

**University of East London**

**PROFESSIONAL DOCTORATE IN COUNSELLING PSYCHOLOGY**



Student Number: U1807053

Doctoral Thesis titled: *"We're seen as human after we're dead"*: Exploring Black men's barriers to expressing psychological distress

Date of Submission: 04/09/2022

Word Length: 29,396

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*"We're seen as human after we're dead":* Exploring Black men's  
barriers to expressing psychological distress

# Contents

<b>ABSTRACT</b>	<b>6</b>
<b>LIST OF APPENDICES</b>	<b>7</b>
<b>DEFINITIONS</b>	<b>8</b>
<b>1. INTRODUCTION</b>	<b>10</b>
1.1. Introduction to the Research	10
1.2. Race and Blackness	10
1.3. Context	13
1.4. Barriers to Mental Health Services	14
1.5. Black Mental Health Discourse and Barriers	16
1.6. Black Masculinity	18
1.7. Literature Review: Methodology, Epistemology & Reflexivity	21
1.8. Rationale	24
1.9. Justification of Research Question	25
1.7.1. <i>Research Question(s)</i>	26
<b>2. EPISTEMOLOGY</b>	<b>26</b>
2.1. Overview	26
2.2. Philosophical Positioning	26
2.2.1. <i>Ontology</i>	31
2.2.2. <i>Epistemology</i>	31
<b>3. METHODOLOGY</b>	<b>32</b>
3.1. Data Collection	33
3.1.1. <i>1:1 Qualitative Interviews</i>	33
3.1.2. <i>Alternative Considerations</i>	33
3.2. Recruitment and Research Procedure	34
3.2.1. <i>Recruitment Process</i>	34
3.2.2. <i>Inclusion and Exclusion Criteria</i>	35
3.2.3. <i>Sample</i>	35
3.2.4. <i>Procedure</i>	35
3.3. Ethics	37
3.3.1. <i>Ethical Approval</i>	37
3.3.2. <i>Confidentiality</i>	37

3.3.3. <i>Sensitive Topics</i>	38
3.3.4. <i>Risk</i>	38
3.4. Methodological Rational	39
3.5. Analytical Approach	39
3.5.1. <i>Methodological Reflexivity</i>	40
3.6. Personal Reflexivity	41
3.7. Outline of Thematic Analysis	44
3.7.1. <i>Transcription</i>	45
3.7.2. <i>Constructing Themes</i>	45
3.7.3. <i>Producing the Report</i>	47
<b>4. ANALYSIS &amp; DISCUSSION</b>	<b>47</b>
4.1. Overview	47
4.2. Detrimental Perception of Black Manhood	49
4.2.1. <i>Restricted Identity</i>	49
4.2.2. <i>Hypermasculine Stereotypes</i>	52
4.2.3. <i>Emulating Strength</i>	53
4.3. Internal and External Conflict	55
4.3.1. <i>Suffering in Silence</i>	55
4.3.2. <i>Suppressing to Survive</i>	57
4.4. Strength in the Face of Adversity	61
4.4.1. <i>Dehumanisation through Pervasive Oppression and Violence</i>	61
4.4.2. <i>Drawing Strength from the Roots</i>	64
4.5. Redefining Black Manhood	68
4.5.1. <i>Healing through Community</i>	68
4.5.2. <i>Black Representation</i>	71
<b>5. SUMMARY</b>	<b>74</b>
5.1. Overview	74
5.2. Summary of Findings	75
5.1.1. <i>Macro Level</i>	75

5.1.2. <i>Micro Level</i>	76
<b>6. IMPLICATIONS</b>	<b>77</b>
6.1. Counselling Psychology: Clinical Practice, Supervision, and Training	77
6.2. Mental Health Services: Radical Reform	80
6.3. Deconstructing Black Manhood: A Collective Effort	81
6.4. Future Research	82
 <b>6. CRITICAL EVALUATION</b>	 <b>83</b>
6.1. Study Limitations	84
6.2. Postscript	84
<b>7. REFERENCES</b>	<b>85</b>
<b>8. APPENDICES</b>	<b>117</b>
Appendix A: Ethical Approval	117
Appendix B: Information Sheet	120
Appendix C: Consent Form	124
Appendix D: Debrief Letter	125
Appendix E: GAD-7 & PHQ-9 Questionnaire	128
Appendix F: Demographical Questionnaire	130
Appendix G: Interview Schedule	131
Appendix H: Transcription Keys	132
Appendix I: Initial Thematic Map	133
Appendix J: Thematic Map – Final	134
Appendix K: Title Change Application	135
Appendix L: Change of Supervisors	137

# Abstract

**Rationale:** Research exploring Black male experiences of psychological distress is limited and is often analysed from a positivist paradigm, which does not offer insight into their nuanced and highly complex lived experiences. There needs to be an experiential understanding of the underlying issues from their perspective to address the long-standing barriers experienced by Black men when accessing mental health services and help-seeking.

**Aims:** To explore Black male experiential barriers to expressing psychological distress in the UK. The men's shared experiences and meaning-making of those barriers are considered from systemic, social, cultural, and historical lenses to understand and contextualise the underlying mechanisms that shape their lived experiences and contribute to maintaining these barriers.

**Method:** Online, semi-structured, one-to-one interviews with six Black male participants based in London, UK. Their ages range from 27 to 35. A dual inductive-deductive approach to Thematic Analysis is utilised to analyse the data. The analytical process and the construction of themes are derived from critical theoretical frameworks and the study's underpinning epistemology.

**Findings:** Four overarching themes 'Detrimental perceptions of Black manhood', 'Internal and external conflict', 'Strength in the face of adversity', and 'Redefining Black manhood' were constructed from the data, demonstrating several complex, multi-layered, and interrelated barriers. Masculine ideologies, systemic violence and oppression, adopted individualism and collective disconnection, and lack of Black representation are identified as macro-level barriers. Internalised stereotypes and emulating strength, fear of stigma and judgement, and ancestral attachment were identified as micro-level barriers.

**Conclusion:** The findings demonstrate that barriers to Black men expressing psychological distress are created and maintained through systemic strategies, experiences of oppression and racial trauma, social constructs, intergenerational trauma, cultural and individual belief systems, contextual factors, and their social network. The participants reflected on factors that could help overcome these barriers by exploring the barriers. Implications for Counselling Psychology, mental health services, and policy are discussed in the latter part of the study.

**Key words:** Black men, psychological distress, masculinity, racism, racial trauma

# List of Appendices

- Appendix A: Ethical Approval
- Appendix B: Information Sheet
- Appendix C: Consent Form
- Appendix D: Debrief Letter
- Appendix E: GAD-7 & PHQ-9 Questionnaire
- Appendix F: Demographical Questionnaire
- Appendix G: Interview Schedule
- Appendix H: Transcription Keys
- Appendix I: Initial Thematic Map
- Appendix J: Thematic Map – Final
- Appendix K: Title Change Application
- Appendix L: Change of Supervisors

## Definitions and Contextualising Key Terms

**White supremacy:** White supremacy or White supremacism is the belief that White is the superior race and should therefore dominate society, which excludes and is detrimental to other racial and ethnic groups (Merriam-Webster, n.d.-a). White supremacy is considered the root for scientific racism, which historically justified slavery and colonialism and continues to support racism, and discrimination and the ideologies that perpetuate social, political, systemic, and institutional power imbalances (Gillborn, 2006).

**Capitalism:** Capitalism is defined as an economic system in which a country's trade, industry, and profits are controlled by private companies rather than the public, whose time and labour sustains those companies (Merriam-Webster, n.d.-b). The system is driven by the 'free market', which focuses on competitive trade, private property, economic growth, and freedom of (economic) choice (Merriam-Webster, n.d.-b). The origins of capitalism led to the spread of colonialism, slavery, and imperialism (Virdee, 2019).

**Patriarchy:** Patriarchy is a system of relationships, beliefs, and values embedded in political, social, and economic systems that structure gender inequality (Segal & Walby, 1991). Male and 'masculinity' are constructed as superior and hold the primary power in political spheres, moral authority, control of property, and social privileges, contributing to and maintaining power imbalances amongst genders (Alkana & Lerner, 1988; Segal & Walby, 1991). The ways in which patriarchy is theorised is through its inherent interrelationship with capitalism, colonialism, and nationalism and orders social and hierarchical relations (Alkana & Lerner, 1988). Patriarchy is associated with ideologies that justify male dominance and power that is weaved into social, political, religious, and economic organisations (Chafetz & Tong, 1990; Hunnicutt, 2009).

**Racism:** Racism is the belief that different races possess distinct characteristics, abilities, or qualities that distinguish them as inferior or superior (Merriam-Webster, n.d.-c; Oxford Languages, n.d.). The belief is rooted in White supremacy which lead to prejudice, discrimination, antagonism by an individual, community, or institution against a person or group based on their race or ethnic group that are considered 'Non-White' and inferior (Fleisher & Newman, 1996; Imaghodo, 2021; Oxford Languages, n.d.).

**Racial weathering:** Physical health deterioration and poorer health outcomes amongst ethnic minority groups due to cumulative exposure to experiences of institutional, racial, social, economic, and political oppression (Demby, 2018; National Alliance on Mental Illness[NAMI], 2021).

**Racial trauma:** Racial trauma is the psychological and mental injury caused by experiencing racial bias, ethnic and racial discrimination, racial injustices, and racially motivated violence, which can be experienced directly, systematically, vicariously, and inter- or trans-generationally (Mental Health America, 2021). Any Black, Indigenous, and People of Colour (BIPOC) living in a predominantly White country or under a White supremacist system can



be susceptible to sudden and prolonged emotionally taxing, psychological, and physical responses to race-based traumatic events (Comas-Díaz et al., 2019). The impact can vary; however, individuals who have experienced racial trauma can report reoccurring symptoms similar to complex trauma (The Department of Psychology, n.d.).

**Complex trauma:** Complex trauma refers to a cluster of symptoms experienced following precipitating traumatic events that are often prolonged or recurring and interpersonal in nature (Dempsey, 2018; UK Trauma Council, n.d.). These symptoms can include feelings of shame, constant threat, despair, hostility, recurrent depression, anger, memories, somatisation, hypervigilance, low self-esteem, self-destructive and self-harming behaviours, interpersonal and relational difficulties, emotional dysregulation, negative self-perception, and withdrawal.

**Black, Asian, and Minority Ethnic (BAME) and Black and Minority Ethnic (BME) groups:** 'Ethnic minorities' refer to all ethnic groups except White British groups and includes White minorities, such as Gypsy, Roma, and Irish Traveller communities. BAME and BME are often used interchangeably (Ethnicity Facts and Figures, 2018a). The UK Government outlines that public data refers to ethnicity and not race for two reasons. Firstly, because surveys usually ask people for their ethnicity and not their race. Secondly, they argue that using consistent terms aids in understanding the data.

**Collectivist Culture:** Collectivism prioritises the needs and goals of the group over the needs and desires of the self and emphasises cohesiveness amongst the group (Oyserman, 1993). Collectivist cultures often have shared values and demonstrate orientations that identify with a particular social group and sub-groups such as a nation, race, ethnicity, social class or religion (Cherry, 2020).

**Imperialism:** Imperialism is an ideology and policy of extending a country's power, political and economic access, control and influence through colonisation, territorial acquisition, military force, or other means. Imperialism is historically associated with the succession of empires (Dictionary.Com, 2005; Merriam-Webster, n.d.-d; Oxford Languages, n.d.).

**Misogynoir:** The hatred of women directed towards Black women where race and gender play equal roles (Cambridge Dictionary, 2022). The term was coined by Black feminist Moya Bailey in 2010 to address misogyny directed towards Black women depicted in American popular culture (Anyangwe, 2017).

**Adultification:** Adults and authority figures treating children from 'minority' backgrounds, particularly Black children, as more mature than they are and denying them characteristics that are typical for children, such as innocence and immaturity (Goff et al., 2014; Pope, 2022).

# Introduction

## Introduction to the Research

This thesis is written in the first person throughout in order to allow my voice to be present and vocalise my reflections on positionality, race, gender, and professional identity across the work.

This chapter presents an overview of relevant frameworks that underpin this study and contextualise the rationale and aims. 'Black mental health' and 'Black masculinity' are conceptualised and various barriers to accessing mental health services and mental health discourse amongst Black men are contextualised to illustrate the multifactorial issues pertaining to the research question: '*What are the shared experiential barriers to expressing psychological distress*'. These concepts will be critically evaluated from a viewpoint that considers the historical, social, systemic, and cultural impact of racism, mainly white supremacist patriarchal systems. I applied a snowballing technique to the literature search carried out for the literature review. As evident in the subchapter 'Context', the literature identified as relevant to the study is predominantly from an American perspective. I, therefore, made the choice to review the literature and highlight the gaps in the literature that analyses Black mental health from a Black British perspective. The study aims to address these gaps and draw links from the identified literature to the experiences of Black British men. The process of reviewing and identifying relevant literature also informed the theoretical and epistemological frameworks of this study.

The study is underpinned by epistemological and theoretical frameworks which seek to consider wider systemic, social, historical, and cultural constructs and conceptualisations that shape the Black male lived experience in the UK. The racialised and gendered reality and the aspects that contribute to this reality needs to be dissected to understand the underlying mechanisms that contribute to the barriers Black men experience when accessing mental health services, help-seeking behaviours, mental health discourse, and self-disclosure. As the different social constructs are considered, the literature needs to be evaluated through systems that have conceived and maintained these constructs.

## Race and Blackness

### Conceptualising Race

Race is a complex issue that can be examined in different ways depending on which paradigm is adopted to understand race. For instance, a bio-medical framework and positivist paradigms may claim that "race is an inherent biological characteristic which accurately reflects human ancestry and common genetic material in biologically distinct populations over time and geography" (Fine et al., 2005, pp. 2125). However, the paradigms

and political lens underpinning this study would conceptualise 'race' as a social construction that has been conceived by white supremacist ideologies that are deeply embedded in systemic, political, social, and institutional structures. Cameron and Wycoff (1998) argue that race is conceptualised from false beliefs concerning physiological differences amongst people. These beliefs were utilised to categorise people by distinctive characteristics, physical appearance, and cultures, which has contributed to harmful and often violent consequences throughout history (Cameron & Wycoff, 1998). Smedley and Smedley (2012) propose that race was intentionally constructed to rationalise and justify discrimination, inequalities, and injustices against "non-White" people while advancing the interests of White people and maintaining the notion of "racial differences" and hierarchy. Feliciano (2015) expands on the notion of racial differences and hierarchy by suggesting that it can only occur if people place others in racial categories. This process would be dependent on how race contextually is assessed through phenotypical features, primarily skin colour, and who the classifiers are, which makes this process inherently flawed (Feliciano, 2015).

It is important to distinguish the differences between race, culture, and ethnicity in contextualising race, as these terms are often used interchangeably. Race is based on an arbitrary classification system used to categorise hereditary physical characteristics such as facial features and skin colour (Zuckerman, 1990). In comparison, culture is characterised by behaviours, physical representations, social structures, norms, values, and beliefs specific to population groups and is intended to be passed on through generations (Axelson, 1993). Unlike race, ethnicity is embedded within a culture and consists of characteristics of smaller groups within larger cultural groups or societies that often informs day-to-day experiences. For instance, Black would be characterised as a 'race' and African, Caribbean or British as 'ethnicities'. However, some characteristics of an ethnic group can be unique to that group but also shared by other ethnic groups. Additionally, "racial identity" is a social concept that is based on the distinct differences of the existential experiences between "Black, Indigenous, and People of Colour" (BIPOC) and White people (Griffith et al., 1995; Helms, 1990).

### Conceptualising 'Black Identity' and the 'Black Experience'

Racialised processes are manifested from racist ideologies that are embedded in behavioural, social, and psychological patterns, whether conscious or unconscious. This dynamic process impact Black individuals and communities intergenerationally, socio-culturally, and institutionally (McKenzie-Mavinga, 2020). Franz Fanon (1970, 2001) introduced a framework of conceptualising Black identity through understanding racist oppression, alienation, unemployment, and the political and social climate on the psychological state of Black people. On a socio-cultural level within a Western context, Black identity can be conceptualised based on the various ways in which Black people make sense of the self, their behaviour, and their experiences in the global North and predominantly White counties (Jackson, 2012). Jackson (2012) states that how Black people relate to their state of being within this context is often from a lens that is heavily impacted by overt and covert racism and oppression as well as cultural and ethnic influences.

The 1960s-1980s in Britain was a pivotal period for defining and articulating post-colonial identities and what it means to be Black. The Black identity became about integrating cultural richness, pride, assertion, Black consciousness, and rejecting pathological narratives (Mama, 2002). However, Black people's place in British society was unrecognised as Britishness is often equated to Whiteness, the residuals of which are still experienced today as illustrated in the 'Context' chapter. The Black-British identity is dynamic, ever-evolving, and context dependent and can be heavily based on one's acculturation, social experiences, and media exposure (Mama, 2002). Furthermore, the Black British identity is also political as it is a defining foundation that intersects with postcolonial migration, languages, religions, cultures, gender, and social classes (Chambers, 2016; Mercer, 2013; Mirza, 1997). The identity is multi-layered combining post-colonial national, racial, and ethnic identities. Some solely identify with their root African and Caribbean origins and there are others who do not and do not 'feel' attached to their ethnic origins nor have any direct experience or knowledge of it. The Black identity and the Black experience conceptualises the day-to-day shared experiences of Black people in a racialised context where they are perceived as the "minority" within a British context. Therefore, cultural, social, ethnic, political, historical, and postcolonial influences and oppressive systems shape the sense of being as a Black person in the UK (Chambers, 2016; Mercer, 2013; Mirza, 1997).

In this study, the phrases 'Black men' and 'Black man' are used to describe person(s) who would identify as 'Black', 'Black British', 'Black-African', 'Black-Caribbean', 'mixed-race', 'mixed ethnic' or racially ambiguous individuals who identify as Black. The "one-drop rule", a relic from the Jim Crow era, is a concept in which "one drop of Black blood" categorised an individual "Black" (Blay, 2021; Bradt, 2010; Davis, 2001). Although some nuances of the 'bi-racial' or 'mixed-race' experiences could be overlooked in the study, it is important to include those who identify as Black due to the distinct experience of what it means to be perceived as Black in society (Davis, 2001). While the UK has made some progress in abandoning the "one-drop rule", the notion still seeps into today's society as ones' meaning-making of being Black are heavily shaped by the processes of how society perceives them (Khanna, 2010).

'Black mental health' as a concept encapsulates the intersection of the intrapsychic state or psychological well-being and the lived experience of enduring overt and covert racism, oppression, and racial weathering as a Black person (Mental Health America, 2021; NAMI, 2021). It is important to distinguish this concept when exploring mental health as research has found that ethnic minorities living under a white supremacist system are the most vulnerable to racial trauma and complex trauma in addition to common mental health difficulties, such as depression, anxiety, and somatization symptoms (Carter et al., 2013; Pieterse & Carter, 2007).

The terms 'Black, Asian, and Minority Ethnic (BAME)' and 'Black and Minority Ethnic (BME)' groups are used interchangeably in public data to refer to "ethnic minority" groups residing in the UK (Ethnicity Facts and Figures, 2021). In March 2021, the Commission on Race and Ethnic Disparities (CRED) (2021) recommended that the government to stop using the term BAME to better understand the disparities and outcomes for specific ethnic groups. CRED does recommend using aggregated groups such as Black, White, Asian, Mixed, and Other;

however, when used in analysis, the limitations should be noted as it could mask differences and nuances presented in detailed ethnic groups (e.g. Black Caribbean and Black African). However, due to this study's philosophical and political underpinning of Black liberation through deconstruction, emancipation, and amplifying Black voices, I will refrain from using these terms as these terms extrapolate experiences across ethnic groups and overlook the complex nuances of racialised experiences.

## Context

### UK Statistics and Reports

The Joint Committee on Human Rights, appointed by The House of Lords and the House of Commons, produced a report in November 2020 (UK Parliament, 2020) that considers several matters relating to human rights and racism pertaining to Black people in the UK. 75% of Black people in the UK do not believe that their human rights are equally protected compared to their white counterparts. 85% of Black people do not believe that they would be treated the same by institutions, such as the police, as white people.

The Lammy Review (2017) highlighted the rightful concerns of the Black community as it showed that arrest rates are higher for Black people, and they are disproportionately represented in the UK criminal justice system. 30% of the prison and detained mental health populations are of BAME backgrounds of which Black African-Caribbean populations are the most prevalent (McInnis & Moukam, 2013; Mind, 2013; Prison Reform Trust, 2018; Sturge, 2019). This statistic is highly disproportionate as Black ethnic groups make up 3.4% of the general population in England and Wales (GOV.UK, 2020).

Black men are 17 times more likely to be diagnosed with complex or severe mental health needs, such as bipolar and schizophrenia, and they are more likely to be sectioned and detained under the Mental Health Act than any other ethnic group (DeMaynard, 2017; Fanin, 2017; Gajwani et al., 2016; Greene et al., 2008; Vernon, 2011). The Angiolini's deaths in custody review reported that Black men disproportionately died from restraint related deaths (Angiolini, 2017). These deaths resulting from the use of force further exacerbate mistrust in the criminal justice system, especially considering that the perpetrators are not being held to account (Angiolini, 2017; Coles, 2017). Furthermore, there are concerns about the over-policing and criminalisation of Black people; Black African-Caribbean people are over nine times more likely to be stopped and search by the police compared to White individuals (Lammy, 2017). Moreover, Black people in the UK are the most likely to experience police brutality than any other race (Ethnicity Facts and Figures, 2019; Francis, 2018; Marsh & Siddique, 2018). The need for radical reform and issues related to structural and institutional racism are continuously highlighted (Bruce-Jones, 2021). These pervasive issues poses the argument that structures that are supposedly there to protect and serve the public are inherently oppressive, exploitative, and harmful, which raises the question of why such structures react to social problems and inequalities by being punitive and destructive rather than preventative and supportive (Bruce-Jones, 2021).

In response to the murder of George Floyd in 2020, UK Parliament (2020) produced a report that explored various issues pertaining to racial inequalities that impact Black people in the UK. They reported that at least 60% of Black people in the UK do not believe their health is as equally protected by the NHS compared to their white counterparts. For instance, the report states that “the NHS acknowledges” that the death rate for Black women in childbirth is five times higher than for White women. However, despite the NHS expressing their “regret”, they have not explicitly expressed a plan of action to address or “target to end” this disparity (UK Parliament, 2020).

Black ethnic groups have up to 50% higher risk of dying from COVID-19 than the White British population (PHE, 2020). The COVID-19 virus disproportionately impacts Black people in Western societies such as the UK, as the virus exacerbates the long-standing existing health and social inequalities (Chan et al., 2020; Elwell-Sutton et al., 2020; Forde et al., 2019; Forrester et al., 2019; Rogers et al., 2020; Wakeel & Njoku, 2021). These systemic inequalities put many racial and ethnic minority groups, particularly Black African-Caribbean and South Asian people, at increased risk of exposure, catching and dying from the COVID-19 virus (Millett et al., 2020). Core factors such as poverty, racial discrimination, various socio-economic factors, occupation, healthcare access, language and cultural barriers, increased vulnerability due to pre-existing medical conditions, mistrust of health services and housing as contributing factors to this atrocity (CDCP, 2020)

Racial discrimination is particularly harmful and has dangerous consequences for physiological health and psychological well-being (Demby, 2018; NAMI, 2021). Critical race theorist Smith (2014) coined the term Racial Battle Fatigue (RBF) which is defined as an emotional and psychological stress response to constantly facing racially dismissive, demeaning, insensitive, racially hostile environments and hostile individuals. Similar to racial weathering, RBF is a significant contributor to psychological and physical strain that often leads to the onset of or increased vulnerability to psychophysiological symptoms and illnesses (Demby, 2018; NAMI, 2021).

Furthermore, the Windrush scandal also revealed that hundreds of Commonwealth citizens, many of whom were Black people of the ‘Windrush’ generation or their children, had been wrongfully detained, deported and denied legal rights (UK Parliament, 2020). The victims of this scandal and their families have yet to receive any form of justice and the recommendations have not been implemented (UK Parliament, 2020). The House of Common’s report (2020) also highlighted a need for a specific focus on racial justice and equity. However, they were unable to identify national organisations that prioritise and oversee these issues. Furthermore, the report also argues that action should be taken as a matter of urgency as previous recommendations led to superficial and performative actions which did not have a substantial or long-lasting effect (UK Parliament, 2020).

The lack of action supports Bell’s (1980) notion that White people will allow and support racial justice and progress as long as it benefits them or if there is a “convergence” of interests between the oppressed minorities and the oppressor. As a result, Black people will continuously be silenced and live in a distorted reality, while White people simultaneously uphold, build and legitimises white supremacy and maintain power or the status quo.

## Barriers to Mental Health Services

In order to gain a better understanding of barriers to mental health help-seeking amongst Black ethnic minority groups in the UK, it is imperative to highlight the historical, cultural, and social disparities as well as the systemic issues and institutional structures in accessing mental health services.

The “BAME” population in the UK experience several perceived barriers when accessing mental health services (Arday, 2018; Memon et al., 2016). The reported barriers are often contextual such as the lack of ‘culturally sensitive’ services available, general access, and the quality of services provided by NHS services are often viewed as abysmal and to be avoided (Arday, 2018; Memon et al., 2016). Additionally, on an individual basis, people from this population can reportedly experience difficulties accepting, recognising, or identifying mental health problems and language barriers (Memon et al., 2016). These factors, either individually or collectively, can contribute to the difficulties of speaking about one’s experience and help-seeking pertaining to their mental health. Furthermore, this population are often from collectivist cultures, which inherently encourages people to seek guidance or support amongst their communities rather than reaching out to people who are not directly from the community or from institutions that are not directly related or catering to the community (Green et al., 2005). The negative connotations, perceptions and misconceptions of mental health and stigma related to experiencing poor mental health and psychological distress often inhibit people, especially people from ethnic minority groups and certain cultures, to be forthcoming regarding their mental health (Gary, 2005; Knifton et al., 2010; Memon et al., 2016; Suresh & Bhui, 2006).

There are long-standing systemic and institutional issues pertaining to racism and inequity that are entrenched in western societies, such as the UK. Therefore, in addition to contextual, individual and cultural factors, there are deeply embedded societal issues that particularly impact Black people, which further deters them from contacting mental health services. Therefore, when exploring issues relating to mental health and mental health access pertaining to the Black community it is imperative to analyse social and systemic factors. Historically, Blackness is socially constructed as inherently inferior, violent, animalistic, savage, and dangerous throughout western history (Curry, 2017), which has been weaponised against this population through institutional and systemic discrimination, maltreatment and hostility. This has not only historically informed the power imbalance between the Black community and mental health services and other institutions. Equally, it has also been used to justify the heinous acts, maltreatment and discrimination Black people experience through these structures (Angiolini, 2017). This narrative continues to persist and has alarmingly remained entrenched in western societies today, as reflected in the criminal justice system and institutional structures (Ferber, 2007).

The resentment and mistrust from the Black community have been perpetuated as they continue to be subjected to harm and shocking acts of violence while the relevant authorities have continued to trivialise and dismiss these issues (Burkett, 2017). For instance, The INQUEST report (Coles, 2017) describes a ‘double discrimination’ Black men

with mental health presentations experience as people hold a general misconception that people with mental illness are 'mad and dangerous' while simultaneously perceiving them as the 'dangerous, aggressive, violent and volatile' Black male stereotype that is ingrained in the minds of many in our society (Angiolini, 2017; Curry, 2017; Hooks, 2004). Therefore, Black men with mental health illnesses and difficulties tend to experience a hyper-marginalisation that often manifests in others dehumanising and justifying violence against them (Angiolini, 2017). These perceptions as well as various underlying and overt reasons contribute to the hostile and coercive ways Black people often enter mental health services, which are usually via the police or social care (Arday, 2018; McLean et al., 2003). The National Institute for Mental Health in England (2003) supports this argument by acknowledging that Black people in the UK are subjected to coercive models of care that prioritises organisational requirements over the individual needs and rights of this population group. Young Black men are predominantly represented within these coercive contexts (Keating & Sainsbury Centre for Mental Health, 2002).

The Angiolini's (2017) review reported that Black men with mental illness who might present symptoms, such as agitation and disorientation, are more likely to be perceived as a threat and potentially violent as opposed to vulnerable by police and prison officers. These perceptions increase the likelihood they are subjected to excessive force, overmedicating, prolonged seclusion, restraint, discrimination and other various forms of abuse, which can ultimately lead to exacerbating their mental health presentation or premature death. Furthermore, Black men are statistically disproportionately detained under the Mental Health Act and labelled with highly complex and severe diagnoses, such as schizophrenia and mood disorders (Gajwani et al., 2016; Singh et al., 2014). Moreover, it has been found that dangerous restraint techniques and excessive use of force are disproportionately used on Black people (Angiolini, 2017). Studies have identified that stereotypes of Black people being more dangerous and potentially violent than their White counterparts contributes to the disproportionate rates of restraint and involuntary admission to high secure mental health services (Callan & Littlewood, 1998).

These horrifying incidents that Black people have to endure at the hands of institutions, understandably, perpetuates the lack of trust in the mental health system amongst the Black community (Arday, 2018; Burkett, 2017; Memon et al., 2016). This further negatively impacts their engagement with mental health services. These long-standing issues often mean that seeking mental health support will be delayed or avoided, leading to Black people entering mental health services at a crisis point (Arday, 2018; Fanin, 2017).

It can be concluded that Black men are often reluctant to share their experiences with health professionals as they have a realistic fear that their unique challenges such as police brutality, police harassment, gendered and racial discrimination from health and social care providers are misunderstood or weaponised against them (Alang et al., 2017; Lindsey & Marcell, 2012; Mayor of London, 2018; Sutton et al., 2006).



## Black Mental Health Discourse and Barriers

Mental health is a topic that is often absent or neglected in the Black community as speaking or expressing psychological concerns is often disregarded, ignored or, dismissed due to several factors such as stigma, the lack of knowledge and culture (Alvidrez et al., 2008; Arday, 2018; Wilkins, 2019).

Being a Black person merely existing in society is highly political and it carries a heavy burden of societal implications that impacts the sense of self and psychological well-being (Gaston et al., 2016). Particularly, Black people living in Western or White-majority societies can experience a sense of inferiority to other races resulting from interpersonal and structural realities that negatively impact how Black people experience their sense of humanity due the racialisation processes (Crocker et al., 2001). Inevitably, the constant experience of discrimination, racialised trauma, oppression, social exclusion, and erasure is often associated with poor mental health in Black communities (Keating, 2020). However, as this is a long-standing and intergenerational social problem, this racialised reality often means that bouts of sadness, hopelessness, anger and other emotions associated with mental health difficulties are considered part of “normal” day-to-day life. Seeking help and admitting to psychological or emotional challenges in the Black community, particularly in this context, would be considered an indication of weakness or exaggeration as they believe in being resilient and overcoming adversities (Alvidrez et al., 2008; Conner et al., 2010; Williams, 2018). There is, therefore, a high value placed on showing “strength in the face of adversity” (Alvidrez et al., 2008; Broman, 1996), and thus taking pride in perseverance and not succumbing to mental health difficulties.

There are significant interacting factors that can contribute to Black men’s mental health, how psychological distress is experienced, and trajectory into mental health services. These factors can occur throughout one’s lifespan and can include family structures, financial and employment difficulties, migration, excessive exposure to violence and conflict, racial trauma, fractured relationships, and cultural incongruence (Keating et al., 2019). Black men often dealing with problems in isolation to preserve their masculinity, sense of pride, and the desire to appear “strong” are common themes that have emerged across previous thematic analysis studies (Gaston et al., 2016; Lindsey & Marcell, 2012; Memon et al., 2016). Lindsey and Marcell (2012) expanded on previous findings by identifying that Black men would rather cope in isolation and often engage in substance use like alcohol and cannabis consumption as coping strategies to suppress psychological distress. Engaging in these coping strategies simultaneously hide their psychological or emotional difficulties from their community to avoid judgement. Although highlighting these coping mechanisms and their impact on Black men are important, practitioners tend to lose focus from the bigger social and political factors that are the root causes of these behaviours and tend to identify the behaviour as key contributors to the men’s mental health (Keating, 2021).

Getting professional help from mental health services would be considered a last resort or not an option at all (Conner et al., 2010). The hesitancy to engage with mental health services are compounded by men generally being less likely to report common mental health concerns due to the fear of being perceived as inadequate and losing their sense of masculinity and independence (Addis & Mahalik, 2003; Vogel et al., 2007). Although these

studies did not explicitly examine the differences between races, their findings correspond with the themes explored pertaining to Black men and their engagement with mental health services and mental health discourse (Conner et al., 2010; Gaston et al., 2016; Lindsey & Marcell, 2012; Memon et al., 2016). On the other hand, Witty et al. (2011) argue that the influencing factors are generally diverse and complex in nature and go above and beyond Black men's masculine ideologies. Bola (2019) offers an alternative perspective highlighting that Black men from communities that uphold rigid views on masculinity, do not always have the language and emotional intelligence to express uncomfortable feelings and experiences. Emotional language and communication that require vulnerability are then often avoided, even within their social circles (Bola, 2019).

The underlying causes for poor service engagement, negative service experiences and stigma contribute to a never-ending cycle that perpetuates negative perceptions regarding mental health in the Black community (Wilkins, 2019). Wilkins (2019) argues that race and gender have historically tied into the Black experience, creating a hostile environment that marginalises Black people with mental health concerns as it actively silences and prevents them from opening up and seeking help. Taking Wilkins's (2019) stance into account, Liddon et al. (2019) recent report suggests that the over-representation of Black men in the criminal justice system, mental health institutions and secure settings in the UK are a reflection of their reluctance to seek psychological help. Their hypothesis would suggest a need to explore and understand Black men's reluctance to communicate their psychological needs, share their experiences of poor mental health, and seek mental health support. Furthermore, it indicates a need for a better understanding of underlying factors that contribute towards the psychological deterioration of Black men and what preventative or supportive strategies should be put in place.

Based on the literature reviewed thus far, one can argue that Black men are highly vulnerable to psychological distress and poor well-being, which needs to be addressed as a matter of urgency. Considering the multi-faceted issues, nuances, and complexities of the male Black British experience and how mental health is constructed, it would be essential to understand how these issues are woven into Black men's experiences. More specifically, to understand how those issues translate into Black men's reluctance to communicate about their experiences and the discourse regarding mental health amongst Black men.

## Black Masculinity

Interestingly, masculinity and masculine ideologies have consistently been identified as critical factors that influence help-seeking behaviours, self-expression, mental health communication, and vulnerability (Lindsey & Marcell, 2012; Memon et al., 2016; Vogel et al., 2007). Hegemonic masculinity (Connell, 1987) is a power-based conceptualisation that theorises males as socialised to compete for power and assert dominance over others. The heteronormative masculinity that is considered hegemonic prevails in everyday life and social structures, which marginalises others that deviate from the norm. Thus, power is wielded to assert and define what is deemed valuable masculine while devaluing other expressions or types of masculinity (Ridge, 2019).

Arguably, the varying expectations of hegemonic masculinity and heteronormativity are increasingly challenged and more egalitarian by abandoning previous marginalised values, such as talking about and expressing emotions and vulnerabilities (Creighton & Oliffe, 2010; Lomas et al., 2016). However, it is important to recognise that the definitions of masculinity and hegemonic masculinity embedded in society are not accessible or experienced by Black men in the same way as their White counterparts (Keating, 2021). Black men have socially not been afforded the same allowance of exploring and creating said new-aged values with latitude. This contrasting experience invites us to think about how masculinity is performed among Black men specifically while considering the interplaying factors, such as intersectionality, cultural interpretations of masculinity, subjectivity, and difference (Ridge, 2019). Therefore, how masculinity materialises and Black male mental health is experienced is qualitatively different from men of other races.

The construct of masculinity as it pertains to Black manhood in the context of White supremacist capitalist patriarchal society requires further exploration to understand the Black male experience, how Black men position themselves in society, how they perceive themselves and the world around them. These factors, inevitably, offer a rich way of contextualising and understanding Black men's mental health.

Black manhood is historically constructed as animalistic, brutish, sexually predatory, uncivilised, untamed, reckless, and violent (Hooks, 2004). Consequently, Black men are still victimised today as those stereotypes and White supremacist ideologies hold weight in people's perception (Hooks, 2004). These ideologies inform behaviours that are often detrimental to Black men's safety and their ability to exist in their manhood without risk or consequence (Curry, 2017; Hooks, 2004). The literature analysing Black mental health in the UK often do not place enough emphasis on living a racialised reality where one has to survive the terror of racism and its inevitable impact on Black men's day-to-day experiences, interactions with others, and general functioning, which create blind spots in understanding the nuances in barriers to mental health discourse, help-seeking behaviours, and accessing mental health services.

In addition to the inherently violent ways of oppression that are present in today's society, there are also more subtle ways in which Black men are impacted that requires careful and nuanced consideration. For instance, the difficulty in obtaining higher education, obtaining or maintaining fulfilling work, suppressing self-expression and self-actualisation, and their inability to safely express what Black manhood looks like as individualism is not afforded to them (Hooks, 2004). Furthermore, Black men who reject the imposed racist stereotypes and narratives that have no relation to their lived experiences will have to choose to cope with their racialised reality. For example, being treated suspiciously when shopping, being perceived as violent since being a young boy, or being related to as a sexual object based on the assumption that they are well-endowed and sexually primitive, and therefore, unable to contain their sexual urges (Curry, 2017). The psychological terror and impact of oppressive societal systems and racist stereotypes perform what is intended to do, which is to hinder societal integration, social equity and Black men's ability to carve out a reality that honours their humanity in a dignified and respectful manner (Hooks, 2004).

Moreover, it is also imperative to understand the historical impact of White supremacy on internalised perceptions of masculinity and how that manifests within the Black community. Through colonialism and the brutal violation of Black people, the understanding of Blackness has been distorted and the White gaze and racist constructions of savagery and inferiority has been internalised (Fanon, 1970). Particularly, the impact of the emasculation and objectification of Black men throughout centuries is still prevalent today (Akbar, 1991; Curry, 2017). Due to these intergenerational experiences, the White supremacist patriarchal definition of masculinity, where hierarchy, domination and control are at the centre of its meaning, has incited psychological terror and, consequently, has manifested distorted ideals, segregation of communities and violence (Akbar, 1991). The notion of masculinity has been adopted and enacted as dominating others who are deemed subordinate and displaying disruptive or overcompensating behaviour to restore the perception of masculinity (Akbar, 1991; Jamison, 2006; Kambon & Bowen-Reid, 2010; Majors & Billson, 1993; Oliver, 1984). This enactment of masculinity often translates into aggressive, violent, criminal, misogynistic, overpowering and dominating others, and bigoted behaviour and perceptions (Wade & Rochlen, 2013). This can materialise into Black men displaying these behaviours towards other Black people due to proximity (Akala, 2019; Grandison, 2020). However, those whom they deem less powerful, such as women, children, and others who do not subscribe to patriarchal manhood are the most likely to fall victim (Hooks, 2000, 2004; Witty et al., 2011). Conversely, these issues perpetuate the narrative that Black men are angry, dangerous, violent, and emotionally stunted people, which maintains the cycle of violence perpetrated against them and their inability to socially integrate.

On the other hand, the process of feeling emasculated, whether conscious or not, influences how or to what extent Black men express and communicate their emotional state and psychological distress. The disconnect is often linked with their inherent need to portray themselves as strong and resilient and equally dominant and powerful as their White counterparts (Hooks, 2000; Witty et al., 2011). Aggressive behaviour has generally been perceived as the more acceptable form of expressing psychological distress amongst men as feelings of sadness or helplessness are considered effeminate and a display of weakness (Brownhill et al., 2005; Perkins, 2014; Perkins et al., 2014). This fuels a problematic culture that enables perceptions and behaviours that perpetuates stereotypes and labels of Black men being “dangerous” and “aggressors” (Fanin, 2017), which in turn inevitably reinforces a vicious cycle of Black men being misunderstood, judged and mistreated.

Hypermasculinity would be considered a way of disconnecting from one’s emotions, psychological challenges, and feelings of low self-esteem, vulnerability or weakness (Akbar, 1991). It is argued that these compulsive acts of survival have conditioned generations of Black men into suppressing their inner world, which leads to depriving oneself of the nurture they desperately need (Jamison, 2006; Majors & Billson, 1993). In essence, hypermasculinity could be viewed as a defence mechanism and a reflection of the victimhood and vulnerability of Black men (Akinkunmi, 2019; Hooks, 2004). The process of internalising the oppressive systems lead to a misorientation and a distorted sense of self, which is arguably at the root of anti-Black, self-injurious, anti-social, objectifying, materialistic, self-indulgent, individualistic and criminal behaviour of Black men. Adopting a

lens that recognises the ways in which White supremacy permeates throughout society's systems, conditioning, and structures (Liu, 2020; Saint-Aubin, 1994), we can acknowledge that Black men are experiencing a great sense of loss and struggle for power (Akbar, 1991; Akinkunmi, 2019; Kambon & Bowen-Reid, 2010; Oliver, 1984; Wilson, 1991). Understandably, the issues discussed as a result of existing in a racialised body and surviving an oppressive society have generated, contributed, and perpetuated deeply rooted issues in the Black community that need to be addressed as a matter of urgency.

### Literature Review: Methodology, Epistemology & Reflexivity

The four relevant research studies selected for review will be critically evaluated based on their research aims, methodological choices, epistemological positions, reflexivity, sociological and systemic considerations.

Memon et al.'s (2016) study aimed to determine the perceived barriers to accessing mental health services amongst the "BME" community in Brighton and Hove. They recruited 26 BME participants which consisted of Asian/Asian British (n=4), Black/Black-British (n=6) and mixed (n=3). The remaining 13 participants did not respond to the question on ethnicity. 11 participants were aged 18-34, 10 were aged 35-64, and 2 were aged 65+ years. 3 participants did not report their age. The two focus groups were an equal mix of male and female service users. Most participants were university-educated. They utilised an NHS Public Health Directorate approved discussion guide for the focus groups to ascertain aspects of access to mental health services, such as the type of services used, experiences of the services, perceived barriers to accessing the service and how the services can be improved. In addition, participants were asked to keep written notes and flipcharts in order for the researchers to review the process and to ensure that participants' views were clearly documented.

Memon et al. (2016) conducted an inductive thematic analysis (Braun & Clarke, 2006). Two broad themes which influenced the participant's access to mental health services were reported. Firstly, personal and environmental factors, and secondly, the relationship between the healthcare providers and service users. They found that the participants required considerably more mental health literacy to raise awareness of the various symptoms and support available. They also found that the strained relationship between service providers and service users and service user's mistrust could be substantial barriers. Additionally, they also proposed that relevant training should be implemented to service providers to encourage effective and culturally appropriate service delivery, to improve access for BME populations.

Their findings were expanded, and their themes were adapted by Arday (2018). Arday (2018) aimed to identify perceived barriers for accessing mental health services among BME students at UK Russell group universities. Furthermore, the study aimed to highlight the direct impact on attainment outcomes and psychological well-being.

Arday (2018) utilised inductive thematic analysis to identify key themes and reported overt discrimination, lack of mental health awareness, language barriers, culturally insensitive

services, mistrusting service providers and stigma as overarching barriers to accessing mental health services. The participants reported that the relationship between service user, pastoral services, and healthcare providers are imperative to their university experience and attainment. However, the findings did not explicitly explain or explore the factors directly impacting attainment outcomes.

Arday (2018) recruited 32 BME individuals aged between 18 to 34. The group included Asian/Asian-British (n=6), Black/Black-British (n=14), Mixed (n=9), and Hispanic (n=3). The group comprised of 18 women and 14 men. Two focus groups as well as one-to-one semi-structured interviews were conducted with each participant. The participants were encouraged to make written notes to record their “patterns of thought”, to ensure that their views were clearly documented, and to facilitate a reflexive process. However, what this process entailed or how it facilitated reflexivity was not explained.

Although the ontological and epistemological positions were not explained. Both studies found that identifiable social, systemic, institutional, and cultural processes determine BME access to mental health services (Arday, 2018; Memon et al., 2016). Furthermore, both studies found comparable findings that suggests BME communities find solace in peer support and sharing experiences despite the fear of judgements, embarrassment, stigma, and cultural reservations associated with mental health issues (Arday, 2018; Memon et al., 2016). Managing the burden of stigmatisation within the community does not appear to surpass the fear of discrimination and maltreatment from service providers.

The discovery orientation (Madill & Gough, 2008) that is embedded in how themes are framed as an investigative process suggests that both studies position themselves within the realist paradigm which locates them in the positivist epistemology. The reflexivity in both studies is limited to how objectivity and validity were maintained and how biases were minimised (Arday, 2018; Memon et al., 2016). Interestingly, both studies explicitly stated that interviews and group discussions were facilitated by a researcher who has cross-cultural work experience. However, the motivation, assumed impact, function or purpose of this decision was not explained. Furthermore, both studies made claims regarding the enrichment and disclosure among the participants. Memon et al. (2016) stated that the conversations held by the participants enriched the group discussions. Similarly, Arday (2018) expanded by stating that a supportive and nurturing environment cultivated candid conversations and enriched the disclosure process among participants. The claims of both studies suggest that the actions in the data collection process were intentional and imply that they directly influence the behaviour or thinking of the participants, which is another indication of their epistemological views (Willig, 2013). Furthermore, Arday (2018) stated that they had the “initial intention” for participants to disclose more “candid” accounts regarding their experiences with mental health but, “that did not transpire”. There is a lack of clarity about what they meant by candid accounts and how they intended to quantify or validate this. This could suggest that Arday (2018) may have had preconceptions of the participants’ experiences.

Lastly, Wilkins (2019) aimed to identify mental illness perception and communication in the Black American community. They recruited 6 Black-American university students, aged 20-

25, who reported first-hand experience with mental illness, including a close friend, family member, or their own experience of mental illness. The group consisted of 4 women and 2 men. Wilkins (2019) conducted individual one-to-one semi-structured interviews. The interview guide is described as reflective questions aimed to “elicit the participant’s first-hand experience and perception of mental illness”.

Wilkins (2019) utilised deductive thematic analysis, focussed on latent content and adopted an analytical approach by utilising the impact of Jim Crow and racism as the framework to analyse the data. Four themes were reported: mental health, factors influencing communication about mental health, conventional responses to mental illness, and preferred ways to address mental illness in the Black American community. Interestingly, there is a noticeable overlap in themes and subthemes, suggesting there is scope for condensing the interview questions and more in-depth analysis. Furthermore, Wilkins (2019) implied that there is a cause-and-effect to consider that “drives Black-Americans’ behaviour and psyche” in relation to mental health. Additionally, Wilkins (2019) stated that they fitted the results into the research questions, which is consistent with the inductive analytical approach. The aspect of making causal claims and interpretation based on pre-selected theoretical frameworks are consistent with the chosen TA approach (Braun & Clarke, 2006).

Wilkins (2019) findings are consistent with Memon et al. (2016) and Arday (2018) studies as they find that stigma and lack of mental health awareness impact Black-Americans’ perception of mental health. Furthermore, they found that negative discourse on mental health topics in the Black-American community perpetuate stigma and the disengagement with services, which negatively impacts the experiences of Black people with mental health problems.

Wilkins (2019) did not explicitly state their epistemological and ontological positions. However, based on their knowledge claims and interpretation, it appears that they position themselves within the critical realist paradigm (Harper & Thompson, 2011). Wilkins (2019) demonstrated reflexivity by providing a personal account of their personal commitment, interest and experience with the research topic and motivation for the study. However, Wilkins (2019) did not acknowledge the elements of subjectivity and my impact on the research process.

McLean et al. (2003) investigated the interactional dynamics contributing to the perceptions and barriers to mental health services among the African-Caribbean community in South England. 30 African-Caribbean people were recruited for 2 focus groups. The study did not state the age range. The participants were members of statutory and voluntary organisations, mental health users and carers, and other African-Caribbean community members. McLean et al. (2003) conducted a “case study” which appears to be comparable to a deductive thematic analysis. The study utilised social, cultural, and institutional exclusion as explanatory frameworks to understand Black African-Caribbean engagement with mental health services. McLean et al. (2003) found that participants experienced and expected racism and discrimination when accessing mental health services, specifically overmedicating, misdiagnosis, and miscommunication or false interpretations of language

and behaviours. The fear of racist treatment appeared to be the key deterrent in early access to mental health services, and thereby perpetuating longstanding mental health inequalities. Furthermore, high levels of socio-economic marginalisation were found to play a significant role in poor mental health experienced by Black people in the community. The fundamental issue McLean et al. (2003) found was the large discrepancy between the perceived necessary change by the African-Caribbean community and the mental health service providers. The community called for radical change through establishing ethnic specific services and same-ethnicity staff as they perceive that to be the only way appropriate services could be offered and potential service users to feel understood. In sum, McLean et al. (2003) proposed that existing barriers, issues of power and racial inequalities in mental health services should be addressed through co-production of services and addressing fundamental inequalities as a form of intervention to reduce the mental anguish experienced by the community.

In conclusion, sociological factors merit detailed consideration as it contextualises the multi-layered and heavily nuanced issues pertaining to barriers to mental health services and discourse in the community. These factors as it relates to specific Black male barriers will be further discussed in the rationale.

## Rationale

### Rationale for Research Topic

As discussed in the previous sections, it is important to contextualise and consider the often highly problematic historical, systemic, cultural and political factors of the Black experience that are deep-rooted and widespread. Therefore, these factors must be considered when conducting Black male mental health research from an anti-racist lens. Notably, there are multi-layered factors that contribute to the complex needs of Black men and their experiences of psychological distress. Hence, it is imperative to understand the Black male experience by exploring their lived experiences and continuously re-evaluating their individual and collective needs to address the disparities experienced by Black men in the community. The Black male experience and the Black male identity are not monolithic; however, it is necessary to capture social and cultural context, race, ethnicity, and their perceptions of the male gender and manhood to understand their experience.

Black men are often associated with racist stereotypes and negative perceptions (Arday, 2018; Curry, 2017; Fanin, 2017; Hooks, 2004), which often leads to them being subjected to harm and violence, punitive actions, and treated with contempt (Angiolini, 2017; Coles, 2017; Ethnicity Facts and Figures, 2019; Francis, 2018; Marsh & Siddique, 2018). To dismantle the dominant and one-sided discourse that demonises and dehumanises Black men by highlighting the deeply entrenched systemic, cultural and social issues, it is important to amplify their voices, shed light on their lived experiences, and provide a more accurate and humanising representation of Black men and the Black male experience.

As most of the existing literature and studies focused on the Black experience and Black mental health within the context of the United States (Alvidrez et al., 2008; Burkett, 2017;



Chan et al., 2020; Conner et al., 2010; Gaston et al., 2016; Greene et al., 2008; Lindsey & Marcell, 2012; Perkins et al., 2014; Wilkins, 2019; Williams, 2018), they do not necessarily account for the very nuanced Black UK experiences, despite there being many similarities. There is currently a lack of research solely focusing on the Black British or the UK Black African and Caribbean diasporic experience when analysing mental health (Arday, 2018; Gajwani et al., 2016; McInnis & Moukam, 2013; McLean et al., 2003; Memon et al., 2016). Out of those limited studies, there are even fewer studies that Black scholars and researchers have conducted (DeMaynard, 2017).

Previous relevant studies conducted in the UK have been predominantly based on service users or former service users of Black ethnic backgrounds (Arday, 2018; Gajwani et al., 2016; McLean et al., 2003; Memon et al., 2016). To understand the disparities in accessing mental health services, it would be invaluable to explore the fundamental barriers to help-seeking and disclosure from the perspective of the men in the community who have not accessed mental health services. This perspective could provide an insight into the underlying factors that maintain current existing gaps or barriers and help think about preventative strategies.

#### Justification of Research Question

The literature clearly demonstrates that Black men are highly vulnerable to poor well-being and psychological distress due to the multiple ways they are oppressed in society (Demby, 2018; Hooks, 2004; Smith, 2014; Wilkins, 2019). The distorted perception of Black manhood and what it means to exist as a Black man in society (Akbar, 1991; Akinkunmi, 2019; Bell, 1980) has an undeniable impact on how Black men navigate and engage with their mental health, such as through substance use (Gaston et al., 2016; Lindsey & Marcell, 2012), being self-reliant to appear strong (Fanin, 2017), not vocalising their distress (Bola, 2019), and perpetuating stereotypes (Akinkunmi, 2019; Jamison, 2006; Kambon & Bowen-Reid, 2010).

Common cultural, contextual, and individual factors that hinder Black people from engaging with mental health services have also been identified (Arday, 2018; Burkett, 2017; Memon et al., 2016). However, due to, the often, one-dimensional positivist paradigm underpinning of these studies, the underlying factors contributing to these issues are often not explored. Hence, the findings often do not illustrate a more in depth as well as broader picture of the barriers Black people experience.

Considering the varying factors that hinder Black people from engaging with mental health services and Black people's vulnerability to poor psychological well-being, this poses questions relating to how Black people navigate their experiences of psychological distress, disclosure, and help-seeking. In view of this, it is important to gain an insight into the personal barriers to expressing psychological distress whilst also considering experiential factors, such as systemic, social, and cultural issues. Therefore, it can be argued that an exploratory, qualitative, and participant centred approach to further research would allow more nuanced and complex issues to emerge. This approach will also offer us an insight into Black men's experiences from their own perspective and amplify their voices.

Therefore, I propose the following research question:

What are the shared experiential barriers to expressing psychological distress amongst Black men in the UK?

## Epistemology

### Overview

This study adopts a qualitative analysis utilising inductive-deductive Thematic Analysis (TA). This chapter will outline this study's philosophical, ontological, and epistemological positions. The following chapter will describe the methodological procedures, including information about data collection, participants, ethical considerations, the analytical approach, and reflexivity.

### Philosophical positioning

#### Anti-racist Praxis & Social Justice

Anti-racist principles in research aim to focus on subjective lived experiences and recognise the pervasiveness and complexities of power and domination and how they are weaved into these experiences (Brewer, 2016). The inherent purpose of anti-racist research is to understand social and structural violence and how it materialises in order to understand how different intersections, such as race, gender, class, religion, and sexuality, and the important nuances are constructed and upheld (Cross, 2020; Dei George & Singh, 2005; Rylko-Bauer & Farmer, 2016; Winter & Leighton, 2001). This study aims to place the experiences and voices of the Black community at the centre of the work. Through challenging the status quo, anti-racist research aims to understand and theorise and call for political action and change (Brewer, 2016).

Researchers who engage with vulnerable groups should do so with great care, responsibility, and curiosity (Dei George & Singh, 2005). More specifically, in anti-racist research, one ought to interrogate themselves and how their position of power and assumptions impact the research process. Thus, salient questions should be asked regarding ethical considerations, how subjects and voices are represented in the research, who the narrative belongs to, and how ownership remains with the participants or the community (Dei George & Singh, 2005). The research would not only situate itself in the lived experience of the population group, but it would also be an opportunity for the researcher to critically engage in their own experience through reflexivity as the co-constructor of knowledge (Dei George & Singh, 2005).

Although collaboration and active participation would be at the core of anti-racist research and practice, the risk of dominating the process as the co-constructor of knowledge remains. The risk is due to the inherent power imbalance of researcher-participant relationships (Jordan et al., 2001) and issues of power are particularly pertinent to the Black community (Whyte, 1991). Therefore, collaboration in its "*truest*" form would involve discussions on identifying and defining the topic of interest, designing the appropriate methodology, data analysis, dissemination, and further contributions (Bogat & Jason, 1997).

### Contextual Barriers and Challenges

Research conducted with the Black community poses contextual barriers and challenges due to the historical, social, and organisational factors that perpetuate a fractured relationship between the community and institutions. The historical and continuous abuse of power and privilege have contributed to the negative perceptions of researchers, “helping professions”, and the institutions these professionals are associated with (Rappaport, 1995).

For instance, testing based on “eugenics” was used to justify the mass sterilisation of Black people, particularly Black women, in predominantly White countries such as the USA (Stern, 2020). It has been well documented that Black women in North Carolina were most likely to be forcibly sterilised during the Jim Crow era and as desegregation arose, between 1937 and 1966 (Stern, 2020). It has been argued that the mass sterilisation policies were strategic efforts to control the Black population, manage poverty, and maintain racial hierarchies (Roberts, 1998). Alarming, recent allegations emerged of forced hysterectomies on undocumented migrant women held in a detention centre in the state of Georgia, USA (Donegan, 2020). Furthermore, Black boys are historically more likely to be labelled with neurodivergence and penalised for their presentation than their White counterparts (Duran et al., 1990; Ethnicity Facts and Figures, 2017; Race on the Agenda [ROTA], 2013).

Researchers have equally acquired a negative reputation in terms of their engagement with the Black communities. Historically, researchers are accused of pathologising Black lived experiences (Fernando, 2017), and the studies were often conducted in unethical, deceitful, harmful and life-threatening ways (Brandon et al., 2005; Williams, 2018). Unwelcomed and strategically oppressive interventions perpetrated by institutions have caused terror in the community, which has left most of the Black population feeling stigmatised, dehumanised, and under threat (Jordan et al., 2001). Understandably, the lack of trust and the negative perceptions have led to a reluctance to engage and viewing health and social care professionals and institutions as threatening and voyeuristic (Hatch et al., 1993). Therefore, previous researchers have considered the Black community a “hard-to-reach” population (Braun & Clarke, 2013; Jordan et al., 2001).

In addition to the issues mentioned, despite Black researchers being considered to hold a unique position as an “insider” when conducting research with this population group (Zavella, 1993), there are tensions that accompany this position that one would have to reconcile and navigate. For instance, one’s integrity could be questioned and could be met with discontent and suspicion due to their association with institutions and organisations who are inherently and historically harmful towards the community (Jordan et al., 2001). One’s allegiance and motivation as a Black professional, compounded by the issues of power, social class, and educational background, could be interrogated (West, 1993). Black psychologists trained in White Eurocentric educational institutions tend to adopt standards of conduct enforced under the guise of professionalism but in reality promote rigidity and elitism. The Black professionals’ need to assimilate further presents a barrier to establishing an inherently fragile working relationship with the population group (Jordan et al., 2001).

In order to address these issues, it is suggested that researchers should invest time into establishing relationships and collaborating with grassroots organisations relevant to the Black community. Establishing these relationships have been found to aid in establishing trust, utilise the resources available to the community, and include established and influential figures such as a religious leader and community elders (Jordan et al., 2001).

Similar to the research process of the present study, it has been reported that there are common challenges that research projects have encountered with this population group. Some difficulties in efficient community collaboration with this population group are often related to the time, concerted effort, and funding required to sustain the research process, which financially limited and time-constricted projects struggle to commit to or obtain (Jordan et al., 2001).

### Counselling Psychology values

Counselling Psychology as a profession is underpinned by humanistic values and is committed to subjectivity over and above traditional medical models that prioritises notions of diagnosis and treatment (Lane & Corrie, 2006). The distinctive Counselling Psychology identity is reflected in our ability to engage with philosophy, supervision, therapeutic encounters, and research from a critical lens, bring aspects of ourselves and embed that in praxis. The engagement in reflective practice, continuous professional development, and supervision are integral elements to the Counselling Psychology practice that set us aside from other psychology and helping professions. At the centre of the Counselling Psychology discipline, practice, and research lies a critical stance that acknowledges differences, dilemmas, and tensions underlying the various therapeutic modalities and approaches, which requires reflective and inquisitive practice. Humanistic and relational values are the inherent driving forces in the exploration and process of understanding the client, ourselves, and the world around us (Goodyear et al., 2016).

As Counselling Psychologists, we have an ethical and moral responsibility to address social and racial inequalities as the society declares its *“commitment to promote equality, diversity and inclusion and to challenge prejudice and discrimination, and actively promotes a culture of equality, diversity, and inclusion”* within the discipline (British Psychological Society [BPS], 2019). Therefore, we have a duty to take on *“executive leadership”* roles that challenge systems, promote inclusive values, and advocate for silenced and marginalised individuals in society (BPS, 2019; Hargons et al., 2017).

As a response to the resurgence of the “Black Lives Matter” movement, the BPS and the Division of Counselling Psychology released a statement in which they acknowledge ongoing systemic, structural, and institutional racism, recognise the enduring emotional anguish felt by the Black community and its contribution to mental health issues amongst Black people (BPS, 2020). They acknowledged the need for committed action through social justice driven, inclusive, decolonising, and anti-racist work (BPS, 2020).

## Counselling Psychology Critique

Anti-racist praxis goes hand-in-hand with adopting a critical stance in practice and research and critically evaluating the paradigms that inform Counselling Psychology. Furthermore, the reflective scientist-practitioner model embedded in the profession (BPS, 2019) offers scope for evaluating and understanding the complexities of human suffering and lived experiences.

However, Counselling Psychology as a profession has inherent tensions and contradictions that should be discussed and brought to the fore to highlight its contribution and complicity in upholding problematic systemic issues and practices. For instance, a required learning outcome for accredited Counselling Psychology doctorates in the UK is to understand issues of power, discrimination, and (internalised) oppression and the psychological impact of these complex and interwoven issues (BPS, 2019).

The scientist-practitioner component of Counselling Psychology promotes evidence-based practice; however, Arnett (2016) argues that the research used to inform the discipline and practice is not accurately representative of the society we live in. Nonetheless, this research informs our training, resources, and clinical practice guidelines. The emphasis on Eurocentric and intrapsychic models locate trauma responses to living in marginalised and racialised bodies within the client (Afuape, 2016; Malott & Schaeffle, 2015). Furthermore, conceptualising human distress through subjectivity and applying theories grounded in individualism could promote problematic tendencies within the profession. Adopting a solely humanistic stance does not account for the wider contextual and structural issues that permeate through society and one's experience (Ahsan, 2020).

The training inherently adopts universal frameworks to research and practice, which does not only perpetuate discriminatory and inaccessible practices, but it would also be very difficult to fully understand the Black experience using theoretical frameworks developed by those who centre Whiteness at its core (Ahsan, 2020). Furthermore, the impact of anti-Black racism and its contribution to racialised processes in society and the marginalisation of Black people, are often excluded from mainstream Counselling Psychology training and traditional modalities related to understanding human behaviour and psychology (McKenzie-Mavinga, 2020). Black mental health as a phenomenon is therefore, marginalised and makes engaging with the subject matter an often contentious and uncontainable process for students and staff who want to address issues pertaining to anti-Black racism. As a Black trainee, my interventions related to Anti-Blackness in predominantly White spaces, such as during class discussions or at my NHS placements, I have been met with deafening silences, deflecting tactics, the guilt, superficial and minimal reflections, and aggressive denials and disengagement from none-Black students and staff. Mid-way through my training, I came to the realisation that committing to this work would mean to be constantly exposed to harm, whether it is through forms of gaslighting, alienation, or erasure of my identity and lived experiences. What further compounds the harm done to students like myself is the lack of care and personal support available to process the psychological and emotional impact these incidents have and adequately addressing the issues as and when they occur. The lack of action from staff and peers further perpetuates the belief of being the 'other' and, therefore, not equally deserving of protection, respect, and safety in these spaces.

Therefore, I argue that the inherent nature of Counselling Psychology training is complicit in obscuring the impact of systemic, racial, and political trauma, which seems contradictory to the Counselling Psychology ethos to emancipate, understand discrimination, promote inclusivity, and social justice (BPS, 2019). Furthermore, my experience as well as other documented experiences of Black trainees (Mckenzie-Mavinga, 2005), demonstrate the lack of support, safeguarding and consideration in these institutions. The disconnect observed from the institutions and individuals collectively perpetuate the denial of racism and racialised experiences in academic and clinical settings. Luckily, in the first half of my training, I was fortunate enough to secure a placement at a Black female managed charity, which had a team of predominantly Black psychological practitioners. This experience was invaluable as the placement offered a sense of belonging and comfort, which made me feel empowered and safe enough to have a voice, be confident, and authentic without fear of being viewed as “too political”, “unruly”, or “unprofessional”. My lived experience was validated and my existence was celebrated, which enabled me to embody my multifaceted identity through my clinical work and, in turn, be fully present and be the vessel of liberation for my clients.

#### Summary: Personal and Professional commitment

I am a Black female Counselling Psychologist adopting feminist and critical theories to practice, who is committed to using her position as a professional and lived experiences as a Black woman to make contributions to the emancipation, self-determination, and liberation of Black and other marginalised communities through clinical practice, community activism, and research. As a response to the civil rights movement in the '60's, Black psychologists such as Smith (1973) have called on fellow Black psychologists to be courageously deviant and be the leaders and change agents within their communities to support and advance Black communities in the diaspora.

There are significant contextual challenges a Black psychologist could face. However, there are many ways in which their unique and complex experiences can be a valuable asset to the dismantling of oppressive systems and deconstructing the psychology profession (Obasi et al., 2012). A Black psychologist who researches Black lived experiences can be situated as the insider while simultaneously as the outsider (Zavella, 1993), which comes with its unique challenges and tensions as a Counselling Psychology researcher and clinician.

As an insider, I have an element of familiarity and I am more likely to understand the different strengths, challenges, and needs of Black populations better. However, Black people are not a monolith. Therefore, it is crucial to recognise nuances and differences in cultural identities, norms, and values across the various Black communities. Despite the differences, Black people across the globe are united based on how their phenotypical features have been constructed and perceived by society. Hence, I argue that conducting anti-racist research would mean having a nuanced understanding of the socio-political, contextual, and historical factors to empower those who have been disempowered and deconstruct discourses that perpetuate harm and social suffering and contribute to transformative action Counselling Psychology research and practice.

On the other hand, although I share a racialised reality, being a Black Dutch national also adds elements of being an outsider examining the phenomena within a British context. Therefore, I need to consider my cultural knowledge, insider and outsider issues related to the research process, my commitment and understanding of theory, power relations, assumptions, and lived experiences that may subjugate or marginalise the realities of the participants (Tillman, 2002). I considered my insider-outsider position by unpacking perceived cultural differences and similarities and my lived experiences in personal therapy. The issues that emerged in therapy that were relevant to the research process were noted in a personal reflective journal and further evaluated to understand how these have moulded my assumptions. I acknowledge that these assumptions are deep-rooted and so, I understand that they have informed my decision-making and interpretations to some capacity. However, having a better understanding of my underlying perceptions, assumptions, and interpretations enabled me to be more aware of personal triggers, feelings, responses, and have a more empathic and curious stance to the participants' narratives. The personal feelings and triggers that emerged throughout the research process as well as my lived experiences were also discussed in safe spaces for Black women.

## Ontology

### Relativism

Ontology is the study of being, phenomena, and experience (Harper & Thompson, 2011; Willig, 2013). Hartlep (2009) argues that, as part of critical research, researchers ought to abandon imperialistic and colonial paradigms that seek to universalise or generalise. Instead, they should adopt relativistic or emic paradigms that highlight the population group's specific and highly nuanced experiences and interrogate the researcher's positionality. Therefore, taking an inquisitive and reflective approach to the process of acquiring and constructing knowledge.

A relativist paradigm argues that "reality" cannot be judged against truthfulness or accuracy as reality is shaped and constructed according to the various representations we have access to influenced by the different social, cultural, and historical contexts (Burr, 2006). One's reality is, therefore, relative, and rather than searching or revealing for "the truth", relativism is interested in exploring one's perceptions and constructions of reality.

## Epistemology

### Social Constructionism

Epistemology is the study of knowledge and how knowledge is created (Burr, 2006). Social constructionism, at its core, is interested in how reality is constructed through daily interactions and discourse; therefore, they argue that language is essential to understand reality (Burr, 2006). Qualitative data would provide an insight into the consequences of one's position within the construction of the phenomena. Hence, it is important to adopt a contextual, social, historical, and cultural lens. In contrast to adopting an individualistic

paradigm, such as phenomenology, social constructionism emphasises the multifactorial aspects of shared meaning.

The present study adopts a moderate (macro) social constructionists perspective which explicitly aims to deconstruct discourses that uphold iniquitous power relations by connecting constructions of reality to the wider context and interpreting data by referring to pre-existing material which has shaped one's reality (Burr, 2006; Harper & Thompson, 2011). Unlike radical (micro) social constructionism, the moderate perspective offers scope to make certain ontological claims about pre-existing material in order to develop plausible and coherent causal accounts of the influence of discourse on human dispositions, beliefs, and actions (Elder-Vass, 2012b). Due to moderate social constructionism's moral and political underpinning, it is often combined with a critical theorist position.

### Critical Theory

Critical theory argues that one's reality and lived experience are constructed and mediated by power relations within historical and social contexts (Kemmis & McTaggart, 2007). Kincheloe and McLaren (2011) argue that critical theory should be interpreted broadly as there are many critical schools of thought. However, critical theorists share a common aim: to disrupt and challenge the status quo by conceptualising reality within power relations and the enduring reality of oppression within society (Morrow & Brown, 1994; Ponterotto, 2005). Furthermore, they share the assumptions that power relations are historically and socially constituted, language is central to subjectivity, a hierarchy of privilege exists, and oppression is multifaceted. These assumptions mean that one form of oppression should not take precedence at the expense of the other. The critical paradigm aims to centre advocacy, critiquing assumptions, and emancipation of those who are oppressed in society through practice and research.

In contrast to positivist paradigms, the researcher's proactive values are embedded in the work. Various critical lenses such as critical race, queer, and feminist theories are included under the critical theory umbrella (Denzin & Lincoln, 2017).

## Methodology

This study adopts a qualitative methodology, which provides a framework for explorative inquiry and explore the participants' meaning-making processes (McGrath & Reavey, 2013; Willig, 2008). This study aims to amplify the voices of the participants and shed light on their lived experiences. Furthermore, qualitative methods would be the most appropriate approach due to this study's aims and philosophical underpinning.



## Data Collection

### 1:1 Qualitative Interviews

One-to-one interviews were the chosen data collection method as its purpose is to provide an exploratory space for the participants to share their lived experiences. One-to-one semi-structured interviews were conducted to facilitate an in-depth discussion and shed a light on “people’s knowledge, values, and experiences” as they are “meaningful and worthy of exploration” (Byrne, 2004, p. 182). Semi-structured interviews, when well executed, facilitates a collaborative process that allows the participant to raise pertinent issues and subjectivity (Dickson-Swift et al., 2009).

As the present study was conducted during the global COVID-19 pandemic, all interviews were conducted online in order to adhere to government protocols and ensure the safety of the participants and researcher. The university provided appropriate training, resources, and communication software that adhere to the institution’s online safety, confidential, and ethical practice guidelines.

### Alternative considerations

Before the pandemic, I considered focus groups as an alternative data collection method. Focus groups are commonly used in existing qualitative research on related topics regarding Black mental health. However, the interview questions could touch on sensitive topics, which requires a more sensitive approach where privacy and safety should be paramount (Robson & Foster, 1989). This population group specifically has experienced individual or collective hardships and traumas, which could create a highly emotive and triggering environment that would be difficult to contain as a novice interviewer. Furthermore, the lack of privacy could potentially impact the data collection process. Specifically, how accounts are conveyed in a setting where peer pressure, shame, stigma, interpersonal dynamics and being amongst a group of strangers should be considered. On the other hand, comparable barriers could present themselves in a one-to-one setting.

Furthermore, there are potential safety concerns I had to consider due to the research being conducted in highly populated, under-resourced, and socio-economically deprived areas in London in which gang cultures are prominent (Public Health England, 2015). As the Black population is a relatively small community, I had to consider direct and indirect affiliations that could potentially pose harm to the participants or myself.

Lastly, managing focus-groups could be tricky as there is a likelihood that not all participants get equal time and space to explore their narratives. Organising focus groups has also been found to be a strenuous process for time-limited projects due to time constraints (Braun & Clarke, 2013).

## Recruitment and Research Procedure

### Recruitment Process

The recruitment started in September 2020, which was four months after the study gained ethical approval (Appendix A). The HCPC (2015) adopted the principle of “professional self-regulation”, in which trainee Counselling Psychologists are responsible for managing their fitness to practice on an ongoing basis, particularly as it pertains to client work. Hence why I made a professional judgement to delay the recruitment due to the multi-faceted impact of the COVID-19 pandemic and the vicarious racial trauma I and, most likely, the participants were enduring during the global political uprising of the Black Lives Matter Movement. Interestingly, it is important to note that racial trauma is not recognised as a legitimate reason to request an extenuation (University of East London, 2020). I have a duty of care to the participants and myself to identify my limitations and the potential harm posed to the participants (BPS, 2021, 2021). I had to make a professional and ethical judgement, which led to the decision to put the recruitment and research process on hold.

Initially, social media platforms such as Twitter and Instagram were used to publish and circulate the research advert in September to October 2020, which collectively accumulated approximately 45,500 impressions and views. However, despite the incredible amount of engagement on the posts, the post received four responses from potential participants. Another social media app, Clubhouse, was used to promote the research and potentially recruit suitable participants, which attracted six potential participants who expressed an interest in the study. Despite the initial enthusiasm and interest in the research, all participants recruited across all social media platforms who initially expressed an interest in the study withdrew their interest in participating and declined to be interviewed.

In addition to the difficult and uncertain circumstances surrounding COVID-19 that may have directly and indirectly impacted recruitment, there is also a shared understanding that recruiting participants for a sensitive research topic, particularly in marginalised communities, is a more complex process (Lee & Renzetti, 1990).

Due to the failed attempts to utilise social media as the basis of my recruitment strategy, I chose to recruit an acquaintance who became a significant proponent of recruiting for the study. He acted as a gatekeeper by promoting the research amongst his peers and recruit potential participants through word of mouth. Snowball sampling is regarded as the most appropriate strategy for sensitive topics (Braun & Clarke, 2013), which helped to recruit six participants. I share Habenstein’s (2017) argument that researching sensitive topics requires participation from gatekeepers to establish trust from the participants. Furthermore, there is a sense of security as my acquaintance was able to “vouch” for me, which assisted in building rapport with the participants. I was put in touch with the participants by someone they have established relationships with, which proved preferable when engaging this population group. This preference was evident in the time it took to schedule the interviews and attendance compared to the participants recruited without the help of a gatekeeper.

### Inclusion and Exclusion Criteria

Intersectionality (Crenshaw, 1991) would aid in understanding the qualitative experience within the context of existing in multi-layered oppressive systems. From an intersectional perspective, the matrix of oppression and privilege and where one is located within that matrix would alter how one makes sense of themselves and their position within the world (Collins & Bilge, 2020). Therefore, to maintain a homogenous sample, the following inclusion criteria were applied: men who are assigned male at birth, identify as heterosexual, and Black.

In this study, Black is conceptualised as a race and racial identity and would include men who are racialised as Black. This distinction means that it can include men from African, Caribbean, Black-British, or mixed-ethnic heritage.

As previous comparative studies have predominantly been based on service user populations (McLean et al., 2003; Memon et al., 2016) the current study exclusively included participants who have not been service users or have not been service users in the past in order to fill the gap and contribute to existing research.

Exclusion criteria were participants who were experiencing severe mental health concerns, were actively self-harming or experiencing suicidal ideation to mitigate risk.

### Sample

In line with Braun and Clarke's (2021) recommendations and for the purpose of this study, I have recruited six participants, which is considered sufficient to demonstrate a convincing pattern across the data while it also being contained enough to showcase the individual experiences of the participants.

The ages of the participants range from 27 to 35 (mean age = 31.5) and they were born, raised, and currently living in various London boroughs. Five participants are of West-African descent and one participant is of Caribbean descent.

### Procedure

When the participants were contacted, the aim and purpose of the research were explained verbally prior to sending the relevant documents. Once a date was secured, the information sheet (Appendix B), consent form (Appendix C), and debrief letter (Appendix D) were sent via email. Once their written consent was obtained, all participants were verbally informed at the beginning of the interview that they were allowed breaks and could withdraw at any point during the interview.

The interviews took place online via MS Teams at a time that was convenient for the participant. Prior to agreeing to a date, I highlighted the importance of access to a stable internet connection, a suitable device, and a private and confidential space for up to 90 minutes. The participants were also advised to download MS Teams prior to the interview, if possible.

I mentioned that to minimise the disruption to the flow of the interview, that it is advised to have up to 90 minutes of uninterrupted time. Furthermore, participants were reminded of the limitations of confidentiality and my duty to escalate concerns of harm to the participant or someone else. Lastly, I highlighted that the findings of the study and anonymised quotes may be used in publications and reports.

Prior to the interview schedule, the participants verbally completed two self-report screening tools: the Patient Health Questionnaire (PHQ-9), which monitors the severity of the participant's depressive symptoms and Generalised Anxiety Disorder (GAD-7) assessment, which monitors the severity of generalised anxiety disorder symptoms (Appendix E). I explained that the questionnaires were not diagnostic tools but to assess risk and any exclusion criteria. The participants also completed a demographical questionnaire (Appendix F).

The interviews slightly varied in length, but their duration was 60 minutes on average. The interviews were guided by a semi-structured interview schedule (Appendix G) but a flexible stance was applied throughout the interview to facilitate a conversational and natural flow and attend to the participants' meaning-making processes.

The debrief sheet had been sent prior to the interview, and at the end of the interview, I reviewed the debrief sheet with all participants and advised them to read the letter if the participants have not done that already. I highlighted the potential emotional impact of the interview and highlighted the specialised 'BAME' counselling and emotional support groups available in London and documented in the debrief sheet.

A notebook with notes of the conversation was utilised during and after the interviews in order to record my reflections. The notebook was mostly used to note keywords or phrases that emerged during the interview and refer back to if the opportunity arises during the interview. However, it also served its purpose for post-interview reflections on any nuances, material, interpersonal dynamics, discomfort, memorable moments, or revelations that occurred.

The participants were given opportunities to ask questions or express any concerns prior to the interview date, during screening, and after the interview. I also stated that the participants were welcome to ask questions in the future.

I assured those who agreed to be contacted in the future and expressed a desire to be involved in the research that they would be updated on the development of the study, give them an opportunity to provide feedback on the written draft, inform them of the dissemination of findings on public forms and publications, and involve them in future projects as a result of the research.

## Ethics

### Ethical Approval

University of East London's School of Psychology Ethics Committee gave ethical approval for the study in May 2020 (Appendix A). The study was considered to carry minimal risk to

participants' welfare. BPS guidelines on the Code of Human Research Ethics (BPS, 2021a) and the BPS Code of Ethics and Conduct (BPS, 2021b) were followed whilst conducting the research.

The study did not involve any deceptions as participants were provided full information regarding the aim and purpose of the study, and ample opportunities were given to discuss questions or concerns. The participants were informed via the consent form and verbally that they were free to withdraw from the study and request for their data to be destroyed until the start of data analysis. Appropriate debriefing and the opportunity to discuss the interview experience were provided at the end of each interview.

Anonymity was guaranteed by changing any identifiable information such as names, location, place of work, and any other clearly defined information that could have identified the participant were changed in the transcripts. Furthermore, all participants were allocated pseudonyms, which were used to store and record data, and transcribe.

The power dynamics and how these were addressed were at times unclear and intangible. Due to my personal experiences with Black men as a Black woman, I found the power dynamics highly nuanced, complex, and difficult to navigate due to the underlying inner processes that are played out during my interaction with the participants. I particularly noticed feeling intimidated and a sense of dread from the moment I initiated contact with the participants. This specifically stems from the expectation to not be taken seriously by them as a darkskin Black woman and potentially being objectified. Some of my anxious thoughts were confirmed when I noticed that the majority of the participants were subjectively testing my legitimacy and pushing boundaries. For instance, some asked for the interviews to be done within a few hours' notice and others queried about my contributions to the improvement in the community. My credibility and how I plan to apply the study's findings were also questioned. My presence as a highly educated Black woman inhibited some men from speaking freely, which I noticed through the men apologising for occasionally swearing or sharing their opinion on their preference of Black male representation and Black male influences on the development of Black boys. On the other hand, the tensions I noticed could have been the participants' ambivalence to research and sharing their personal experiences, which I attempted to address by highlighting my interest in hearing the participant's story and opinions in a non-judgemental way. Furthermore, at the end of each interview, I expressed their gratitude and emphasised the privilege of hearing the participants' stories.

### Confidentiality

All identifying features were anonymised in the transcript. Interview recordings, typed transcripts, scanned copies of screening forms and questionnaires, and drafts of the study were saved on an encrypted password-protected file on UEL's OneDrive for Business software. Due to COVID-19, there was no access to locked cupboards at UEL. Therefore, the printed and hand-completed screening forms and questionnaires were stored in a secure cabinet at my home. I have access to the printed copies, but those assigned to work on the

study (i.e. supervisors and me) have access to the data and information stored on the OneDrive.

### Sensitive Topics

Any topic that focuses on aspects of life that could cause distress, harm or elicit emotional responses such as anger, anxiety, and shame could be considered a sensitive topic (Cowles, 1988). Although there is no established way of quantifying levels of “sensitivity”, there are some topics that are considered more sensitive than others. However, what is conceptualised as a sensitive topic is also contextually, culturally, and socially dependent (Cowles, 1988; Davies & Gannon, 2006).

The potential risk to emotional distress or harm as a response to participating in “sensitive research” is not only limited to the participant, but it can also extend to the researcher, which consequently can impact the research process such as on the data collection, management of the data, and dissemination of the findings (Elmir et al., 2011; Lee & Renzetti, 1990). Therefore, a duty of care to self as well as the participants and processing the emotional impact through personal therapy, peer support and keeping a research journal are of utmost importance when researching sensitive topics (Dickson-Swift et al., 2009; Fahie, 2014).

Despite the potential difficulties associated with researching sensitive topics, it has been found that using qualitative methods are particularly suitable as it represents “experiences and personal stories” (Davies & Gannon, 2006). Furthermore, it has been reported that the process of disclosure in interviews can be beneficial and cathartic for some participants (Skelton, 2001). Moreover, research of this nature can work to address some of the most pressing social and political issues through challenging the status quo and opposing problematic narratives and pursuing new lines of inquiry so that more accurate and fairer representation is presented (Lee & Renzetti, 1990; Sieber & Stanley, 1988).

### Risk

No significant risks were identified because of participating in the study. However, it was acknowledged that there is a potential risk of emotional harm and distress due to the sensitive nature of the topic discussed. A flexible approach to the interviewing process and structure was applied, an appropriate debrief was provided, participants’ feedback was elicited, and continuous collaboration throughout the research process was emphasised to help minimise the risk.

### Methodological Rationale

The study proposes the question “*what are the common experiential barriers to expressing psychological distress amongst Black men in the UK*”, which aims to provide an insight into the phenomena within the social and cultural constructs of a racialised and gendered reality. Interpretive phenomenology shares a similarity to moderate social constructionist

perspective in the requirement to engage with the data and go beyond the text. However, the IPA position on knowledge claims and causal effect is where they differ. For instance, IPA accepts that direct access to participants' realities is impossible and that knowledge is produced through interpretation of the participants' experience (Willig, 2008). As this study is interested in shared meaning rather than individual experiences, IPA was discounted as a methodology.

Narrative analysis was considered due to the underlined emancipatory philosophy; however, it was discounted due to its focus on structure, content, function and temporality in narrative form (Figgou & Pavlopoulos, 2015). A narrative would depict events in a chronological order or causal chain towards a conclusion (Sayer, 1999), which is not the inherent focus of the proposed study.

Foucault's (1972) discourse analysis was also discounted due to its interest in the content of statements, how this is regulated (what is said and not how it is said) and temporality. Similar to narrative analysis, Foucault (1972) argues that the discursive reproductive process is driven by the accumulation of statements and negates the underlined causal mechanisms, which is counter to the political agenda of this study. Additionally, the inherent linguistic focus of Foucault discourse analysis and how it is used in analysing experience would not address the proposed research question.

Due to the study's interest in the shared meaning embedded within the cultural and societal context, thematic analysis (Braun & Clarke, 2006) appeared to be the most appropriate as it is theoretically flexible and captures the meanings attributed by participants to their experiences and actions (Willig, 2013). The process of generating themes would be inductive, which aims to honour context while generating patterns of shared meaning and experiences across the data. My position would be considered the architect and co-creator of knowledge. Therefore, reflexivity would be imperative to understand their impact, role and sense-making of the data in the research process (Blair, 2010).

### Analytical Approach

Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2021) was utilised to analyse the data due to its flexible and foundational method that is compatible with my philosophical, ontological, and epistemological orientation. The reflexive approach to TA highlights the researcher's active role in knowledge production as it reflects on the researcher's interpretation of the dataset, theoretical assumptions, and analytical skills and resources available to them (Braun & Clarke, 2019; 2021). Therefore, my assumptions, values, and position are at the centre of the analytical and decision-making processes. The fundamental purpose of TA is to construct rich themes and patterns of shared meaning across the data (Braun et al., 2018).

This study adopts a dual inductive-deductive approach to TA. An inductive "bottom-up" approach is driven by the raw data and does not impose a pre-determined coding frame (Terry et al., 2017). This approach is consistent with the relativist ontological position, which honours subjectivity and the participants' lived experiences from their perspective.

Therefore, this approach focuses on manifest themes, which are themes directly observed across the data sets. In contrast, a deductive “top-bottom” approach will analyse the data from an established theoretical framework and focus on the latent content, which is coherent with the moderate social constructionist and critical theory epistemological positions. Latent themes are considered ‘underneath the surface’ of the data, which derives from established ideologies and theories (Maguire & Delahunt, 2017).

The dual inductive-deductive approach of TA was considered the most suitable as it allows the researcher to be interpretive, critically engage with the data and be the co-constructor of the analytical process (Blair, 2010; Willig, 2013). Counselling psychology emphasises the relevance of meaning, subjectivity, values, mutually constructed realities, and insight (Blair, 2010), which the proposed study aims to convey. Thus, a dual TA approach recognises my preconceived notions and assumptions derived from their theoretical and philosophical orientations, which provides a reference for the analytical process (Terry et al., 2017). However, as this study emphasises amplifying the participants' voices, it would be imperative to adopt a non-imposing stance and create space for new ideas and concepts through curiosity and open-ended enquiry.

Therefore, the interview questions were derived from the research question “*what are the shared experiential barriers to expressing psychological distress amongst Black men in the UK*”, which framed the questions with an emphasis on the lived experiences of the Black male participants and their reflections on them at the time of the interview and their perceptions of psychological distress (see Appendix G).

Some of the research questions referred to the Black male experience specifically to elicit the presumed nuances and differences. To minimise my assumptions on the direction of the participants’ narrative, the conversation was predominantly led by the participants’ material presented in the interviews.

The analytical process and the construction of themes are derived from critical theoretical perspectives that argue that lived experiences are shaped by societal perceptions, underlined constructs, historical and contextual influences, and multifaceted forms of oppression (Berkes et al., 2008; Elder-Vass, 2012a). Furthermore, the moderate social constructionist epistemology will provide an insight into how these multifactorial elements are maintained through language and contextual constraints (Elder-Vass, 2012b).

### Methodological Reflexivity

The key papers evaluated in this study made me reflect on the potential value the proposed study could have on exploring issues in the ‘BAME’ population in relation to mental health from a Counselling Psychology lens. The proposed study aims to expand on previous findings by being more exploratory and analysing the wider social and cultural constructs that impact a subgroup of the ‘BAME’ population. I feel that this is particularly important in order to give the ‘BAME’ population, Black men specifically, a voice by highlighting their experiences from a wider social and cultural perspective. This process is particularly



important to the Counselling Psychology profession due to fundamental values related to social justice (Miller & Sendrowitz, 2011).

Memon et al.'s (2016) and Arday's (2018) studies are descriptive and arguably, could have benefitted from delving deeper into the analysis and adding layers of interpretation. However, the lack of interpretation and critical analysis does not invalidate the research studies as their approach appeared to have been appropriate for their research questions and their axiology. The papers demonstrate the wider criticism of thematic analysis and the perceived lack of sophistication (Braun & Clarke, 2013), which emphasises the importance of reflexivity in terms of one's positionality, philosophical grounding and their impact on the research process. There is a misconception regarding the flexibility of TA, which created the assumption that the analytical process of TA does not require much engagement. However, precisely due to its theoretical flexibility, the quality of a thematic analysis study heavily depends on the researcher's decision-making process (Braun & Clarke, 2006) and level of engagement. Therefore, one could argue that the level of sophistication of a thematic analysis study depends on the researchers philosophical and epistemological positions and how they choose to convey and present that in their research.

## Personal Reflexivity

### Identity and Ideological Positions

Epistemological and methodological reflexivity encourages the researcher to reflect on the strengths and limitations of adopting a particular philosophical position in terms of the impact it has on the research process and design (Ritchie & Spencer, 2002). Personal reflexivity complements this process and ensures rigour in qualitative research as one increases their awareness of their socio-cultural positions, beliefs, and assumptions and recognises how these factors may have influenced and shaped the research process (Willig, 2013).

In terms of critical research and assessing issues of power, the researcher ought to adopt an introspective position where they critique and scrutinise oneself in the multiple ways they wield power (England, 1994). Although reflexivity in and of itself cannot resolve structural power relations and hierarchical relationships due to its complex nature. Reflexivity can bring these issues into the conscious awareness, which can contribute to conscious decision-making processes and acknowledge impact, intersections, prejudices, and subjectivity (Gonnerman et al., 2015; Kvale & Brinkmann, 2009).

Besides my identity as a Counselling Psychologist, I also identify as a womanist (a term coined by Walker (1983)), which adopts black feminist ideologies and frameworks that centres intersectionality, interrogating power, and divesting from patriarchal and white supremacist structures, in an effort to liberate marginalised people and communities. Adopting this lens enables one to understand and interrogate the pervasiveness of oppression across multiple intersections (Mirza, 2015). Dotson (2018) argues that Black female social theorists and Black women's experiences have historically been excluded, erased, and discounted from what is considered knowledge. Hence, it is imperative to

explicitly state one's allegiance as Black feminists to decentre theories that do not include the specific nuances of Black women's experiences.

I am a Black woman first, which means that I cannot ignore the often devastating reality we must navigate and endure. From a womanist lens, I recognise that Black women are situated at the bottom of the social hierarchy and, therefore, subjected to racism and sexism and other forms of oppression. Due to misogynoir, the lived experiences of Black women globally, and our plight is often ignored or dismissed in society, which allows alarming rates of interpersonal violence, social injustices, and economic inequalities to continue to persist. This position is particularly relevant to note as womanism also critiques those who do not centre intersectionality. We would argue that any framework without it would be structurally and politically incomplete. Furthermore, we would critique those who actively and passively maintain anti-blackness and misogynoir in society and suppress inclusive discourse.

### Personal experiences and motivation for research

I am a darkskin Dutch woman of Ghanaian descent who was born and raised in The Hague and Voorburg, South-Holland. My father who was a military sergeant and my mother who was a food trader at a local market in Ghana migrated to Europe and lived in a couple of West-European countries before they settled in The Netherlands in the late 80s. A few months after I was born, my parents voluntarily gave me away to a White Dutch family to be looked after and raised as their own child alongside other Ghanaian children the family agreed to look after. My parents hoped that being raised by a White working-class family in a pre-dominantly White area would ensure ways for me to assimilate and secure a better future and opportunities for me, while they continued to work multiple laborious jobs. In the first 12 years of my life, I spent most of my time with my foster family and visited my biological family over the weekends. This form of "private fostering" was a phenomenon that began during a rapid increase in economic migration from West and East-African countries (a Nigerian-British author and director depicts this phenomenon in the film "Farming"). Needless to say, I had an unorthodox upbringing, which felt like I was in a constant state of 'splitting', where I was constantly confronted with the intolerance, discomfort, and rage my Blackness and my appearance as a young girl would incite in others. Throughout my childhood I had to deal with humiliating and at times violent racialised bullying at a mostly White school while also experiencing colourist and fatphobic abuse at home from my biological mother. As a result, I became very uncomfortable of my Blackness in terms of my features, skin complexion, and hair texture as a child, which I internalised as being undesirable, undeserving, inadequate, and unworthy in comparison to others who are White or have a closer proximity to Whiteness. On the other hand, as I started puberty and developed a curvaceous figure from the age of 10 and I became the object of the male gaze in my community, which I interpreted as acceptance, affection, and love, but in reality I was objectified, adultified, and sexualised, which is a regularly occurring experience in my interactions with Black men to date.

My experiences growing up undoubtedly contributed towards a polarising and distorted sense of self, racial and gender identity, and belonging. Additionally, to the anti-Black abuse I had to endure, my increasingly intensified, unrelenting, and perpetually violent interactions with Black men in particular as an adult thus far, instilled a fundamental belief that I needed to be 'strong' and 'persevere' while being riddled with fear and shame to survive this world where I feel unprotected and vulnerable.

After moving to the UK aged 15 and completing college, I commenced my academic journey in Psychology, which led to my first post-graduate job as a mental health practitioner in a Category-A prison. My experience in prison highlighted my contradicting feelings and experiences of Black men and their equally contradicting ways of viewing and interacting with me as a professional in that setting. On one hand I was sexually objectified by the prisoners but as our working relationships developed, they accepted and sought support from me and viewed me as trustworthy. Similarly, I initially viewed them as dangerous predators and as time went on, I became less frightened and judgemental and wanted to do more to help and advocate for them. This contradicting internal process extends beyond my experience in prison as a psychologist and is a challenge I must contend with in my professional and personal experiences.

Although my experiences of Black men have at often been negative and emotionally taxing, I could not deny the innate urge to want to understand the reasons for my experiences of Black men as a Black woman. Furthermore, I had a strong desire to understand why Black men present in my communities in the way they do. The desire to seek answers to my lived experiences was my motivation for researching Black male mental health.

During the COVID-19 pandemic, I discovered Black woman-centred spaces which provided an opportunity for me to share personal experiences and listen to and learn from other women. It quickly became apparent that many of my troubling and problematic experiences were characteristic of many other Black women's lives. The recurring patterns made me realise that my experiences were not a product of my environment, circumstances, or personal fault but a social and cultural structure that is designed to oppress and cause harm to Black women. Black women experience an expectation to be the sponge and warriors of society. The sponge to absorb everyone else's oppression and protect others, while Black women do not receive that same protection, empathy, and safeguarding. There is an expectation to be perfect and, consequently, relentlessly shamed for the aspects that make Black women human. This social norm compounds the unrealistic standards that Black women are responsible for the behaviour and actions of Black men. Therefore, Black women observe Black men experiencing being demonised in wider society while simultaneously being infantilised in the Black community. This polarising experience absolves Black men from any responsibility, blurs the lines of who should be held accountable, and have unimaginable and dangerous consequences for Black women. The murder of Oluwatoyin Salau in Florida, the attempted murder of Sasha Johnson in London, and many others are heartbreaking examples of Black women who perished at the hands of those they were fighting for and tried to protect. These spaces discussed many topics relevant to the Black female experience and provided anecdotes, theory, and language to

understand my experience. These spaces were invaluable in the process of defining my positions and identities as a Black woman and a Black female psychologist.

### Personal impact on the research

In the context of this study, I argue how Black men and Black boys are dehumanised in society. However, I also recognise how patriarchal systems allow Black men to be protected and coddled in the Black community at the expense of Black women, children, and queer people. Therefore, in terms of power dynamics and this study, until Black liberation has materialised globally, as a Black female psychologist who experiences racist, sexist, and classist oppression, the conflict of being the oppressed and viewing Black men as my oppressor, will continue to persist. When I consider what Black men bring up for me, I must sit with the psychological terror they evoke in me due to the perpetual violence and injustices I have experienced and daily witness in my community by Black men. Hence, while I find it important to hold space for subjectivity, empathy, and compassion, I also find it equally important to hold those accountable who perpetuate the violent injustices and inequalities embedded in every aspect of institutions, structures, collective social suffering, and interpersonal experiences.

Although my existence should not be political, how the multiple intersections are constructed have made my humanity and physical body political entities. Therefore, my lived experience and worldview as a Black female second-generation West-African migrant from a working-class background and survivor of gendered interpersonal violence will impact the assumptions I hold, how I interpret the data, and how I could potentially perceive the population of this study. However, as I am acutely aware of the impact my lived experiences have on my worldview, particularly pertaining to Black cis het men, I made a conscious decision to seek therapy from a Black male therapist in order to reconcile unprocessed traumas, understand my internal conflicts, gain a framework and language to articulate my experiences, and challenge my assumptions. Furthermore, throughout the doctorate training, I attended several talks and workshops where Black male experiences were discussed from their point of view, which helped me to unpack how systems of power yielded and maintained in the Black community in ways that are detrimental to all. Through this process, I was able to interrogate my stance, broaden my lens, and understand how I impact the research.

### Outline of Thematic Analysis

RTA allowed a flexible data analysis approach due to its reflexive and creative elements. I interpreted the data through a lens informed by my lived experiences whilst drawing from a theoretical framework. The participants' voices were integrated and highlighted at the theme construction and report production stages. The potent extracts pushed the participants' voices to the forefront, while the analysis depicts a cohesive story of my interpretation, theory, and new ideas. The data was analysed using the stages outlined by Braun and Clarke (2021). Each of the steps was conducted in a methodological order: transcription, familiarity with the data, generating initial codes, searching for themes,

reviewing themes, and lastly, defining and naming themes. Nvivo 12 (QSR International Pty Ltd, 2008) software supported the coding and theme construction processes.

### Transcription

Transcription is the initial stage of analysis. The recordings were manually transcribed verbatim at a semantic level. Transcribing conventions (Appendix H) are adapted from Banister et al. (2011).

### Familiarising with the data

All transcripts were read, reread, and explored multiple times in order to immerse oneself in the data. The familiarising process facilitated the observation of noticing patterns, which led to emerging ideas and potential areas of interest being marked on the margins of the transcripts. Key observations from the field notes were also added to this data.

### Generating initial codes

The transcripts were uploaded to NVivo 12 (QSR International Pty Ltd, 2008), a qualitative data analysis computer software that provides a framework to code the data systematically and comprehensively, which can increase the rigor of qualitative studies (Jackson & Bazeley, 2019; Leech & Onwuegbuzie, 2011). Codes are succinct labels that capture analytical ideas based on the data (Braun & Clarke, 2006) and hold meaning relevant to the research question. At this stage of analysis, the coding was primarily led by explicit content to identify initial reoccurring patterns across the data. For example, I clustered recurring topics and patterns such as family, work, relationships, racism etc. I initially focussed on the patterns of individual transcripts and then noted the similarities and differences across the dataset. Some of these similarities and differences were what the participants found helpful or unhelpful, perceived emotions such as hopelessness, anger, empowerment, and the participants' strengths and resources etc.

### Constructing themes

Through having a deep understanding of the data, the researcher engages in an active process of pattern formation and identification across the dataset (Terry et al., 2017). The initial codes are expanded and built on to present the first version of the data pattern. The research question determines what patterns or clusters are relevant and salient to the study. In this case, patterns related to individual and experiential barriers to expressing psychological distress are essential to answering the research question. Discussing the initial codes and creating a Thematic map (Appendix I) were helpful to understand the data pattern, the connection between the provisional themes and the overall dataset. Based on the initial codes and pattern formation, provisional themes were constructed that captures the participants' implicit meaning making and concepts. Based on my epistemological and

ontological positions, I paid particular attention to shared lived experiences such as racism, the expression of masculinity, and the impact of social, cultural, and historical contexts.

### Reviewing themes

Provisional themes are further shaped, clarified, or discarded to exercise quality control and ensure that the themes are aligned with the research question and axiology of the study. At this stage, it would be imperative to find the right balance between having distinct themes while ensuring that they relate to each other and the research question. A more developed thematic map (Appendix J) was produced to reflect the more refined overarching themes. Themes that are not sustainable as standalone core themes can be altered and merged into subthemes, which captures distinct aspects of a core theme but shares the same core concept.

These themes are derived from the participants' narratives about their lived experiences in the UK with a specific focus on what it means to be a Black African-Caribbean man in today's context. The participants spoke at length about the broad impact of the ways in which socially, historically, and culturally manhood and Blackness have been constructed. As the participants unpacked the impact of these social constructions, they provided insight into the day-to-day conflicts they experience related to these identities which appears to be simultaneously empowering and destructive to their sense of self, how they navigate the world and relate to others.

For example, the participants described the intrapersonal and interpersonal impact of Black male stereotypes and expectations that are often imposed on them by others and how these imposed and constricted identities are maintained and upheld by the participants and society through learnt behaviours and how Black men are portrayed. Moreover, the impact of different layers of oppression and adversity such as experiencing racism, living in poverty, and trauma that is passed down intergenerationally and reinforced systemically and socially. Lastly, the participants also described their idealistic desires and the initial steps to healing through a sense of community and deconstructing what Black manhood means to them.

These patterns were consistent with the theoretical framework which led to the process of constructing four overarching themes: 'Detrimental perceptions of Black manhood', 'Internal and external conflict', 'Strength in the face of adversity', and 'Redefining Black manhood'.

The initial themes 'Mental Health Access', 'Residual Trauma', 'Black Representation', 'Shame', 'Reclaiming Power', and 'Cultural Tensions' were merged into sub-themes and redefined as some data patterns overlapped and to convey a stronger and more coherent argument. The theme 'Spirituality and Religion' was constructed as the references made by the participants in the transcripts resonated with me on a personal level. However, not enough references were made across the data set, which suggested that the theme was not significant enough as a standalone theme or subtheme.

### Defining and naming themes

The reviewing process continued; however, a more interpretative orientation was applied by creating a compelling story based on the data and conveyed by me through my sense making. The final extract examples were selected and reviewed for effectiveness in illustrating the participants' experiences and coherence in relation to the research question and the literature. Theme definitions helped to clarify content for each theme and provided a sense of coherence across all themes. Moreover, field notes were used as a guide to review the extracts to assess the authenticity and the overall message the study aims to convey.

### Producing the report

The familiarisation, field notes, coding, and theme construction lead to the development of the final analysis (Terry et al., 2017). This stage is where the data, analysis, interpretation, and theoretical framework wove into each other and drew the "bigger picture". As this study adopted an inductive and deductive approach, data extracts were used both illustratively and analytically.

## Analysis & Discussion

### Overview

The analysis is informed by the study's epistemological underpinning whereby it seeks to consider the sociocultural contexts, systemic structures, and underlying ideas, conceptualisations, and assumptions that contribute to the collective experiences of Black men in the UK. Particularly, the barriers they experience pertaining to mental health and how that shapes their accounts.

This study argues that the common experiential barriers that hinder expressing psychological distress amongst Black men are rooted in wider systemic and societal contexts in terms of how Black manhood is perceived. The analysis aims to illustrate how these barriers are maintained through language, sociocultural factors, White supremacist and racist ideologies, and power relations. Furthermore, the impact of these constructs, structures and social conditioning such as harmful racial and gendered perceptions, racial and classist oppression, the pathologisation of mental health, and restricted social mobility on Black men's lived reality will be depicted through vivid illustrative excerpts from the semi-structured interviews. These excerpts will illustrate how these structures materialises experientially as these men navigate the sense of self in a world that dehumanises, violate, shames, objectifies, and oppresses them. The findings will demonstrate that barriers regarding mental health discourse, mental health access and help-seeking behaviours are above and beyond cultural, contextual, and individual factors. Therefore, this study argues that a wider systemic and societal approach to deconstruct the perception of Black manhood and masculinity would be necessary to better understand and address the existing barriers Black men experience.

This study offers a shift in perspective to the Counselling Psychology profession and practice as it challenges its inherent contextual and phenomenological stance to mental health as it pertains to the Black community by highlighting the detrimental wider long-standing underlying social and systemic issues that need to be addressed. Furthermore, the insight this study provides highlight the gaps and barriers to accessing mental health services for Black men.

This argument is presented through four themes: 'Detrimental Perceptions of Black Manhood', 'Internal and External Conflict', 'Strength in the Face of Adversity', and 'Redefining Black Manhood'. 'Detrimental Perceptions of Black Manhood' explores the dynamic processes of internalising racist stereotypes and problematic patriarchal and masculine ideologies as systemic and social barriers that impede Black men's expression of psychological distress and provides context to understanding the barriers Black men experience. 'Internal and External Conflict' highlights self-reliance and internal suppression due to the fear of stigma, judgement, alienation, and being misunderstood as individual barriers to expressing psychological distress. Moreover, it explores significant contributors to these barriers, mainly relational ruptures in childhood as a result of cultural, socio-economic, and contextual factors. 'Strength in the Face of Adversity' expands on the previous themes by highlighting how the desensitisation to suffering compounds perceived strength and perpetual self-reliance. This is intergenerationally transferred and reinforced by the men's day-to-day experiences of racial trauma, interpersonal violence, and systemic dehumanisation. Furthermore, the understanding of their ancestry often informs how they engage with their experiences of psychological distress, which can pose a cultural barrier.

On the other hand, the participants also thought about nurturing their sense of resilience and their windows to healing through Black pride and having strong cultural and ancestral roots. 'Redefining Black Manhood' highlights that individualism promoted in society as a multidimensional barrier that reinforces the damaging ways Black men cope with psychological distress. Furthermore, the lack of Black male representation hinders Black men's expression of psychological distress as there are not many positive Black male role models generally, and even less so in the mental health field.

Although the themes are treated as distinctive from each other, they are largely intertwined due to the wider underlying systemic factors, power structures, and problematic ideologies embedded in society. Black manhood, masculinity, and racist stereotypes are ubiquitous in how it materialises in society. Therefore, these concepts recur throughout the themes to contextualise the experiences barriers explored in the study.

In addition to the barriers, the participants also spoke about their healing journeys and what contributed to these journeys, which I found important to emphasise in the research in order to present a more holistic and multifaceted picture of the participants' experiences. Therefore, in the themes 'Strength in the Face of Adversity' and 'Redefining Black manhood', both barriers and healing factors identified by the men will be explored.



## Detrimental perceptions of Black manhood

### Restricted Identity

The participants' accounts demonstrate their awareness of how society perceives them and highlight the different ways in which they feel confined and pressured by the perceptions others have of them. They describe experiencing 'an image' being projected onto them or being minimised to caricatures of Black male concepts, assumptions, and associations constructed by society and cultures. The participants' accounts indicate that these constructions lead to people imposing their expectations onto them, which leads to them adopting certain roles or portraying themselves in ways that are not aligned with their true selves. This dynamic process ties in with projective identification, defined as internal "objects" splitting off and projected onto the other as primitive defence mechanisms, which then becomes possessed and identified by the other (Clarke, 2003; Ogden, 1979; Sandler, 2018). This process highlights the importance of recognising the role of social factors in understanding Black male mental health and how mental health inequalities persist. For instance, Prince describes the process of actualising these imposed constructions and the conflict that arises for them:

Prince: "What it actually makes it so difficult is because how do you get to become someone in your own right if you're being told you are someone so much, it becomes something like prophecies."

Similar to Prince, the men often speak about the challenge of becoming their own individual while navigating these imposed views, narratives, and images, which Prince describes as: "fighting the nuances...that people force on you". The men describe this process as a constant "fight" and "struggle", which depicts the violent impact these perceptions have on them. The never-ending fight and struggle make merely existing as a Black man (Prince): "quite tough" and (Terrance): "difficult" as constantly navigating these tensions appear unsustainable and not without detrimental consequences. Prince expands on this tension by stating:

Prince: "You're fighting that in between bits that people force on you. Whilst trying to show who you are like as a Black man, you know, the in between bit you having to cope with these weird hurdles and it makes it quite tough."

Similarly, Terrance experiences being labelled or reduced to people's assumptions. Terrance's account explicitly describes how Black men are typically characterised and labelled, which shows how expectations and assumptions can be imposed on Black men and maintained in sociocultural and interpersonal contexts.

Terrance: "Also, because people were raised with this, this perception of this subset of Black people then that means that all Black people are the same or all Black men are the same."

Terrance: "You know, because you met a few Black men who sells drugs, now all Black men are drug dealers"

Terrance: "Just because you've never seen a Black guy cry, then all Black men shouldn't cry. And that's that's how it is. And even if you say I'm not like that people don't wanna listen."

The excerpt shows that the restricted Black male identity hinders the men's ability to self-actualise and develop their sense of self and identities as *"if you say I'm not like that, people don't wanna listen"*. Terrance expands on this point by describing how these restrictions impact Black men's ability to show or express certain emotions. The stereotypical masculine tropes such as "men don't cry" are particularly relevant to Black men as the participants indicate that they are not permitted to show any vulnerability. Black men's inability to show vulnerability will be further explored in the theme 'Internal and External conflict'.

Marginalised groups that suffer from persistent exposure to stereotyping have reported decreased performance, increased anxiety and distress, and self-consciousness and use their mental capacity to suppress adverse psychological effects to function cognitively and socially (Schmader et al., 2008; Steele & Aronson, 1995). This dynamic issue leads to the perpetual feeling of being disheartened and discouraged at the constant reminder of being the other and not being afforded fair opportunities to excel in life (Kinouani, 2021).

In terms of these tensions and projections, most participants explicitly spoke about the psychological impact of needing to "fight" and navigating these "hurdles" have on their mental health. For instance, Prince attributes Black men's fragile mental state to navigating these imposed parameters and constraints. He describes this experience as having a never-ending *"full-time second job"* that seems to occur within and outside of his environment:

Prince: "It's almost like a job like a full-time second job. As soon as you close your door, you were back at work until you come back and close your door again."

Similarly, Harrison describes the mental strain and frustration he feels as he tries to reconcile with these imposed parameters:

Harrison: "I really wasn't able to be myself.. my full self because I was always trying to portray an image and you end up, you know, uhm.."

Harrison: "You end up, you know, burning out you know.. 'cause you can't keep up an image"

Harrison: "You end up draining yourself mentally, you know.. you're frustrated as it were"

The excerpts illustrate the psychological impact of the erasure of the men's individuality they experience in their daily social interactions with people. In their accounts, it appears that the resistance to their self-actualisation they experience from others have significant deteriorating consequences to their mental health and well-being. Their accounts are consistent with Hooks's (2004) notion that Black men are not afforded individual identities, difference, and self-expression in the same ways as their White counterparts, which stifles their ability to self-actualise and live a fulfilling life. These constraints and tensions show the concept of masculinity and manhood in relation to Black men are stunted and have not been allowed to evolve due to the oppressive societal systems that are in place (Curry,

2017). Bola (2019) highlights the discrepancy in how masculinity can be expressed by arguing that existing rigid and stereotypical beliefs attached to Black masculinity do not allow space for fluidity and subjectivity. Therefore, the problematic standards remain and men are not able to adopt other ways of existing in their masculinity.

Despite most participants recognising the impact the imposed social confinements have on their well-being, some still question themselves and their sense of manhood if they deem themselves an outlier to the perceived social norm. Prince describes how he associates specific attributes to the prototypical definition of being manly as a way to quantify his manhood.

Prince: “[chuckle] Like, I’m not a fighter, I am not tough, I am not, you know, I’m quite sensitive, like, that is just how I show my emotions, which is in many ways different to other people, but you know what can I do?”

The participants appear to share a consensus of the binary perception applied to how masculinity is conceptualised and constructed. For instance, Sebastian uses the power that slave owners wielded to create hierarchy amongst slaves by distinguishing them as “house negros” and “field negros” as an analogy to illustrate typical masculine traits such as endurance, strength, being unconquerable, and perseverance.

Sebastian: “You know. There’s a house negro and there are field negro. I’m definitely a field negro”

In the context of masculinity, Sabastian uses an analogy as a vivid illustration to distinguish what is deemed Black masculinity, which has been passed on intergenerationally. Based on the analogy, Sabastian would identify himself as a “*field negro*”, the majority of slaves who were physically brutalised and subjected to inhumane conditions. Whereas the “*house negro*” or “*Uncle Toms*” would be the minority slaves who were living in relatively protected and less physically and psychologically harsh conditions (Malcolm, 1963). In today’s context, the term “*house negro*” is predominantly used pejoratively to demean those considered outliers and perceived as weak (League, 2017). Therefore, there appears to be a perception that those who can maintain society’s perceived sense of masculinity while enduring the multi-layered oppression and violence present in society would be considered the more legitimate, powerful, respectable, and dignified Black man.

As illustrated in the participants’ accounts, the perceptions of Black manhood are longstanding and pervasive, which the participants indicate they cannot seem to escape or disengage from as social perceptions translate into the multidimensional ways Black men are viewed and characterised. Their experience is in line with the literature, which suggests that to meet the standards of what is deemed masculine as a Black man, they must meet and abide by the expectations associated with perceived strength as strength is the integral component to measure their worth and functionality as a man (Akbar, 1991).

## Hypermasculine Stereotypes

This sub-theme expands on the previous theme by exploring the detrimental consequences of how masculinity is confined concerning the Black male experience and identity. The participants' accounts highlight particular ways in which the Black male identity historically has been constructed and materialised in today's context. Prince describes Black men being viewed in violent, hypersexual, and animalistic ways, and Black men internalising these stereotypes.

Prince: "And then now we're walking around and he's seen as aggressive, angry, hyper-sexual, an animal essentially but it's just kind of like it's years and years and years and years of just putting people in a certain corner and telling them you're this, you're this, you're this."

Prince: "And then, at some point, it becomes your reality, your prophecy, you know. Whether they're doing it consciously or not, they are, and it's it's difficult."

The process of projective identification in this context is insidious in the way it materialises in society. Prince describes this process as becoming their *"reality"* and actualising a *"prophecy"*, which suggests that embodying these stereotypes would be inevitable when people are in an environment where they are consistently exposed to specific stereotypes. Evidently, Black men being reduced to sexual objects or predators are consistent with literature that shows racist stereotypes associated with Black men are still prevalent today (Hooks, 2004). Harrison reiterates Prince's point by stating that certain perceptions of Black men are imposed by 'the other' as he describes:

Harrison: "To be honest, there was a lot of negative things that I associated with being a Black man. But this is 'cause I'm thinking from the perspective of those who view me a certain way."

This excerpt illustrates the insidious nature of racist ideologies and how they permeate in society and, consequently, could be internalised by Black men. Prince describes this internalising process as something that is inherited and eventually becomes embedded within themselves:

Prince: "There is a lot of internalised kind of things that men you know carry around with them that is actually passed down to them. But instead of processing it, there is a tendency to project it outwards. You know, the ideas and toxic traits."

Prince: "I think it also is playing up to that stereotype of bravado. And a lot of times that is actually insecurities. Deep deep insecurities."

Prince's account shows the dynamic process of how these stereotypes are maintained. In addition to embodying these stereotypes due to social conditioning, it could be argued that these stereotypes are reinforced and maintained by the men's sense of inadequacy (Hooks, 2004). The notion of inadequacy is induced by the men's inability to obtain a sense of personal fulfilment and self-actualisation within White supremacist patriarchal capitalist structures that intentionally socially restrict them (Hooks, 2004). Equally, the distorted

ideals that have historically been created could further hinder the development of Black men's sense of self, which seems to inherently increase their predisposition to internalise damaging notions associated with the Black male identity (Akbar, 1991; Menakem, 2017).

Prince also describes the process of intergenerational emasculation of Black men and how that results in overcompensating behaviours to redeem their sense of manhood (Curry, 2017; Kambon & Bowen-Reid, 2010; Majors & Billson, 1993; Oliver, 1984). Sebastian's account expands on the notion of redeeming their masculinity by equating that to material signifiers of wealth and embodying the prototypical role of becoming the financial provider for his family from a young age:

Sebastian: "Unless you were living the life that would interest me at the time, like have money and all this and that, you could not get through to me...unless you were showing me how to feed myself and feed my family, then what was there to talk about?"

This excerpt exemplifies how deeply-rooted masculine ideologies can be reproduced at the early stages of Black men's development. The excerpt exemplifies how Black boys can be subjected to adultification and how societal expectations are induced from a young age (Goff et al., 2014; McCoy, 2014). Like the other participants, Sebastian is from a low socio-economic background and grew up in impoverished and oppressive conditions, such as poorer housing, inadequate educational and healthcare access, discrimination, and criminalisation. Studies have shown that Black boys living under these conditions hinder their overall development, increasing their predisposition to embody stereotypes and internalising damaging expectations (Akbar, 1991; Curry, 2017). Furthermore, adverse and distressing experiences Black children could experience in childhood, such as living in poverty, experiencing institutional and interpersonal racism at school, and being adultified and criminalised by adults can have lifelong negative emotional and physical consequences and contribute to longstanding health inequalities (Kinouani, 2021). Therefore, as the participants' narratives and the literature demonstrate, it is imperative to consider multiple intersections and the matrix of power and oppression (Collins & Bilge, 2020; Hooks, 2004). Black people in the UK have to navigate to contextualise and understand race, ethnicity, and mental health.

### Emulating Strength

In line with the literature (Akbar, 1991), the participants perceive masculinity as deeply tied to perceived strength. The men express the need to emulate their strength through not showing emotions, being a provider, leadership, being composed, and coping with difficult or troubling situations regardless of their capabilities or capacity. Terrance identifies several expectations of Black men:

Terrance: "So, for example, there is an expectation that Black men shouldn't or couldn't cry. He should be strong, manly, provide, you should be able to handle all situations, no matter what. If something hurts emotionally, it shouldn't show in your face. Because Black men are meant to be tough, we always should have our shit together, and stuff like that."

Terrance: "They should be the chief of the house. To be a chief of the house, you should be strong. So, umm.. the only thing I can think of is that Black men should be strong."

Based on the participants' accounts, the notion of strength is imposed and internalised by the men as they speak about the expectations and assumptions related to strength. To meet these expectations and avoid being perceived as inadequate, the men speak about showing tenacity and adopting a "get on with it" mentality.

Prince: "Pick up my bootstrap bro. Just that's all we can do."

Sebastian: "These are the cards I have been dealt, so deal with it in the best way possible, do you know what I'm saying?"

Although adopting this mentality has been grounding for some participants and has enabled them to reach goals or fulfil aspirations (Prince): "I have obtained two degrees, I play professional basketball". On the other hand, the notion of Black men pushing through and surviving everything feed into unrealistic and dehumanising standards and beliefs of being invincible and almost superhuman like Terrance states:

Terrance: "We can weather any storm. We can power through anything."

Sebastian contextualises the notion of strength by speaking about feeling a sense of invincibility and fearlessness due to the violence he has experienced throughout his life. Due to his close encounters with death, (Sebastian): "you can look death straight in the eye", he believes that he can overcome and survive anything.

Despite surviving the adversities, the men experience and portraying themselves as the "strong Black man", they often experience the psychological turmoil and burden resulting from the imposed and rigid moral values in order to be deemed an honourable and adequate man. Interestingly, Harrison's excerpt shows the contentious nature of straddling the margins of masculinity and the imposed expectations while containing and hiding the mental anguish the men experience. His powerful descriptions illustrate the relentless desire to be perceived as hard-working, strong and adequate despite the emotional toll.

Harrison: "We literally don't crack. We don't give up. Being a Black man is hard work. It's honestly such hard work."

Harrison: "I wanted to put my best foot forward...my best foot forward was showing you how strong I was rather than show in how much pain I was"

In sum, this overarching theme has highlighted the destructive impact racist and hypermasculine stereotypes have on Black men's ability to self-actualise, self-express, and develop their individual identities. This theme primarily offers context to where Black men are perceived and how harmful projections are internalised. The participants reported experiencing a diminished or fragmented sense of self and self-worth, which fuels behaviours and perceptions of themselves that further deteriorate their psychological well-

being and contribute to the maintenance of existing social stereotypes. The participants' accounts suggest that due to the deeply engrained racist notions of what it means to be a Black man, Black men are withheld the power to define nor gatekeep Black manhood, which has detrimental psychological consequences. Furthermore, those who do not conform to these rigid and destructive parameters perpetuated by society appears to be considered as a liability, weak and inadequate. This theme provides an insight into how Black masculinity has been constructed and maintained through sociocultural and contextual factors that are critical components to understanding Black men's barriers to expressing psychological distress.

## Internal and external conflict

As the previous theme offers some context to how Black men could view themselves and the world around them, this theme expands on the presented finding by exploring the intrapersonal and interpersonal conflicts that arise from how Black men are perceived.

### Suffering in Silence

In the participants' accounts, it became apparent that they experience a lack of compassion and no regard for their psychological well-being from others, which starts from a young and impressionable age. Terrance illustrates how he experienced being dismissed by his parent, which he identified as a blueprint for how others would treat him if he showed any vulnerability:

Terrance: "I remember I came home one day and I told my mom that I was being bullied at school and she said, [chuckle] go away, [chuckle]

"Like, get out of here man [chuckle]

"So, you know, and that's your mom, right? So, So I, I spoke to someone, I spoke to someone who I thought highly of. I still do to this day.

"Don't get me wrong. But the fact that they shunned me away when I spoke about my emotion or if my family don't want.. doesn't wanna hear it then no one is trying to hear it, right?

"I remember that day so vividly, and it broke my heart because I actually..

"I never talk about stuff like that, something that hurts me, and the fact that this is, or this should be your safe place, because this is your house, you know.

"But the fact that the person that you wanted to confide in never wanted to listen.. that hurts.

"You have to be a strong Nigerian man at all times, right?

"It really, really hurts"

This excerpt exemplifies the adultification and dehumanisation Black boys often experience from the onset of their development (Curry, 2017; McCoy, 2014). How people respond to Black men and boys' expression of psychological distress could result from the perception that they *"should be strong at all times"*, hindering people's capacity to have empathy and compassion for them. The response to their distress could also be further compounded by the stigma attached to psychological distress, considering that mental health discourse is generally disregarded and dismissed in the Black community due to several socio-cultural factors (Arday, 2018; Wilkins, 2019).

On the other hand, as highlighted in the previous theme, contextual elements that contribute to the adultification the participants have experienced from a young age should be considered. This issue suggests that social class and socio-economic factors are equally significant predisposing factors to the development of Black men's sense of self and how they engage with psychological distress. For example, Harrison describes feeling neglected by his mother when he was younger as she left him with a caretaker in order to work multiple jobs, which prevented her from being an active parent in Harrison's developmental years:

Harrison: "You're young and vulnerable and you know, feeling like that sort of neglect like there's no love and you don't have anybody to resolve or turn to."

Based on the participants' accounts, they often did not experience feeling affirmed nor that their emotional needs were met by their immediate family when they were younger. Experiencing these relational ruptures during their developmental years has moulded their understanding and expectations of how their emotional needs are met. For instance, Terrance identifies a correlation between his childhood experience of being dismissed by his mother to not wanting to express himself:

Terrance: "If my family had listened, then I think I would definitely wanted to open up more."

This excerpt suggests that Black men's childhood experiences, specifically how they were treated and the conditioning they were exposed to at home as children, are significant contributors to their expression of psychological distress as adults. This suggestion is consistent with the notion that relational ruptures and family structures are important factors contributing to foundation of the men's mental health (Keating et al., 2019). Although relational difficulties and ruptures do not exclusively occur in migrant families, they often experience these difficulties due to generational differences that could manifest in communication gaps that could have damaging implications for the quality of the parent-child relationships (Kinouani, 2021). Therefore, as Terrance's account exemplifies, children in these circumstances could be subjected to silencing and trivialising their distress. This illustration also invites us to think about emotional neglect and alienation in the men's formative years contributing to hypermasculine 'performance' and damaging behaviour (Seager & Barry, 2019).

As most participants have developed deeply ingrained ideas of others not understanding or being dismissive of their inner world, they report having a natural inclination to deal with



their circumstances in isolation. For example, Delano describes men as being self-reliant and solution-focussed to deal with psychological distress:

Delano: "You just go through it by yourself, so to speak... I think we isolate. We just tend to trying to think of a way to solve our own problems"

Richard expands on the need to be hyper self-reliant by explaining that the Black male experience and racism are often not understood:

Richard: "You know.. Being a Black man and going through some stuff that I went through growing up and even now"

Richard: "Help is limited. Understanding is limited. Limited in comparison to other races with that."

Richard: "Let's take what's been happening over the past few months in the UK...there's a lot of injustices regarding the treatment of Black people. Right? There are still a lot of folks speaking out in favour of these injustices that aren't Black.

"Because, One, they feel like they're entitled to be treated better than us. To not really understand the trials and tribulations that we as a race have been through."

Richard: "So some of the issues that I faced. If I went to other people about the issues that I was facing in that moment, they wouldn't actually sort of know what to do or what to say because they don't know what the situation is like.

"Uhm.. So, you know, the situation is amplified because I feel like I went through all of this stuff on my own, so dealing with it became a one person job"

This excerpt suggests that the men acknowledge that they should seek support. However, the lack of accessibility to appropriate support for Black men deters them from seeking help. Barriers related to accessibility is consistent with the identified contextual barriers, such as cultural insensitivity, the Black community generally experience when accessing mental health services (Arday, 2018; Memon et al., 2016). However, it also highlights Black men's hesitancy to express their psychological distress due to their fear of being misunderstood and judged. This fear becomes realistic from an early age when others have judged, disregarded, and ridiculed them for being vulnerable.

### Suppressing to Survive

How others perceive Black men appears to significantly contribute to the men suppressing their inner world and keeping a stiff upper lip to manage their day-to-day experiences. They often find themselves plodding along in order to survive. Terrance describes experiencing racism and relentless bullying at work, which he dealt with by minimising his experience and

suppressing his emotions. Despite Terrance using suppression as a way to cope with these experiences to the detriment of himself:

Terrance: "I told myself it's fine. I'll tell myself it's fine, he's just joking. It's banter, you know, nobody is getting hurt. But actually, I was the one getting hurt inside and I let it slide... But it does mean that I have to carry this burden. Because I am allowing them to do this to me.

Terrance: "you're not being open about what's killing you on the inside."

This excerpt illustrates the internal conflict the participants often experience as perseverance and resilience are perceived as acts of strength (Alvidrez et al., 2008) while simultaneously feeling a sense of powerlessness in their daily encounters with White individuals. This sense of conflict leaves them vulnerable to victimisation as they are (Prince): "backed into a corner" and more inclined to "allow" these violent acts to happen.

In order to sustain themselves as they navigate these daily conflicts and endure these acts of oppression, it has been found that Black men are more inclined to rely on substances such as alcohol and cannabis (Gaston et al., 2016; Lindsey & Marcell, 2012). Prince describes observing these coping methods within himself and other Black men, which he ascribes to not being permitted to speak about their psychological distress and experiences.

Prince: "How many of us generally smoke weed? You know. I'm like, well I can totally see it if you're going around, internalising all this stuff, you might need something that's going to pacify your thoughts, you know?"

Prince: "You just you know, to be fair, it makes sense why you become a bit more aggressive or bit more, you know, hypersexual bit more... to then smoke more, drink a bit more, binge and party, and you know... it goes back to the thing about mental health of not being able to talk about stuff like this."

This excerpt illustrates the cumulative effect of suppressing psychological distress on the participants and the detrimental impact on their holistic well-being. Furthermore, it demonstrates that the coping behaviours resulting from the barriers maintain the damaging stereotype that Black men are violent, erratic and untameable philanderers (Curry, 2017; Kambon & Bowen-Reid, 2010), which in turn reinforces the systemic and interpersonal dehumanisation of Black men. On the other hand, the illustration also shows the need to effectively numb oneself to survive the social suffering the men experience. This is consistent with Keating et al.'s (2019) suggestion that substance misuse is a symptom or behavioural response to a wider problem the men experience, which should not be pathologized or viewed as problematic but empathically understood.

In addition to preserving their masculinity by being "resilient" and not speaking about their difficulties, the men also view keeping a stiff upper lip as a way of protecting themselves from potential threats due to showing vulnerability. Delano considers that men who disclose

their mental health concerns would admit that they are weak, vulnerable and fragile, which historically would mean that they would be susceptible to threat.

Delano: "Mental health is like a weakness so to speak so with mental health, the perception is that you're weak.

"If you have it, you're vulnerable and fragile.

"So I think over time, men have gone to figure out that they should just be strong. Just be dependable. They can't show weakness and like I said before, having mental health.. In my opinion, is seen as having weakness."

Delano: "If you're seen as being weak, then either you couldn't get the girl or another tribe would destroy or kill you"

In today's context, it would still be considered "*dangerous*" for Black men to display perceived weakness due to the likelihood of being victimised, mistreated, or harshly judged amongst themselves and by others. To avoid subjugation leads to their primal instinct to survive through suppression, hyper independence, and coping in isolation.

Delano: "So we would see him a certain way and people will treat him in a certain way. As if they are less than... People will judge him and treat him in a worse and harsh way.

Richard: "It's the same thing as when they found out I had a nut allergy. I hid that from them [parents] for ages as well. 'cause I didn't want to show any sign of weakness and the only reason they found out was because I was referred to hospital"

Sebastian: "There's no fucking talking to anyone because you'll be seen as a sign of of weakness... That's why I don't talk too much. It's like snitching. You're snitching on yourself basically... Saying you have mental health issues is almost equal to like saying you're gay. It's the same intensity. You're seen as a snitch. And it's dangerous to be a snitch."

Based on the extracts, there is a great sense of fear and perceived danger that appears to be continuous driving forces that permeate through multiple facets in their lives, which are significant barriers to Black men expressing themselves. This observation is consistent with Bola's (2019) notion that suggests Black men from inner cities, like the participants, can be deprived of their emotions, empathy, and affection due to the internalised masculine ideals they expect from each other and the potential social consequences if these are not met. As discussed in the extracts, some of these consequences could be social exclusion, tarnished reputation, and loss of respect from their peers (Bola, 2019). Black men within environments where certain emotions are not encouraged or aspects of themselves are neglected, appear to not be able to experience the full extent of their humanity due to the fear of being subjected to these negative and distressing reactions from others. There is a general understanding that fear is reflected in their lack of engagement in mental health services due to the historical institutional issues and power imbalances Black people experience (Arday, 2018; Burkett, 2017; Curry, 2017; Fanin, 2017; Ferber, 2007; Gajwani et

al., 2016; Memon et al., 2016; Singh et al., 2014). However, this goes against the notion that Black men feel safe enough to share their experiences of mental health concerns amongst themselves or with those they consider as their support network (Arday, 2018; Memon et al., 2016). There appear to be significant concerns about not being perceived as a “snitch” as snitching would lead to “*dangerous*” consequences. This hesitancy is also culturally motivated as Harrison describes the learnt notion to preserve oneself as well as the family’s honour by keeping stigmatised issues hidden:

Harrison: “In the Black community, especially being African, we don’t speak about, you know, personal circumstances... the community instils the understanding that you have to protect the family and protect your name. You know, at all costs regardless of what has happened”

Harrison: “We can’t let people know what’s going on because that means...we’re giving all of us a bad image.”

Delano illustrates how widespread the stigma attached to being perceived as a “*lesser*” or “*weak*” man is in the Black community, a consistent factor that actively deters the men from being vulnerable.

Delano: “I’m judged by other men. By family members, by women, so you just tend to keep it in. There is a deeply rooted stigma that influences us when it comes to men and not meeting people’s expectations.”

Consequently, as the stigma is deeply-rooted, it appears that it often induces shame and a sense of inadequacy in men who acknowledge their problems or concerns, which act as further deterrents to self-expression and seeking help.

Terrance: “I’ll say I’m quite embarrassed to talk about my problems”

Richard: “I don’t, I don’t wanna feel like I’m not good enough”

In this overarching theme, the participants’ accounts highlighted how conditioning processes occur in their lives from a young age, reinforced through the multi-layered experiences of oppression such as racism and poverty. As a result of these systems, Black people often live in low socio-economic conditions, limiting their social mobility and access, increasing health inequalities and poor mental health (McLean et al., 2003). The participants’ accounts demonstrate the longstanding societal perceptions of Black manhood, the impoverished conditions Black men in the UK are often raised or living in, and the cultural expectations they must navigate. Furthermore, there is a deeply rooted stigma attached to men who appear to deviate or not meet societal standards that seem to have detrimental and potentially dangerous consequences, which induces fear and hypervigilance. The participants’ accounts indicate that to survive these systems, Black men appear to perpetuate stereotypical behaviours to seem unfazed, strong, self-assured and independent in order to fit within the expectations of what is deemed masculine. Although these behaviours and ideologies are rooted in surviving oppression (Kambon & Bowen-Reid, 2010), the participants’ accounts suggest that vulnerability and speaking about their difficulties can have a damaging and potentially long-lasting impact on their well-being.

These factors demonstrate that learnt beliefs and behaviours rooted in masculine ideologies are maintained and reproduced in highly dynamic and systemic ways.

## Strength in the face of adversity

This theme explores how Black men could experience racial trauma systemically and intergenerationally and how that reinforces the barriers to expressing psychological distress.

### Dehumanisation through Pervasive Oppression and Violence

Besides the overt and covert racism the men experience, they spoke at length about the multiple ways they are oppressed and othered through systemic and social strategies. The participants expressed an awareness of being dominated, dehumanised and othered by “the system”.

Harrison: “Just knowing that somebody just doesn't want you to live...when you're Black, you're automatically wrong and a threat, you know.”

Harrison: “Being followed in the mall with my parent. It's a distinct experience.. you know”

Harrison: “Living here, you know I've experienced just in terms of, you know, how strategically things are done here”

Harrison: “What he was asked to present right, as a black man, was a huge, huge ask, 'cause, listen..

“They were like, there's no point in you being here, we don't think you are, who you claim you are, but you need to raise your children, so you would have to, you know, give us evidence basically

“He needed to write a report or get a recommendation, just to say how he would be able to raise his children and be a father”

Harrison: “That was their response, that he should raise his children, you know, in Nigeria or Ghana, as if they are not from here... It's like, the system really does not care, you know...about even humanity just to begin with, or just the plight of Black people, you know”

Prince: “It is kind of not designed for us.”

Harrison: “The system really does not care”

This power imbalance that is systematically deployed compounds the inherent powerlessness and emasculation Black men feel. In Harrison's excerpts, he recalls significant events of injustice he has witnessed, locally and internationally, which evoked visceral reactions for him. In the first excerpt, he refers to a local Black man who was threatened with deportation. Harrison stated that the man “was not needed”, illustrating how Black men are made to feel valueless and disposable.

Harrison: "You're telling this man who is heavily involved with stopping gang violence in the community that he is not needed to raise his two Black boys, his sons, because the mom will be fine with social services"

Similarly, Sebastian expresses the view of being collectively oppressed and a sense of powerlessness. Sebastian describes that Black men cannot have autonomy, navigate life in a dignified way, and fulfil their social roles as men in the community due to the intergenerational violence, emasculation, dehumanisation, and humiliation Black men have internalised.

Sebastian: "We've been broken as a people. Do you get what I'm saying to you?"

Sebastian: "As a people if you're broken, don't turn this right. There's only so much you can do 'cause we've been, we've had our power ripped away from us."

Sebastian: "We've been exposed front of our women, we've been beaten, whipped, lynched. Killed. Do you know what I'm saying?"

Sebastian's excerpt illustrates the internalised image of the brutal violence that has been exercised to subjugate, possess, and dominate Black people. Particularly, society's need to control Black male masculinity and strip them of everything that makes them human (Curry, 2017; Kinouani, 2021). Furthermore, the illustration is consistent with the internalised sense of devaluation and inferiority resulting from the constant attack on Black men's humanity (Crocker et al., 2001). The dehumanisation of Black people as a mechanism contributes to the maintenance of the systemic disempowerment, exploitation, and control that Black men experience (Goff et al., 2008). Social control and the fear of state violence are still prevalent today (Mesic et al., 2018). For instance, Harrison describes slavery, colonisation, and state violence as "trauma" that he identifies as perpetual factors that psychologically and cognitively impact his day-to-day experiences and social interactions.

Harrison: "As a Black person you identify with that trauma"

Harrison: "Even let's say George Floyd you, you can automatically see yourself in his shoes"

Most participants share the sentiment of feeling re-traumatised when events such as the murder of George Floyd happen. The UK is not unfamiliar with the public display and scrutiny of Black death as the murder has parallels to the Stephen Lawrence (BBC News, 2018; Norton-Taylor, 2012), David Bennett (INQUEST, 2004) and many other cases (Afzal, 2020; BBC News, 2012). It is essential to recognise that racial trauma can also be experienced vicariously (Essed, 1991; Harrell, 2000). There is some evidence that shows Black people witnessing Black death through the manifestation of structural and institutional racism, such as police killings of unarmed Black men, has predictable adverse effects on the collective mental health of Black people (Bor et al., 2018).

In addition to witnessing these brutal events, perceived unfairness (Harrell et al., 2003), low social status (Williams & Williams-Morris, 2000), fear of victimisation (Warner & Swisher,

2015), identification (Thompson & Wilson, 2012), increased vigilance (Lewis et al., 2015) and institutional mistrust (Alsan & Wanamaker, 2018) perpetually re-traumatise the community and reinforce a collective sense of displacement and loss (Bor et al., 2018). For instance, Richard expresses his perception of being (Richard): "I'm like right at the very bottom", which shows his conscious awareness of feeling othered and socially excluded through the systemic power imbalances.

The institutional and systemic racism experienced by Black men has health concerns that often contribute to feelings associated with psychological distress, such as rage, despair, helplessness, distrust, and alienation (Kinouani, 2021). Although not explicitly expressed, these feelings were expressed in the ways the participants describe their experience of the system they must navigate. As evident in the men's narratives, oppressed groups can hold a tremendous amount of righteous rage and powerful feelings, which could be left unprocessed due to the fear of possibly losing their inhibitions or deteriorating their well-being (Mckenzie-Mavinga, 2016). One could argue that how Black people experience racial discrimination, social degradation, and state violence may look different today, but the bodily and psychological impact remains the same (Hooks, 2004; Kinouani, 2021).

In addition to navigating systemic oppression, the participants reported experiencing violence in their communities when they were younger, contributing to their hypervigilant presentation. Richard's account describes being socially excluded and violently assaulted unprovoked by a gang member due to the darkness of his skin and the fear and repulsion his skin tone evoked in other members of his community.

Richard: "I remember going shopping with my mom and, you know, I used to hear all of these Black girls just saying all sorts of things...and my mom was like, do you know these girls? I'm like, no. So, why are they saying all this stuff? They will give me and my mom dirty looks. Like and you know one day my mom got really upset because she's like, why is everyone looking at my son like this? Did he hurt anybody?"

Richard: "She was gang affiliated at the time, but she thought it would be a good idea to sort of act a fool and try to assert some kind of dominance... she kind of launched the baseball bat at my head and it broke...I looked at her and she just got so I've never seen her so scared. And she ran. After that, all of the people around me and my brother's age in the area were looking at me like.. They don't wanna come anywhere near me.

"Like I'd be walking around, they literally like see me cross the road, do whatever and cross back and then go back about their business

"Like people were just so fearful of me."

Sebastian recalled witnessing gun and knife crime and domestic violence from a young age. He became desensitised to violence as violent crimes in his community became something he regarded as the norm. Sebastian describes witnessing violence as an exhilarating experience.

Sebastian: "You just get desensitised to all sorts of violence because, where, where of them ages there.. my mom.. my friends of the same age

we like they were.. they will shoot on you, you know what I'm saying? they were running away from where I was running towards it because I thought it was like a movie [chuckle]"

Terrance recalls needing to toughen up, exude dominance, and defend himself in order to avoid being victimised by others:

Terrance: "Oh well, growing up like in that kind of environment. You have to be smart. It's rough around here. You have to portray yourself, like I don't know, like you can stand your ground and stand tall"

Terrance: "Like I said, you can't show weakness, you have to act tough, you have to fight, you have no choice 'cause you don't want people to take advantage of you mentally and physically or else people will keep abusing you and taking advantage of you."

### Drawing Strength from the Roots

This sub-theme expands on the men's experiences of racial trauma by exploring how they make sense of it. Most men referenced the transatlantic slave trade when they spoke about what it means to be Black and experience racial trauma.

To understand their day-to-day responses and behaviours, the participants drew from the transatlantic slave trade and what their ancestors experienced. For instance, Harrison expressed his desire to have more conversations about mental health and "traumatic" experiences because "it helps". In the excerpts, he draws from the transatlantic slave trade to highlight how distraught Black people are and that these historical experiences have been passed on intergenerationally.

Harrison: "We've been through a lot, like you know, I'm talking about three hundred years ago when you talk about slavery."

Harrison: "You know, it's impacted us, you know. Like I said from the beginning and it carried on in terms of how we think"

Harrison: "You know, how we address, approach life, and it's, you know, you can see how it's sort of, you know, passed on from generation, to generation, generation"

Harrison's view of the community is consistent with the notion that the distortion and fragmentation observed interpersonally and collectively in the Black community reflects the trauma inflicted throughout history (Hooks, 2004; Kinouani, 2021). Besides making sense of the historical impact on their day-to-day experiences and a deep ancestral connection, some men also express using their lineage and exposure to racial trauma through narratives as a benchmark for how much they should endure. For instance, Delano refers to the experiences of his grandparents when they migrated to the UK to gain perspective on or rationalise his adverse experiences. His grandparents' ability to "get on with it" despite the experiences they had to endure at the time drives Delano's desire to be "strong" and "get through it". His grandparents have demonstrated coping without mental health support or talking about the psychological impact their experiences may have on them. That has contributed to a cultural expectation that Black men should get on with it despite the emotional turmoil they might be experiencing.



Delano: "You know, our grandparents went through worse shit, excuse my language, but they went through the worst stuff in life. But they just seem to manage, didn't really talk about, you know depression or mental health, but they just get on with it and manage expectations. Men in general, especially Black men, if you go through it, you manage it and just get through it."

Similarly, some participants describe feeling empowered through knowing what their ancestors had to endure and the violence they had to overcome to build a life for the following generations. Their accounts depict a sense of hope, resilience, and motivation his ancestral lineage instils in them.

Richard: "I feel a sense of.. inner strength, because you know, when I'm reading things or learning things about, you know ancestors and what they had to go through like to get to come here and some of the hardships they had to deal with, especially with you know people of different races and things like that as well."

Richard: "It makes me feel like I've got this inner strength that I can sort of overcome. Any obstacle, however difficult, which is a blessing and a curse for a lot of different reasons."

Sebastian: "'Cause you know what I'm saying, because they suffered for this day, they went through 400 years of hardship for this, only for us to be in this Western world and for us to be relatively free as we are now to try to think, to educate ourselves."

Sebastian: "You know what I'm saying? we got that freedom to do all of these things, we got that freedom and privileged to do these things that they would have killed for and, you see what I'm saying?"

Interestingly, Richard describes this inner strength as "a blessing and a curse", which suggests that he is aware of the limitations of his perceived strength and how it can be detrimental to him, especially when he encounters adversity. Sebastian emphasises this dilemma by stating that letting "the ancestors down" would cause "anxiety", which depicts the internalised pressure and expectations the men uphold.

Sebastian: "I feel like, another anxiety of mine is to not let the ancestors down."

Sebastian: "Being that guy, being the people of the sun, being the spiritual beings that we are, you know what I'm saying? It's just crazy man."

"When you just tap into it you can achieve anything you want in life basically."

Arguably, the participants' accounts demonstrate the illusion of inner strength and the ability to withstand every adversity fed into the idea of unrelenting resilience and hyper-independence and framing Black trauma as the norm. Strength appears to be strongly associated with enduring and overcoming racial trauma and suffering, which hinders the men from considering their mental state and psychological consequences (Alvidrez et al.,

2008; Broman, 1996). Acknowledging being affected by adversity would be to admit that they have failed as descendants of their ancestors. In essence, the internalised view of Black manhood being measured against how much suffering one can endure is rooted in the multiple ways Black people, particularly Black men, have been dehumanised throughout history as a result of White supremacy. Therefore, the participants' accounts show they dehumanise themselves by internalising that Black men are emotionless and tough work animals. In turn, Black men can become hyper desensitised. Therefore, dehumanising themselves by minimalising the psychological and emotional turmoil they experience while reproducing the racist perception that Black people, particularly Black men, are physically and mentally able to endure the brutality and violence. Kinouani (2021) proposes that the tendency to mask and bolster the effects of racial trauma through portraying strength and resilience is transferred intergenerationally and culturally sustained.

On the other hand, some men described feeling a sense of pride and confidence their ancestral connection instil in them through being exposed to narratives that celebrate Blackness. For instance, Richard speaks about gaining self-esteem and pride through encouragement and positive affirmation from his elders. These excerpts depict the invaluable impact of shifting racist constructions on the sense of self through narratives that positively reframes what it means to be Black:

Richard: "To sort of understand the thickness of my roots, made me sort of, realise I shouldn't really be sitting there and taking anything anymore."

Richard: "Being a Black man, what it means to me is the representation of pride"

Richard: "You know, I should be proud of how I look regardless what people say about it."

Richard: "Repeatedly being arrested in [South London] because of the colour of my skin. And taking it for what it is, to standing up for myself... You know, I wouldn't have been able to do that. I wouldn't have been able to be like yo, what you're doing is wrong. Why you targeting me? I'm going to make sure I do what I need to do to get you guys back for what you did to me, because what you've done is unjust."

Richard's account exemplifies how Black pride, self-esteem, and feeling affirmed may help buffer the effects of racial trauma and discrimination (Kinouani, 2021). In the context of racism, Black people who have low self-esteem related to their racial identity and internalised shame are particularly susceptible to psychological distress (Szymanski & Gupta, 2009). This notion is pertinent when thinking about the interpersonal and structural racism Black people experience in the UK and the impact on their mental health (Keating, 2020). It would be incredibly challenging to exist in their Blackness in society with a sense of pride when the dominant and persistent narrative associated with Black men is undignified, humiliating, and inferior (Kinouani, 2021). The sense of inadequacy, low self-esteem, low life satisfaction, and feeling othered is compounded by the internalised shame that is caused by experiencing racism and racial trauma (Johnson, 2020; Seaton et al., 2008).

Some participants speak about the importance of cultural heritage and how it is maintained

and celebrated. For instance, Delano describes feeling affirmed and connected to his cultural heritage through Caribbean carnival:

Delano: "Carnival we will go there and everyone's just like happy and dancing around and eating good food that will make you feel good to be Black."

Delano's description shows the healing mechanism collective safe spaces where shared expression and fostering a connection to one's cultural heritage can offer. Prince describes feeling connected and grounded in his heritage and to other Black people spiritually through shared lived experiences and ancestry:

Prince: "I'm from Zimbabwe and where I'm from, we are spiritual beings"

Prince: "One of the biggest, one of some of the strongest, sort of like, spirits I feel, are from people that I.. I guess 'cause I connect easier to people who get it."

Prince's excerpt does not describe spirituality in the context of religion but more so within a relational context through connecting with others and having a sense of community. The sense of humanity and sense of self can be reclaimed through spirituality, which has been shown to increase confidence and improve the relationship one has with themselves and others (Royal College of Psychiatrists, 2013).

In essence, Black pride appears to be a significant component in the participants' accounts, allowing them to feel connected to themselves and others. The words such as "privilege", "proud", and "honour" depict the profoundly emotional and spiritual connection that is weaved into ancestral and cultural heritage, which offers a sanctuary in a society that aims to disconnect and fragment the Black community.

Sebastian: "I'm so [so so so so] proud to be a Black man. I cannot express enough how proud I am to be a Black man of African descent. I feel like it's a privilege."

Richard: "I'm proud of the family name and the colour of their skin."

Prince: "I identify myself as, pretty goddamn Black like... one thing I hold up in high regard is being African, you know."

Sebastian: "So, being a Black man that's, that's a badge of honour to be honest."

In sum, this overarching theme illustrates how Black men have been victimised through historical and contemporary contexts. The men spoke about perpetually feeling disempowered, dehumanised, and devalued by the system through personal experiences as well as witnessing oppressive strategies being deployed in the community, such as police brutality and deportation. Their accounts highlight the patriarchal emasculation the men have internalised intergenerationally and how this is reinforced through continuous structural antagonism. The emasculation of Black men is experienced socially, educationally, socio-economically, and through criminal justice systems (Akbar, 1991) has detrimental

consequences on Black men's psychological well-being (Kinouani, 2021). The men articulate the psychological impact of these systems, such as feelings of hopelessness, anger, hypervigilance, and despair. However, they also reflect on being desensitised due to the direct and systemic brutality and violence they have experienced from a young age.

The men describe being broken and deeply troubled when referring to the historical trauma inflicted and how that is replicated in contemporary contexts. However, the traumatic experiences of their ancestors have been internalised, which informs how the men perceive traumatic experiences. By their ancestors overcoming their circumstances, the men perceive Black death and suffering as the norm and something to withstand. Although the men's connection to their ancestry instils a sense of hope, pride, and resilience, this connection appears to inform their sense of obligation not to let the ancestors down. This sense of obligation translates in Black men masking the psychological impact of racial trauma and violence they experience. Therefore, they are more inclined to emulate strength and suppress their psychological distress.

On the other hand, the pride attributed to their ancestral connection acts as a buffer to the effects of racial trauma. The participants' accounts highlight that there is scope to counteract the detrimental psychological impact of racism and racial trauma such as internalised shame, distorted identities, distress, and low self-esteem by deconstructing Blackness through positive narratives, affirmations, racial socialisation, maintaining one's cultural heritage, and encouraging Black pride.

## Redefining Black manhood

This theme consolidates the previous themes by exploring what the participants find helpful when thinking about expressing psychological distress and mental health discourse. Exploring these factors helped to understand the barriers further and think about implications.

Community and belonging are essential components to healing from racial trauma and exploring mental health. The participants highlight the importance of safety in rebuilding a sense of community and adopting a collectivist rather than an individualistic approach to healing. The community at its current state is fragmented and disconnected due to the pervasiveness of historical and current racial violence that has been inflicted on Black bodies. Therefore, the damaging notions of Blackness and Black manhood need to be deconstructed as part of the healing process. However, the healing process for Black men appears to be hindered by the lack of positive Black male representation and role models. In the latter part of the theme, the lack of Black male representation is explored in the context of accessing mental health services.

## Healing through Community

Most participants expressed a desire for community, particularly pertaining to growth and healing from the trauma they have experienced as individuals and as a collective. Prince spoke at length about the value of community, collective learning, and shared vulnerability

in addressing racial trauma, mental health and the multiple damaging social and cultural factors perpetuated in the community. In the following excerpt, Prince identifies the community and learning from his elders as sources for healing and accessing help. He describes a tension of wanting to rely on his community but experiencing a disconnect as people in the community ordinarily do not open up among each other. However, by pushing through the “awkwardness”, he believes that communal healing can occur:

Prince: “It's gonna be awkward at first, but we're connected more...If we were able to just be able to share those details in confidence, it would honestly open up something I can't even imagine.”

Prince: “That’s what we should do. Trust one another. We just need to start actually helping each other for the sake of just that. Just to help each other out.”

Furthermore, Prince describes the process of community healing as being imperative to minimise the effects of intergenerational trauma on the next generation. He highlights that intentionality is fundamental in rebuilding, reconnecting, and reclaiming power in the community.

Prince: “All what we are doing has meaning. We are valuable and what we pour into each other will eventually trickle down to the next generation.”

Prince’s account illustrates the disconnect Black people can feel in the community. Kinouani (2021) argues that white supremacy has consistently eroded the Black community and attempted to disconnect Black people from their ancestral heritage and Afrocentric ways of relating through erasure and denigration. Fanon’s (1970) theory of alienation through systemic oppression, racism, and discrimination supports Kinouani’s (2021) argument by suggesting that individual or group alienation can manifest itself on an individual and communal level. The alienated individual or groups could experience a disconnect from oneself, their body, and identity, as well as from their social and cultural systems such as family, native language, and indigenous cultural practices. This suggests that the disconnect reinforced in society hinders Black men’s ability to heal from and transcend beyond the distorted view of their Blackness and masculinity.

As Prince reflected on community healing, he explored how Black people have been deprived of safety and the ability to disengage from society. This excerpt describes Prince’s desire for calmness and to escape his reality, which he describes as noisy and stressful. Furthermore, he also expresses a desire to connect with his community and not have to worry about judgement.

Prince: “I’m thinking how many times do we as Black people over here get to enjoy that space? Have a moment to disconnect? You know, how often do we get to indulge in a space where we feel so calm? No noise, no stress. I could walk around and fucking not worry about being seen as aggressive, you know. I can be as loud as I want, as carefree as I want and nobody would care?”

Prince: “Do you know waking up in the morning and just listening to birds walking around and not have your mind be too loud for you to hear

anything else?... we need to connect with each other amongst ourselves here."

Prince's reflection is consistent with Keating et al. (2019) findings that highlight the need for safe spaces for Black men to shelter themselves from social, interpersonal, and structural harm and suffering. In order to disengage from unsafe, traumatic, violent, and contentious environments and to feel connected and interrelatedness with those who share the same racial and gendered contexts. Similarly, Harrison describes normalising connecting with other men in his community through intimate and personal conversations. He offers his observations of others and raises this as a way of facilitating conversations with men who do not ordinarily speak about their circumstances. Furthermore, he reiterates the idea of normalising interconnectedness and divesting from the individualistic and harmful ways of relating to others in the community.

Harrison: "With my understanding now and what I have been through.. you know, I try to seek seek out those who I feel like.. wow, you've been through a lot man, you know.

"Let them know.. like I see them although they never spoken about it or shared it, you know. I've seen how it's impacted everybody else around you, but you're not really seeing how it's impacting everybody else around you"

Harrison: "it is also that understanding that it shouldn't be the way in which we ought to live our lives"

This illustration is aligned with the notion that a shared understanding would be established and stigma minimised by sharing lived experiences (Keating et al., 2019). Most participants explicitly stated the value they place on being more open and connecting through sharing experiences, which indicates how important it is for Black men to have access and utilise safe community spaces, such as peer support groups. Both Harrison and Terrance describe vulnerability and talking about their inner world within the community as a means of understanding and healing from their experiences and humanising themselves.

Harrison: "By talking, you know, healing, you know, that's a start of a way we're able to address issues."

Terrance: "By being more open, people will understand that, even though we're Black men, they are a person inside."

However, as discussed in previous themes, the issues around fear and safety need to be addressed to allow vulnerability among Black men. Sebastian reiterates Prince's reflection by stating that safe spaces are required to facilitate conversations among Black men. The fear of judgement and masculine ideologies are significant barriers to Black men engaging with each other on a deeper relational level. Therefore, collaborative and supportive relationships and environments that allow space for identity exploration and expansion, safety, non-judgemental dialogue and interaction, and rejecting the individualistic and hypermasculine ideals are paramount (Keating et al., 2019).

Sebastian: "There needs to be a place where they feel safe enough to express themselves. No judgement, no ego, no nothing."

Racism inflicts trauma, forcing Black people to disconnect from themselves and others through marginalisation and social exclusion. This sense of disconnection is compounded by the everyday experiences of structural violence, being othered, and social images and messages that equate Blackness to inferiority and degeneracy (Hooks, 2004; Kinouani, 2021; Rylko-Bauer & Farmer, 2016). Furthermore, the Western concept of 'the self' that promotes individualism causes great dissonance, frustration, and incompleteness (Powell & Toppin, 2021).

The intergenerational trauma that resides within Black people and is maintained throughout society requires an intervention beyond individual resilience building and coping strategies. Community healing is a philosophy that "nurtures the soul and strengthens our bonds" (Kinouani, 2021, p. 155). African philosophical conceptualisations of wellness and healing centre community and prioritise connection to the world through ancestry, reciprocal relationships, history, harmony, art, and nature (Kinouani, 2021). Some of these African philosophical concepts that promote community have emerged in most participants' accounts, showing their desire to deviate from White supremacist ideologies. White supremacist patriarchal society encourages individualism which is fundamental in the oppressive strategies deployed in society (Kambon & Bowen-Reid, 2010; Kinouani, 2021), which compounds the disconnection and social exclusion Black men experience.

### Black Representation

Black people often must contend with being the only one in White spaces, which usually materialises experiencing distress beyond overt discrimination (Kinouani, 2021). Harrison describes his awareness of being the other and responding to that by socially isolating and silencing himself.

Harrison: "You feel like.. there aren't that many who look like you, so you don't want to share your business, or your experiences, you know."

Harrison's excerpt shows the pervasiveness of the need to suppress to endure and protect oneself. Terrance's excerpt expands on the lack of representation by describing the impact that has on the Black man's sense of self and how they view themselves in the world. Terrance describes the importance of having a Black male role model to feel inspired and motivated.

Terrance: "Seeing a Black person, someone who looks like you is just different. Because I can somewhat relate, you know. They kind of give you a sense that, you can be more than what you are.. it gives you a goal to work towards. Something to look up to."

Terrance: "So someone like Tyler Perry, for example, he had a horrible upbringing and came from nothing, but look at what he has achieved.. or even if they had a decent upbringing, the fact that they got to where they got to shows that it is still possible for people who look like me to succeed in life. That's an important message to hold on to."

Black men do not see themselves represented, which is one of the fundamental components of communal disconnection that reinforces the community's sense of loss and

displacement (Kinouani, 2021). Black male representation associated with success, competence, stability, and attaining material wealth is few and far between (Entman & Rojecki, 2010). Moreover, the positive associations presented in mainstream media are often skewed and limited to sports, entertainment, and physicality, contributing to the limited view Black men have of themselves, their aspirations and capabilities (The Opportunity Agenda, 2009). The typical Black male roles that are presented are often unrealistic, tokenistic, distorted, and usually do not paint an accurate and dynamic picture of the lived experiences of Black men (The Opportunity Agenda, 2009). The pervasive control of the Black male image obscures the more complex and humanising dimensions of the Black male lived reality, which perpetuates the notion that Black men cannot excel or evolve beyond the assumptions and stereotypes associated with Black men (Messineo, 2008).

The lack of Black representation spills over into mental health services due to the lack of psychiatrists, psychotherapists, and psychologists of African and Caribbean descent (Ragaven, 2018). An audit conducted by the Health & Social Care Information Centre (2019) shows that 1.9 % of qualified allied health professionals (Band 7 – 8c) in England's NHS hospital and community health services are Black or Black British, and 0% of Black professionals occupy Band 8d and Band 9 roles. This is a staggering difference compared to the 87% of White professionals in these roles. In 2013, it was reported that 9.6% of qualified clinical psychologists identified as from a BAME background (Department of Health, 2013; Ragaven, 2018; Turpin & Coleman, 2010).

As this study was conducted in London, data was sought to draw comparisons. There is no specific data on the ethnic makeup of the psychology professions in NHS mental health settings nor the ethnic makeup of psychology professions within London. However, The Clearing House (2021) recorded that 3% of qualified members of the Clinical Psychology Division identify as Black. Similarly, 2.3% of successful applicants for the 2018 Clinical Psychology entry course were from Black African and Caribbean backgrounds (The Clearing House, 2018). The data indicates that more needs to be done to diversify the NHS allied health professions workforce considering that 3% of the general population are from Black ethnic groups (GOV.UK, 2020) and London as the most ethnically diverse region in England and Wales, with 40% of their residents identifying as BAME, of which 13% identifies as Black (Ethnicity Facts and Figures, 2018b).

An ethnically diverse workforce of psychological practitioners representing their local population is imperative to addressing the existing gaps, health inequalities, and hostile encounters Black service users experience in mental health services (Grey et al., 2013; McLean et al., 2003; Memon et al., 2016; Mind, 2013). As previously discussed, evidence suggests African and Caribbean communities are more inclined to engage in mental health services and have a more positive experience if it is provided by practitioners from the same ethnicity (McLean et al., 2003). However, the gender imbalance within the psychology workforce also requires attention. The psychology profession is a female-dominated field, with 80% of Clinical Psychologists being women (The Clearing House, n.d.). Gender is an additional barrier to Black men who are more comfortable with men. Some participants have explicitly expressed their preference to speak to a Black male psychologist over a female due to relatability and holding other men in higher regard. Delano describes valuing



Black male role models more, which would be an important element to the therapeutic relationship for him:

Delano: "It is important to speak to another man about what they are going through."

Delano: "Many men relate more to men, we can talk to another man and tell them our problems more so than women and because of that we tend to gravitate and take advice from other men."

Delano: "It does sound bad to say it, but I think it's just how men are in some ways. Male figures are more beneficial."

Delano reiterates his previous point by illustrating that seeking validation from other men is instilled from a young age. Both Delano and Sebastian describe being more inclined to feel inspired by someone who reflects themselves in their upbringing and social or cultural values and understanding their racial identity.

Delano: "Boys emulate and imitate what they believe is good, desirable, so as a man, we will imitate another man or try to become like him too to be, you know, of worth or value...the best role model for a boy is a man, because he can teach him how to become what a man should be"

Sebastian: "I started to research and start listening to Malcolm X, who today, I live my life on his values like I keep telling everyone he's my dad. He looks like me, he thinks like me"

Sebastian describes Malcolm X as his "dad", which illustrates the significant impact some Black male figures have on Black men on their sense of self. Perhaps due to positive and inspirational Black male figures being relatively scarce, it appears that Black male figures are idealised, which can be a positive attribute to creating change. On the other hand, Sebastian also describes feeling empowered and inspired by a Black man he met in prison. Their shared experience of being in prison as Black men and seeing what can be achieved in the community despite the adversity he has experienced motivates Sebastian to make changes within himself and embark on a transitional journey.

Sebastian: "To see everything he has achieved after, and to know that I know him personally, and know what he went through, and what he has faced. I was thinking, that brother looks just like me, he acts just like me."

In sum, the disconnection felt in the Black community is compounded by the individualistic notions that have been culturally adopted, which goes against the historical African-centred collectivist ways of relating. Therefore, the harmful ways of coping with psychological distress by suppressing, avoiding, and plodding along are reinforced. However, there is a desire for interconnectedness and restoring a sense of community. The men have identified communal healing as a fundamental component to address the impact of racial trauma and their mental health.

More specifically, restoring their connection and safety as Black men would be an integral part of the healing process. Despite the ambivalence to opening up amongst other men, it

appears that Black men are more drawn to other Black men due to how they relate to and identify with each other. In terms of addressing the barriers experienced in accessing mental health services and help-seeking behaviours, the mirroring process identified in the participants' accounts is consistent with the idea that male help-seeking behaviours are tied into masculine norms and behaviours normalised by other men in their immediate circles and important male figures (Addis & Mahalik, 2003). The mirroring process identified suggests that redefining Black manhood and addressing the internal barriers to expressing psychological distress are heavily dependent on intercommunal healing and Black men challenging the status quo among themselves. Bola (2019) supports these concepts as he argues that the stigmatisation of mental health and the perceptions of manhood and masculinity will shift when conversations around these topics are normalised amongst themselves. He highlights this point by stating "the more men and boys are allowed to express themselves, especially in an emotional way, without judgement (from other men, in particular), the sooner we will see a positive change" (Bola, 2019, p. 37). Furthermore, the Black male population, particularly in the UK, benefit from public and authority figures in the community to openly speak on vulnerable and socio-political topics as they experience that as their voices are being amplified, their experiences normalised, and their existence humanised (Bola, 2019). Evidently, having a collaborative approach to bridging the gaps and encouraging a mental health discourse in a way that feels safe and appropriate would require Black men and Black male role models to take stock in changing the narrative of Black male mental health in the community.

## Summary

### Overview

The study's overarching aim was to explore the Black male experiential barriers to expressing psychological distress in the UK. As in line with the study's theoretical and epistemological underpinnings, particular attention was paid to social constructs and systemic structures and the way it shapes the Black male experience in the UK. Their shared experiences were considered from systemic, societal, cultural, and historical lenses to understand and contextualise the barriers identified in the participants' accounts and the multi-layered issues that contribute to maintaining these barriers.

The summary of findings demonstrates that barriers to Black men expressing psychological distress are produced and maintained are highly complex, multi-layered and interrelated. On a macro level through systemic strategies, experiences of oppression, violence and racial trauma, social constructs, intergenerationally transferred references and cultural belief systems. On the other hand, on a micro level, the barriers are often dynamic, nuanced and heavily influenced by the person's context, social network, and individual beliefs.

The participants' accounts demonstrate that when working with this client population, the therapeutic work solely focussing on the individual from a Western psychological lens will not address the systemic and structural violence they experience nor will it provide the tools necessary to facilitate the holistic healing this population appears to seek. Therefore, there is an inevitable cross-over of sociological frameworks and psychology and drawing from African-centred ideologies when exploring issues pertaining to Black mental health.

Although the findings are predominantly situated within the literature, to honour the qualitative nature of the study and the dual inductive-deductive analytical approach applied to the analysis, new ideas and concepts were included in the analysis to depict a holistic perspective from the participants' perspective. Following the summary, the findings' implications for Counselling Psychology practice, policy and mental health services are outlined, and the study critically evaluated.

## Summary of Findings

### Macro level

#### Masculine Ideologies

Problematic White supremacist patriarchal ideologies are embedded within the constructions of masculinity and manhood, which informs how Black men perceive psychological distress and how it is outwardly expressed. Clinging on to these ideologies also serves as a function to survive the systems that emasculate and disempower Black men. Acknowledging and attending to one's psychological needs are not afforded to Black men, which stifles how Black men can experience humanity. It is weaved into day-to-day behaviours and belief systems that perform as barriers to the men's expression of psychological distress.

#### Systemic violence and oppression

The experiences of racial trauma, systemic dehumanisation, intergenerational trauma, restricted class and social mobility, and interpersonal violence compounds the tendency to persevere, be hyper self-reliant, and excessively endure, normalise and become desensitised to suffering. Consequently, mental health and psychological distress are not prioritised or deemed something that requires attention or consideration.

#### Adopted individualism and collective disconnection

Individualism is an ideology and cultural system promoted in Western societies such as the UK that reinforces the disconnect felt in the Black community. The men identified this collective disconnect as a barrier due to the lack of safety felt and a sense of disconnect from others.

## Black representation

The participants reflected on Black male public figures, what they represent, the contributions these men have made to understanding the Black male experience and the spaces they have carved out for themselves in the world. The participants identified Black male representation and role models as invaluable to their sense of self and identity as it instils pride, inspiration, and hope. However, this reflection highlighted the lack of Black male representation in mental health services, which pose a barrier to accessing services and engaging in mental health discourse.

## Micro level

### Internalised stereotypes and emulating strength

Projection, projective identification, and stereotypes are interlinked and formulate a dynamic process that can heavily influence Black men's sense of self, others and the world around them. Consequently, this process can inform how they perceive psychological distress and thus form a dynamic and internalised barrier. Particularly, the perception of strength is often woven into these internalised stereotypes, which is then emulated and hinder the men's expression of psychological distress, vulnerability and sharing their experiences of adversity.

### Fear of stigma and judgement

Most of the participants explicitly reported experiencing relational ruptures with their parental figures in their childhood. Specifically, experiencing the dismissal of their emotional and psychological needs has informed how they understand their experiences of psychological distress and how they engage with this as an adult. Their accounts suggest that these childhood experiences have led to the men becoming self-reliant, suppressing their distress or managing their distress in isolation due to the intense fear of judgement, stigma, ridicule, and being misunderstood. However, significant socio-economic, cultural and contextual contributors were identified to the relational ruptures the men experienced, which is important to consider when understanding the underlying factors.

### Ancestral attachment

How the men make sense of the racial trauma their ancestors experienced through colonialism, transatlantic slavery, and migrating to the UK heavily influence how they perceive psychological distress. The men have shown an inclination to reference their ancestors' experiences of racial trauma to compare and set a goalpost to how much suffering the men can endure. Therefore, the attachment and obligation felt towards their ancestors reinforce the men's desires to emulate strength, endure and overcome adversity, and suppress their distress. However, ancestral attachment can equally act as an underlying driving force to positive factors such as Black pride, maintaining cultural roots, and deconstructing internalised notions of Blackness, which can act as invaluable buffers to the detrimental effects of racial trauma.

# Implications

This section outlines and discusses the clinical, service, and systemic implications for the Counselling Psychology profession. This section will be followed by highlighting gaps for future research.

## Counselling Psychology: Clinical Practice, Supervision, and Training

As discussed in the 'Counselling Psychology Critique' section, the profession has fundamental contradictions that should be addressed to meet the needs of the society we serve. As highlighted in this study, there are practical ways to evolve the profession by expanding and decolonising psychology practice by including culturally appropriate and affirmative interventions and adopting non-Western ideologies and healing practices. However, more can be done to address the disconnect between the profession and the needs of Black communities.

## Anti-racist praxis and social justice implications

Anti-racist values ought to be embedded within research, training, and practice by interrogating power relations and actively deconstructing the dominant narrative or lens that impact the marginalised client group (Charura & Lago, 2021). Therefore, critically engaging with one's ontological and epistemological position would be imperative in challenging the systemic structures and mechanisms that perpetuate oppressive and discriminatory psychology practice and research (Charura & Lago, 2021). In addition to disrupting and changing these systems, co-production and collaborative community led ways of working are at the core of anti-racist and social justice work.

White supremacist society has intentionally made social justice obscure and political interventions irrelevant to psychology and mental health to muddle and distort the lived experiences of the most marginalised communities accessing mental health services (Kinouani, 2021; Okafor, 2021). The lack of social and political intervention and diminishing or not acknowledging the impact of racialised processes can be experienced as micro-aggressions and acts of violence within the client and practitioner dynamic (Burkard & Knox, 2004; Sue, 2010). Therefore, denying or not actively engaging and understanding these underlying and pervasive mechanisms as practitioners contribute to the barriers these client populations experience and perpetuates harm when accessing or receiving mental health services and interventions (Keating, 2020). Rather than accepting contextual and systemic inequities as explanations for engagement barriers and, therefore, placing the onus on the Black community to address these difficulties, services should be provided in ways that are tailored to the needs and conditions outlined by the community (Kagan & Burton, 2015). Moreover, professionals should share their expertise and involve relevant organisations and the community in strategizing and innovation. The emphasis would be on empowering communities and improving the context of their lives, working more creatively, and maximising potential and strengths to create long-lasting changes (Kagan & Burton, 2015). This could be achieved by building on the community's human and material resources,

sharing knowledge, providing tools, and financial support.

Moreover, therapeutic formulation and interventions should start from the position that acknowledges racial processes in society. The impact of housing, employment, educational discrimination should be considered and how these elements hinder accessing to mental health services, engaging with therapy, the therapeutic relationship, and the self-actualisation process for Black men. Clinical practice that does not consider and address the holistic impact of racism is unethical (Keating, 2021). This approach is aligned with the Counselling psychology ethos, which argues that psychologists ought to intervene and challenge the structural and systemic barriers and create sustainable changes through integrating research, advocacy, and policy work (BPS, 2019). Therefore, advocacy that goes beyond the traditional 'client-therapist' frame would be necessary to actively address the client's social needs and collaborate with relevant agencies. Practical examples could be to utilise the power and expertise as a psychologist to negotiate better housing conditions with relevant agencies if housing is identified as a significant maintenance factor to their mental health difficulties. Furthermore, linking clients to communities with shared experiences or interests could also be a meaningful intervention.

### **Moving beyond cultural competency**

Counselling psychologists need to understand how socially, culturally, interpersonally, and politically violence are congruent, reproduced, and maintained that requires moving beyond cultural competency to meet the clients' needs (Dhillon-Stevens, 2005). Teaching cultural competency in a way of 'studying' otherness and difference as subjects misses the critical element of critiquing and reflecting on the position of the self and White ideologies that underpin assumptions, expectations, and interactions with the other (Banks, 2020). The structural and personal power differences manifested in society are deeply embedded and expressed within the identity, attitudes, and behavioural responses of both therapist and client (Charura & Lago, 2021). Therefore, critiquing the self within the therapeutic dynamic and the system within the service provided is essential in examining how the othering process is perpetuated and the societal systems are re-enacted (Keating, 2020). The lack of critical reflection and passive engagement with the impact of racism further perpetuates 'othering' and power imbalance in clinical practice as the practitioner does not take an active and dynamic stance in their contribution to service provision and the subjection of Black people.

### **Black affirmative practice**

In addition to addressing the broader structural and social issues that impact Black men, it is also essential to find and highlight areas within the current structures where they can find healing. As professionals, it is our duty to help facilitate and nurture that healing and taking action against racialised processes. As highlighted in the study, encouraging Black pride, and celebrations of Black heritage, features, and history through representation and narratives are imperative to actively deconstructing the damaging perceptions impacting the psychological well-being of Black people. As argued in the study, the construct of Blackness

is intentionally created to devalue, denigrate, and degrade Black men (Kinouani, 2021), making deconstructing and decolonising a political act and socially and systemically imperative.

One of the ways Black pride and celebrating Blackness can be fostered in the therapeutic relationship is to encourage and restore African-Caribbean cultural values and Afrocentric values. Evidence suggests that racial socialisation and acculturation where an attachment to cultural heritage is maintained offers greater mitigation to psychological effects of racial trauma (Fischer & Shaw, 1999; Pieterse et al., 2012). In addressing the attachment to cultural heritage, the therapist ought to include fostering this attachment and aid a sense of belonging in their therapeutic work with Black men.

As argued in this study, it is particularly important for Black people to feel connected and a sense of community. This should be encouraged and fostered by the practitioners by enabling the clients to develop and maintain their social networks. A systemic approach could be helpful to understand and work with the social systems impacting the client rather than viewing the presenting difficulties from an individualistic perspective.

### Training and supervision

Restoring a positive Black gaze, identifying and addressing individual and institutional barriers to working with race, such as lack of appropriate training and supervision, are critical to anti-racist practice (McKenzie-Mavinga, 2020). Training and supervision should address the naivety and avoidance related to race and anti-Blackness through filling knowledge gaps, challenging avoidance, and processing shame and other uncomfortable emotions that emerge through the work (McKenzie-Mavinga, 2020). Furthermore, supervision should model by addressing and containing the trauma, feelings, racialised experiences, and critically reflecting on power dynamics and individual contributions to perpetuating anti-Blackness.

In addition to adequate supervision, critiquing White supremacist ideology informing practice, research, and is inherently embedded within theory is essential in analysing client presentations from racialised groups and understanding how these models and 'evidence-based' approaches are incongruent, culturally inappropriate, or oppressive when working with these communities (Keating, 2020). Therefore, including African psychology in mainstream psychology training would be a significant shift in changing the Western lens of knowledge production and how psychology is viewed and understood. As Triandis states, "when the indigenous psychologies are incorporated into a universal framework, we will have a universal psychology" (Triandis, 1996, p. 407). Understanding of therapeutic interventions informed by African Psychology that inherently embodies traditions and values aligned with African-Caribbean values would be helpful to adopt a more culturally appropriate and client-centred approach to therapy. Moreover, it also helps to promote and engage with Black affirmative practices, which is closely aligned with the findings of the study that outline the needs of the community.

### Black male representation in Psychology

Furthermore, this study highlights a clear gender and racial imbalance as significant barriers for this client population. The lack of Black male psychologists is a barrier to engaging Black men in psychological therapies, even if more culturally appropriate approaches are applied. The findings show that more should be done to make psychology training more appealing to men, especially men of colour, to improve access to services. The participants' accounts suggest a strong need for positive and relatable Black male figures to lead by example to inspire other Black men to follow. The need for representation suggests that having more visible Black male psychologists would encourage Black men to think about and engage in mental health and related discourse. Furthermore, having Black male mental health practitioners at the forefront of community engagement and appealing to Black men would create a sense of safety and influence change by virtue of familiarity.

### Mental Health Services: Radical Reform

The findings in this study highlight that understanding Black male masculinity and Black male stereotypes offer a framework to understand and make sense of the Black male experience in the UK and the barriers to mental health services in a nuanced and dynamic way. Moreover, it provides an overarching understanding of the underlying dynamic forces and systemic systems that are inherently complex.

Black populations in the UK are less likely than their White counterparts to receive and request mental health support because of multiple and inherently complex reasons (Cooper et al., 2013; Ridge, 2019). The hesitance to seek help and the stigma attached to mental health within the community suggests there is a need for culturally specific prevention strategies and talking therapy services. Mental health providers and stakeholders within these services have a duty to address the existing gaps in mental health services by reforming how services are offered to this client population to make them more accessible and appropriate to their needs.

The willing dissonance displayed by mental health services that follow Western traditional structures and provisions when serving non-White communities is the fundamental issue when assessing the barriers to accessing mental health services. The sub-themes 'Drawing strength from the roots', 'Healing through community', and 'Black representation' highlight barriers that are consistent with previous studies (Grey et al., 2013; McLean et al., 2003; Memon et al., 2016; Mind, n.d.) that outline that a radical change through creating ethnic-specific services, interventions, and employing ethnically representative professionals is imperative to addressing the current discrepancy between the services that are currently on offer and what the Black community requires.

The lack of Black representation occupying senior managerial, consultancy, and executive roles within institutions such as the NHS. This disparity should be addressed through systemic strategies that promote and train Black ethnic staff into these positions. Furthermore, people currently occupying executive roles should include Black ethnic staff and other initiatives that promote Black health and social care practitioners such as BAME in Psychiatry and Psychology (BIPP), Black Aspiring Clinical Psychologists Network (BACPN), and Association of Black Social Workers (ABSW) in diversifying the workforce, changing policies,



service development, public health approaches, and outreach. Additionally, African-centric perspectives should be included in training and service provision, which the current NHS talking therapies currently do not provide nor recognise as theoretical modalities (Majors et al., 2020).

A reconnection amongst Black men, community rebuilding and communal healing is essential for day-to-day survival and sustainability in a society where Black men are chronically ostracised, marginalised, socially antagonised, and excluded (Kinouani, 2021). Therefore, a co-production of services and a collaborative approach that contrasts the Western traditional service structures and provision would be required to foster this reconnection and necessary community-based strategies. For instance, collaborative working with local male-dominant spaces such as barbershops and sports clubs or Black male community leaders could be accessible ways to engage Black men.

There is a clear need for targeted commissioned strategies and campaigns to create more community-based recovery and prevention services that enable Black men to feel connected to their community and have access to specialist trained mental health professionals. This need is supported by evidence that demonstrate the need for culturally targeted services and training as Black African and Caribbean people respond significantly better to services specifically tailored to them (Afuwape et al., 2010; Banks, 2020). These interventions should not be short-term pilots but mainstreamed and adequately resourced to affect long-term change (Majors et al., 2020). Despite the evidence, National Institute for Mental Health in England (2003) has no plans or national strategies to specifically target the mental health needs of Black people, their care and the treatment received in mental health services. The lack of targeted mental health services for Black communities in the UK is arguably a significant disadvantage in accessing good quality and relevant mental health services. The disconnect remains evident as demonstrated in the report produced by the UK Parliament (2020).

Deconstructing Black manhood: A collective effort

In addition to community interventions, the findings show the insidious nature of racist ideologies and how they permeate in society and are, consequently, internalised by Black men. This process depicted through the participants' accounts shows that reframing the Black male identity is not solely dependent on the individual but requires a systemic and wider societal approach in deconstructing what it means to be a Black man and fostering more positive associations with that identity. Furthermore, this ingrained process is also a significant challenge to engaging Black men with mental health services and professionals.

On the other hand, the findings also show that Black men need to collectively take stock of and act on confronting the psychological horrors and releasing themselves from the destructive mechanisms rooted in patriarchal ideologies and negative views of masculinity. Additionally, the participants' highlighted a need for safe spaces amongst themselves, which should be facilitated by competent practitioners.

The participants' accounts show the cumulative effect of suppressing psychological distress on Black men and the detrimental impact on their holistic well-being. Their account strengthens the argument that addressing the current barriers that are systemically

maintained is paramount to enhance the quality of life for Black men and the Black community as a whole as these coping strategies often translate into misogynistic, criminal and violent behaviours that impact other Black individuals who are in community with Black men (Hooks, 2000; Jamison, 2006). Therefore, a multidimensional and multiagency approach would be necessary to address the perceptions of masculinity and barriers to expressing psychological distress.

There is a clear need to destigmatise and normalise mental health and raise awareness of the damaging ideologies in society at large. A wide range of statutory and voluntary sectors could be used to campaign, facilitate workshops, host podcasts, and other creative strategies. Furthermore, there is a need to deconstruct the Black male identity and shed light on the lived experiences of Black men through various ways that could reach the wider population, such as advert campaigns, collaborating with television networks, publications and household brands, and research.

As part of deconstructing the Black male identity, more attention should be paid to the educational system and how Black boys are treated within schools (Majors et al., 2020). More should be done to support Black boys in their gender expression and identity development, affirming their cultural heritage, and sense of self. Additionally, embedding Black history in the school curriculum and utilising Black male role models and mentoring schemes are ways to help strengthen the self-image of Black boys.

#### Future Research

The study's introduction and literature review show that research in Black mental health in the UK is minimal. Particularly in finding solutions to addressing barriers to mental health services. The findings of this study highlight the inevitable sociological cross-over when understanding the lived experiences of Black men. Therefore, more psychological research that adopts sociological theories and frameworks could be valuable.

The findings of this study highlight the harmful ways the perception of Black manhood is confined. Therefore, an inevitable tension emerges when dismantling these notions in a society where a prototypical Black male image is perpetuated. It would be imperative to find the right balance between supporting helpful aspects of masculine ideologies such as building resilience and fostering resourcefulness while challenging unhelpful and damaging aspects in a way that does not activate unmanageable fear and resistance to change.

Some participants highlighted that they have embarked on a transitional or healing journey that has helped them open up to others and be more willing to share their experiences and show vulnerability. It would be interesting to explore what factors specifically led to that point and what facilitated that journey. This knowledge could contribute towards evidence-based strategies and interventions that could aid in destigmatising and normalising mental health discourse amongst Black men.

As the study was based on a heteronormative perspective and the sample population were from the same age group, it would be valuable to explore and compare the shared experiences and barriers from other intersecting identities such as sexuality, older or

younger age groups, socio-economic backgrounds, and religion. It would also be valuable to explore the differences between inner-city and rural experiences. Furthermore, it would also be interesting to compare any differences between first-, second-, and third-generation African and Caribbean migrants.

## Critical Evaluation

Yardley (2008) proposes several principles to enhance and demonstrate the quality of qualitative research, namely: sensitivity to context, commitment and rigour, coherence and transparency, and impact and importance.

### Sensitivity to Context

The participants' contexts were considered by honouring their perspectives and painting a more holistic picture of their lived experiences. The methodological choices allowed more nuanced perspectives and ideas to be interpreted from the data. Although the data was predominantly analysed through pre-established theoretical frameworks, the participants' shared meaning-making processes were the focal point to the themes constructed.

Furthermore, the participants' voices were amplified while simultaneously supporting the findings by utilising quotations that vividly illustrated their lived experiences. In addition to the participants' context, other contextual factors that were important to consider in the research process were discussed in the 'Introduction' and 'Epistemology'.

### Commitment and Rigour

The inherently complex and multifaceted topic requires careful consideration of multiple contextual challenges, as discussed in the 'Epistemology' chapter. An opportunistic and flexible approach needed to be adopted to engage this sample population in order to manage those challenges, such as agreeing to interview at short notice and using gatekeepers to build trust with the participants. Furthermore, the participants were screened against the inclusion and exclusion criteria prior to the interview to ensure a homogenous sample. The specifics of the sample were acknowledged. The interview schedule acted as a guide to facilitate the conversation and to discuss overarching ideas based on the literature. This flexibility was necessary for the interview to be engaging and collaborative.

### Coherence and Transparency

A comprehensive account of my positionality was embedded within the study and explained in the 'Introduction' and 'Epistemology' chapters, tied to the argument for the paradigms and frameworks chosen. The overarching aim of this study was to explore the shared experiences of Black men and analyse the underlying systemic and social mechanisms, which justify my ontological and epistemological choices. To ensure transparency, the analytical process was explained to help the reader understand the different processes

involved in the study. Furthermore, supervision was used to discuss interpretations and reflections and think about the themes.

### Impact and Importance

Research is considered valid if something important and valuable is evidenced (Yardley, 2000, 2008). This principle is highlighted and discussed at length in the 'Introduction', 'Literature Review', 'Methodology' and 'Discussion' chapters.

### Study Limitations

While the research identifies structural and individual barriers as well as dynamic processes contributing to the maintenance of these barriers, the findings cannot be extrapolated across the Black male population. Although the findings were situated in the literature, this study does not represent all Black men in the UK. Furthermore, this study recorded rich data but could not portray a wide range of experiences due to the sample population size and specific inclusion and demographical criteria.

The volunteer and snowball sampling indicate that the participants were interested in sharing their perspectives and contributing to the research process. The participants acknowledged that they were at a stage in their lives where they felt more comfortable with speaking about topics related to mental health. Therefore, there may be potential bias in the research as their perceptions on the topic could differ from those who are not comfortable having these conversations. They also acknowledged that they had some exposure to alternative ways of thinking about the topic, influencing their perspective. Therefore, those who have not had that exposure could potentially not share their perspectives.

The potential racial and gender-based biases and limitations were discussed in earlier chapters.

### Postscript

#### Collective Accountability

Systems, institutions, cultures, social norms, and value systems are created, operated, governed, and structured by individuals who are led by frameworks, assumptions, and interpretations rooted in anti-Blackness. Although racism and racial inequalities are broader social and systemic issues, individuals' contributions to creating and maintaining these issues are significantly underestimated. White supremacy is consciously or unconsciously upheld in daily human responses, decisions, communication, and other interactions, perpetuating the longstanding issues discussed in this study. The misrepresentation of how anti-Black racism is perpetuated intentionally obscures how racial issues should be addressed, which makes it easy for individuals to avoid accountability and ignore the issues that do not affect them. The time of suppressing Black voices and ignoring the vicious social

warfare against the most oppressed communities is gradually shifting, requiring everyone to embrace uncomfortable and even distressing feelings to dismantle the power structures in society.

### Academic Journey

As I conclude this thesis and reflect on my academic journey, I find that those who not only desired change but actively took steps to create change made a positive difference to my experience. The few colleagues and staff members who were able to reflect on their contributions to systems, engage in difficult conversations about race and racism, showed empathy and patience, made attempts to rectify wrongdoings, provided relevant resources and showed genuine interest were invaluable. Their acknowledgement of the impact of racialisation on my experience as a trainee positively impacted my often turbulent and (re-)traumatising yet life-changing academic journey. I, therefore, would like to express my gratitude to my tutor and research supervisor, Dr Jeeda Alhakim, who embodied what allyship should look like and supported me throughout my journey. May she continue to have the strength and wisdom to be a role model and support system for other academics and psychologists as she has for me. I end this thesis by sharing that this journey was also profoundly personal and spiritual, where I blossomed into a woman who is grounded in who she is, what she stands for, and the part she wants to play in her community. A woman who is intentional about seeking joy, celebrates her Blackness, and centres her work around empowering others to do the same.

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# Appendices

## Appendix A: Ethical Approval

### School of Psychology Research Ethics Committee

#### 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:** Cynthia Fu

**STUDENT:** Florencia Gysbertha

**Course:** Professional Doctorate in Counselling Psychology

**Title of proposed study:** Exploring Black men's experiences of communicating psychological difficulties in urban London: A Thematic Analysis study

#### 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 BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before 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

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher 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:** 4.5.20

*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: Information Sheet

“Exploring Black men’s experiences of communicating psychological difficulties in Urban London: A Thematic Analysis”.

### **Who am I?**

I am Florencia Mensah Gysbertha and I am a Counselling Psychology doctorate student at the University of East London. I am conducting a research project as part of my studies.

### **What is the research?**

The aim of this research is to explore and identify common experiences in communicating psychological difficulties amongst Black men in the community, in “Urban” areas of London specifically. The study will explore the lived experiences of Black men who have experienced psychological difficulties at some point in their lives, how they made sense of that and how they managed it.

The findings of this study could raise awareness on Black mental health and related experiences of Black men which could not only help improve clinical practice of mental health practitioners, but also help inform culturally-sensitive prevention and community-based strategies.

My research has been approved by the School of Psychology Research Ethics Committee. This means that the Committee’s evaluation of this ethics application has been guided by the standards of research ethics set by the British Psychological Society.

### **Inclusion criteria**

Due to the sensitive nature and nuances of the topic, I am looking for a specific sub-group to explore the research topic. Therefore, you have been identified as meeting the following selection criterion for this study:

- You are an adult aged 18 or over
- You identify as a cis-gender heterosexual Black male (this includes Black African, Black Caribbean, Black other, Mixed-ethnicity or multiracial, or considered racially ambiguous)
- You **ARE NOT** a current or former mental health service user

The findings of this study do not intend to be representative of all Black men’s experiences nor the experiences of the wider Black community. However, it does



intend to focus on the experiences of this specific sub-group. I would like to emphasise that the interview aims to be non-judgemental adhering to the professional conduct policies stipulated by the BPS and UEL.

### **Exclusion criteria**

Participants who are or are experiencing the following are unable to participate in this study:

- CURRENT or FORMER mental health service users;
- Currently experiencing severe mental health difficulties;
- Self-harming and/or suicidal

Participation is completely voluntary, and your input will be greatly appreciated. If you decide to take part, you will be given this information sheet and asked to sign a consent form. You are free to withdraw from the study at any time before the commencement of the data analysis. You are not obligated to give a reason to withdraw.

### **What will your participation involve?**

If you agree to participate you will be contacted to arrange to meet on a time and date most convenient for you. The interview will be held at UEL' Stratford campus or via videocall on Microsoft Teams. The interview will be audio recorded and could take 60-90 minutes. You'll be asked to complete a short demographical questionnaire and complete an anxiety and depression rating scale before the start of the interview. The interview consists of open-ended questions that aims to enable you to explore your experiences of communicating psychological difficulties and how that impacted you. The interview should feel like an informal chat and not an interrogation or personal analysis.

As a doctorate student, I have no access to funding for this study and I am therefore unable to compensate for your participation. However, in order to make participation as accessible as possible, I can reimburse travel costs within reasonable limits.

### **What if I have a concern?**

If you have any concerns or questions about this study, you can contact myself or my research supervisors directly via the contact details listed below:

Florencia Mensah Gysbertha (Researcher)

[U1807053@uel.ac.uk](mailto:U1807053@uel.ac.uk)

Professor Cynthia Fu  
(Director of Studies)  
[C.Fu@uel.ac.uk](mailto:C.Fu@uel.ac.uk)

Dr Claire Marshall  
(Second Supervisor)  
[C.Marshall@uel.ac.uk](mailto:C.Marshall@uel.ac.uk)

If you have any concerns about how the research has been conducted, you can contact the research supervisors mentioned above or contact the Chair of the School of Psychology Research Ethics Sub-committee:

Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London  
E15 4LZ.  
(Email: [t.lomas@uel.ac.uk](mailto:t.lomas@uel.ac.uk))

ORCID NUMBER

**0000-0002-6478-6749**

## Appendix C: Consent Form



### **UNIVERSITY OF EAST LONDON**

#### **Consent to participate in a research study**

Title: Exploring Black men's experiences of communicating psychological difficulties in Urban London: A Thematic Analysis

By Florencia Mensah Gysbertha

- 1). I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions. ☐
- 2). I understand the nature and aims of the proposed study and the purposes of my contribution. ☐
- 3). I understand that my participation is voluntary and that I am free to withdraw at any time before data analysis commences, without giving any reason. However, the researcher reserves the right to use the anonymous data if I choose to withdraw after data analysis has begun. ☐
- 4). I understand that my data will be anonymised and stored securely. ☐
- 5). I understand the researcher's limitations and their obligation to breach confidentiality if safeguarding or risk issues have been raised. ☐
- 6). For the purpose of the study, I consent to my interview to be audio-recorded and for it to be transcribed. ☐
- 7). I understand that the researcher may wish to publish and distribute the research findings, for which I give my permission. ☐

I hereby fully agree and give informed consent to participate in the study ☐

Participant's Name (BLOCK CAPITALS)

.....

Participant's Signature

.....

Researcher's Name (BLOCK CAPITALS)

.....

Researcher's Signature

.....

Date: .....

## Appendix D: Debrief Letter



### **PARTICIPANT DEBRIEF LETTER**

Thank you for participating in my research study

“Exploring Black men’s experiences of communicating psychological difficulties in  
Urban London: A Thematic Analysis”

This letter offers information that may be relevant in light of you having now taken part.

#### **What will happen to the information that you have provided?**

The audio-recording will be transcribed but any identifying information will be removed, and pseudonyms will be used to ensure anonymity. The written data will be grouped together in the final draft of the thesis.

Your participation, personal information and data will be kept confidential and stored according to UEL and BPS’s data management policies. Access to this information is limited to the researcher and allocated supervisors.

This study will be published on UEL’s research repository and aims to get published in academic journals and distributed.

Your details and data will be kept until the VIVA examination has been successfully completed. You are welcome to withdraw the data from the study up until data analysis commences (approx. 3 weeks after the interview). However, the researcher reserves the right to keep and use the anonymised data if the participant chooses to withdraw during the data analysis stage.

#### **What if you have been adversely affected by taking part?**

It is not anticipated that you will have been adversely affected by taking part in the research, and all reasonable steps have been taken to minimise potential harm. Nevertheless, it is still possible that your participation – or its after-effects – may have

been challenging, distressing or uncomfortable in some way. If you have been affected in any of those ways you may find the following services helpful in relation to obtaining information and support:

Faces in Focus (up to age 25):

<https://facesinfoocus.org.uk/>

Waterloo Community Counselling:

[www.waterloocc.co.uk](http://www.waterloocc.co.uk)

SLAM NHS

[www.Slam-iapt.nhs.uk](http://www.Slam-iapt.nhs.uk)

Therapist directories:

[www.BAATN.org.uk](http://www.BAATN.org.uk)

[www.bacp.co.uk](http://www.bacp.co.uk)

[www.mindchwf.org.uk](http://www.mindchwf.org.uk)

[www.counselling-directory.org.uk](http://www.counselling-directory.org.uk)

[www.southeastlondoncounselling.org.uk](http://www.southeastlondoncounselling.org.uk)

[www.frontlinetherapist.com](http://www.frontlinetherapist.com)

You are also very welcome to contact me or my supervisor if you have specific questions or concerns.

### **Contact Details**

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Florencia Mensah Gysbertha (Researcher)

[U1807053@uel.ac.uk](mailto:U1807053@uel.ac.uk)

Professor Cynthia Fu

(Director of Studies)

[C.Fu@uel.ac.uk](mailto:C.Fu@uel.ac.uk)

Dr Claire Marshall

(Second Supervisor)

[C.Marshall@uel.ac.uk](mailto:C.Marshall@uel.ac.uk)

If you have any concerns about how the research has been conducted, you can contact the research supervisors mentioned above or contact the Chair of the School of Psychology Research Ethics Sub-committee:

Dr Tim Lomas, School of Psychology, University of East London, Water Lane, London  
E15 4LZ.

(Email: [t.lomas@uel.ac.uk](mailto:t.lomas@uel.ac.uk))

## Appendix E: GAD-7 & PHQ-9 Questionnaire

### **GAD-7 Anxiety**

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

Column totals:           +      +      +       
    = Total Score     

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult  
at all  
☐

Somewhat  
difficult  
☐

Very  
difficult  
☐

Extremely  
difficult  
☐

Scores represent: 0-5 mild, 6-10 moderate, 11-15 moderately severe anxiety, 15-21 severe anxiety



## PHQ-9 Depression

Over the last 2 weeks, how often have you  
been bothered by any of the following problems?

(Use "✓" to indicate your answer)

	Not at all	at Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.....	0	1	2	3
2. Feeling down, depressed, or hopeless.....	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.....	0	1	2	3
4. Feeling tired or having little energy.....	0	1	2	3
5. Poor appetite or overeating.....	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.....	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.....	0	1	2	3
8. 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
9. Thoughts that you would be better off dead or of hurting yourself in some way.....	0	1	2	3

Column totals    \_\_\_ + \_\_\_ + \_\_\_ + \_\_\_

= Total Score \_\_\_\_\_

Scores represent: 0-5 = mild, 6-10 = moderate, 11-15 = moderately severe, 16-20 = severe depression

## Appendix F: Demographical Questionnaire

These questions are intended to be used in relation to the interview and to collect demographical information only.

1. How old are you? \_\_\_\_\_
2. Do you identify as cis-gender male?
3. What is your sexual orientation?
4. What is your ethnic group?

Choose the option(s) that best described your ethnic group or background

### **Black**

- ☐ Black – African
- ☐ Black – Caribbean
- ☐ Black – Other, please describe \_\_\_\_\_

### **Mixed/Multiple ethnic groups**

- ☐ Black Caribbean and White
- ☐ Black African and White
- ☐ Black Caribbean and Asian
- ☐ Black African and Asian
- ☐ Any other mixed/multiple ethnic group, please describe  
\_\_\_\_\_

### **Other**

**Any other ethnic group, please describe** \_\_\_\_\_

## Appendix G: Interview Schedule

The following interview structure is merely a guide to the topics that should be covered in the interview. How the interview unfolds will be influenced by the participant's responses.

### Introduction and reiterating consent

Disclaimer: State the limitations in confidentiality if participant indicates harm or risk to self or others during the interview.

### Introductory question:

1. What is your understanding of psychological difficulties?

Prompts: How do you know? Could you give me an example?

2. What does being a Black man mean to you?

Prompts: How did you make sense of that? What's your understanding of that?

### Mental health:

1. Tell me about your first time experiencing psychological difficulties?

2. What has been your experiences with psychological difficulties since then?

3. How do/did you manage that?

Prompts: What did you do? Who did you confide in? How long for? How was that?

4. How does/did your experiences of psychological difficulties impact you in relation to others (family, friends, relationships)

Prompts: How did it make you feel?

5. How do you reflect back on those experiences?

6. What are your biggest barriers to opening up about mental health to others?

Prompts: How does that impact you? What does that look like?

7. What has been your experience with expressing/communicating psychological difficulties?

Prompt: How does that relate to you being a Black man, if at all?

8. What do you think needs to change to help support Black men experiencing psychological difficulties?

Prompts: What needs to be done differently? What does/doesn't work well?

## Appendix H: Transcription Keys

(....) Indicates that words have been omitted to shorten quote

[ ] Indicates when an non identifying information has replaced identifying information

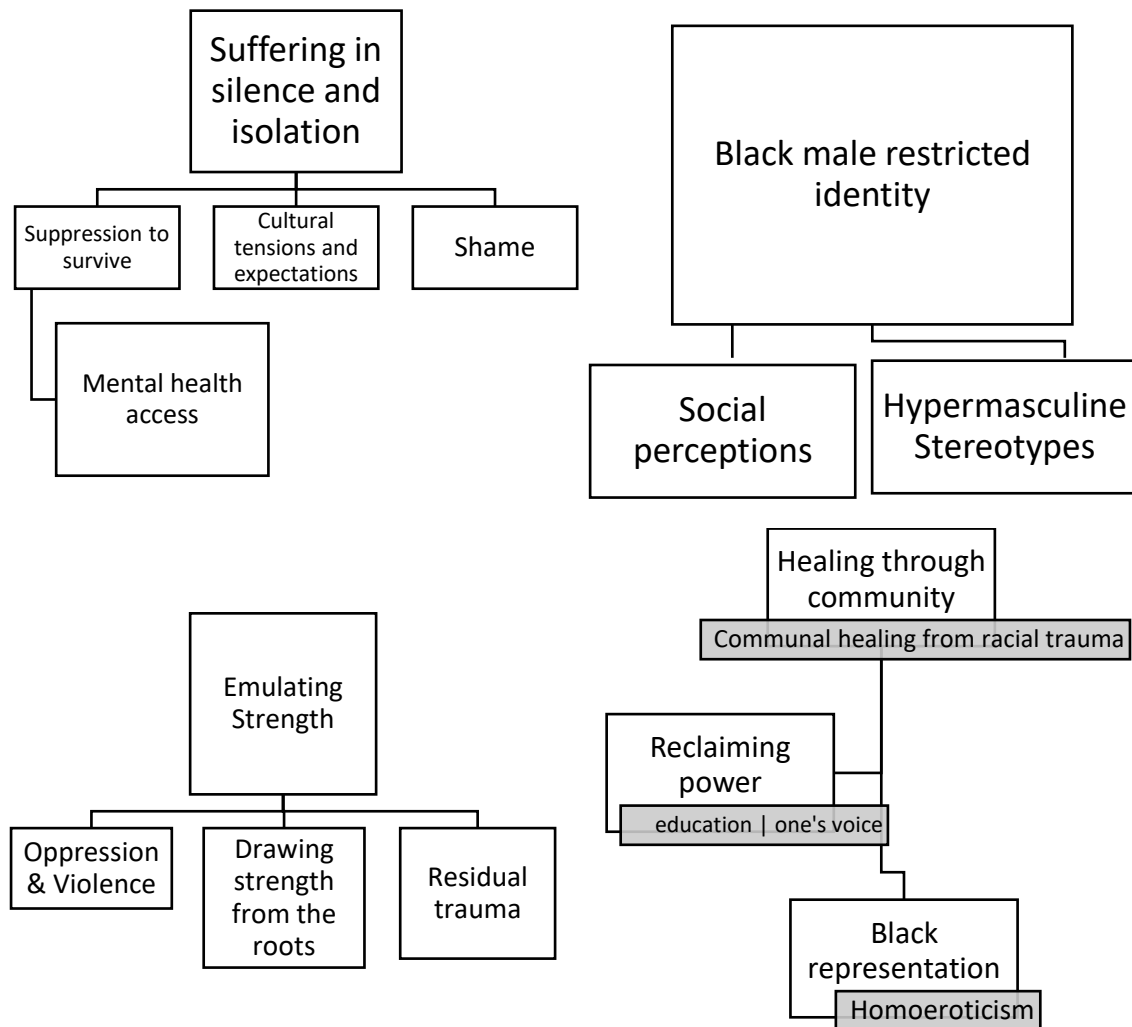
.. Represents a brief pause

... Represents an extended pause

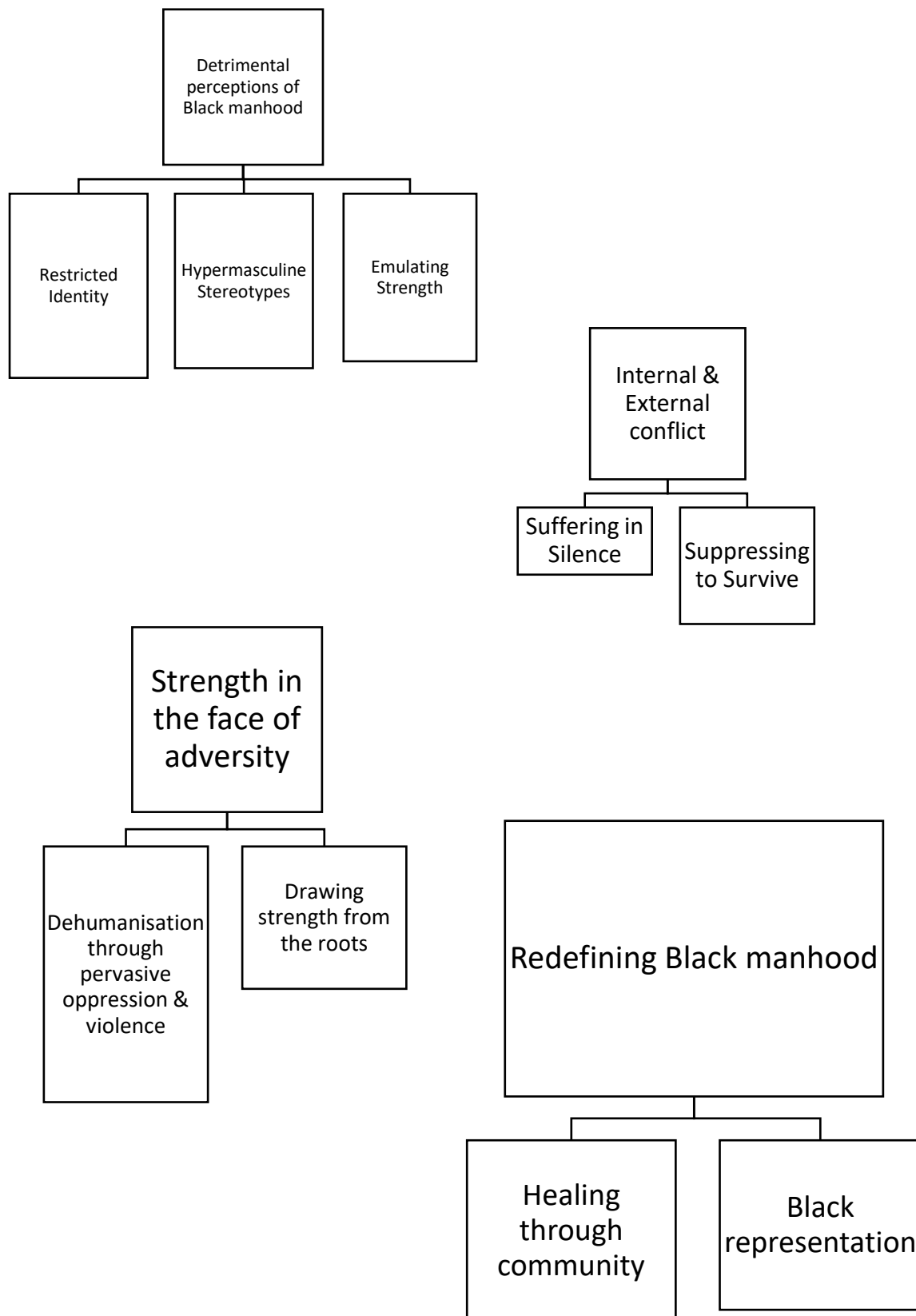
Underlined Represents when a word is emphasised

[laughter] Laughter during the interview

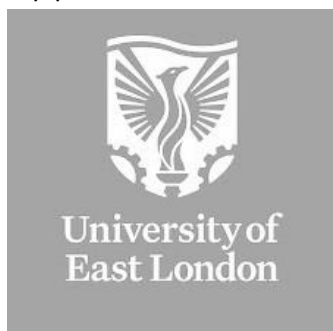
## Appendix I: Initial Thematic Map



## Appendix J: Thematic Map – Final



## Appendix K: Title Change Application



# University of East London Psychology

## REQUEST FOR TITLE CHANGE TO AN ETHICS APPLICATION

### **FOR BSc, MSc/MA & TAUGHT PROFESSIONAL DOCTORATE STUDENTS**

**Please complete this form if you are requesting approval for 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 Amendments Form.

### **HOW TO COMPLETE & SUBMIT THE REQUEST**

1. Complete the request form electronically and accurately.
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: [Psychology.Ethics@uel.ac.uk](mailto:Psychology.Ethics@uel.ac.uk)
4. Your request form will be returned to you via your UEL email address with reviewer's response box completed. This will normally be within five days. Keep a copy of the approval to submit with your project/dissertation/thesis.

### **REQUIRED DOCUMENTS**

1. A copy of the approval of your initial ethics application.

Name of applicant: Florencia Mensah Gysbertha

Programme of study: Professional Doctorate in Counselling Psychology

Name of supervisor: Dr Jeeda Alhakim

Briefly outline the nature of your proposed title change in the boxes below

Proposed amendment	Rationale
<b>Old Title:</b> Exploring Black men's experiences of communicating psychological difficulties in urban London: A Thematic Analysis study  <b>New Title:</b> <b>"We're seen as human after we're dead":</b> Exploring Black men's barriers to expressing psychological distress	As the research evolved, the terminology used in the interviews changed from 'psychological difficulties' to 'psychological distress', and 'barriers' as opposed to 'experiences' is more suitable to the aim of the study and more accurately reflect the research questions and amended interview schedule. I quoted one of the participants from the study to illustrate the narrative portrayed in the data from the participant's perspective.

Please tick	YES	NO
Is your supervisor aware of your proposed amendment(s) and agree to them?	x	
Does your change of title impact the process of how you collected your data/conducted your research?		x

Student's signature (please type your name): Florencia Mensah Gysbertha

Date: 24/11/2021

TO BE COMPLETED BY REVIEWER		
<b>Title changes approved</b>	Yes	
The new title reflects better the research study and will not impact the process of how the data are collected or how the research is conducted.		

Reviewer: Jérémy Lemoine

Date: 24/11/2021



## Appendix L: Change of Supervisors

### Change supervisors - Miss Florencia Gysbertha

Date	24 Sep 2021
Doctoral Researcher	Miss Florencia Gysbertha
Student ID	1807053
Doctoral Research Project	Exploring Black men's experiences of communicating psychological difficulties in the community: A Thematic Analysis study in urban London
Project type	DProf
Project mode	Full Time
Project start	18 Sep 2018
School	Psychology

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### Change request form

#### Supervisors form

##### Current team

Prof Cynthia Fu  
Dr Claire Marshall

##### Proposed team

###### Director of Studies

[Dr Jeeda Alhakim](#)

###### Supervisor(s)

[Dr Claire Marshall](#)

###### Add a new External supervisor

Title	First	Last
-------	-------	------

Institution

Email

### Counselling psychology review group report

#### Committee report

##### Comments

Both reviewers recommended approval.

##### Recommendation

Approve