaires

Please complete the following form, providing as much detail as you can. This information is to help identify the demographic of the participants and will be stored securely.

Participant Name:_____

Interview Date: _____ **Interview Time:**_____

Age:

Ethnicity:

Religion:

Location of Birth/Nationality:

Location of Current Residence:

 Qualifications:

Have you engaged with any therapeutic services, if so when?

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? (Use "✔" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T____ = ____ + ____ + ____)

Scores of 5-9 are considered mild, 10-14 considered moderate and 15+ considered severe. Higher scores also indicate a decrease in one's functionality and increase in symptom-related difficulties.

PHQ

Since your hospitalization, how often have you been bothered by any of the following problems? Circle your response.

	Not at all	Some	Often	Nearly all of the time
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping to much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself – or that you are a failure or have let your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

Total: _____

*Adapted from the original PHQ-9 developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues.

Scores of 5-9 are considered mild, 10-14 considered moderate, 15-19 considered moderately-severe and 20+ considered severe. Higher scores also indicate a decrease in one's functionality and an increase in symptom-related difficulties.

Risk Assessment

	Current Risk of/Risk in the areas of	YES/NO	Prior History
1	Suicidal; Ideation, Intent, Plan		
2	Deliberate Self Harm (Cutting, punching, scratching etc…)		
3	Neglect of self/ or dependants (self-care)		
4	Vulnerability (emotional, sexual, physical)		
5	Social Isolation		
6	Financial/ home management/housing/ work issues		
7	Physical/somatic illness		
8	Inappropriate thoughts/behaviours		
9	Driving or travel safety concerns		
10	Substance misuse		
11	Other (please specify)		

APPENDIX E: Debrief Sheet

Thank you for taking part in my research project. As discussed, the aim of my research was to explore your experience of psychological distress. If you found the interview uncomfortable or distressing in any way, please feel free to discuss this with me. Following this interview, if you would like to access more support, please contact the following agencies:

Rethink Mental Illness

https://www.rethink.org/advice-information/living-with-mental-illness/

Support care-01215227007

Advice service -0300500827

E-mail: info@rethink.org

Mind

https://www.mind.org.uk/information-support/helplines/

15-19 Broadway, Stratford, London E15 4BQ

Tel: 020 8519 2122

E-mail: supporterrelations@mind.org.uk

Improving Access to Psychological Therapies (IAPT)

https://www.nhs.uk/Service-Search/Psychological%20therapies%20(IAPT)/LocationSearch/10008

Samaritans

08457 90 90 90 / 116 123

Email: jo@samaritans.org https://www.samaritans.org/

Central London Samaritans (Walk-In)

Tel: 020 7734 2800

46 Marshall St, Soho, London W1F 9BF

BME Services

Nafsiyat

https://www.nafsiyat.org.uk/

Tel: 0207 263 6947

E-mail: admin@nafsiyat.org.uk

Ebony People's Association
http://www.wellbeingconnectservices.org/

215 Fore Street, Edmonton, London, N18
Tel: 020 8803 2200
E-mail: epaebony@aol.com

Black Thrive:

https://www.blackthrive.org.uk/

Or in case of an emergency, please go to your closest A&E

If you have any further questions and wish to get in touch please do so:

Shelley Giselle Parris, Counselling Psychologist in Training,

University of East London, E15 4LZ E-mail: U1714254@uel.ac.uk, **Tel**: 0793 115 0603

Supervisor: Prof Rachel Tribe

University of East London, E15 4LZ E-mail: r.tribe@uel.ac.uk

APPENDIX F: INTERVIEW SCHEDULE

Introduction

- Thank the participants for meeting with me.

- Offer them something to drink

- Tell participants a little bit about me (my study history and the purpose of this research).

- Read the following orienting statement to participants to explain the purpose of the interview and format.

'There is a lack of knowledge, awareness and understanding about black males in the UK and how they experience Psychological Distress. I am interested in gaining an understanding of what this experience has been like for you and how you have made sense of it. I believe it is important to create more awareness among the larger community, in research and in healthcare and most importantly to give a voice to an under-researched group of people.

The information that you give will be tape-recorded to allow your responses to be represented accurately. Your responses will be confidential, and any identifiable information will be removed or given an alias. The interview is expected to take 60-90 minutes and you are under no obligation to discuss anything that you are not comfortable with. If you wish to stop the interview at any point you are within your right to do so and will not be penalised for doing so.

- Ask participants if they have any questions before we begin?

- Go through informed consent and notify them they are free to terminate the interview at any point.

- Turn on recording equipment:

Interview Questions

1. What is your understanding of Psychological Distress?

    Where did you learn/hear about Psychological Distress?

    What other word would you use to describe it?

2. How do you experience your own Psychological Distress?

    Triggers/situation, behaviours, physiology, emotions, cognitions

3. Can you tell me about a time you experienced psychological distress?

   Who, what, where, when, how….

   Focus on the five senses; sound, sight, smell, taste, touch.

   What did you do to help you cope (helpful or unhelpful)?

4. Did you do anything to address your Psychological Distress? / Was there anything you did to address your Psychological distress, if so what?

   How did you realise you were no longer Psychologically Distressed?

   *if they mention therapy- enquire if they would do it again… why, what for…

5. What else would have been helpful for you at this time?

   What stopped you accessing it at this time?

   Do you feel like the work is done?

6. What does being a black man mean to you? /How do you experience psychological distress as a black male? /How do you experience being a black male with psychological distress?

7. How did you find the interview process?

8. Is there anything else you would like to add that we have not touched upon?

Probes:

What was that like for you when...?

Can you tell me more about that?

Can you give me an example/ could you please elaborate?

Can you go back to when you said…

How did that affect you? / What did you make of that?

Can you explain a bit more about that?

If confused about something ask for clarification / what do you mean by...?

-Following interview, give time to participants to create, write, draw etc… an expression of their lived experience if they so wish, asking them to explain the piece upon completion.

Debrief

Check how the participant is feeling, and whether any additional support is needed.

1. How are you feeling?

2. Is there anything that bothered you or was helpful about the interview?

3. Do you have any questions or concerns?

4. If you have any questions after today, please feel free to contact me using the details provided on the information sheet. Alternatively, if you feel upset or have any concerns, please contact either Samaritans or Mind, whose contact details are provided on the debrief sheet, or any other organisation or other support that you may already have in place.

BLACK MEN

YOUR VOICES MATTER!

Are you a black male of African or Caribbean Heritage?

Were you born and raised in the UK?

Are you aged 25-45 years of age?

Have you experienced or are currently experiencing Psychological Distress?

If YES then I want to hear from you!

I am in the final year of my Doctorate, in Counselling Psychology at UEL and motivated to explore and gain a deeper understanding about my black community and black men's accounts of psychological distress. How did you make sense of your experience? What helped or didn't help reduce distress and increasing well-being? What needs to change?

APPENDIX H: Participants Creative Expression

Participant Nat:

Participant Yeshua:
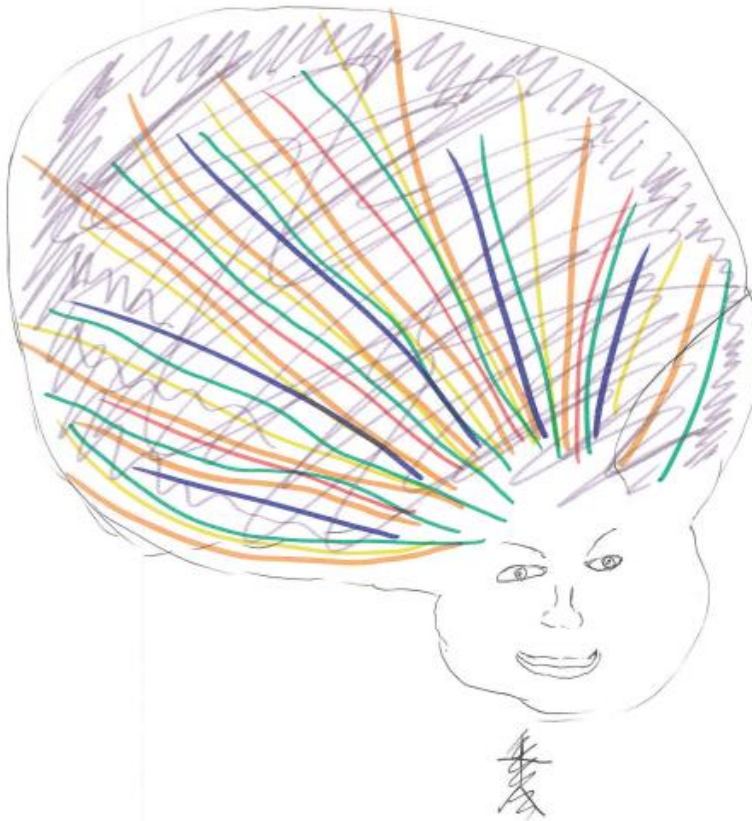
Participant

Haile

Participant Frederick:

They say they'll be around forever,
Forever? This is but a word. I hold no
emotion in forever. Where were they
in their foreverness...?

The heart hardens in isolation, I just need
you, my dreams provide comfort, but they
are still not forever.

The only thing forever is to be alone, alone in
thoughts, alone in triumph, alone in forever.

The spirit is illuminated, my soul is on fire,
a bunsen burner lit, The strangest thing happened
While forever alone; a King must step out, or
no one will step out forever.

Participant Cecil

WORSHIP

No hands exalted,.

No praise leaping from my lips.

How odd, how peculiar;
I have redefined worship in my own image...
Abstract.

Soil clenched firmly,
~~crevices~~ packed under pale finger ~~tips~~. nails
~~Taste about~~
My worship takes form;
Anchored or anchoring...
the tense itself befuddles time,
~~archeologist, purveyor~~
Thought form stripped of ~~its~~ transience, her
Reveals itself.

And here I find worship unsheathed.
~~Solid roots~~

Bold roots ~~anchors~~ extending,
Praise emanating as they funnel through.
Growth, Understanding...
God finds herself ~~impaled~~ & resurrected;
Extolled through the lens of my curiosity
Or rather ~~through~~ via my necessity.

Percept turning along her grooves,
~~Worship, hence, nurtures~~ ~~my~~ healing
subtleties ~~brushed~~ kissed.
Hence, Worship;
Percept of God,
~~rooted in~~ nurtures my healing.

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Participant Malcolm:

Me – The Black Man

You've asked me what it takes to be a black man,

You're basically asking me what it takes to be me,

What seeds did I throw down to plant this tree?

What do I believe in and to what do I take the knee?

The truth is I will never be able to tell you everything,

Cause that's what I've always been - it's all I see,

I couldn't imagine a day where,

I don't walk out of my door and can just breath,

Knowing someone I know won't be part of a murder scene,

Victim or perpetrator - either way someone will be on the TV screen.

I often make a choice

And try to listen to my inner voice,

But really, I'm playing with the few cards life allowed me to have

Who gave me them?

I thought it was my father,

But the truth is it goes way further

This was built before I was born,

And it will last way after I'm gone,

But the only thing I can do is make a mark,

And show while I was her, I played my part.

APPENDIX I: Emerging Themes

Initial Themes

Interviews:

Important factors of PD	Experiencing PD	Black males and PD
-Conceptualisation of PD -First interactions with PD -Triggers of PD -Initial behaviours towards PD	-Negative emotions Internal & external triggers -Good & Bad behaviours -Positive & negative consequences -Ways to control PD	-Being a Black Man -Being a Black man with PD

Creative Expression:

Spirituality	Artistic Expression	Human Nature
-Higher Being -Internal Self	-Expression as helpful -Expression as difficult	-Individual Differences -Emotions -Impact

Second Draft of Themes

Interviews:

Conceptualisation and Construction of PD	Through His Eyes	The degradation of the Black Man	The Black Man
-Learning about PD -Initial reactions towards PD -Beliefs about PD	-Negative emotions -Internal and external triggers -Good & Bad behaviours -Positive and negative consequences -Ways to control PD	-Stereotyped by Society -Social pressures -Disadvantages & discrimination	-Black Masculinity -The Toxic Male Ego -Acts of Service -Black Power

Final Draft:

Interviews

Conceptualisation and Construction of PD	Through His Eyes	The Degradation of the Black Form	The Black MANnerism
-Learning about PD -Initial reactions towards PD -Beliefs about PD	-Triggers -Undesirable Emotions -Helpful Behaviours & Learning to Manage -Unhelpful Behaviours & Consequences	-Stereotyped and Discriminated -Social Pressures & Disadvantages	-Black Masculinity -Acts of Service -I'm Black and I'm Proud

Creative Expression

Aspects of Self
-The Abandoned Child -The Masked Man -The Wise Man

APPENDIX J: Table of Themes

Superordinate Themes	Subordinate Themes	Cecil	Frederick	Garvey	Haile	Huey	Malcolm	Nat	Yeshua
Conceptualisation & Construction of Psychological Distress	Learning about PD	■	■	■	■	■			■
	Initial Reactions	■						■	■
	Beliefs	■	■	■	■	■			■
Through His Eyes	Triggers	■	■	■	■	■	■	■	■
	Undesirable emotions	■	■	■	■	■	■	■	■
	Helping Beh. & managing	■	■	■	■	■		■	■
	Unhelpful Beh. & Consequence	■	■	■	■	■	■	■	■
The Degradation of The Black Form	Stereotypes & Discriminated	■	■	■	■	■	■	■	■
	Social Pressures & Disadvantages	■	■	■	■	■	■	■	■
The Black MANnerism	Black Masculinity	■	■	■	■	■	■	■	■
	Acts of Service	■	■	■			■	■	
	I'm Black & Proud	■	■	■				■	■
Aspects of Self	Abandoned Child		■				■		
	Masked Man							■	■
	Wise Man	■			■		■		
	Role of God	■			■				

APPENDIX K: Title Change

University of East London	**School of Psychology Ethics Committee**

REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

For BSc, MSc/MA and taught Professional Doctorate students

Please complete this form if you are requesting approval for a proposed title change to an ethics application that has been approved by the School of Psychology

By applying for a change of title request, you confirm that in doing so, the process by which you have collected your data/conducted your research has not changed or deviated from your original ethics approval. If either of these have changed, then you are required to complete an 'Ethics Application Amendment Form'.

How to complete and submit the request

1	Complete the request form electronically.
2	Type your name in the 'student's signature' section (page 2).
3	Using your UEL email address, email the completed request form along with associated documents to Dr Jérémy Lemoine (School Ethics Committee Member): j.lemoine@uel.ac.uk
4	Your request form will be returned to you via your UEL email address with the reviewer's decision box completed. Keep a copy of the approval to submit with your dissertation.

Required documents

A copy of the approval of your initial ethics application.	**YES** ☒

Details

Name of applicant:	**Shelley Giselle Parris**
Programme of study:	**Counselling Psychology Doctorate**

Title of research:	**Black males in the UK and their experience of Psychological Distress. An Interpretative Phenomenological Analysis**
Name of supervisor:	**Prof. Rachel Tribe**

Proposed title change	
Briefly outline the nature of your proposed title change in the boxes below	
Old title:	Black males in the UK and their experience of Psychological Distress. An Interpretative Phenomenological Analysis
New title:	An Exploration into Black Males' Lived Experience of Psychological Distress in the U.K: Interpretive Phenomenological Analysis
Rationale:	Reads better and is more succinct.

Confirmation		
Is your supervisor aware of your proposed change of title and in agreement with it?	**YES** ☒	**NO** ☐
Does your change of title impact the process of how you collected your data/conducted your research?	**YES** ☐	**NO** ☒

Student's signature	
Student: (Typed name to act as signature)	**Shelley Giselle Parris**
Date:	**12/09/2023**

Reviewer's decision		
Title change approved:	**YES** ☒	**NO** ☐
Comments:	**The new title reads better than the original one. It will not impact the process of how the data are collected or how the research is conducted.**	
Reviewer: (Typed name to act as signature)	**Dr Jérémy Lemoine**	
Date:	**13/09/2023**	