Spring 3-28-2023

Liberating Self: An Autoethnographic Inquiry Into Black Male Mental Health

Phillip J. Roundtree Sr.
Kutztown University of Pennsylvania, phil@quadefy.net

Liberating Self: An Autoethnographic Inquiry Into Black Male Mental Health

A Dissertation Presented to

The Faculty of the Doctor of Social Work Program of

Kutztown University|Millersville University of Pennsylvania

In Partial Fulfillment

Of the Requirements for the Degree Doctor of Social Work

By Phillip J. Roundtree Sr., LCSW, MS

April 2023

KUTZTOWN
UNIVERSITY

Doctor of Social Work
DISSERTATION DEFENSE REPORT
(final)

Student Name _Phillip J. Roundtree_   Student KU ID # _002214730_

Department _Social Work_   Degree _DSW_

Date of Dissertation Defense _March 28, 2023_

Title of Dissertation _Liberating Self: An Autoethnographic Inquiry into Black Male Mental Health_

Action taken on Dissertation Defense:

_✓_ Approved

Dissertation Chair (printed name, signature, and date):

Stephen W. Stoeffler,   _Stephen W Stoeffler_, _03/28/2023_

Dissertation Committee Members (printed name, signature, and date):

Amy Pfeiler Wunder   _03/28/2023_

Ginneh L. Akbar   _Ginneh L. A_   _03/28/2023_

Department Chair (printed name, signature, and date):

John Vafeas   _4/25/2023_

LIBERATING SELF: AN AUTOETHNOGRAPHIC INQUIRY INTO BLACK MALE

MENTAL HEALTH

COPYRIGHT

2023

Phillip Jermaine Roundtree Sr.

ABSTRACT OF THE DISSERTATION

Liberating Self: An Autoethnographic Inquiry Into Black Male Mental Health

by

Phillip J. Roundtree Sr., LCSW, MS

Kutztown University|Millersville University, (2023)

Kutztown, Pennsylvania

Directed by Stephen Stoeffler PhD, LSW

This autoethnography offers a first-person perspective on Black male mental health experiences. It incorporates personal narratives and academic research to explore the intersectionality of race, gender, and mental health, as well as the impact of historical and contemporary systemic racism and discrimination on Black males' psychological and emotional well-being.

The Black Liberation Psychology theoretical framework and Africana Studies Conceptual framework examined how cultural norms, hip-hop culture, stigma, and societal factors, including racism, discrimination, and stereotypes about Black masculinity, shape Black male mental health experiences. The study also highlights Black males' development of coping mechanisms and resilience strategies to navigate these challenges. The researcher employs their clinical skills as a licensed clinical social worker to critically analyze firsthand experiences navigating the mental health system, illuminating Black males' unique challenges and barriers throughout their lives.

The findings suggest that Black male mental health is a complex issue, significantly impacted by white supremacy, patriarchy, and capitalism. Therefore, African-centered interventions are identified as the only remediation to counteract Eurocentrism's harmful effects on Black males.

The study calls for Black social work leadership professionals to create mental health programs that center on Black male experiences. Social work education should also educate prospective and current social work professionals on Black male experiences from a non-deficit perspective, promoting anti-racist practices through autoethnography and recognizing systemic racism and oppression.

Keywords: autoethnography, Black male mental health, masculinity, trauma, depression

Dedication

I dedicate this effort to the younger version of myself, who endured and survived so that I can now thrive. I dedicate this to my daughter Kaelyn, and my sons, Phillip Jr., and Justin, whom I love unconditionally, and always strive to make proud and inspire. I hope this allows y'all to understand me a bit better. To my bonus kids, Zion, and Zuri, I also hope you are inspired. I dedicate this to my momma Rachel whose love I never question, whose experiences I'm just beginning to understand. I dedicate this to Frank, who supported me despite my resistance. I dedicate this to my brother, now ancestor, Bobby Baker, who desired more for me than I could see for myself. I dedicate this to my amazing co-parents, Kiniffa and Zyhkeya, for allowing me space to explore my talents in this life; I am forever indebted. Lastly, I dedicate this to my father, Lee, who indirectly taught me grace and empathy.

Acknowledgement

"To acknowledge our ancestors means we are aware that we did not make ourselves, that the line stretches all the way back, perhaps to God; or to Gods. We remember them because it is an easy thing to forget: that we are not the first to suffer, rebel, fight, love and die. The grace with which we embrace life, in spite of the pain, the sorrow, is always a measure of what has gone before." – Alice Walker

First, I must honor all ancestors, those known to me and unknown. I must praise them for their strength to be authentic, vulnerable, compassionate, thriving and surviving. Next, I invoke the names of Emmanuel Sloan, Ashawnty Davis, Kambon Camara, bell hooks, Christopher Wallace, Jahseh Onfroy, John Henrik Clarke, and those whose names aren't in the forefront of my mind, who have challenged me to reflect on Black folk's experiences, specifically Black male experiences, on a deeper level.

I want to acknowledge "319 plus 1," my brothers, Keyon Mallory, Brian King, and Anthony Greene, and my sister, Meah Carruth, who loved on me during the most challenging time when my brother passed. I also appreciate y'all for accepting my junky side of the room in college. I love y'all.

Thank you, Dr. Valerie Newman-Freeman, for being the first therapist to fully embrace all of me, helping me embrace myself while challenging me to be better for myself. On the other side of healing *is* liberation.

I want to send love and appreciation to Marc Lamont Hill and the rest of the Uncle Bobbies Coffee Shop & Books fam for supporting this journey and providing a safe space for Black folk to exhale. Also, I want to thank Dr. Guthrie Ramsey, a calming voice at various points on this journey.

I want to send love and light to Prof. Karen Hunter and Dr. Greg Carr for providing Black folk of the diaspora a *clean glass of water* via Knarrative and Knubia, which added value to my life as a Black man and introduced me to the Africana Studies Conceptual Framework, which guides this autoethnographic inquiry into Black male mental health.

I want to thank my committee. First, the chair of the committee, Dr. Steven Stoeffler, who, from day 2 of my time in this program, showed genuine interest in me and my work across arenas. Thank you for being supportive throughout, holding me accountable while still allowing me to *be* me because "I'm an artist, and I'm sensitive about my shit." Second, thank you to Dr. Amy Pfeiler-Wunder, who responded to my random email and agreed to join this committee without hesitation. Thank you for your knowledge and willingness to participate. Lastly, thank you, Dr. Ginneh Akbar, for being a committee member and my *buuuddy.* Thank you for being you and being such a vital part of my life's journey.

Finally, I want to thank Black folk throughout the diaspora for loving, learning, and resisting. For anyone who has ever had a kind word to say to me, I appreciate you. I am because we are.

Table of Contents

List of Tables

Chapter I: Introduction

For the first time in my life, I realized telling the truth was way different from finding the truth, and finding the truth had everything to do with revisiting and rearranging words. Revisiting and rearranging words didn't only require vocabulary; it required will, and maybe courage. Revised word patterns were revised thought patterns. Revised thought patterns shaped memory. I knew, looking at all those words, that memories were there, I just had to rearrange, add, subtract, sit, and sift until I found a way to free the memory (Laymon, 2019, Black Abundance section).

In the abovementioned excerpt from Heavy: An American Memoir author Kiese Laymon contextualizes his process as a writer of truth-finding and telling, emphasizing the importance of words and language in memory recounting and reconstruction, which required vulnerability, transparency, and honesty to disclose and interpret invoked memories. Laymon's expert prose in Heavy of his experiences navigating overt and covert acts of racism, patriarchy, educational violence, familial trauma, and tenets of Black masculinity as a Black boy-turned man in Mississippi garnered rave reviews and won *prestigious* awards. Like Laymon, I too had experiences navigating acts of racism, patriarchy, familial trauma, and Black masculinity; however, not as a Black boy living in the *Bible Belt,* but as a Black boy-now man in the *City of Brotherly Love*, the affectionate nickname for Philadelphia, Pa.

Also, unlike Laymon, recounting my experiences did not occur within the confines of an award-winning memoir, but in the office of a queer-Black-Woman's therapy practice in New Jersey, wherein reflection, at the age of 33, I sought to process the experiences that shaped my view of self and the world around me as a Black boy, Black man, Black father, Black educator, and Black social work professional.

As we began our first session, my therapist asked, "What brings you in?" to which I admittedly had no answer. However, Doc's complex yet straightforward question was one I

continuously asked myself before researching her info, booking an appointment, during the car ride to her first session, on the walk back to her office, and in the minutes and seconds leading up to her questioning.

Unfortunately, I didn't have an answer, which may have been an answer. In hindsight, my response could have centered on my decade and a half of experience as a Black social worker, where I accrued experience in the arenas of child welfare, healthcare, mental health & clinical social work. I could have discussed experiences working with Black boys and men in these spaces, who formally and informally met the criteria for mental health diagnosis, specifically depression, anxiety, and PTSD, identified in the Eurocentric Diagnostic & Statistical Manual (DSM). I could have continued by discussing the various sources of their trauma and how many of these Black men were formally untreated for a significant period before our engagement, with some remaining untreated afterward.

Conceivably, I would've discussed the impact of untreated mental health within these Black persons, which were observable in presenting problems necessitating intervention like participants/victims of gun violence, allegations of perpetrating child abuse and neglect, suicidality, drug, and alcohol abuse, strained relationships, and displaying symptoms of abovementioned mental health conditions confirmed through *evidence-based* instruments like comprehensive biopsychosocial, risk assessments, and depression inventories, and evidence-based therapeutic modalities like Cognitive Behavioral Therapy (CBT).

Alternatively, I could have responded to the Doc's inquiry by describing my experiences as a Black man in early adulthood, who lived with depression and anxiety for over 20 years. I could have made her aware that I was untreated for three-fourths of that time, which directly correlated with and exacerbated quality-of-life issues such as my daily mental and physical health and feelings about social belongingness leading to passive and active suicidal ideation. Nevertheless, I did neither, which sparked my quest for a deeper

understanding of "why?" This curiosity heavily influenced the selection of autoethnography as a method for this dissertation.

Statement of the problem

Historically, various systemic, community, and individual influences have impacted Black male understanding and treatment of their mental health, resulting in an adopted stigma and adverse psychological, emotional, and physical effects negatively impacting their well-being. This study identifies and expounds upon said influences, from an African-centered approach, to best understand, educate, and engage Black males on their mental health to improve their well-being.

The prevalence of mental illness within the Black community in the United States is palpable and alarming. According to SAMHSA (2020), 16% of Black persons, approximately 7.36 million, reported having a mental illness, with over one million of those reports classified as serious. "Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities" (National Institute of Mental Health, 2022, n.d., p. 4). Additionally, compared to their white counterparts, Black folk are more likely to report experiencing symptoms of emotional distress such as sadness, feeling distressed, and describing living day-to-day as an arduous affair (SAMHSA, 2020).

Situated within overarching statistical data about Black people's mental health is relevant data on Black men's mental health and the mental health of Philadelphia Black men. Non-Hispanic Black men, ages 18–44, are less likely than non-Hispanic white men to report daily feelings of anxiety or depression; however, they are less likely to utilize treatment services. (CDC, 2021). Additionally, Black men are most susceptible to consequences of untreated mental health, including experiencing a diminished quality of life, a higher risk of imprisonment, and a higher risk of dying by suicide (Hankerson et al., 2015).

About Black males residing in Philadelphia (PA) like myself, we are more likely to experience adverse childhood experiences, including residing with a substance abuser, having separated parents, experiencing racial profiling, and being victims of violent crimes, ***most notably gun violence,*** compared to our white counterparts (Department of Public Health, 2019). Subsequently, 18% of Black men in Philadelphia have been diagnosed with a depressive disorder at some point in their lives (Dept. of Public Health, 2019). The abovementioned statistical data and identified consequences highlight the significant problem(s) plaguing the quality of life of Black males and the Black community.

Statement of the purpose

This autoethnography aims to give a highly personalized account of various experiences Black males encounter throughout their lifespan that impact their mental health, which subsequently impacts their use of formal and informal mental health-related interventions/services. Narrating my experiences offers a voice to Black males whose quality of life has been diminished due to mental health stigma within the Black community, tenets of masculinity, race-based trauma, and limited access to services. Also gleaned from this narrative is the spirit of individual *want-to,* community support, identity construction, resilience, and resolve in conjunction with specific mental health-related measures, leading to an improved quality of life (Powell et al., 2016).

Furthermore, I utilize my experiences to identify contributing factors influencing Black male mental health and barriers to treatment, which directly adds to current literature on the subject matter and becomes beneficial for Black folk as "Hov did that, so hopefully you won't have to go through that" (Carter, 2001). In laypeople's terms, my experiences become an exemplar for Black males navigating their mental health and acting as de facto permission to delve deeper into their experiences, feel safe talking about their experiences, *feel at deeper levels, and* seek treatment.

Thus, the central question guiding this research is "How can my experiences navigating depression and anxiety inform Black males' understanding of their mental health experiences?" Subsequently, several specific sub-questions emerge from the central question, including "How has Eurocentrism and *Black Culture* shaped the Black communities understanding and response to mental health?" Lastly, "How can personal Black male mental health experiences inform Black Social Work leadership and education?"

Research Design

This dissertation is autoethnography, a qualitative method and form of self-narrative that places the self within a social context, where the relationship between the individual and the world is identified and methodically examined (Adams et al., 2014). Profound and careful introspection is an integral aspect of autoethnography as personal experience is the catalyst for the methodology and "involves a back-and-forth movement between experiencing and examining a vulnerable self and observing and revealing the broader context of that experience" (Ellis, 2007, p. 14).

Autoethnographers regularly confront situations where they are "caught between two camps—hard social science and interpretive/imaginative/humanistic inquiry" (Bochner & Ellis, 2016, p. 30). Therefore, they must decide where to place their work within this spectrum. After careful consideration, which consisted of reflecting on my firsthand experiences, highlighting experiences I felt vulnerable enough to share, thinking critically about identified research questions, and my desires for the subsequent impact of this study, this work is presented from a hybrid *evocative-analytic autoethnographic* perspective. As stated, this decision was not stumbled upon haphazardly but reached after a thorough examination of the underpinnings of both autoethnographic perspectives. Conveying experiences in navigating my mental health and the impact of Blackness, racism, patriarchy, capitalism, and imperialism are at the forefront of much of my work. First, it is cathartic,

allowing me to express thoughts, feelings, and emotions that went suppressed for much of my life; second, and for purposes of this dissertation, the reader is asked to not only cognitively process the intersection amongst the influences mentioned above, but asks and almost requires the reader to *feel at deeper levels*. *Feel at deeper levels* is defined as an evoked emotional response experienced by an individual, whether visceral or otherwise.

Evoking emotional responses from readers by offering a compelling and engaging read is a chief desire of evocative autoethnographers who engage in this aspect of narrative storytelling (Ellis, 2000). However, with that said, my dissertation efforts are not solely about venting or garnering empathy from readers but about overemphasizing the idea that my thoughts, feelings, emotions, and subsequent behaviors are shared by Black males who may or may not have similar outcomes as I, but who too inhabit this world, enter *analytic autoethnography.*

Anderson (2006) makes a distinction between analytic and evocative autoethnography. He proposed a more analytic form of autoethnography…in which the researcher is (1) a full member in the research group or setting, (2) visible as such a member in published texts, and (3) committed to developing theoretical understandings of broader social phenomena (p. 373).

Anderson's (2006) third point of "developing theoretical understandings of broader social phenomena" speaks explicitly to selecting a hybrid approach that includes purposeful analytical thought. This dissertation is a way of illuminating the experiences of Black males coping with their mental health. Concurrently, examining and interrogating how their experiences reveal much about systems and cultural influences on their well-being (p. 373). Thus, this dissertation vacillates between my experience and the experiences shared by Black males. Complete excavation, and analysis, of both evocative and analytic autoethnography continues within the methodology section of the dissertation.

Theoretical & Conceptual Frameworks

Black Liberation Psychology

A central theme within this dissertation is *Blackness*, self-defined as ones understanding of *what it means to be Black* within the stronghold of oppressive systems, rooted in what author bell hooks (2004) identifies as "imperialist white-supremacist capitalist patriarchy" (p.17). Fitts (2011) described this as the intersectional nature of these oppressive constructs and the psychological, emotional, physical, and spiritual violence experienced by historically marginalized groups. Enter Black Liberation Psychology (BLP) as a theoretical framework to aid in the articulation, and understanding, of my experiences, navigating *Blackness* as a Black man, not only within the auspices of my mind, body, and spirit, but within the context of the Black collective, and as a global citizen (Chapman-Hilliard & Adams-Bass, 2016).

BLP as a theoretical framework has underpinnings rooted in liberation theology and liberation psychology, which focus on confronting systems of oppression with an overarching goal of liberation (Chapman-Hilliard & Adams-Bass, 2016). Key ideas from BLP pertinent to this autoethnography and solidifying its selection as a guiding framework is the emphasis on critically auditing the historical experiences of the collective, or in my case, the individual, if one is to improve their self-worth and challenge narratives espousing the contrary (Thompson & Alfred, 2009). Additionally, BLP recognizes that Black people are impacted by racism and white supremacy, which have unhealthy psychological and emotional consequences for Black folk (Carter, 2007).

Africana Studies Conceptual Framework (Categories of Human Institutions)

The Africana Studies Conceptual Framework is a "systematic framework and process for… the study of the African experience across time and space" (Carr, 2007, p. 13). Throughout this dissertation, I use the term *Black* to describe my racial identity because this

identifier is powerful, as it explicitly acknowledges the experiences of individuals born here in America of African descent. In addition, the categories of human institutions, *social structure, governance, ways of knowing, science and technology,* and *cultural meaning-making systems* within the ASCF further the cause of acknowledging my experience by asking poignant questions to help situate myself in a socio-cultural and political landscape that has impacted my mental health. Finally, these categories, specifically *social structure, governance,* and *ways of knowing*, provide a theoretical basis for findings and recommendations for Black males to satisfy the analytical autoethnographic goal of developing theoretical understandings of broader social phenomena (Carr, 2007).

Rationale & Significance of the Study

As a Black man in his 30's, navigating the myriad of responsibilities commonly associated with adulthood, e.g., fatherhood, career, and relationships, I often wonder about the role trauma, depression, and anxiety have had in my short-term and long-term decision making. I question their impact in my romantic and platonic relationships, where I've vacillated between emotional unavailability and a certain neediness, borderline dependency, which was rarely verbalized but secretly desired. When engaging Black men and boys in conversation about their mental, physical, emotional, and spiritual health, I think deeply about whether this trio is the impetus for my advocacy, education, and career choices. For the latter, the question is more rhetorical than sincere, as the answer has always been clear, serving non-white people*,* primarily Black and Brown boys and men, has always been rooted in a certain recognition of my lived experience, my love for the people, and a fundamental belief that thriving is an inalienable right.

Unfortunately, many Black males are not thriving mentally or otherwise. Reasoning identified include chronic exposure to violence; being perpetual victims of racialized trauma; health care inequities that result in unhealthy psychological effects like depression, anxiety,

and PTSD; physiological effects on the body like poor cardiovascular health; behavioral effects such as increased physical aggression; educational effects resembling low academic achievement (Hurt et al., 2001; Brady et al., 2007; Cusack et al., 2007; Bowleg et al., 2014; Spann et al., 2014).

Thus, the primary purpose of this study is to offer a personalized narrative about Black male mental health from the perspective of an individual actively *living* with a diagnosis, with hopes that Black males will use my experience to improve their mental health knowledge, explore historical and present individual and community experiences impacting their mental health, and gain comfort in utilizing mental health services, whether formal or informal. Additionally, this will educate social work colleagues about the phenomenon that is Black male mental health and the threats the institution of white supremacy, covert and overt racism, trauma, and more pose to Black males' ability to thrive.

Role of the Researcher, Beliefs, & Assumptions

Researchers who conduct qualitative research recognize they are the means of information gathering and examination; thus, reflexity, or the capability to recognize one's role in the research process and how one's experiences, assumptions, and principles influence the research process, is imperative (Watt, 2015). Reflexivity is a vital component of autoethnography, as it is a reflexive writing genre that educates through self-disclosure and openness, with the method of writing being "a method of inquiry, a way of finding out about yourself and your topic" (Ellis, 1999; Richardson, 2000, p. 923).

As I participate in this form of narrative inquiry that explores Black male mental health, it is essential to acknowledge positionality. I identify as a middle-class, cis-Black man, born and raised in America, who has experienced racism, prejudice, and more. I have witnessed sexism, xenophobia, and other societal ills that plague this country, which undoubtedly influence my perspective on concepts like mental health and reinforce the

distinction *I* make between the propagated term *mental health* and actual *Black mental health*, to be defined forthcoming.

In addition, I'd be remiss if I didn't openly acknowledge to readers my deeply held disdain for the United States of America and the systems upholding white supremacy, patriarchy, and capitalism, which I believe are the most significant detriment to Black mental health. Thus, I say unequivocally "fuck" the United States and its oppressive systems as a "staff, record label, and as a mother fuckin crew" (Shakur, 1996). These systems include but are not limited to the healthcare system, legal system, educational system, and social work profession, which continue to perpetuate white supremacist ideals. "To be a Negro in this country and to be relatively conscious is to be in a state of rage almost all of the time" (Baldwin et al., 1961, p. 205). Within this dissertation, I communicate my *rage* in a nonconforming-to-the-white-supremacist-ideals-of-the-academy prose. Hence, fluctuating between full-form words and contractions is an ode to the balancing act non-white persons must engage in to exist in this country while speaking truth to power and reflecting a sense of urgency and purpose required to have Black folk go from living to thriving.

The acknowledgment of an ever-present *rage* throughout this dissertation speaks to decades of building confidence and honing a voice, despite internal and external attempts to stifle it. Without my authentic voice within this method of inquiry, this text is reduced to merely a synopsis and explanation of someone else's work, without any new insights, contradicting the goals of this research (Clandinin & Connelly, 1994).

Limitations

This study is limited in its scope to the viewpoints and experiences relative to my experiences in understanding and navigating my mental health. While there are similarities among Black folk, experiences and perspectives offered cannot necessarily produce

generalizations since individual experiences are contextual. Lastly, observations and interpretations of shared encounters may differ from others.

Operational Definitions

For this dissertation, the following definitions apply:

Autoethnography: is a qualitative method and form of self-narrative that places the self within a social context. The relationship between the individual and the world is identified and methodically examined (Ellis, 2004)..

Black mental health: Self-defined by the researcher as the historical and present-day experiences that impact the psychological and emotional well-being of Black folk, manifesting in symptoms related to, but not limited to, depression, anxiety, and PTSD.

Blackness: A "construct (implicitly or explicitly defined as a shared set of physical and behavioral characteristics) and as phenomenological (imagined through individual perceptions in various ways depending on the context)" best understood over space and time (Wright, 2015, p. 4).

Feel at a deeper level: Self-defined by the researcher as an evoked emotional response experienced by an individual, whether visceral or otherwise.

Contents of the Dissertation

The dissertation divides into five chapters. Chapter I is the introduction, housing the problem statement, purpose statement, research design, rationale and significance of the study, the role of the researchers, limitations, and operational definitions; chapter II contains the literature review; chapter III contains the methodology and research approach, chapter IV comprises the findings, an analysis, and synthesis of the research; chapter V highlights research conclusions and recommendations.

Chapter II: Literature Review

The literature review explores the topic of Black male mental health through the lens of Black liberation psychology's (BLP) multimethodological approaches of *deconstructionist, reconstructionist,* and *constructionist*. Integrated, and juxtaposed, within the exploration of the abovementioned framework is the Africana Studies Conceptual Framework (ACSF), a conceptual structure for educating, understanding, and recognizing Black male mental health, from an Africana perspective, at a canonical level.

Theoretical Framework

Black Liberation Psychology

BLP as a theoretical framework has underpinnings rooted in liberation theology and liberation psychology, which focuses on confronting systems of oppression with an overarching goal of liberation (Chapman-Hilliard & Adams-Bass, 2016). Liberation psychology's stalwarts centered explicitly on understanding the psychology of marginalized and poverty-stricken communities, which impacts one's psyche and circumstance, while theoretically and operationally confronting the tyrannical socio-political structure perpetuating these beliefs (Enriquez, 1988; Gutierrez et al., 1988; Martín-Baró et al., 1996).

Similarly, seminal Liberation theologians like Gutierrez et al. (1988) spoke explicitly to social responsibility when articulating views on the impoverished, whom he viewed as exploited persons who had perceptions of being societal underbellies who failed individually; however, he contends they truly reflect societal and cultural failings. A prevailing theme merging the Liberation theology and psychology, and influencing Black liberation psychology, is the recognition of interest convergence amongst oppressed persons, which occurs through gaining awareness of their situation(s), the causes, organizing, strategizing, and acting. (Boff et al., 1987 as cited in Chapman-Hilliard & Adams-Bass, 2016). Black Panther Party leader Huey P. Newton succinctly described this experience in his 1971

address, *uniting against a common enemy*, a liberation effort to organize Black Americans against their oppressors; "To us power is, first of all, the ability to define phenomena, and secondly the ability to make these phenomena act in a desired manner" (Newton et al., 2002, p. 237)

The liberation psychology ideology, recognizing the intertextuality of the individual and political, is a vital principle of liberation psychology and is foundational to black psychology; seminal figures like Frantz Fanon contended that assuming personal responsibility and educating oneself is an essential political act (Fanon, 1963). Black liberation psychology's roots, and subsequent evolution, emanate from seminal works and scholarly writings of the abovementioned Frantz Fanon, along with W.E.B. Dubois, Amos Wilson, Na'im Akbar, Frances Cress Welsing, Mamie Phipps Clark, and Inez Beverly Prosser (Akbar, 1984; Benjamin Jr. et al., 2005; Clark & Clark, 1939; Cress-Welsing, 2004; Fanon, 1963; Fanon, 1967; Wilson, 1978). The commonalities amongst the works of the Jegnas mentioned above, and what makes Black psychology intrinsically liberationist, is the rootedness in examining the Black condition, under the auspices of white supremacy, with a goal of Black liberation (Azibo, 1994). Furthermore, acknowledging the Black experience without deriving beneficial theory specifically from Black folk is insufficient and oppressive (Azibo, 1994).

About Black liberation psychology's (BLP) multimethodological approaches of *deconstructionist, reconstructionist,* and *constructionist,* each approach examines the influence of Eurocentric psychology on Black folk's understanding of mental health, Black identity formation while highlighting the role of African self-consciousness and Black self-determination, with an overarching goal of producing genuine, strengths-based psychology for Black people (Cokley & Garba, 2018; White, 1970;).

Deconstruction.

The deconstruction approach emphasizes identifying and exposing the misunderstandings and inaccuracies originating from and perpetuated by Eurocentric Psychology (Cokley & Garba, 2018). Within this approach, seminal Black psychologists Williams (1971), Banks (1976), Baldwin (1979), Banks et al. (1983) deconstructed key ideologies, including notions of *white preference in Blacks*, where debunking erroneous Eurocentric research surmising when presented with racial preferences, Black persons would choose white; *Black self-hatred,* the thought Black folk's self-esteem is directly correlated to how white folk perceives them; *delayed gratification* and *locus of control,* the idea Black folk require instantaneous gratification, have a victims mentality, and their internalization of societal impotence results in learned helplessness; *intelligence testing,* the concept descendants of Africans were intellectually inferior to whites due to their genetic makeup.

Social Structure.

Historically, the Eurocentric approach to psychology was deemed inherently racist as it over-pathologized Black folk and their experiences and offered problematic messaging of Black insufficiency and mediocrity (White, 1970). Considering the deconstruction methodological approach from a *social structure* perspective is to critique and identify the overt and covert racism, fallacies, and frailty of traditionally white psychological systems, while recognizing the creation and impact of oppressive environments Black folk encounter.

The Africana Studies conceptual framework's *social structure* category asks, "what was the social, economic, political and/or cultural environment that Africans found themselves living under during the period under study?" and the later identified "Who are Black people to others (non-Black persons)" (Carr, 2006, p. 14)? When applied to understanding African descent's mental health and wellness, this category highlights the impetus and need for the emergence of Black Liberation Psychology in the late 1960s. As the

social structure examines the socio-economic-political climate Black folk operate within, when coupled with deconstruction, a byproduct is the detailed examination and excavation of Black male experience within an oppressive Eurocentric psychological system, which impacts their understanding of self and community mental health and seeking treatment.

Black Mental Health: A Historical Perspective.

Historically, Eurocentric-centered medicine in America has incorrectly pathologized, overdiagnosed, and misdiagnosed Black folk and their experiences, evident in the once-diagnosed-since-debunked, overtly racist *drapetomania* diagnosis, where physician Samuel Cartwright (1851), who treated enslaved Black folk, argued that enslaved Black people who fled captivity, in a quest for physical freedom, were mentally ill. Similarly, Benjamin Rush, who is acknowledged in the social structure by the American Psychological Association (APA) as the "Father of American psychiatry," identified "Negroes as suffering from an affliction called Negritude," a form of leprosy for which the only remedy was to become white (Rush, 1812/2016; Shorter, 1998). As mentioned previously, Banks (1978) deconstructed this idea.

In the 20th century, Black persons found themselves experiencing violent acts of medical racism via Black eugenics, psychosurgeries (lobotomy), and inadequate and unlawful care of psychiatric patients. About Black eugenics, states like Virginia enacted laws to preserve whiteness and deter the spread of *mental illness* by allowing sterilization and making miscegenation illegal (Dorr, 2008). Concerning psychosurgeries, lobotomies were performed in the interest of society as they allegedly quelled mental illness while controlling the behaviors of aggressive persons (Breggin, 1995). Finally, regarding the care of Black persons experiencing *mental illness,* many were housed in horrific conditions, e.g., basements and dilapidated psychiatric hospitals, devoid of proper treatment, which exacerbated the mental health conditions of those in the setting.

Concurrently during this period, medical mistrust within the Black community grew after the unearthing of the 40-year *Tuskegee Study of Untreated Syphilis in the Negro Male*, where 600 Black men participated in a study treating syphilis and other ailments (Final Report of the Tuskegee Syphilis Study Ad Hoc Advisory Panel, 1973). Noteworthy is that none of the men offered informed consent or received treatment for the ailments, despite approximately 67% of participants having syphilis and available treatment (*Final Report of the Tuskegee Syphilis Study Ad Hoc Advisory Panel*, 1973). The above mentioned are historical exemplars of scientific racism within medical systems of oppression. Thus, when considering medical racism within Eurocentric medicine and applying the *social structure* question of "Who are Africans to other people," the result is Black liberation psychologists like Williams (2008) commitment to "break the quasi-dependency and symbiotic relationship with the APA," but also the Eurocentric approach to psychology (p. 254). Also resulting is an ever-growing medical mistrust, an identified barrier to mental health treatment, which affects the willingness of Black folk, specifically Black males, to seek formalized mental health treatment of Black folk in the 21st century (Hammond, 2010).

Black Males Medical Mistrust.

My decision to seek formalized therapy at various points during young and later adulthood was an act of desperation due to symptom exacerbation, but never lost upon me was the notion that my brethren rejected formal mental health involvement, with their reasoning being an inherent medical mistrust of the system.

About medical mistrust, when researching the psychosocial correlates of medical mistrust amongst 216 Black men, Hammond (2010) found that perceived racism in healthcare was the correlate most influential of medical mistrust. Additional findings highlighted non-healthcare setting experiences of racism and a person's history of poor patient-provider encounters had increased medical mistrust; noteworthy, Black men with higher

socioeconomic status *may* have higher medical mistrust due to increased expectations and increased scrutiny of their interactions with healthcare systems (Hammond, 2010). Of note, correlates were assorted within classifications of background factors, masculine role identity/socialization factors, recent healthcare experiences, recent socioenvironmental experiences (e.g., discrimination), and healthcare system outcome expectations (e.g., perceived racism in healthcare) (Hammond, 2010).

In additional research by Hammond et al. (2010) on medical mistrust amongst Black men, the study identified medical mistrust and elevated depressive symptoms as a root cause for Black men to postpone indefinitely routine preventative services, with the medical mistrust rooted in an expectation of racially biased treatment due to prior inferior care, America's porous race-based medical history, e.g., Tuskegee Experiment, and also due to inadequate cultural competence, and insufficient cultural representation.

Similarly, Powell et al. (2019) study on the relationship between medical mistrust, racism, and delays in preventative care, which used a sample of 610 Black men of diverse backgrounds, yielded similar findings, where medical mistrust and perceptions of racism impacted the use of preventative services like blood pressure screenings.

Hammond (2010), Hammond et al. (2010), and Powell et al. (2019) assessed the medical mistrust of Black males via studies on the use of preventive physical services, e.g., routine blood screenings and doctor's visits, which only encapsulated their views from a physical service perspective. Conversely, Hankerson et al. (2015) conducted a systematic review, specifically studying Black male psychological treatment service utilization, which centered on systemic barriers, specifically "racism and discrimination; mistrust of health care providers; misdiagnosis and clinician bias…" to understand the phenomenon. (p. 2).

Consistent with the abovementioned research findings regarding physical preventative services, Hankerson et al.'s (2015) review highlighted racism through institutional means,

e.g., microaggressions exhibited by clinicians; medical mistrust, explicitly identifying the *Tuskegee Study of Untreated Syphilis in the Male Negro*. Additional barriers identified were how Black males first come in contact with psychiatric services, primarily through involuntary commitments, which brings about mistrust; misdiagnosing by clinicians due to a lack of cultural competence regarding symptomology differences between Black folk and their white counterparts, which leads to the inordinate diagnosing of Black boys and men with schizophrenia and other psychotic disorders compared to white males; and perception bias such as Black men having the minimal cognitive capacity to comprehend (Bates & Harris, 2004; Delbello et al., 2001; Hankerson et al., 2011; Neighbors et al., 1989; Penner et al., 2010; Swanson et al., 2009;).

Medical mistrust through pathology and misdiagnosing continues to have significant implications since Cartwright's (1851) and Rush's (1812/2016) fallacious *drapetomania* and *negritude* diagnoses regarding the mental health of persons of African descent, evident in the listing of "dangerousness" as a symptom of schizophrenia within the DSM in 1968, which coalesced with the Civil Rights and Black Power movements, and acted as justification of diagnosing justice seekers, specifically Black males, with the disorder (Metzl, 2011). In the half a century that followed, clinician racial bias through overpathology and misdiagnosing continued with fervor, as found in a meta-analysis of 55 studies on psychiatric racial disparities identifying that Black people are 2.4 times more likely to be diagnosed with schizophrenia opposed to white people who are more likely to be diagnosed with mood disorders, consistent phenomena for over 30 years (Olbert et al., 2018).

Conversely, findings from additional research differ from Olbert et al. (2018), identifying the schizophrenia diagnosis disparity rate between Black males and white males as being 3-4 times more likely than 2.4 (Schwartz, 2014).

The Schizophrenia diagnosis disparity is not the only mental health diagnosis afflicting Black males, but also conduct disorder, of which Black male adolescents are more likely to be diagnosed than their white counterparts. For example, Delbello et al. (2001) examined the charts of 1001 adolescents hospitalized for inpatient psychiatric reasoning and identified a relationship between race and diagnosis. Black males were diagnosed with schizophrenia and conduct disorder despite presenting similar or less severe symptoms than their white counterparts.

Similarly, in their single study of conduct disorder representation within an adolescent residential facility housing 775 boys, with a median age of thirteen, Cameron and Guterman (2007) found that 34.4% of Black males had a diagnosis of conduct disorder. In contrast, white males represented 24.4%, despite most participants being white. *Conduct disorder*, which has identified symptoms of verbal or physical aggression, stealing, and disregarding societal norms, has significant implications as research highlights poorer health outcomes and difficulties within interpersonal relationships, the work setting, and academic learning, specifically being at-risk of exclusionary discipline and dropping out, which increases the likelihood of legal involvement for diagnosed adolescents (American Psychiatric Association, 2022; Rivenbark et al., 2017; Skiba et al., 2014).

Subsequently, when referring to the ASCF *social structure* category question of "Who are Africans to other people?", the highlighting of experiences from the literature of racial bias via misdiagnosing and pathologizing of Black folk, along with knowledge of historical atrocities committed against Black persons within the medical field, has informed Black people of that answer. This acquired knowledge by Black folk has resulted in Black males utilizing mental health services less than white males, highlighting an inherent systemic mistrust, a mistrust that birthed Black Psychology and their focus on deconstructing the

system of Eurocentric psychology, with goals of Black folk gaining a better understanding of their mental health (Blumberg et al., 2015).

The deconstruction of racist systems is not the only method critical to understanding and enhancing Black people's awareness of mental health, as the *reconstruction* of the Black self must take place, where one must ask "who are we to one another" but not first without understanding the how and why they currently view themselves the way that they do (Cokley & Garba, 2018).

Reconstruction.

The Black Liberation Psychology methodological approach of *reconstruction* focuses on "correcting the errors and/or falsifications about Black attitudes and behavior," with the intention of "reconstructing traditional Eurocentric understandings of human behavior into culturally sensitive psychological models of Blacks" through the examination of the Black self-concept, racial identity, and cultural mistrust (Cokley & Garba, 2018, p. 700). Wade Nobles (1976), a seminal figure within the reconstruction movement, argued that persons of African descent needed to decolonize their Black self-concept as individuals and as a community away from the perception held by their white oppressor, which emphasizes the oneness between self and society.

Dubois (1903/2013), another seminal reconstruction figure who examined racial identity, highlighted in his works a double consciousness experienced by Black folk, where they internally and externally navigate two worlds, one from the lens of their oppressor, the other from the lens of their Africanness, both of whom impact Black identity development. In applying the ASCF categories of *social structure* and the upcoming discussed *governance structure* to conceptualize Dubois's assertion, Black identity is affected by questions of "Who are Black people to others (non-Black persons)" and "Who are Black folk to each other" (Carr, 2006, p. 14)?

Building upon Dubois's efforts in understanding Black identity formulation, seminal psychologist Cross (1971) described the evolution of one's Blackness in a five-stage process: (1) pre-encounter, where one is hesitant to associate themselves with Blackness; (2) encounter, the enhancing of one's consciousness of oppression causing a re-evaluation of the prior stage; (3) immersion-emersion, where one abandons their previous ideology, forming a new consciousness; (4) internalization, one accepts their identity, without hating whiteness or idealizing Blackness; (5) internalization-commitment, one has a positive self-concept and becomes committed to the liberation of Black folk. Many different theories and racial identity models emerged, resulting from the seminal works of Dubois and Cross, making the content area of racial identity a robust research area for scholars (Cokley & Garba, 2018).

Regarding *cultural mistrust*, Black scholars Terrell & Terrell (1981) expressed the significance of using non-pathological terminology like cultural mistrust, as opposed to *cultural paranoia*, a phrase coined by previous Black scholars, as the latter is rooted in and reinforces Eurocentric racism. Therefore, when describing past and present experiences of oppression, terminology selection is critical as it frames how one views the incident, which is significant for Black folk reconstructing their identity outside of a Eurocentric perspective.

Governance Structure.

Reconstruction of the Black psyche by improving one's self-perception, enhancing their understanding of the richness of their racial and ethnic identity framed outside of the scope of white supremacy, and critically examining individual and community experiences from an empathetic perspective is vital to enhancing the well-being of Black folk. The *reconstruction* method coalesces with the ASCF category, *governance structure*, as both centralize the decentering of a Eurocentric perspective while centering the experiences and interactions of Black folk amongst themselves, asking the pivotal question, "Who are Black

folk to one another" which encompasses methods of engagement, e.g., communication (Carr, 2006)?

When applying the reconstruction method and governance structure category to understanding the experiences and sharing of mental health for Black males, critical historical and modern-day internal influences must be examined, namely Black popular culture, specifically hip-hop. Over the past fifty years, hip-hop culture, whose roots are in governance, has been essential for understanding how Black males comprehend and share their experiences with others of the diaspora.

Hip-hop culture.

This is the vacuum, the gaping hole, for the record, which created hip-hop culture, a predominantly poor Black and Latino male-initiated art form, in America's ghettoes right on the heels of the Civil Rights era in the late 1960s, early 1970s. And this is why hip-hop, to this day, with its contradictions notwithstanding, remains the primary beacon of hope for poor African American males [Black]. I cannot begin to count how many underprivileged Black males across the nation have said to me, 'Hip-hop saved my life.' That speaks volumes about what we as a society and as citizens are not doing to assist the less fortunate among us. (Powell, 2006, as cited in Prier & Beachum, 2008, p. 519)

Like Powell, Dimitriadis (2004) discussed the significance of hip-hop culture for young people in his text, *Performing identity/performing culture: Hip-Hop as text, pedagogy, and lived practice*, highlighting their use of the culture to create, communicate, and validate ideas of self and community, learn self and their environment; and connect collective ideas of forging identity and navigating *Blackness* while being oppressed in America. Similarly, Guy (2004) identifies hip-hop as a modern form of Black popular culture that gives youth permission to speak candidly about their external experiences and socioemotional state.

Dimitriadis (2004), Guy (2004), and Prier and Beachum (2008) talk explicitly to concepts within reconstruction and the governance structure category, highlighting intentional efforts of those within the culture's attempt to make sense of their identity within an oppressive environment, by acknowledging their connectedness to community and using candor, primarily understood by them, to communicate shared intimate experiential truths like trauma amongst one another.

Hip-hop & trauma.

For half a century, Hip-hop culture has been an outlet for the Black male articulation of individual, familial, community, and societal experiences of trauma; for ancestral remembrance and exaltation; and for therapeutic purposes of individual and communal healing (Hill, 2009). In addition, the musical component of the cultural art has been used to offer unabashed takes on trauma, including police brutality, teen pregnancy, racism, poverty, and other forms of systemic oppression, while also promoting Black love, healthy family, and friendships, and honoring their ancestral lineage (Morgan & Bennett, 2011).

Black male trauma is a critical public health issue as they are most vulnerable to experiencing increased trauma, impacting their mental and physical health (Motley & Banks, 2018). Motley and Banks (2018) highlighted in their study "examining trauma exposure among community samples of Black males [showing] that approximately 62% have directly experienced a traumatic event in their lifetime, 72% witnessed a traumatic event, and 59% have learned of a traumatic event involving a friend or family member" (p. 2). Scholars contend that Black males within urban areas experience brutality, destruction, and dying akin to residing in active combat areas, with gun violence perpetrated by police and other Black males a significant source of trauma; the latter resulting from racial proximity more than an overt disdain for their fellow person (Gilliam et al., 2002; Ross, 2015; Smith & Patton, 2016). Regarding gun violence, in 2019, non-Hispanic Black males had the highest rate of gun-

related homicides at 34.9 per 100,000 population compared to approximately 3 per 100,000 of their white counterparts, which highlights the severity of the crises nationally (Garnett & Spencer, 2021).

Gun violence and related trauma are magnified within local big cities like Philadelphia. The city's Department of Public Health's (2019) report *Brotherly Love: Health of Black Men and Boys in Philadelphia* presented statistical data, trends, and contributing factors impacting health outcomes of the city's Black males in areas like mental health. The report indicated that Black males are more likely to be victims of violent crimes, notably gun violence, than white counterparts. Additional trauma-related factors named include that they are most likely to experience adverse childhood experiences like including residing with a substance abuser and having separated parents, experiencing racial profiling, having the lowest life expectancy of all racial and gender identities, having significant cardiovascular issues, and being impoverished (Department of Public Health 2019). Whether locally or nationally, unresolved trauma has substantial implications on Black males, including experiencing a diminished quality of life, a higher risk of imprisonment, and a higher risk of dying by suicide (Hankerson et al., 2015).

Hip-hop & Masculinity.

As a culture, hip-hop and its music have significantly impacted Black culture, having a critical role in shaping young Black male values and identity (Kitwana, 2003). According to Giroux (1996), Black male masculinity emerges from the direct influence of various forms of systemic oppression, a topic spotlighted and heavily communicated within hip-hop culture (Giroux, 1996). The visible form of masculinity exuded in hip-hop is from a heteronormative, hegemonic-derived perspective, with tenets of masculinity reinforced including stereotypical notions of the *gangsta*, an individual who is hostile, violent, misogynistic, devoid of emotion, and indignant, which bell hooks (2003) contend is a longstanding belief about Black males

perpetuated by inherently oppressive systems (Belle, 2014; Watts & Bentley, 2021). Conversely, also existing is an unapologetic Black aspect of masculinity centering community and Black liberation, where, healthy elements of identity are cultivated and affirmed, and healthy expression is encouraged (Belle, 2014).

The literature highlights Dubois's (2020) concept of *double consciousness*, where Black males are actively navigating and performing masculinity from two differing paradigms, one of the social structure and the other of the governance structure. During this process, construction or reconstruction of their racial and gender identities are being honed, with results being (1) continued performance of masculinity through the lens of whiteness, (2) performed masculinity aligning with Cross's (1971) evolution of Blackness *internalization-commitment* stage, (3) a hybrid performance of both.

The performance of masculinity, those influenced by hip-hop, and those informed by overarching society, appear in the conversation of Black male mental health, specifically in the areas of coping and help-seeking. About coping, men are implicitly and explicitly encouraged to adhere to tenets of unhealthy masculinity, like emotion suppression, while enduring the psychological and physiological impact of adverse life situations (Banks, 2004). As articulated by Detroit, MI artist Big Sean, "Damn, I realized all my setbacks were inside of me. In high school, I learned chemistry, biology. But not how to cope with anxiety" (Big Sean & Nipsey Hussle, 2020).

However, emotional suppression by Black males is not endemic to Big Sean. This is seen in the findings of Hammond's (2012) examination of the relationship between daily encounters of racism and depressive symptoms in their sample of 674 Black men, which yielded results of "increased restrictive emotionality was associated with more depressive symptoms among men aged 18 to 29 and 30 to 39 years… The positive association between everyday racial discrimination and depressive symptoms was stronger among men with high

restrictive emotionality, but this moderated effect was limited to men older than 30 years" (p. S237). Similarly, Dr. Erlanger Turner, a Black male Psychologist, identifies the impact of masculinity, historical experiences of oppression experienced, and a lack of safe environments for emotional expression for Black men as reasoning why men suppress their emotions and are reluctant to utilize formal mental health services (Turner, 2020).

For some, the construct of masculinity is dually purposeful as participants do so to avoid stigma and for survival purposes; however, while engaging, they are also reinforcing cultural stigma and shame, which has consequences like diminished psychological well-being (Balaji et al., 2012; Syzdek & Addis, 2010). Additional detail about masculinity conformance and performance, the performance of behaviors attributed are not necessarily a result of conscious decision-making as articulated by young Black male participants in Watkins et al. (2017) study researching the efficacy of a Facebook-based intervention, providing mental health knowledge and support to young Black men. A participant commented about their experience "Before this, I never really thought about masculinity, but [participating in the YBMen project has] made me think about it more, and... I'll continue to think about it more," highlighting an unconscious performance of masculinity *and* a desire to understand the construct more (Watkins et al., 2017, p.2).

Watkins et al. (2017) and the YBMen project accentuate a reconstruction and governance structure approach to providing mental health education and social support to young Black males. The significance of the shared identity between participants and 75% of the research team is implicitly and explicitly influential if for no reason other than representation, which directly increases feelings of safety, perception of having a voice, and increased feelings of belonging (Ijoma et al., 2021). Additionally, the intentionality of their study speaks to the *construction* method, the third aspect of Black Liberation Psychology and

the *Ways of knowing* category of the ASCF, two pivotal ideologies when discussing

understanding Black male mental health and engaging Black males about their mental health.

Construction.

Construction, the third and final methodological approach of Black Liberation

Psychology, posits that traditional Eurocentric psychology can offer "little to nothing"

employable to Black culture or Black folk (Cokley & Garba, 2018, p. 700). Thus, developing

a system steeped in Africana is essential to Black liberation, and doable, given the rich

history of self-determination, creativity, and displays of enhanced intellect while being

oppressed and sans white interference (Potter, 2013). The construction of new theories and

practices must commence and correspond with the moral code of an African worldview,

center the enhancement of the *African self-consciousness*, and demonstrate awareness of the

existence of *cultural misorientation* (Cokley & Garba, 2018). Additionally, theories and

practices must address Black folk's wellness, their ability to flourish, and working towards

dismantling socio-economic-political inequities (Belgrave & Allison, 2018).

About Black Liberation Psychology's *worldview* approach, seminal psychologists

include Kobi Kambon (a.k.a Joseph Baldwin) and Linda James Myers. Baldwin (1980)

asserts that persons of African descent with similar ancestral experiences, values, and culture

have a particular worldview to non-persons of African descent; thus, the importance of a

psychological approach centering on their worldview. Similarly, Myers (1993) contends that

one's perspective is influenced by how they see the world, which is that individual's reality;

therefore, the person who understands the impact of perception can distinguish how focusing

on dominant culture stymies one's awareness of non-dominant culture. Regarding applying a

worldview approach, Myers (1993) juxtaposes the Eurocentric and African worldviews,

identifying the former's preoccupation with material goods and lack of consciousness, which

should influence the latter to focus on concepts like the metaphysical, which requires a higher knowledge of self.

African self-consciousness. Emerging from Baldwin's (1984) expressed concern about the pathologizing and diagnosing of Black persons using the Eurocentric diagnostic measure, DSM, was the development of the Africentric model of Black personality, a metric endemic to Black folk. A vital component of this approach is African self-consciousness defined as the "extent African people embrace and reflect Afrocentric principles" (Cokley & Garba, 2018, p. 711). Baldwin (1984) articulated that the African self-consciousness is susceptible to manipulation and eradication via influences like Eurocentric culture; however, this can be thwarted through resistance.

Further research revealed a direct correlation between heightened African self-consciousness and healthy personality functioning and an increased commitment to Black folk, supporting its vitalness in construction (Baldwin et al., 1991; Hamlet, 1998). Conversely, a diminished African self-consciousness increases the likelihood of possessing a minimal, moderate, or severe level of cultural misorientation, a Eurocentric, "anti-African" self-consciousness destructive to the mental health of Black folk (Kambon, 1992; Kambon, 2003).

The works of seminal and burgeoning constructionists have produced measures like Baldwin's African Self-Consciousness Scale, which gauges the magnitude to which Black persons have adopted Africentric metaphysics, and Kambon's (1997) Cultural Misorientation Scale, which assesses the deleterious effects of Eurocentric oppression on Black mental health (Baldwin & Bell, 1985).

Ways of Knowing (System of Thought).

"How do people organize and govern themselves around common goals" and the analysis of decision-making confronting vital matters of living are critical questions and

concepts in the *ways of knowing* category (Carr, 2007, p. 15). According to Carr (2007), *ways of knowing* encourages Black folk to consider their historical demonstrations of self-determination, seen in developing systems based on their worldview, enhance their *African self-consciousness* while minimizing the potentiality of *cultural misorientation.* Regarding examples of *ways of knowing*, the creation of scales by Constructionists are exemplars within this category; along with hip-hop culture, which emphasizes creative artistic expression like "writing and rhythmic performance of spoken words" with a distinct purpose of communicating with one another (Morgan & Bennett, 2011, p. 192).

Applying the *ways of knowing* category within the ASCF to Black male mental health involves ascertaining how Black males communicate their wellness needs, understanding of coping, and identifying what systems created by Black folk/Black males address issues of living.

Black Males and Coping.

Within the Black community, some fear the consequences associated with disclosing information they deem sensitive, like mental health status, due to feelings of shame and potential consequences like unfavorable responses and being shunned by community members (Bains, 2014; Campbell & Mowbray, 2016). Thus, lack of disclosure results in a passive acknowledgment or outright denial of one's mental health status and perpetuation of potentially harmful ideas regarding a person's resilience, which influences the use of language like *toughen up* and *you're just crazy* (Waite & Killian, 2008).

Additionally, a lack of communication can result in generational transference and reinforcement of harmful attitudes and beliefs due to a lack of knowledge about mental health, perceptions like one lack of humility, and attribution of a lack of religious or spiritual stoutness as reasoning for mental health-related issues (Alvidrez et al., 2008).

Black males are doubly impacted by mental health stigma as they navigate two identities, being Black and being male. The former is influenced by social structure influences and the latter by tenets of masculinity, as previously discussed, which informs and is informed by communication and coping (Mincey et al., 2015As a result of ineffective communication of mental health experiences, Black folks may use unhealthy coping skills to cope with their mental health as seen in responses from participants in Wilkins's (2019) study, which aimed to understand the communication of mental illness amongst Black folk.

The study comprised participants of African descent who named coping strategies like engaging in promiscuous sexual behavior, suppressing emotions, and not eating as consequences of their prior understanding of navigating mental health (Watkins, 2019). Of note, participants deemed their coping strategies unhealthy, having done little to quell active symptoms. Additional methods of coping identified as undesirable included engaging in illicit drug use, hyper-focusing on work or their career, and utilizing traditional religious practices to deal with, e.g., praying (Ayalon & Alvidrez, 2007; Gaston et al., 2016).

Goodwill et al. (2018) identified coping strategies used by Black males: discussing concerns with those they trust, participating in energy-exerting activities, and being self-reliant; conversely, some participants admittedly avoided addressing their mental health while some attempted to comprehend their experiences.

In their examination of the relationship between multiple masculinity types and coping, Mincey et al. (2015) found a positive relationship between mainstream society masculinity—what a man or Black man should be and (a) problem-oriented coping—behavior or attitudes focused on the problem experienced, which encompasses factors like humor, positive reframing, and self-blame (b) spiritual coping, amongst undergraduate Black males (n=162). Conversely, Black masculinity—the view of what it means to be a Black man had a positive relationship with (a) spirituality, highlighting the influence religion and

spirituality have within the Black community. Additionally, coping strategies commonly used by participants in the study were: (a) active, (b) positive reframing, (c) acceptance, (d) self-distraction, religion, and planning, which leads Mincey et al. (2015) to surmise that many participants cope in healthy ways.

About coping and the method utilized, it is vital to recognize that its effectiveness is contextual, dependent upon the individual, their perception, and the environment used, e.g., using *acceptance* in situations where one does have control may or may not be harmful (Fischer et al., 2021). Thus, making the concepts of healthy and unhealthy coping subjective. Lastly, about Black folk and Black males' coping style, whether deemed healthy or unhealthy, strength-based characteristics of self-determination, resistance, and survival are historically exhibited, translated generationally, and this power is worthy of magnification (Lorde, 1984).

Black Males & Treatment.

Critical understanding of Black males and their relationship with the usage of formal Eurocentric mental health services requires revisiting previously discussed barriers identified within the social structure, e.g., medical mistrust, forthcoming barriers like system navigation and insurance status, and the influence of masculinity. Conversely, identifying existing treatment and engagement efforts for mental health treatment within the Black Liberation Psychology method *construction* guidelines.

Systemic (Social Structure) Barriers.

Successful navigation of the healthcare system is complicated and leaves an already disenfranchised and marginalized population like Black males with untreated mental health (Hammond et al., 2010). Griese et al. (2020) argue that with this lack of process familiarity, patients suffer most from "complicated and fragmented health care systems," acknowledging that navigation difficulties impede service usage; thus, systems should thoroughly analyze the

current ease of navigation (p. 16). Additionally, an inherent medical mistrust exists within the Black community due to a lack of cultural competence and cultural representation amongst providers, unethical breaches of medical trust, e.g., being talked to condescendingly by professionals, and feel hurried during sessions (Hammond et al., 2010).

Moreover, health insurance is the primary method by which Americans pay for medical treatment; however, approximately 11% of Black folk in America are uninsured. Given the poverty rates and fiscal constraints, so many Black men find themselves seeking formalized treatment becomes a beyond costly endeavor (Cohen et al., 2017).

Black Males & Treatment: What Works?.

An existing sentiment is that Black males are unwilling to discuss their thoughts, feelings, and emotions and are challenging to engage. Conversely, Keating (2020) found within their study using Photovoice— the recording or documenting of meaningful community experiences, which promotes dialogue through analysis, that within the appropriate environment and using the proper outlet, Black males are willing to express themselves in adaptive ways. (Wang & Burris, 1997). Similarly, Woodward et al. (2013) highlighted in their study on the use of formal mental health services and informal support amongst Black males with a history of mood, anxiety, or substance use disorder that Black males were not averse to using formal services, but informal support services, e.g., engaging friends and family, are vital as "60% of Black men in this sample [n=509] relied on informal support either alone or in conjunction with professional services [which] suggests the presence of a strong social fabric that may buffer individuals from mental health problems as well as provide help in a time of need" (p. 333)

The literature on Black male mental health treatment interventions from a *constructive* perspective is sparse; however, studies on the phenomena of Black male mental health recommend the following: (a) the use of non-conventional resources that are readily

available, culturally sensitive, and gender-based (b) creating a safe space for conversation and (c) having an honest dialogue (Hankerson et al., 2015; Watkins et al., 2017; Watts & Bentley, 2021). In addition, identified recommendations and trends of Black males utilizing informal supports and communing as a group to define experiences for themselves speak to *construction* treatment from their worldview, which pushes back against European *cultural misinformation* where they define their experiences (Wang & Burris, 1997; Woodward et al. 2013). Thus, they inherently create their *way of knowing* by creating their system, explicitly for themselves, in their quest to heal.

Summary

Regarding Black male mental health, the literature highlights critical components influencing their outlook on mental health, psychological health status, coping capabilities, methods employed, willingness to utilize formal treatment options, and culturally considerate engagement methods. Black Liberation Psychology, and related methodology, provides a deeper understanding of critical components, which were all significantly influenced by historical Eurocentric oppression (Cokley & Garba, 2018). BLP underscores the importance of self-evaluation as a community and the need to create systems for Black folk by Black folk.

Similarly, the Africana Studies Conceptual Frameworks presented a robust framework created explicitly for Black folk to view their experience from an African-centered lens instead of a Eurocentric outlook. When applied to Black male mental health, it means recognizing the importance of our relationships with ourselves as a community, both historically and modern-day, using that as a starting point to understand, communicate, and address one's mental health (Carr, 2007).

Lastly, the themes identified in this literature review are foundational in this autoethnographic study as they relate directly to my journey of navigating mental health as a Black man.

Chapter III: Methodology

Introduction

As a Black man, adverse childhood experiences, resulting trauma, tenets of masculinity, experiencing the multifaceted nature of racism, and other factors coupled with minimal mental health literacy and limited access to services negatively impacted my cognitive and emotional well-being throughout my existence. The consequences were depression, anxiety, and suicidal thought perseveration for an extended period impacting my quality of life. Despite making tremendous strides in procuring my mental and emotional wellness, I often reflect on my navigation of said experiences. I consider lessons learned, identify micro and macro-level interventions that may have improved navigational efforts, and what specifically Black males, and those who care for them, can glean from my experiences that'll inform their journey.

Thus, born from this exercise of introspection, genuine inquisitive concern, and love of Black folk is an autoethnographic effort, grounded in underpinnings of qualitative research, steeped in vulnerability through experience recounting while contextualizing the experiences within a broader understanding of Black male mental health. The questions guiding this research are "How can my experiences navigating depression and anxiety inform Black males' understanding of their mental health experiences?," "How has Eurocentrism and Black Culture shaped the Black communities understanding and response to mental health?" and "How can personal Black male mental health experiences inform Black Social Work leadership and education?"

Qualitative Research

Qualitative research is a broad "interpretive, naturalistic," humanistic method of inquiry used by practitioners to examine social and human conditions using specific "interpretive/theoretical frameworks" (Creswell & Poth, 2017; Denzin & Lincoln, 2011, p.

3). An underlying belief in the transformative properties of qualitative research leads qualitative researchers to examine things in their natural environments, attempting to generate explanations, interpretations, and meaning based on their findings (Carey, 2013; Denzin & Lincoln, 2011). Within qualitative research, a variety of methodological approaches exist for selection; one's chosen approach should meet the needs of the research focus, which for this study is autoethnography (Creswell & Poth, 2017).

Autoethnography

Autoethnography is a style of narrative research that posits the researcher as the subject of inquiry, where they share, analyze, critique, and record firsthand experiences while also positioning said experiences within a larger social and cultural context (Ellis, 2004). Writer's merge creative nonfiction with ethnography to "describe what actually happened vividly," producing an artistic and expressive manuscript (Bochner & Ellis, 2016, p. 128).

Key characteristics of autoethnography include the sharing of personal experiences to explain and critique cultural phenomena; values and respect for experiences shared with others; centers reflexity during the critical analysis of intersectionality amongst micro and macro experiences; highlighting the *in-the-moment* navigation, and the laborious cognitive, emotional, physical, and spiritual effort required to engage in this research practice; seeking equity and improved quality of life (Berry & Clair, 2011; Bochner & Ellis, 1999; Ellis, 2004).

Within the landscape of autoethnography, researchers "distinguish themselves from one another by separating evocative from analytic autoethnography. Analytic autoethnographers focus on developing theoretical explanations of broader social phenomena, whereas evocative autoethnographers focus on narrative presentations that open conversations and evoke emotional responses" (Ellingson & Ellis, 2008, p. 445). Despite varying approaches, autoethnographers share the desire to create knowledge utilizable by others, where readers are encouraged to focus on transitioning from abstract processing to

literal thinking and then respond accordingly (Knausgaard, 2013). Creating valuable

knowledge for Black males and those who love them is a primary motivation for this

research. However, before analyzing my experiences and identifying themes, trends, and

similarities beneficial to Black males, the engendering of trust through sharing firsthand

experiences within an evocative writing effort must occur.

   Regarding writers of evocative autoethnography, they offer personal stories, which

expose their cognitive, emotional, physical, and spiritual vulnerabilities, which tethers the

writer and the reader while partially eschewing the traditional third-person voice approach of

social sciences, which centers on objectivity (Bochner & Ellis, 2016; Ellis et al., 2011; Le

Guin, 1986). Researchers recognize that one's experience is continually involved in the

research; thus, my experiences as a Black man navigating mental health influenced stories

chosen for telling, mental health-related content centered, and theoretical frameworks

selected, all of which the method of autoethnography welcomes (Ellis et al., 2011).

Furthermore, on the impact of stories, Ellis (2004) asserts,

> Evocative stories activate subjectivity and compel emotional responses. They long to
>
> be used rather than analyzed; to be told and retold rather than theorized and settled; to
>
> offer lessons for further conversation rather than undebatable conclusions; and to
>
> substitute the companionship of intimate detail for the loneliness of abstracted fact (p.
>
> 748).

   However, although the process of telling one's story can be cathartic when used as a

therapeutic modality and garner reader emotionality, this autoethnographic effort is not solely

to vent or garner empathy from readers via evocative storytelling but rather to emphasize that

Black males like I experience similar thoughts, feelings, and emotions, which reflects in our

expression (Ingemark, 2013). Thus, incorporating tenets of an *analytical ethnographic*

approach offers a means of generalizing, with empirical data providing insight into a broader

range of social phenomena, which an evocative approach cannot accomplish (Anderson, 2006).

Concerning *analytic autoethnography,* Anderson (2006) identifies this as *realist ethnography*, within the realm of social science tradition, with key features being "(1) complete member researcher (CMR) status, (2) analytic reflexivity, (3) narrative visibility of the researcher's self, (4) dialogue with informants beyond the self, and (5) commitment to theoretical analysis" (p. 373).

A researcher has CMR status when they are born into a group (e.g., Black and male), "thrown into a group by chance…" (e.g., sickness), gain personal knowledge through work, leisure, or their way of life, or through the research process where they transition from being an observer to a participant (Anderson, 2006, p. 379). Due to their level of immersion, researchers must be reflexive and more methodical, recognizing that their understanding as participants-observers comes from active discussions, not isolative studies (Anderson, 2006).

Analytic autoethnographers' reflexivity is rooted in their ability to be introspective, possessing an innate desire to increase understanding of self and others through consistent examination of one's thoughts and behaviors, which is vital as they are not bystanders in their texts, but highly visible active participants (Anderson, 2006). The analytical researcher's commitment to analysis manifests in their willingness to consider data other than their own experiences, collecting data from other outlets (e.g., members of the same group), and using all data to capture "what is going on" but to impact theoretical understanding on the subject (Anderson, 2006, p. 387)

For autoethnographers, the challenge of balancing the "systematic, 'scientific' methodologies of ethnography with the evocative, creative, and artistic elements and forms of storytelling" may prove difficult; however, not an impossible endeavor (Bochner & Ellis, 2016, p. 67). Autoethnographers, aiming to achieve this hybrid style of research and writing,

may adopt a *layered accounts* approach where in their evocative writing [personal experience], they incorporate analytical aspects like theory, relevant literature, and statistics, which are used as a "source of *questions* and *comparisons*" as opposed to a "measure of truth" (Charmaz, 1983, p. 117; Ellis et al., 2010; Ronai, 1995).

As an exemplar of layered accounts, this autoethnography contains rich stories that scrutinize white supremacy, highlight trauma, and discuss hip-hop culture's impact while incorporating literature on mental health risk factors and barriers to treatment for Black males, all creating a vivid picture of my mental health journey *and* how these factors impact others.

Data Collection

As I am the study's subject of inquiry, my life is the primary data source. Thus, data collection involves extensive use of personal memory data, where experiences are retrieved, then documented in written form (Cooper & Lilyea, 2022). Moreover, I collect additional data from self-reflection and external data sources (e.g., personal manuscript and literature), as "multiple sources of data can provide bases for triangulation that will help enhance the content accuracy and validity of the autoethnographic writing" (Chang, 2008, p. 55).

The initial personal memory data collection method used is a thematically centered autobiographical timeline (chronicling) that lists significant experiences from my life, in sequential order, that dramatically influenced my mental health status, mental health knowledge, ability to cope, and influenced my life's trajectory (Chang, 2008). According to Chang (2008), chronicling exercises aim to collect data by detailing the circumstances and reasons that led to these defining events in one's life. I then use the timeline to select relevant stories from a 2018 manuscript (memoir) written during previous reflections on the subject (Roundtree, 2018).

Additionally, the use of period-relevant *hip-hop quotes*, and the unpacking of their significance and influence, are used to contextualize historical experiences identified through *chronicling*, as this method of self-inventory requires explication, which helps situate experiences within a broader cultural landscape (hip-hop culture) (Cooper & Lilyea, 2022).

About self-observation, the strategy of systematic self-observation, an intentional process where research participants, or in autoethnographic research, the researcher, self-reports one's thoughts, emotions, and behaviors as they naturally occur, is used to collect data (Chang. 2008). For example, in narrative form, I document my visceral reactions to reading stories from my unpublished manuscript (memoir) while the feelings and memories are still fresh, then use retrospect to collect additional data from the narrative (Chang, 2008; Roundtree, 2018).

As this autoethnography is a layered account, external data is used to fulfill the analytical aspect; external data collected includes information previously recorded within the literature review, namely primary data, and secondary data. (Ronai, 1995). According to Chang (2008),

> At this stage, literature can be consulted for a different reason—to gather information on the sociocultural, "physical, political, and historical" context of your life. Literature serves you as an important source of data that enables you to contextualize your personal story within the public history (p. 111).

Regarding the use of primary and secondary data from the literature, content collected includes statistical data, narratives, findings, and conclusions related to Black male mental health. The data is meticulously combed through to identify pertinent data for use during findings and analysis synthesizing, e.g., diagnosing differences at the intersection of race, documented perspectives of research participants, which strengthen conclusions and influence recommendations.

Data Analysis

Traditionally, researchers perform data analysis after the completion of data collection. However, within autoethnographic research, data analysis occurs concurrently with data collection, and interpretations and analyses influence more data collection (Chang, 2008). "The process of data analysis and interpretation involves shifting one's attention back and forth between self and others, the personal and the social context," as the goal of autoethnography is enhancing cultural understanding via the self and the society to which one belongs (Chang, 2008, p. 125). For this study, data analysis draws from the practices of ethnographic and narrative data analyses and encourages vacillating between self and society to enhance the meaning of the research (Saldana, 2021).

Ethnographic and Narrative Analysis

According to Fetterman (2020), ethnographic analysis "is as much a test of the ethnographer as it is a test of the data," and as a derivative of ethnography, autoethnographers can employ ethnographic strategies for data analysis (p.100). Ethnographic analytical strategies such as triangulation, pattern recognition, key events, content analysis, crystallization, and additional visual representations coalesce with autoethnography and are helpful for researchers (Fetterman, 2020).

Narrative analysis is an analytical approach that examines how people create meaning in their lives using stories, journals, field notes, letters, interviews, photos, and other life experiences as data (Clandinin & Connelly, 2022).

About stories as data, Ellis (2004) asserts that narrative analysis presupposes "the story itself is theoretical," as it makes meaning of experiences for the storyteller, and they use analytical strategies to understand their experiences (pp. 196-197). In plain language, "narrative is radical, creating us at the very moment it is being created" (Morrison, 1993).

Moreover, stories are independently analytical, with researchers presenting said stories in autoethnographies and case studies (Ellis, 2004). Thus, stories of my experiences stand alone as an analytical entity; however, additional layers of analysis, where the researcher recedes and thematically or structurally analyzes the content with requisite analytical strategies, which aids in increasing understanding, accounts for issues of trustworthiness, and takes the experience from the micro (personal) to the macro (larger context) (Cooper & Lilyea, 2022; Ellis, 2004).

Analysis Techniques Employed. Data analysis begins with reviewing data gathered during the *chronicling* collection process, juxtaposed with the timeline identified in the manuscript (memoir) written in 2018 (Roundtree, 2018). The stories collected are then thematically analyzed, grouped by categories pertinent to the overarching theme of this autoethnography, and incorporated into the narrative. The story includes my voice from 2018-19, as documented in the manuscript, and my present-day reflexive voice, which reflects my interpretation and meaning making and incorporates a scholarly perspective from the literature.

The period-relevant *hip-hop quote* tops the page, followed by the evocative narrative, which adheres to the analytically centered chronicled timeline. Next are my visceral and retrospective reflections on the text, where I document my visceral response in precise prose while reading for the first time, followed by a retrospective analysis highlighting my thoughts, feelings, and emotions of the initial narrative and the initial response. After retrospection, a fuller analysis commences, where I identify themes and patterns across stories while incorporating the literature and theoretical perspectives from Black psychology and Africana study. Identifying themes and patterns are crucial components within autoethnography as they increase reliability (Fetterman, 2020). The triangulation of personal memory data, self-observational data, and the literature strengthen the study's validity with an

overarching goal of putting Black male mental health into perspective (Chang, 2008; Fetterman, 2020).

Issues of Trustworthiness

There are several critical aspects to autoethnography that are recognized by autoethnographers, including the subjectivity of truth as genres change, the fallibility of memory, which makes it impossible to recount and articulate an event exactly as it occurred, and the subjective nature of the retelling of a mutually shared experience (Owen et al., 2009).

When discussing reliability within autoethnography, the narrator's credibility is being discussed, with specific questions of considering presented data, is it likely the storyteller experienced identified events, does the storyteller honestly believe these experiences occurred, and did the storyteller deviate from facts to create a different, more sensational story (Bochner, 2002; Ellis et al., 2010).

Similarly, the consideration of validity issues occurs within autoethnography, specifically whether "a work seeks verisimilitude; it evokes in readers a feeling that the experience described is lifelike, believable, and possible, a feeling that what has been represented could be true" (Ellis et al., 2010, p. 10). Moreover, validity is considered in the following, the story's understandability, and capacity to acquaint readers with storytellers, where the reader can view the storytellers' world from their perspective, even if it is not their experience, and the story's usefulness, e.g., whether it enhances the lives of readers, participants, or the storytellers (Bochner, 2002; Ellis, 2004; Ellis et al., 2010; Plummer, 2001).

Lastly, generalizability is vital within autoethnography; however, it differs from "traditional, social scientific meaning that stems from, and applies to, large random samples of respondents" (Ellis et al., 2010, p. 10). Autoethnography's use of generalizability refers to the reader's ability to apply experiences within the storyteller's realm to theirs or individuals

they know, a recurring process throughout the reader's story navigation, and the storyteller's ability to explain experiences of culture that are foreign to the reader (Ellis & Bochner, 2000; Ellis & Ellingson, 2000).

About addressing validity and reliability concerns within the study, triangulation across data collection and data analysis methods occurs using the multimodal collection and analytic approaches, e.g., triangulating personal memory, self-observation, and archived data for validity, and theme and pattern identification for reliability (Chang, 2008; Fetterman, 2020).

Additionally, to ensure reliability and since the stories were based on shared experiences, I contacted participants who were still alive and could confirm my memories. As a result, several people from the accounts offered were reached, including the central figures, my mother, and Ginneh, who affirmed my recollection.

To enhance generalizability, I share research methods within the study that "allows for added rigor and duplicability," which can "lead to meta-studies of autoethnographies" (Cooper & Lilyea, 2022). Additionally, I enhance generalizability and trustworthiness by offering a detailed narrative and analysis, where I am vulnerable about my uncertainties, discuss navigating dilemmas, and incorporate figures of speech like metaphors, all of which allow the reader to resonate with the written work (Bochner & Ellis, 2016).

Limitations

In autoethnography, individual narratives are woven into relevant stories, merged with the literature and documents, which requires a degree of self-disclosure that involves authenticity, transparency, and vulnerability (Ellis, 1999). Thus, limitations exist as the researcher can choose what stories are told and the depth and amounts of the traits mentioned above and skills within their storytelling, which directly impacts the validity and reliability of the study (Bochner & Ellis, 1996). Considering the limitation mentioned above, I am

selectively identifying the stories to tell due to comfort and topic relevance, which despite efforts to provide maximum authenticity, transparency, and vulnerability, these concepts are subject to subjective interpretation, where the reader may perceive that more depth can be provided, but I do not.

Additionally, "the feelings evoked in readers may be unpleasant since the connections readers make to narratives cannot be predicted," which may impact generalizability (Mendez, 2014, p. 282). The abovementioned limitations also entail ethical questions, which may be exceedingly difficult for the researcher to answer, making autoethnography a challenging approach (Mendez, 2014).

Ethical Considerations

Gaining reader trust is not the only trust sought, reflected, and required in writing; as the writer narrates their truth, they also include the experiences of others; thus, necessitating adherence to relational ethics of care, which encourages situation contextualization, taking the role of the other, and exercising compassion when divulging experiences that include others, while concurrently self-interrogating one's thoughts, beliefs, perceptions, and motivations (Bochner, 1994; Ellis, 2007).

The storytelling and related analyses adhere to the above-mentioned ethical considerations. Identifying experiences shared with others was crucial for me, as they were not experiences that took place in isolation, in which I [my younger self] was the only one present. Therefore, in writing about others, whether alive or deceased, I always maintained a sense of empathy and care. I emphasize that this content is my memory, which lapses in space and time may influence.

Chapter IV: Thematic Analysis

Introduction

In this thematic analysis, which examines white supremacy, trauma, and hip-hop culture's impact, the use of layered accounts is demonstrated, where moving stories are offered along with analysis that incorporates literature about mental health risk factors and barriers to treatment for Black males, to enlighten, educate, and empower readers.

Thematic Analysis

Chapter IV presents chronological autobiographical excerpts from my 2018 unpublished memoir highlighting my journey as a Black male navigating mental health then, followed by a multifaceted analysis (Roundtree, 2018). The memoir categories (excerpt titles) are related to the excerpt's overarching theme(s) and are the source of each excerpt's hip-hop parable.

Across analyses, significant themes are grouped by name and number as follows: (1) *The Heart Pt.1-6*, writing chronicling my instinctive physiological response to rereading the excerpt(s); (2) *A Black Therapist's Lens Pt. 1-6*, utilizing my clinical skills as a licensed clinical social worker (LCSW), I analyzed memoir-based experiences, interpreting meaning, cultural impact, language, and relation to theoretical and conceptual frameworks; (3) *Speak Truth to Power with Words Pt. 1-4*, interpretive analysis of language (4) *Deconstructing the Social Structure Pt. 1-4* groups focus on theoretical and conceptual frameworks; (5) *Hip-Hop Dissonance* provides a critical passage(s) for the discussion of hip-hop culture.

These categories and themes are outlined below in Table 1.

Categories	Themes
Momma	The Heart Pt. 1 A Black Therapist's Lens Pt. 1 Speak Truth to Power with Words Pt. 1 Deconstructing the Social Structure Pt. 1
My Brother	The Heart Pt. 2 A Black Therapist's Lens pt. 2 Speak Truth to Power with Words Pt. 2 Deconstructing the Social Structure Pt.2 Hip-hop Dissonance: Black America & Addiction
Trapped	The Heart Pt. 3 A Black Therapist's Lens Pt. 3 Speak Truth to Power with Words pt. 3 Deconstructing the Social Structure pt. 3
C.R.E.A.M	The Heart Pt. 4 A Black Therapist's Lens Pt. 4 Deconstructing the Social Structure pt. 4
Suicidal Thoughts	The Heart Pt. 5 A Black Therapist's Lens Pt. 5
Father Time	The Heart Pt. 6

	A Black Therapist's Lens Pt. 6

Momma

Uh – at childhood, I never really understood. All your heartache and pain and how difficult it was for you to maintain - Grand Puba

The year was 1996 or 97, and I was an 8th grader at CW Henry Middle School. While heading to school, driven by my mother's husband, an argument ensued. At 13, I'd already developed coping strategies to deal with such situations, internalize and ignore, an unhealthy strategy often leading to psychological and physical health problems.

Like too many children, I grew up in what now is considered an emotionally abusive environment; witnessing verbal altercations between my mother and stepfather was the norm, so this situation was no different, or so I thought. My mother was crying profusely and using vulgar language, which was how she coped during times of high stress. Her ability to use "fuck you," "shit," and "motherfucker" was expert; she'd give Richard Pryor a run for his money.

During these times, I desired to hug her and tell her everything would be okay while offering protection. I learned that's what you're supposed to do for your "momma," not all Black women, but most definitely for your mother for no other reason than she birthed you. As a child with low self-esteem, teased for being the "fat, smelly kid," I lacked the courage to support her in this way because I barely supported myself. In retrospect, I realized that being her emotional crutch wasn't my responsibility; I was no beast of burdens. That burden can be too much for adults, let alone a developing child with limited socio-emotional capacities. Likewise, it's never a child's responsibility to meet an adult's physical, mental, emotional, or spiritual needs. As a community, we often glorify the parentification of children, ascribing responsibilities like b*eing the man* or *woman of the house* when there's an absent parent. We

have them meet the basic needs of their siblings when they've yet to develop the ability to think critically. We must permit children to be children; if not, we're stunting their emotional and psychological growth, which results in adults who think, process, and behave like children.

Therefore, the extent of helping my mother was acting as if I was unaffected by the emotional abuse I witnessed, internalizing, and ignoring. The concerning behavior increased as she began pulling her hair and tugging at her shirt. I wasn't accustomed to this behavior and began to cry. I had no idea what was happening, but I knew I could not help her or myself. Therefore, despite the steady flow of tears, I ignored and internalized.

After what seemed like hours of conflict, which in real-time were mere minutes, we'd arrive at my school. I wiped the few remaining tears from my eyes and any remnants on my face, secured my Jansport bookbag, and exited the vehicle as if nothing had happened. I just endured a horrific school ride. Yet, due to my ability to ignore and internalize, I compartmentalized the trauma, tucking it away for not-so-safe keeping, and entered school.

Compartmentalizing allowed me to display superficial confidence when peers and school personnel greet me with the systematic, often insincere greeting of y*o Phil, you good man?,* or *good morning, Mr. Roundtree, how are you?* With confidence, I'd be able to respond with a shallow *I'm cool, how you* or *Yo, what's up?* I also learned early that answering a question with a question is an expert way to shift the focus back to the individual without raising suspicion if you aren't *okay*. But what if I responded, "well I just saw my mother have a nervous breakdown in the car, so I'm feeling extremely anxious, scared, and hungry." What if I continued, "I don't want to be here because I don't give a fuck about Algebra or Social Studies." How would I be received? As a society, we're conditioned to offer performative greetings, which elicit less-than-truthful responses because who genuinely wants to know how someone is doing?

The Heart Pt. 1

As I reread a pivotal experience about my mental health from adolescence, written in 2018, I felt changes in my body, most noticeably in my breathing. My breathing pattern went from free flowing to constricted, my brow furrowed, and my head experienced increased tension. Repeated uncontrollable thoughts, questioning whether I needed to tell this story, despite having shared it publicly numerous times, were pervasive. The somatic reaction to the retelling and subsequent reliving of past trauma is common; thus, tangible strategies are essential to aid the body, mind, and spirit in navigation (Menakem, 2017). While reading, I used various breathing techniques to aid in grounding myself, which helped quell the anxiety.

A Black Therapist's Lens Pt. 1

As a therapist who works with children and families, specifically Black boys, the story reads as psychoanalysis of a client who happens to be a younger version of self. The story reads of a Black man making sense of trajectory-shaping experiences, experiences that parallel those of other Black males. The Black boy in my story wanted to protect everyone. Still, he couldn't, as he lacked the capacity and language to articulate his experience, which isn't, in my personal and professional experience, atypical for a Black boy (Roundtree, 2018).

Speak truth to power with words.

Regarding narrative language, sophisticated prose is used to describe the traumatic experience, with a choice of prose rooted in a desire to overcompensate for what a younger Phil lacked, namely the language and confidence needed to convey his thoughts, feelings, and emotions. The narrative reads as a once voiceless child, now an adult, acknowledging the pain experienced, offering himself permission to feel at a deeper level.

What also stands out regarding language is the initial and lone use of the phrase my mother's husband used to describe my stepfather. Using my mother's husband may have been a visceral response during the writing and recounting process of this traumatic experience. The intentional repositioning of self from being an insider in this dysfunctional unit to being an outsider denotes a desire to disconnect from the dysfunction. Repositioning was also a way to prepare and protect myself moving forward in the storytelling experience. In retrospect, the use of stepfather isn't pejorative or slight because he isn't my biological father, but because he didn't earn the title of father. My use of stepfather highlights a disconnect in our relationship, an immutable boundary between him and me. As a parent myself, the term father is an honorific achieved when providing physical safety AND emotional, mental, and spiritual safety; the protection of children is vital to their wellness.

Deconstructing the Social Structure

Protect yourself at all times isn't a mere rule of engagement for prizefighters but also for a child teetering on the brink of chaos and despair caused by trauma. This experience is characterized by protection, whether protecting myself while writing about trauma, protecting my mother during emotional distress, identifying how parentification of children creates de facto protectors or acknowledging that emotional safety in schools isn't guaranteed. To me, protection from harm meant avoiding further injury.

Considering my instinctual proclivity to suppress, deny, and avoid, I ponder why many Black folks do the same despite recognizing the internal and communal carnage it causes. When applying Black Liberation Psychology's deconstruction and Africana Studies Conceptual Frameworks Social Structure lenses, Black folk's mistrust in white institutions is not misguided as historically, we've existed in climates injurious to our well-being. Black bodies and minds endure repeated physical, psychological, emotional, and spiritual violence. Hence, the importance of identifying, albeit tacitly, treatment inequities of Black women and

child parentification or the detailed description of suppression logic speaks to the ubiquitous nature of white supremacy. White supremacy and historical acts of oppressive environments are breeding grounds of trauma, resulting in intergenerational epigenetic modifications in trauma response genes; the use of unhealthy coping methods like suppression and avoidance; or, in my stepfather's case, misplaced anger (Jiang et al., 2019).

Implicitly knowing this, why would I entrust anyone with this experience, which could bring pain in the form of police or de facto police (child welfare agents) into my family's life? Denying harm was again a protection against future harm. Despite repressing the memories, I had no idea how our bodies remember trauma and how unresolved trauma meant future pain. I learned this truth four years later.

My Brother

You died, I died, but I'm alive, you alive, so we gotta keep the shit going. Now I got a new ghost and a baby brother I can feel every time the wind blowing. - Styles P

"Phil come downstairs," my mother called. As I slowly made my way down the stairs, wiping the crust out of my eyes, I saw tears streaming down her cheek. It was as if time slowed even more with every step taken. I could've counted every tear falling from her frowned-up face if I genuinely tried. Seeing my mother in anguish was always upsetting, as I'd always revert to my younger emotional self, a scared, afraid, and helpless little boy.

"Phil, Bobby died." My heart sank, and my body went limp. I suddenly found myself on the floor in a puddle of tears. Screams of "No" were all I could muster. How could this be? My brother was deceased at the tender age of 24. I just talked to him days earlier; this was a mistake. I couldn't wrap my mind around why this happened, as we were just beginning to build a strong relationship. We were becoming more than just brothers; we were becoming friends.

Bobby was just seven years older than I, which meant I was often on the receiving end of physical and emotional torment. My childhood was riddled with punches, Street Fighter losses, and stolen snacks that led to "don't tell mommy, and I'll take you to the store tomorrow," which he rarely followed through on.

Before the declaration of the current opioid crisis as a "public health issue" due to the high number of white overdoses and deaths, Black boys and men have been casualties, especially those who've grown up within hip-hop culture like my brother.

Turn on the radio, and you're bound to hear lack and Brown voices storytelling over melodic beats, articulating their habitual use of Percocet's, codeine, and promethazine. The discography of Nayvadius Wilburn, better known as Future, possesses an uncanny ability to match harmony with melody, producing a product that is arguably superior to his peers and has mass appeal.

I'd be lying if I said that I hadn't been known to hit an uncoordinated two-step to his hit *March Madness* on several occasions. Truthfully, it's one of my favorites. Despite the *joy* received from head-bopping obnoxiously to the song, I'm always left troubled and disappointed by the problematic content, which negatively affects many within the Black community and is the very thing that cost my brother his life. Sometimes I'm sitting in my car, and the beat drops, curtailing in volume in favor of the lyrics, which begin, "Dirty soda in a Styrofoam, spend a day to get my mind blown, dress it up and go to NASA."

I'm often left arguing internally about whether to change the station, vacillating between self-shame for having the desire to listen to harmful content and offering grace for being human. I then decry Future for creating *filth*, only using the term to appease the socially conscious part of the self. Followed are more altruistic rationalizations like it being *just music*, *Black folk aren't monolithic,* and *rapping about addiction might be a cry for help*. However, the pushback is equally intense as it's rooted in my emotional and physiological

response to its triggering effects; thus, thoughts on the impact of addiction, like family strife and death, are most loud, causing me to turn it off.

Besides, how can I enjoy songs glorifying *dirty sprite,* also known as *lean,* a combination of promethazine and codeine syrups mixed with a flavorful beverage, a concoction which prematurely ended the lives of celebrated hip-hop contributors DJ Screw and Pimp C? How can I listen to songs that promote Percocet and Xanax use, which killed my brother, and caused my mother pain? But I'm also human, so, at times, the result is turning up the volume, drowning out the voices, and bopping my head. The dissonance.

With my brother's death not even 48 hours old, I'd go to school like it were a typical Monday as if a return to normalcy was an effective way to process his death. Who did I have to tell me otherwise? Nevertheless, at 6:15 am, I awakened, put on my hip-hop-inspired uniform of Guess jeans that I worked so hard over the past year to fit, and a fresh white tee with the sleeves rolled up to accentuate the still-developing adolescent bicep. However, mines were very mature and a pair of size 14 Nikes.

A few hours later, I found myself in Mrs. Williams's computer class. She was a lovely older woman who walked around with the scent of freshly baked apple pies, although no pies were ever found. She was soft-spoken yet assertive in her speech. She knew when to push and prod but also when to nurture and embrace. She was the grandmother many of us never had. As we used the computer program, Mavis Beacon, to hone our typing skills, she'd walk around the room to ensure we were all on-task. She stopped at my station. Mrs. Williams could have asked, "Phil, what was the score of the Sixers game last night?" or "Phil, those Guess jeans are nice. Great job in losing weight and improving your health." She could've simply questioned, "Hey, Phil, how was your weekend?" I can't recall what she asked, but I remember my response in graphic detail and how it was peppered with what I'd learned from

my mother, peers, and society, who hadn't yet begun encouraging healthy emotional expression by men, especially Black men.

I responded with the hurt and pain of watching my mother have a nervous breakdown in 8th grade. Now I'm watching her in her bedroom, lost after her eldest son died from opioids. I responded with *her* suppressed trauma. I responded with my own suppressed trauma, body image issues, pre-diabetes, borderline high blood pressure, Allison not responding to my letter, my brother's death, and the vitriol he expressed in our last conversation. I responded with the stress of being a Black boy who's evolving into a Black man in a society where Abner Louima can be sodomized by the police without repercussions, Biggie and Tupac can be killed, and their killers never found. I responded with stress accumulated from having to "keep pushing." In that moment, it was clear that the proverbial cup that housed suppression and, at times, woeful ignorance, the extent of my psychological and emotional capacities to cope, had spilled over. I could no longer suppress the undiagnosed depression and anxiety I fought against succumbing to daily. As a result, the most unlikely recipient of an emotional, pain-filled tirade ended up being Ms. Williams. She'd be the first to experience *Black Boy Rage*, a visceral reaction of anger to an unhealthy thought, feeling, emotion, adverse situation, or environment experienced by Black males.

_____

The Heart Pt. 2

I feel nothing. No anger, no sadness, no frustration, no remorse, no pain, nothing. I read and reread the passage, hoping to invoke those somatic responses that often arise when reliving trauma and tragedy, no matter if the life-altering experience happened 21 years or 21 minutes ago. But I feel nothing. The story is just that: an experience in my existence.

Although there was no visceral response to reading this excerpt from my memoir, unlike my reaction to offering number one; however, the memory hasn't faded. I vividly

remember receiving the news of my brother's passing as if it were 21 minutes ago and not 21 years. I remember the heartache in my mother's voice. I remember the fierce strength in her demeanor as she relayed the loss of her eldest son, a power transferred to me when writing these transparent and vulnerable passages five years ago.

A Black Therapist's Lens Pt.. 2

The lack of a visceral response isn't concerning. At 39 years old, having attended countless hours of therapy to process life, I recognize the healing process has no finite destination, as navigating the ebb and flow of the injury-causing experience is a never-ending journey. Thus, we do the best we can with what we have. Our bodies, minds, and spirits are entities we have only a moderate amount of control over; thus, we cannot control when, where, why, or how these somatic responses emerge. However, with a healthy set of coping skills, one can show grace, handling themselves with care as one works through the experience's ramifications.

At 17 years old, when this traumatic, injury-causing experience happened, the telling of this story, those prior, or those to come would've been impossible as I'd already adopted the unhealthy pattern of internalizing, suppressing, and avoiding until I found rage as an outlet. The concept of working through wasn't conceivable as, like many Black folks I've met, I didn't know it was an option; survival was and is the game's name, another function of white supremacy.

The text reads about white supremacy's impact on Black life, written by someone whose articulation of pain is an intentional pushback against the ethos of the white supremacy-adjacent tenet of patriarchy, specifically the performance of unhealthy masculinity. Unhealthy masculinity creates unrealistic societal and cultural norms and mores regarding self-disclosure of sensitive information, which breeds toxicity, wreaking havoc on males, Black males, and those who care about their well-being.

Speak truth to power with words pt. 2

In Parable of the Sower, Octavia Butler wrote, "SOMETIMES NAMING A THING—giving it a name or discovering its name—helps one to begin to understand it. Knowing the name of a thing and knowing what that thing is for gives me even more of a handle on it" (Butler, 2019, p 77). Self-regulation through suppression reached a tipping point, a consequence of my brother's death; although suppression remained, emotionally driven outbursts became an essential coping strategy. A key element in helping me make sense of this experience and other experiences that followed was the creation and description of the term Black Boy Rage, a visceral reaction of anger to unhealthy thoughts, feelings, emotions, adverse situations, or environments experienced by Black males.

The environment surrounding my engagement with Mrs. Williams highlights a lack of healthy language to express myself, forcing me to use the skill of rage I learned from my mother. Also highlighted is the lack of adult intervention to offer strategies to process the tragic loss of a primary relationship. I learned later that the staff knew about my loss but didn't know how to broach the subject. Governance relationships existed within the school setting amongst my Black peers and Black staff; however, when students experienced psychological or emotional crises from bullying, teenage conflict, or in my case, the abrupt death of a loved one, the response was often punitive. Students found themselves in detention, or for me, suspended from school without genuine inquiry into our well-being.

Deconstructing the Social Structure pt. 2

In retrospect, addressing behavior with punitive measures while ignoring the underlying issues is best understood from the deconstruction and social structure perspectives as they highlight how Black folk, and their experiences are perceived and addressed within oppressive systems. Whether it be Black folk receiving lobotomies in the 19th century to treat mental illness and manage hostile behavior or giving Black boys

detention for verbally expressing their pain in an undesirable manner, both affirm white supremacy while steadily harming oppressed persons and populations (Breggin, 1995).

Further, the text vividly describes my somatic reaction to hearing the news of my brother's passing. Descriptive phrases like my heart sank, my body went limp, and I found myself on the floor in a puddle of my tears suggest a visible sense-inducing remembrance of the trauma experienced while writing. In addition, connections made between specific historical acts of trauma experienced by the Black community, personal traumas, and disappointments highlight what consciously and unconsciously influences how Black folks cope. Also highlighted are the cultural and societal expectations to compartmentalize one's thoughts, feelings, and emotions to meet responsibilities like attending work, school, or in my mother's case, work, school, and leading a family.

Hip-hop Dissonance: Black America & Addiction

A significant amount of text in this narrative reflects on the opioid epidemic, its usage within the Black community, biased coverage, and the cognitive dissonance needed to engage with hip-hop music's mainstream aspect. For this analysis, "mainstream hip-hop refers to songs that cross over to White and international audiences, receiving considerable radio play. Artists who are considered mainstream… often rap about issues that are popular: drugs, sex, crime, and violence" (Belle, 2014, p. 290).

As a Black man and a 17-year social work veteran, I've witnessed the societal conversation on opioid use shift from America's not-so-dirty little secret to the explicit acknowledgment of an opioid crisis. If you ask someone vaguely familiar with the opioid epidemic what they think about the government and society's response to the epidemic, they will speak confidently about discriminatory policies. Answers will likely compare the criminality-rooted War on Drugs during the crack epidemic of the 1980s, which

disproportionately impacted Black and Brown people, and the current public health opioid

crisis, which disproportionately also affects white people (Om, 2018).

Rarely discussed are healthcare providers' unscrupulous prescription practices due to

lacking knowledge. The racial bias influencing a more compassionate response is rooted in

the healthcare bias historically limiting Black folk from legally accessing prescription

opioids for legitimate pain purposes, the same in Eurocentric psychology, all fruits from the

poisonous tree of white supremacy (Shipton et al., 2018). The vagueness mentioned earlier is

in response to America's sudden interest in the crisis. However, my experience is that Black

folk are keenly aware of the burgeoning opioid crisis within our community; thus, the number

of opioid deaths tripling between 1999 and 2017 isn't a statistic to garner immediate surprise

(Drake et al., 2020).

For us who've come of age since hip-hop's advent, we have even more of an intimate

relationship. Much like our elders' experience with various iterations of jazz and the blues,

music reflects societal ills, with artists being influential conduits who introduce a generation

to destructive vices like heroin or, in hip-hop's case, lean.

I love hip-hop culture and the emanating music, as technical aspects like rhythmic

and melodic imagination and interpretation exude Africana. I love the creativity,

vulnerability, and truth-telling within the music, whether I agree or disagree with the

contents. I love the governance concept of storytelling and critically examining individual

and community experiences through storytelling. Whether or not one is aware, acts of

language creation are acts of self-determination within African society. However, despite my

affinity for the craft, the thoughts, feelings, and emotions conveyed in the narrative text

remain, specifically the cognitive dissonance required to engage with the mainstream aspect

of the art, especially after my brother's death.

As I mature, I recognize mainstream hip-hop music, although prominent, must represent the culture's thoughtfulness, togetherness, and creativity. Mainstream hip-hop doesn't reflect a culture that acts as a catalyst, saving many from destruction of poverty, trauma, and despair.

In rereading the narrative, I laud myself for the courage to write explicitly about my brother's addiction and how his death influenced my relationship with hip-hop, which has significantly affected Black males' lives since its inception..

The text is a governance conversation with Black folk that reflects liberation, the relinquishing of the shackles of societal shame and vilification accompanying addiction, which led me to lie about his cause of death for over a decade. Pre-liberation, I'd made him a casualty of gun violence, a conscious decision, as it shifted responsibility from him onto another, onto a fictitious person who, in this scenario, would undoubtedly resemble him; on reflection, psychological and emotional survival required dissonance, a dissonance that further marginalized Black male victims of gun violence.

The text shows a persistent, unwavering desire to connect with the reader, not for sympathy but for engagement. The work and the gravity of the emotions conveyed cause the reader to experience empathetic-reflection, where empathy is shared, followed by self-reflection on their lived experience, resulting in readers extending compassion and grace to themselves.

.

Trapped

"They got me trapped. Can barely walk the city streets without a cop harassing me, searching me. Then asking my identity. Hands up, throw me up against the wall, Didn't do a thing at all - Tupac Shakur

I sat handcuffed, my wrists and shoulders aching from being restrained in an unnatural, contorted position. My stomach knotted from nausea, and my body was perspiring profusely, reacting to elevated stress and anxiety levels. I'm sitting nearby a Bloomsburg University woman police officer typing an arrest report bearing my name. The report has a list of varying charges ranging from retail theft to disorderly conduct and terroristic threats. As I heard the charges against me, I was dumbfounded. How did I get to the point where I'd be arrested in my final semester as a sophomore college student, facing jail time and expulsion from school? How did I become a statistic over a beverage in my quest for advanced education? Sitting detained, my mind replayed the events preceding my arrest on a reel.

Finding myself famished after an intense workout at the school's recreational center, I decided to forgo eating at the traditional cafeteria instead of grabbing a quick meal from Kehr Union, one of the school's only fast-food options. Upon entering, I immediately chose a burger combo, which included french fries and a drink. Ready to devour my food, I paid for my meal and walked to the self-serve beverage machine to fill my empty cup. Exhausted, I pictured myself returning to my dorm room, laying my sweaty person on the floor, and eating to my heart's content. But, lo and behold, that thought never materialized.

The soda machine was notorious for watering down its sodas, so I tasted it briefly before filling my cup. "Phil don't do that again; that's stealing," a voice shouted from across the room. Pulling my head from my flat diet coke to see the commenter, I was shocked to see it was the school's woman police officer. Wait, how did she know my name? How was this

stealing if I paid for the cup and the contents to fill? Why the attempt at public embarrassment with that accusatory statement? In hindsight, those were questions I wish I'd asked. Instead, as onlookers watched with anticipation, I responded to the public humiliation with the pain and disdain for "authority" figures that had festered over the years due to scenarios such as my car, a white Plymouth Breeze, being pulled over by law enforcement because it matched the description of darker color sedans allegedly used in crimes. She moved closer to me. I responded with the pain of watching Rodney King be pulverized by LAPD cops and for said cops to be acquitted. And closer. I responded with the fear possessed by a Black mother when her son chooses to attend a predominately white institution in a predominately white town, and she recognizes she cannot protect him from 200 miles away. And closer. I responded with the pressure and frustration of being cognizant of my every move in America because it could mean the difference between life and death. Now face to face, I responded.

Looking directly into her eyes, I began refilling my cup with the same soda I already determined was flat, unworthy of consumption. "That's stealing," she'd say emphatically. "Listen, the soda in this machine often has the propensity to be watered down; I don't want to waste my money. Would you?" If only I'd used this markedly healthier response that I'd formulate years later after replaying the situation mentally hundreds of times.

Instead, I'd lambast her. "Leave me the fuck alone." "Who the fuck are you?" As her partner arrived. Like a duel in an old western film, I would challenge their toughness without badges and firearms. The all-white onlookers sat astonished at what was occurring in front of them. For some, the scene reinforced the idea of the "angry Black man" versus the defenseless white woman stereotypes portrayed in the media, a dominant theme throughout history. For those of a certain age, I'm sure it was reminiscent of the anger and rage they

attribute to OJ Simpson. For onlookers, I'm sure it was reminiscent of why he must've killed Nicole Brown Simpson.

After several intense minutes, I deescalated, only to be arrested for retail theft, disorderly conduct, and terroristic threats. I was escorted off the premises and taken to their headquarters, which was adjacent to the bookstore. During the walk, several Black students looked on in disbelief. I could feel the anger, hurt, and pain shown in their eyes. It was the look of "damn, they got another one of us." It was the nonverbal communication that only Black folk understand. The one where we're driving past a traffic stop and instinctively begin hoping that the motorist involved isn't Black; however, in your spirit, you know they are. As you inch closer and glance over, your suspicions are confirmed. In the blink of an eye, your thoughts and mood change, and you go from feeling hopeful to hopeless. Psychologically you begin to overthink, conjuring up "best" and "worst" case scenarios, which trigger indescribable anxiety due to feelings of helplessness brought about by the physiological connection of our collective experience. As your palms sweat and your heart rate increases, you hope they make it out mentally, physically, emotionally, and spiritually unscathed. Everything we're experiencing can be summed up with "damn." I turned my head in the opposite direction, only to see several white students with different looks than their Black counterparts; they looked disgusted as if what was happening was normal.

The experience of walking down the corridor was reminiscent of a scene told in tales like Roots and 12 Years A Slave. In these tales, the penalization of Africans took place in public to appease the overseers and dissuade others from exhibiting the same behaviors through fear of related consequences. I lowered my head in shame. At that moment, I felt like I'd let my momma down, my deceased brother, my friends, Mr. Dobson, my 8th-grade math teacher, Ms. Gilliam, the Bloomsburg Black community who braved these treacherous waters with me, my ancestors who knew that their focus on survival by any means meant thriving

for generations to follow. At this moment, I wasn't "twice as good" but relegated to a statistic who could no longer withstand the pressures of being a Black man in America. The pressure of being the "nice Black guy" who's "twice as good" reached a tipping point.

The Heart Pt. 3

After reading paragraph one, frustration, pain, disappointment, disgust, and a burgeoning rage began consuming me, causing me to cease writing for a period. Reading triggered the all too familiar stress response of fight and flight, where anger and anxiety merged, creating an internal environment ripe for combustion. Thus, with a keen awareness of how to cope in these moments, I closed my eyes, inhaled slowly and deeply through my nose for a five count (1-2-3-4-5), and exhaled even slower through my mouth for an added five count (1-2-3-4-5), repeating until the anxiety lessened. The deep breathing relaxation technique relieved muscle tightness and an inability to concentrate, the physiological effects of stress and anxiety, after revisiting what I've deemed an act of systemic racism involving law enforcement (Ariga, 2019).

The healthy coping strategy that allowed me to cope with physiological changes during the recounting of this traumatic experience was unavailable during the incident; thus, anger and rage through verbal expressions were responses to pain and emotional discomfort. In applying a clinical lens, the symptoms stirred during writing meets DSM-tr specific criterion like direct exposure to trauma, emotional and physical distress after exposure to traumatic reminders, trauma-related thoughts, negative affect, difficulty concentrating, and irritability, which could warrant a diagnosis of PTSD if additional criterion regarding latency and differential diagnosing are met (American Psychiatric Association, 2022). In retrospect, a PTSD diagnosis could've been attributable then as this wasn't my first

experience with police that jarred me emotionally and psychologically, which undoubtedly influenced my response during this interaction.

A Black Therapist's Lens Pt. 3

My psychological and physiological responses of anger, despair, and flashbacks to rereading the text aren't shocking or an anomaly as they're predictable responses experienced by Black males who've had adverse experiences with any form of police, whether as a direct experience like mine, or Tupac's who candidly describes an unsavory encounter with police in the hip-hop parable preceding the text, or through a secondary experience like witnessing or learning about police violence inflicted upon those who look like you or those with whom you have shared humanity (E. Lipscomb et al., 2019). Thus, the inclusion of added primary (traffic stop) and secondary (Rodney King) police-related experiences looked to emphasize the individual and collective trauma experienced by Black folk and traumas' connection to Black well-being.

Speak truth to power with words pt. 3

About the text, most notable is the depth to which I explained details of the experience, which highlights a need, almost a compulsion, to speak my truth as this was the first time, in written form, that I chose to explicitly discuss the experience, regarding the emotional and psychological violence that occurred at the hands of Bloomsburg University Police.

Thus, to build reader anticipation, I let the beat build, double entendre hip-hop terminology meaning allowing the beat to increase in volume and length before rapping or, in this story, not beginning with the cause of the arrest but with the aftermath and giving my thoughts on the traumatic situation. As the crescendo approached, I painted a picture of moments that are etched in my mind, with the details creating the impression that this was written in 2003. The end phrasing emphasized the anxiety building like a volcano before

erupting with the pain of historical trauma as articulated, the fear of my mother who was hundreds of miles away, the fear of Black mothers whose sons encounter the police, and feelings of overwhelm associated with being Black in America. There was intentionality in outlining the various stressors and pressures Black folk experience; thus, the imperativeness of highlighting some of them.

Deconstructing the Social Structure pt. 3

Within the text, I looked to address not only the impact of police violence but highlight the psychological terror white supremacy inflicts upon the Black mind and spirit and how it manifests amid personal recollection within this effort. The vivid remembrance of white peers' response to the visual of me handcuffed; the intentional use of the phrase twice as good to denote what I was not, which is then juxtaposed with the term statistic to describe what I was; using enslavement references to explain any point, let alone my experience; and most glaring, implying that I had let myself down and the entire Black community down, demonstrates the white gaze through which I wrote, in which people's experiences are viewed from a whiteness perspective, causing them to be scrutinized individually and collectively, marginalized, and generalized (Rabelo et al., 2020).

Even within this liberatory effort, the white gaze is palpable, recognizable due to extensive work in forming a healthy Black identity, where I began de-centering the social structure notion of who are Black folk to non-Black folk moving towards the centering of governance, who are Black folk to one another, which in Black Liberation Psychology framework terms means progressing from deconstruction through reconstruction to construction.

In retrospect, seeds of divergence away from understanding the Black experience through whiteness were planted and fertilized within traumatic experiences like my encounter with school police, where resistance was reflexive, despite not having the skills to avoid self-

harm during the confrontation. Thus, a continued need for grace amidst self-reflection and

analysis.

C.R.E.A.M.

Leave it up to me while I be livin' proof

To kick the truth to the young Black youth

But shorty's runnin' wild, smokin' sess, drinkin' beer

And ain't tryna hear what I'm kickin' in his ear

Neglected for now, but yo, it gots to be accepted

That what? That life is hectic - Inspectah Deck

While on campus, walking to the infamous Kehr Union, where just a year earlier I encountered systemic racism and misuse of power, my Psychology Professor, Kambon Camara, appeared, stopping me in my tracks. "Phil, I want you to come to my office and have a conversation about being Black on campus and in America." "What's up Doc, I have a lot of studying to do," I'd respond, rebuffing his attempts to connect. Professor Camara was persistent, asking more times over several weeks. I'd offer an excuse each time. The truth is I was scared.

Like many Black boys, I'd never been taught how to engage with older Black men, whether directly or indirectly. Growing up, I didn't have healthy interactions with adult Black men. My models were an absentee father and a stepfather, with whom I'd had a contentious relationship throughout adolescence. My comfort level with Black males didn't extend past my inner circle and the limited interactions I had with their fathers. In hindsight, I was drawn to the being of Professor Camara. Ever-present was a need to connect with a Black man driven by feelings of love and protection. I often imagine the weight that would have been lifted off my shoulders with an embrace. Instead, unhealthy tenets of masculinity stopped me

from connecting with a man whose wisdom, intellect, and overall value could've helped me see my humanity and understand Blackness sooner.

Months later, I sat across from Professor Camara in his office, reeling emotionally from rejection, asking, "why doesn't she want me?" No, I didn't seek Professor Camara out to discuss Haki Madhubuti's *Black Men: Obsolete, Single, Dangerous? The Afrikan American Family in Transition* or to process the various traumas from my past, why go for that? Despite my consciousness being enhanced after experiencing violence by school police and university officials, I still experienced cognitive dissonance, or straight denial, regarding the intersectionality of gender, Blackness, and systemic influencers. My mission was simple, how could I get Alicia to deem me worthy enough to love the way I loved her? "Tell me about Alicia," he'd ask.

I'd explain to Professor Camara how I sought her affection, love, and approval for two years. For instance, I'd buy her sneakers, take her to dinner, and the movies on my mother's dime. I'd also just listen to her when she needed to vent. I was never satisfied with the nature of our situations as she'd always give me just enough attention to satisfy me and keep me around. No one understood why I continued talking with her. My homies always told me there were too many girls in the world to be preoccupied with just one, especially one who didn't want me. Their statements were ignored; they didn't see what I saw or felt when we were together. Yes, I heard the rumors from high school associates who also attended Penn State Berks with her about how she was dating someone there; I didn't care. I had convinced myself that she wanted me and that I needed her.

Professor Camara actively listened as I unpacked story after story about Alicia, ranging from my visit to her school, where we got drunk and passed out, to where I had a bout of performance anxiety during our only attempt at sex. Once finished, I sat and looked at his now stoic face. After several minutes, he'd clear his throat and say, "Phil, in life, you

change to get something or to keep something." My once eager face turned to one of flummox. What was he talking about? This made no sense at all. My purpose in talking to him was to receive finite answers related to my relationship with Alicia and how I could get her to love me. Why didn't he give me concrete answers? Did I need to call her more or play hard to get? Did I need to lose more weight or get braces for straighter teeth? I was willing to do whatever it took, but he gave me nothing but this parable. I couldn't escape the thought that I'd just wasted the last hour of my time.

He continued talking; however, I'd already mentally and emotionally checked out. If I'd only been aware that a therapist's responsibility is to help you process and identify your own solutions, I would've leaned into his analysis instead of balking. I left at the end of the hour, never meeting him again.

_____

The Heart Pt. 4

As I reread this story for the first time in years, I'm experiencing a range of emotions, joy, and sadness being most prevalent. The joyous feeling in my spirit stems from remembering an elder who has profoundly changed the lens through which I view the world. Conversely, joy gives way to sadness through regret, a regret that I didn't maximize engagement opportunities to engage and gain continuous wisdom from a knowledgeable elder before his transition. Despite my sadness, solace is found in the African belief that life continues after a person transitions; thus, their influence remains, which is a spirit-soothing, space-creating notion that encourages joy's return.

A Black Therapist's Lens Pt.. 4

Although it has been 20 years since Professor Camara and I's last physical interaction, a spiritual connection remains, illustrating the importance and influence of healthy intergenerational relationships and encounters between Black folk, specifically Black

males. Trust is an integral part of relationship building for Black males when a desire or need for self-disclosure of mental health exists (Goodwill et al., 2018). Professor Camara and I forged implicit trust when he engaged me unsolicited; however, fear persisted because, as said in the text, prior exposure to older Black men of significance bore pain and disappointment, which superseded implicit trust. Although I didn't take advantage of the opportunity, I'd later feel comfort in bringing forth a then-pressing, now-innocuous issue.

When I think of the experience with my mother, I wonder if I had met him or someone like him, would that have given me relief from the anxiety I felt and the suppression of my feelings? Would I have taken time off to focus on my well-being instead of cursing Mrs. Williams out within 48 hours of losing my brother? How would I have managed the prior year's racist incident with the police without jeopardizing my education and freedom?

As I reflect on this analysis, I realize his desire to engage was rooted in a governance structure affinity for Black folk. As an elder, he had a love-driven obligation to build community and work to safeguard the well-being of the Black folk he encountered.

Upon reflection, my longing for companionship in a romantic situation that is, in hindsight, unrequited suggests a lack of self-awareness and self-love, leading to disappointment and prolonged emotional and psychological anguish, which influenced future platonic and intimate relationships.

As I reread my writing from several years ago and reflected on the experience with Alicia and Professor Camara, it was clear that I longed for validation and emotional connection from both. Within this romantic relationship, I needed to be deemed worthy in ways masculinity affirms, e.g., attraction and virility. In addition, I needed to be lauded for prioritizing her needs because that's what society and hip-hop reinforced throughout my youth. Conversely, Professor Camara represented the type of attention, affection, mentorship, and healthy relationship I desired from an older Black male. Lacking the language and

awareness to facilitate or allow this relationship, I asked Professor Camara to uphold white supremacy, namely anti-Blackness, by affirming the self-deprecating thoughts, which had been systematically reinforced through the same societal and hip-hop lenses that shaped my masculinity, that I'd long held about myself. Notwithstanding, I'd then ask him to add his own, which he rejected. My inability to comprehend the transformative parable he offered reflected a lack of insight into myself, resulting in my eschewing him and therapy.

Deconstructing the Social Structure pt. 4

Reflecting on my decision not to meet with him again speaks to an emotional immaturity rooted in trauma, minimal self-awareness, and buy-in to white supremacist notions of Black folk. Emotional immaturity, youthful ignorance, and a lack of mental health knowledge influenced my rejection of a Black male mental health professional who wanted to help me enhance my emotional and psychological awareness while gaining knowledge of self and community.

In retrospect, he wanted to help me work through the deconstruction, reconstruction, and construction stages. Like Inspectah Deck and many Black elders who engage young people, he wanted to "kick the truth to the young Black youth"; however, I was yet ready to receive what he was "kickin in my ear" (Wu-Tang Clan, 1994). But the seed of decolonizing one's mind, operating from a governance structure's lens, while increasing one's mental health knowledge and literacy to aid self and community was planted.

Suicidal Thoughts

The stress is buildin' up, I can't, I can't believe

Suicide's on my fuckin' mind, I wanna leave

I swear to God, I feel like death is fuckin' callin' me

But nah, you wouldn't understand - Notorious BIG

Year 30. Tears flowed from my eyes faster than the cars passing me on I-95, with their resting place being an oversized, meticulously combed until every-kinky-strand-stood-at-military-attention beard. As I masterfully controlled the wheel, the continuous cycle of uncontrollable thoughts relating to shame increased in intensity. Shame triggered the idea of wrecking my vehicle to escape the cranial pressure and emotionality it produced. *Crash your car, it's time; stop the pain, "CRASH your car, it's TIME, stop THE PAin, CRASH your CAR...*

I pulled to the side of the highway, causing my Dodge Charger to lean towards the guardrail as if to say, *it's time*. See, amid suicidal thoughts, neither rational thinking nor a voice of reason is anywhere to be found. Basic awareness eluded me; otherwise, my recognition of the uneven surfacing could've been attributed to years-long highway construction.

With my heart and spirit accustomed to hearing my mind's most shaming messages of suicidal ideations and negative self-talk for over a decade and a half, I counted on the troves of resilience accumulated over time to help navigate the thoughts, feelings, and emotions plaguing me mentally. *You've been here before… inhale, exhale,…* had become a mental health pneumonic device to help counteract negative thoughts designed to cause my demise. My breathing increased rapidly, my heartbeat in sync with the tears trickling down my face, which recoiled my once meticulously combed until every-kinky-strand-stood-at-military-attention beard. Despite my state, I mustered enough resilience necessary to find my phone

and call Ginneh, who, through countless trials and tribulations, had become my personal crisis interventionalist, especially when experiencing suicidal thoughts. "Phil, what's up?" she asked. Although mumbling an unintelligible response, the tears, voice inflection, and sheer emotional distress she witnessed raised her concern. "Phil, where are you? What's wrong?" she'd ask. "I'm tired. I can't do this anymore," I'd respond. As she probed more, she reminded me to breathe, "tell me what happened." Despite my emotional awareness, academic achievement, and professional experience, I lacked the words to describe what I was experiencing or had experienced just a short while earlier. I was hopeless.

For the next few minutes, I simply cried. My once full beard had retreated to a moistened, retracted state; a once abundant display of *masculinity* was now diminished in size and meager looking. Then she'd utter one of the most innocuous, cliché statements you could say to someone actively experiencing suicidal ideations, "Phil, it's going to be okay." I'd mumble "it is" several times in a voice that mirrored helplessness instead of confidence. Then, seemingly, the power of repetition flipped a switch, the tears slowed, and the post-meltdown headache due to stress became more pronounced. However, optimism, resilience, and confidence reappeared somewhere during this breakdown. Sensing a return to an emotional and mental baseline, I'd be on the receiving end of the daunting question, "Phil you sound better, what happened?" Feeling safe and somewhat stable, I'd describe how I almost ended my life on my birthday due to a conflict with my co-parent.

The Heart Pt. 5

In Arabic, it's Mubarak; in Swahili, heri; in Geechee, bress; in the imperialist language of English, it's blessed, which is the first thought that came to mind after reading the passage. My use of blessed is disconnected from a specific deity but grounded in individual and community resolve and a personal belief in purpose guided by ancestral

forces and other forces to be understood post-transition. Feelings of graciousness, empathy, and joy accompany being blessed. I'm thankful for having an outlet to contact during a crisis, a relationship where trust was forged through years of conversations steeped in reciprocal emotionality & vulnerability. Feelings of empathy were, and continue to be present for my younger self, who experienced suicidal ideations, and my older self, for recounting with authenticity and grace. Joy came from the desire, both then and now, to use this experience as an exemplar for Black boys who've considered suicide when masculinity, patriarchy, and white supremacy were too much.

A Black Therapist's Lens Pt.. 5

Speak truth to power with words pt. 5

The text's language looked to take readers on a complex, tense, unpredictable emotional journey to death, stopping short. The text reads as a tug-of-war between despair and hope, a hope to live despite persistent pain. Critical were the descriptions of my physical person, my beard, and the make and model of my vehicle, a Dodge Charger, both serving as tools to subtly juxtapose what some consider the femininity of crying to the assumptions of masculinity, with hopes of pushing back against notions of both constructs, where aesthetics makes space for vulnerability.

Intentional is the second description of the beard, where I wrote, "For the next few minutes, I simply cried. My once full beard had retreated to a moistened, retracted state; a once abundant display of manhood was now diminished in size, meager looking." The description reflected a shift in outward appearance due to wetness from the tears, where every shed tear and strand shift from straight to kinky. It also accentuates a chink in the armor of masculinity, the aspect that makes healthy emotional expression taboo. Also, the description reflected a shift from emotional stability to instability, which took place that night, where the prospects of death seemed more desirable than living.

Also vital in the narrative was illustrating how suicidal ideation can temporarily alter perception, evident in the detailing of unhealthy thoughts upon recognizing the car positioning, where being near the guardrail signaled added to thoughts of self-harm, as opposed to pragmatic thinking like noticing construction on the road. Thus, highlighting the slippery slope of unhealthy self-talk and how, if left unchecked and unresolved, it can cause dire consequences, such as psychological and emotional torment, self-harm, or suicide. Hence, the importance of intercessors who bring rational thinking to psychological and emotional calamities.

When reflecting on intercessors, I could've only highlighted my strength, resilience, and desire to live without mentioning the help I received; however, this contributes to the masculine ideal of self-reliance. Thus, the importance was not only detailing the process of asking for help but allowing the help; while also offering the identity of the helper—the abovementioned acts as permission for Black males to seek and allow support, defying the tenets of masculinity. Furthermore, identity divulgence pays homage to Black women's role in my mental health navigation, tacitly acknowledging who and what we mean to one another as a community.

Whether illuminated by Biggie rhyming about suicidal thoughts in a perfect verse with metaphors and similes over a tight beat; highlighted in statistics purporting Black men being most likely to die because of gun violence; possessing a modicum of knowledge of the savagery of colonization impacting those of the diaspora in America and abroad; or highlighted in an incomplete memoir used in a dissertation, the idea of death is interwoven in the Black male experience. We know death, but do we know thriving while living? We know self-reliance, but do we know the benefits of trusting? We know anguish, but do we have hope that relief exists on the other side? The entry looked not to answer those questions but to have

Black males, and those who engage with them, consider these ideas as they progress in their mental health journey.

Father Time

You really need some therapy

Real niggas need no therapy, fuck you talkin' about?

Nah, nah, you sound stupid as fuck

Shit, everybody stupid

Yeah, well, you need to talk to someone - Kendrick Lamar

They say third times the charm. I never knew who *they* were, but I needed them to be right. At 35, I carried the trauma of yesteryear around in a burlap sack, frayed from the weight of accumulated pain, heartache, and disappointment. She was my only hope; this had to work. The impetus, another failed relationship riddled with toxicity. Two people arriving in each other's lives without working through past familial and relationship heartbreak, whose foundation was built upon an Eros-type love and shared trauma, typical for folk who subconsciously equate sexual intimacy and intensity with a healthy partnership.

At the end of two tumultuous years, it ended, leaving me with more questions than answers; however, unlike 15 years earlier when I sought answers from Professor Camara about young love, or ten years prior when seeking insight into self-identity, I *officially* saw my first therapist, an older Black woman who'd respond like an authoritative parent opposed to an empowering clinician helping me find my way or five years before when I sought specific direction in navigating depression and anxiety from a less than culturally competent white therapist, I knew I possessed the healing-based answers I yearned.

The reality is that I needed Dr. Val's empowerment, coaching, empathizing, validating, and pushing back both gently and fiercely, as that is what I've come to selfishly expect of Black women in general. Most importantly, I needed a safe space where younger

versions of Phil would be welcomed and nurtured, and memories could be safely unearthed and unpacked. Unafraid is the 35year-old Black man who made substantial progress navigating their mental health by taking medication to assist with depression and anxiety, who enhanced his mental health knowledge and language through formal education, and who increased their capacity to love by working with Black and Brown boys for a decade in their journey. However, the 13, 17, and 19-year-old self was deathly afraid and nervous, whose protective capacities centered on survival by any means necessary.

Despite the psychological barriers, I had to show up for the first session as I could no longer take detours in this healing journey. I HAD to confront myself; I had to be brave and optimistic that progress would be made. Avoiding was no longer a choice if internal peace was the goal.

The 20-minute drive from home to Dr. Val's office remains a hazy fog, like many of my childhood and adulthood memories, both healthy and unhealthy. Yet, despite the fog before arriving, clarity emerged with every step toward her office, along with every repressed thought, feeling, and emotion.

My six ft., 230 lb. frame stood in her doorway. But I felt anything but what my stature implied. As I prepared to engage in negative self-talk, she'd introduce herself, "Hi Phil, I'm Dr. Val." Maybe it was her pitch and tone or the fulfillment of the *down* in the adage of *what goes up, must come down,* or in my case, *what's gone in*, *must come out*. But what happened next I couldn't predict; I broke out in tears, resulting in her embrace of me with the warmth, love, and spirit of the ancestors. She saw me and for the first time by a professional, since Professor Camara, I felt seen, all of me.

The Heart Pt. 6

In reading the excerpt, feelings of empathy and compassion emerged for the younger versions of myself, especially those retelling this moment. Being vulnerable with yourself, acknowledging your desire for help, and then willingly sharing the experience for others' education isn't easy. A dissonance exists in analyzing this entry as I view it as an outsider instead of the individual who had this experience. Unlike previous entries, there's neither reliving direct trauma nor is it an experience requiring working through; despite acknowledging the reasoning for seeking therapy, I was present.

A Black Therapist's Lens Pt. 6

The identification of unsuccessful attempts at therapy before discovering Dr. Val was intentional as it highlights significant barriers to treatment for Black boys and men, e.g., an unpleasant experience impacting service use, a lack of clinician cultural competence causing therapy-seekers lack of trust in the process, causing treatment delay for presenting depression and anxiety (De Girolamo et al., 2011). Conversely, the time lapse between therapists also highlights self-determination, resilience, and intentions to understand one's thoughts, feelings, and behaviors.

The self-acknowledgment in the entry on progress in enhancing psychological and emotional stability, knowledge, mental health literacy, and speaking freely about the love and compassion stemming from working with Black and Brown boys stand out. This is notable as I often shy away from acknowledging my accomplishments or areas where growth was made due to the belief that it isn't noteworthy and borderline self-absorbed, which is part of navigating decreased self-esteem and the historical impact of white supremacy on the minds and lives of Black folk, where denying and suppressing joy and celebration was for survival turned way-of-life. Also noteworthy is expressing contentment in working with Black and

Brown boys, eschewing white supremacy vis-à-vis mainstream hip-hop's discord of an ever-present discord among boys and men, intergenerationally and generationally.

Lastly displayed is the grace and care I offered myself when identifying parts of me that were genuinely scared to embark on the therapy journey. This, along with the abovementioned, highlights the work of healing and unlearning the unhealthy accomplished between Dr. Val and me throughout the therapeutic process. Also, it emphasizes Black clinicians' inherent value and influence, who, at a governance level, may understand the needs of their Black clients, which empowers the collaborative journey undertaken together.

Chapter V: Conclusion

I'm sitting in this coffee shop filled with patrons, many of whom are escaping outside's wintry smile, attempting to write the fifth and last chapter of this dissertation. As they sip their latte, type on their computer, and chat up their seatmate, anxiety calmly yet fiercely moves through my mind and body, making focus and content-related thought formulation impossible. Does anyone know? Can anyone see this internal battle for supremacy between my thoughts, feelings, and emotions? Are there any physical manifestations of the anxiety I'm experiencing? How are my facial expressions and body language? Do they know? I look around, and nothing; no one notices I'm actively suppressing tears from flowing down my cheeks, tear ducts acting as unstable levees, preparing to give way. Since they remain preoccupied with their experiences, I must not be showing any external signs.

Despite **their** not knowing, **I know**; managing the chicken-egg relationship of stress and anxiety made the continued braving of my thoughts, feelings, and emotions seem insurmountable. I stood up, preparing to rush towards the front door. I wanted and needed to take a walk, to become one with nature. Spending time in nature, whether walking, sitting, or standing, is a vital grounding practice I adopted to help when my mind races and my insides become increasingly jittery and tingly.

While standing, an older, grey-haired, frumpish white woman and I made eye contact; she smiled and complimented my hoodie, to which I responded with a sincere yet obligatory smile and "thank you." Since I wear expressive clothing, once with active intentionality, now passively, I didn't notice I was wearing my *THIS IS WHAT ANXIETY LOOKS LIKE* hoodie. As I walked outside, pacing the street, inhaling the frigid air, and being present in my surroundings, I began thinking of how appropriate the slogan was to my current situation. I also reflected on my initial reasons for designing apparel with the slogan.

The slogan was designed to raise awareness of anxiety and depression's lack of distinctive appearance, as it's difficult to determine if someone is suffering from either condition without knowing their history.

The slogan(s) and related merchandise were also created as a tool to engage Black folk, specifically Black males, in governance conversations regarding mental health, creating an environment where their experiences are validated, and culturally relevant solutions are centered. Remembrance of purpose made space for reflection on research question one of this autoethnography.

Research question 1

How can my experiences navigating depression and anxiety inform Black males' understanding of their mental health experiences?

"For while the tale of how we suffer, and how we are delighted, and how we may triumph is never new, it always must be heard. There isn't any other tale to tell, it's the only light we've got in all this darkness. -James Baldwin

As stated explicitly and implicitly throughout this autoethnography, this dissertation's primary purpose is to inform, educate, and inspire Black males to consider their mental health throughout their lifespan. To accomplish this goal, I discussed vital and sometimes traumatic moments from my life that directly impacted my mental wellness and provided thoughtful analysis from both a personal and professional perspective.

The telling of personal stories within this offering proved difficult; sometimes, I questioned to what depths I should be vulnerable, knowing the psychological, emotional, and physiological risks associated. But, again, remembering purpose, I thought about how my mental health and subsequent life's journey may have had fewer moments of crisis if I knew of Black folk, Black males, who'd experienced adverse situations that challenged their mental

health. I would only hope that the knowledge gleaned from their experiences would, at a minimum, make me feel less alone and connected.

I wish I had read more. I wish I had read more books by Black folk, authors who'd authored evocative stories applicable to me, *and* stories where I'm asked to consider others outside my narrow view. When discussing writing and reading, James Baldwin said,

> You think your pain and your heartbreak are unprecedented in the history of the world, but then you read. Books taught me that the things that tormented me most were the very things that connected me with all the people who were alive, who had ever been alive, (Howard, 1963).

I now read more. Reading others' stories, whether autobiographical, memoir, or essay, has consistently encouraged me to explore the inner depths of me, which is my desire for Black males, especially those who'll engage in this autoethnography or the stories within, whether personally or as a tool to connect with others.

When reading *Momma*, *My Brother* and their respective analyses, Black males will recognize the lingering effects of trauma, especially familial trauma. Also, they'll acknowledge its ever-looming presence within the body, whether one has psychologically processed the experience. Readers will find tangible examples supporting Motley and Banks' (2018) study, which highlighted over 50% of Black males have directly experienced or witnessed trauma or have a friend or loved one who has experienced a traumatic event while also contextualizing the development and manifestation of ineffective coping skills like suppression.

Readers, regardless of whether they've experienced significant loss or witnessed their loved one experience short-term or long-term mental health crises, are encouraged to feel their feelings, are asked to empathize with the helplessness described while acknowledging

the innate resilience of Black folk while considering the individual, community, and societal influences and implications of the experiences.

Similarly, by reading Trapped, Black males who've experienced primary or secondary acts of violence will read a familiar tale likely to elicit memories and feelings they may or may not have worked through. The introspection makes visible the result of unresolved trauma and unhealthy coping strategies converging with systems designed to harm and oppress Black folk, which personally resulted in short-term, jarring consequences like imprisonment and left long-term psychological and emotional scars, which can reappear no matter where one finds themselves on their healing journey. Black males are implicitly and explicitly reminded of the importance of learning and honing healthy coping strategies to cope with situations where their external power is restricted, and any display of emotion deemed inappropriate threatens their safety.

C.R.E.A.M. proved challenging to write as I reflected on my relationship with an elder, which was not maximized due to a lack of awareness stemming from youthful naivety, a lack of healthy interactions with older Black men, and the impact of societal and cultural forces that systematically promote division among Black boys and men, where the questioning of intent overshadows immediate acknowledgment of love. Thus, Black men reading this story may lament similar missed opportunities, yet as the now elder, be inspired to engage Black boys, exhibiting the same persistence as Dr. Camara, which can prove to be a safe space physically, mentally, emotionally, and spiritually when they are ready to engage.

Similarly, when Black boys, men, and other readers reflect on *C.R.E.A.M.,* they'll recognize the relationship between trust and self-disclosure of mental wellness issues, then reflect on experiences in their journey influencing their ability to connect with others, especially Black males.

About Black male resonation and takeaways from *Suicidal Thoughts*, my belief is the passage and analysis will normalize experiences of suicidal ideations where instead of viewing the experience as negative or a moral failure, which causes feelings of unworthiness and further harmful thoughts and emotional suppression, they'll acknowledge it, understand the underlying causes, and address them. They'll also recognize the importance of identifying at least one contactable support during moments of psychological and emotional distress.

Finally, *Father Time* describes my third formal attempt to find a therapist who meets my psychological needs, customizes their approach to benefit Black individuals, and creates an environment where I can be as authentic as possible. Black boys and men who've considered or tried formal therapy will have their pre-session feelings authenticated as I vividly depict my thought process, uncertainty, and the physical manifestations of a crucial decision.

The discussion of my decades-long journey to find a therapist who meets my psychological, emotional, spiritual, physical, and cultural safety needs validates those who have had unpleasant experiences with therapists and are jaded by the process. If anything, this discussion offers hope, despite how bleak things may seem.

Research Question 2

"How has Eurocentrism and Black Culture shaped the Black males understanding and response to mental health?"

Black male mental health experiences are not monolithic, and they are unique. However, at the root of many, if not all, experiences are visible influential constants, Eurocentrism and Black culture, which influence Black men's mental health understanding and approach. The literature review, stories, and analysis are tools to educate Black males on the myriad of factors influencing their mental health, with the Black Liberation Psychology theoretical framework and Africana Studies conceptual framework being guides to reveal

Eurocentrism's influence on Black folks' mental health experience while also exploring cultural factors informing the same over time. A relationship between Eurocentrism, Black culture, and Black male mental health is supported by findings from primary and secondary data as well as experiential data.

Black Liberation Psychology & Africana Studies Conceptual Framework

A central idea and practice within Black Liberation Psychology (BLP) is the importance of analyzing the past, explicitly identifying the impact of white supremacy's many incarnations while countering false narratives of inferiority and inadequacy by enhancing one's self-esteem and building communities of healing with psychological and emotional intentionality (Carter, 2007; Thompson & Alfred, 2009). The chronicling and interrogation of prior experiences using the BLP concepts of deconstruction, construction, and reconstruction demystified prior unhealthy beliefs about myself, resulting in increased self-esteem.

Similarly, the Africana Studies Conceptual Framework (ASCF) and its categories of social structure, governance structure, and ways of knowing reinforce the understanding of self within the context of a political landscape rife with anti-Blackness yet prioritize recognition of the immense power of Black folk, exhibited by creating systems (experiences) for Black thriving, yes, in response to white supremacy, but mainly because of community love and adoration.

When examining findings from personal stories for the influence of Eurocentrism on my mental health, the presence of Eurocentrism is noticeable throughout each story. Also prominent is the opportunity for generalizability by Black males and readers alike, where when reading, they can draw comparisons between their own experience and the experiences of those around them (Ellis & Bochner, 2000; Ellis & Ellingson, 2000).

Deconstruction & Social Structure

Upon reading Momma, the impact of Eurocentrism on my mental health is seen when I identify my mistrust of the school system. At an early age, I deemed school an unsafe space for self-disclosing traumatic experiences due to fear of retribution against my family. In response, historical coping strategies such as suppression and avoidance were adopted, which were better options than individual and familial punishment.

Black culture has reinforced my and other Black males' response to white supremacy by promoting survival, especially when navigating systems detrimental to our well-being. Hence, Black males must recognize that operating from a survival-only lens due to mistrust is harmful since one is perpetually in psychological and emotional states ripe for experiencing depression and anxiety symptoms. In essence, one operates with a *white gaze*, where one's identity and how one lives their life are dictated by the perception of white folk, which is understandable as the historical consequences have been dire.

The passages, *My Brother and Trapped,* highlight the consequences of coping with traumatic experiences using suppression and avoidance, whose byproducts include hurt and pain, which for me manifested itself in anger. The passages also highlight Eurocentric responses to my behaviors, namely the punitive consequences of suspension, temporary expulsion, and jail. These further strained my mental health and reaffirmed research findings that mental health issues experienced by Black males are met with harsh consequences like incarceration (Hankerson et al., 2015). Of note, these penalties were levied by Black and white folk, highlighting how Black folk can adopt the mindset of their oppressor and function as such.

Additional passages depict the impact of Eurocentrism on my thinking, to which other Black males can relate, like in *C.R.E.A.M.*, where I analyzed my initial unwillingness to engage with an elder due to a lack of self-awareness, a lack of self or community love and

tacit acceptance of not trusting other Black folks, especially Black men; *Suicidal Thoughts*, where I discuss navigating suicidal ideations, and *C.R.E.A.M.*, both include discussions on the influence of unhealthy masculinity, a function of white supremacy and patriarchy, on my ability to connect and be vulnerable; *Father Time* highlights a mistrust in clinicians due to culturally incompetent therapists, causing multi-year delays in my mental health care.

As previously discussed, Black culture has also reinforced these beliefs as bondage consequences weren't merely physical but psychological and emotional; however, Black culture has also positively influenced my mental health when assessed from a *reconstruction/governance* perspective.

Reconstruction & Governance Structure

Both *reconstruction* and *governance structure* speak to the idea of de-centering whiteness, unlearning misconceptions, and perceptions of self and Black folk, moving towards healthy esteem and a commitment towards Black folk, where we center our conversations and experiences with one another (Carr, 2006, Cokley & Garba, 2018). When using the abovementioned approaches to understand Black culture's influence on my mental health and knowledge, significant takeaways relating to Black males are identified, with overt examples of Black culture's influence observable in analysis where hip-hop culture, forming healthy intergenerational relationships with liberated persons, and identifying competent clinicians are examined.

About mainstream hip-hop's influence on my journey, I recognize Eurocentric ideals are perpetuated, negatively impacting how I viewed myself, how I coped, and how I perceived others; however, also present is recognition of hip-hop's promotion of self-expression as a means of coping and communicating our experiences with one another to inform and educate. Thus, a dissonance exists when one's immersed in mainstream hip-hop culture but is self-aware, as you recognize the potential for learning and healing but also

recognize the reinforcement of unhealthy behaviors, like promoting substance use, which is detrimental to one's well-being.

Concerning forming healthy relationships with liberated Black persons, forging relationships with Dr. Camara, Ginneh, and later Dr. Val positively influenced my mental health in the short and long term. In the short term, I felt relief; in the long term, I learned to recognize triggers and symptoms common to me. The trio's attentiveness and genuine concern encouraged me to value and care for myself in ways I hadn't before. These governance relationships proved vital and underscored the importance of shared humanity, values, and relationships' tremendous power within the Black community.

Construction & Ways of Knowing

The *construction* position of the BLP framework posits that for Black folk to thrive, efforts to address our psychological well-being must be steeped in Africana, devoid of a Eurocentric perspective (Cokley & Garba, 2018). *Ways of knowing,* amongst other ideas, encourages Black folk to consider cultural acts of self-determination, where we've previously established safe and supportive environments to thrive (Carr, 2007).

Construction and *ways of knowing* are evident within the stories of *C.R.E.A.M.* and *Father Time,* where two Black elders, both clinicians, created safe spaces for me to communicate my wellness needs and help understand my current coping style while offering strategies beneficial to my wellness. The approach of these elders supports research emphasizing the importance of culturally competent clinicians within a safe environment where Black males are encouraged to have candid conversations (Hankerson et al., 2015; Watkins et al., 2017; Watts & Bentley, 2021).

Social Work Leadership Implications

The social work profession has a noted history of both helping and harming persons of African descent, acknowledged by white-facing organizations like the National

Association of Social Workers (NASW), who have acknowledged social work's decades-long support for oppressive systems and policies (National Association of Social Workers (NASW), 2021). Racist practices identified by the NASW include recruiting Black men into the Tuskegee Experiment, advocating eugenics theories and programs, and impeding service delivery of vital healthcare and mental health services because of worker racism and prejudice, historical points discussed within the literature review (National Association of Social Workers (NASW), 2021).

Conversely, the National Association of Black Social Workers (NABSW), a *governance structure* organization birthed out of the inequities of *white* social work organizations who did not righteously consider Black folk in their agenda, centers Black experiences and Black liberation (National Association of Black Social Workers (NABSW), n.d.).

The implications of this study are steeped in Africana, a perspective that grounds Black professional social work organizations like the NABSW and is directed toward Black leadership across social work levels, with identified implications answering the third research question: **How can personal Black male mental health experiences inform Black social work leadership and education?**

Macro Implications

Regarding macro-level social work implications, this research is a valuable resource for leadership at Black professional organizations such as the NABSW, as the study encourages the explicit creation or enhancement of mental health programming and initiative formation, e.g., targeted campaigns for Black males at a governance level, due to awareness of Eurocentrism's impact. Governance-based programming and initiatives are strength-based,

centering the lived experiences of Black males. To achieve long-term positive change, an inclusive, multi-dimensional approach is essential. Therefore, initiatives should include holistic approaches to reduce mental health disparities among Black males and encompass the population's cultural, familial, and environmental dynamics..

Mezzo Implications

At the mezzo and micro levels of social work, this study is an informative tool for professionals to better understand and educate a population from a non-deficit perspective, with whom engagement and service utilization have presented challenges. At the mezzo level of social work, this research provides individual experience, *evidence-based* literature, and a historical perspective on an overly pathologized, victimized population to aid the decolonization of Black clinicians from their Eurocentric-based education who serve within various systems.

The decolonization process involves unlearning harmful practices and ideologies that have been ingrained in the clinician's mind and replacing them with more culturally competent, trauma-informed, and trauma-responsive approaches, if liberation is the goal. This ideological shift improves their approach to programming, advocacy, and interactions with Black males.

About programming, decolonization causes an ideological shift, resulting in the creation of programs and services that are culturally relevant and effective for Black males, which is essential for reducing systemic racism and providing equitable care for this population. It also promotes Black males' inclusion in decision-making roles and encourages advocacy for them. Finally, it calls for an effective communication strategy that is rooted in respect and understanding.

Micro Implications

At a micro level, Black practitioners who engage Black males are encouraged to be introspective. It is critical for them to assess how Eurocentrism has impacted their knowledge, education, and understanding of one's experiences. In addition, Black practitioners must assess how they engage with Black males, recognizing their biases and how the dominant culture has shaped them. They must also be aware of their power and privilege and using it to advocate for Black male well-being. Finally, they must practice empathy and cultural humility in their interactions with Black males.

Additionally, practitioners will make concerted efforts to decolonize their skill set by attending African-centered social work training offered by organizations like the NABSW. African-centered training emphasizes the importance of becoming familiar with Black folk's polylithic experiences and the need to develop culturally competent social work practices. Practitioners can then use this knowledge to better serve their clients, providing equitable, culturally responsive service. Notably, macro, mezzo, and micro-level implications apply to non-Black persons; however, this research primarily educates Black persons.

Lastly, and of most importance, this research encourages Black professionals, researchers, practitioners, and persons of African descent to recognize the injurious effects of colonization, white supremacy, capitalism, and patriarchy on the mental health of Black persons, namely Black males, utilizing my firsthand experiences as an exemplar. Of equal importance, Black folk will recognize and apply historical characteristics such as self-determination, resilience, ingenuity, and community vitality, especially when problem-solving. These attributes are powerful tools for building community and essential for Black liberation while combating systemic racism and oppression.

Social Work Education Implications

Autoethnography involves examining and reflecting on one's experiences to gain insights into significant societal issues (Ellis, 2004). When applied to Black male

experiences, autoethnography can shed light on the challenges and injustices faced in various aspects of our lives, including social work.

The implications of autoethnography on anti-racist social work education are significant. First, autoethnography can help raise awareness within social work learning spaces about Black males' experiences and unique challenges. This knowledge can help dispel existing stereotypes and biases, creating a greater understanding of the cultural and historical context of the Black male experience.

Furthermore, autoethnography can help inform the development of anti-racist social work practice, which social work education has undertaken post-George Floyd's murder by the police. Educators can incorporate autoethnographic efforts from journal entries and dissertations into their curriculum, informing and educating learners about the unique challenges and injustices Black males face, while continuously promoting the importance of anti-racist work.

Regarding the intersection of anti-racism, social work education, and mental health, autoethnography, through personal narratives, can provide learning communities with a deeper understanding of the role of race and racism in mental health for Black males. Autoethnography can also help to identify the potential effects of systemic racism and oppression on Black male mental health and how these factors can be addressed through anti-racist social work practice. By prioritizing these principles, social workers can address the root causes of mental health and promote healing and well-being.

In summary, autoethnography can be an effective teaching tool for anti-racist social work education; however, more autoethnography should be produced to analyze its benefits. In addition, social work educators should encourage autoethnographic research and use these findings to inform their practice.

Future Research Considerations

Future research should explore engagement methods for Black males, including strategies to reduce stigma, promote mental health literacy, and develop interventions tailored to Black males. Researchers are progressing toward identifying factors affecting Black male mental health, but research remains limited due to a lack of representation. Consequently, this lack of representation makes it difficult to understand population needs and devise practical solutions. Thus, this gap in research can perpetuate existing disparities in the Black male population.

Additionally, research should examine hip-hop's influence on mental health, examining how hip-hop culture can promote positive mental health outcomes, such as providing coping mechanisms, developing resilience, and promoting self-care. Research should explore the adverse effects of mainstream hip-hop music on mental health, such as the promotion of violence, drug use, and misogyny/misogynoir, which can lead to increased rates of depression and anxiety.

Lastly, research should focus on understanding the impact of gender roles on Black male mental health. This research should explore how traditional gender expectations, cultural influences, and stereotypes can lead to stress and mental health issues. Research must explore how Black males can navigate the intersection of race, gender, and mental health to improve outcomes.

References

Adams, T. E., Jones, H. S., & Ellis, C. (2014). *Autoethnography (Understanding Qualitative Research)* (1st ed.). Oxford University Press.

Akbar, N. (1984). *Chains and Images of Psychological Slavery* (First Printing). New Mind Productions.

Alvidrez, J., Snowden, L., & Kaiser, D. (2008). The Experience of Stigma among Black Mental Health Consumers. *Journal of Health Care for the Poor and Underserved*, *19*(3), 874–893. https://doi.org/10.1353/hpu.0.0058

American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders, Text Revision Dsm-5-tr* (5th ed.). Amer Psychiatric Pub Inc.

Anderson, L. (2006). Analytic Autoethnography. *Journal of Contemporary Ethnography*, *35*(4), 373–395. https://doi.org/10.1177/0891241605280449

Big Sean & Nipsey Hussle (2020). Deep Reverence [Song] On *Detroit 2*. GOOD; Def Jam

Ariga, R. A. (2019). Decrease Anxiety among Students Who Will Do the Objective Structured Clinical Examination with Deep Breathing Relaxation Technique. *Open Access Macedonian Journal of Medical Sciences*, *7*(16), 2619–2622. https://doi.org/10.3889/oamjms.2019.409

Ayalon, L., & Alvidrez, J. (2007). The experience of Black consumers in the mental health system. *Issues in Mental Health Nursing*, *28*(12), 1323–1340. https://doi.org/10.1080/01612840701651454

Azibo, D. a. Y. (1994). The Kindred Fields of Black Liberation Theology and Liberation Psychology: A Critical Essay on their Conceptual Base and Destiny. *Journal of Black Psychology*, *20*(3), 334–356. https://doi.org/10.1177/00957984940203007

Bains, R. M. (2014). African American Adolescents and Mental Health Care: A

Metasynthesis. *Journal of Child and Adolescent Psychiatric Nursing*, *27*(2), 83–92.

https://doi.org/10.1111/jcap.12074

Balaji, A. B., Oster, A. M., Viall, A. H., Heffelfinger, J. D., Mena, L. A., & Toledo, C. A.

(2012). Role Flexing: How Community, Religion, and Family Shape the Experiences

of Young Black Men Who Have Sex with Men. *AIDS Patient Care and STDs*, *26*(12),

730–737. https://doi.org/10.1089/apc.2012.0177

Baldwin, J. (1980). The psychology of oppression. In M. Asante & A. Vandi (Eds.),

Contemporary Black thought: Alternative analyses in social behavioral science (pp.

95–110). Sage.

Baldwin, J. A. (1979). Theory and Research Concerning the Notion of Black Self-hatred: A

Review and Reinterpretation. *Journal of Black Psychology*, *5*(2), 51–77.

https://doi.org/10.1177/009579847900500201

Baldwin, J. A. (1984). African Self-Consciousness and the Mental Health of African-

Americans. *Journal of Black Studies*, *15*(2), 177–194.

https://doi.org/10.1177/002193478401500203

Baldwin, J. A., & Bell, Y. R. (1985). The African Self-Consciousness Scale: An Africentric

personality questionnaire. *Western Journal of Black Studies*, *9*, 61–68.

Baldwin, J., Brown, R., & Hopkins, R. (1991). The Black self-hatred paradigm revisited: An

Africentric analysis. In R. Jones (Ed.), *Black Psychology* (pp. 141–165). Cobb &

Henry.

Baldwin, J., Capouya, E., Hansberry, L., Hentoff, N., Hughes, L., & Kazin, A. (1961). The

Negro in American Culture. *Crosscurrents*, *11*(3), 205–224.

Banks, I. (2004). New models for providing men with health care. *The Journal of Men's Health &Amp; Gender*, *1*(2–3), 155–158. https://doi.org/10.1016/j.jmhg.2004.07.023

Banks, W. C. (1976). White preference in Blacks: A paradigm in search of a phenomenon. *Psychological Bulletin*, *83*(6), 1179–1186. https://doi.org/10.1037/0033-2909.83.6.1179

Banks, W. C., McQuater, G. V., Ross, J. A., & Ward, W. E. (1983). Delayed Gratification in Blacks: A Critical Review. *Journal of Black Psychology*, *9*(2), 43–56. https://doi.org/10.1177/009579848300900203

Bates, B. R., & Harris, T. M. (2004). The Tuskegee Study of Untreated Syphilis and public perceptions of biomedical research: a focus group study. *J Natl Med Assoc*, *96*(8), 1051–1064.

Belgrave, F. Z., & Allison, K. W. (2018). *African American Psychology: From Africa to America* (4th ed.). SAGE Publications, Inc.

Belle, C. (2014). From Jay-Z to Dead Prez: Examining Representations of Black Masculinity in Mainstream Versus Underground Hip-Hop Music. *Journal of Black Studies*, *45*(4), 287–300.

Benjamin Jr., L. T., Henry, K. D., & Mcmahon, L. R. (2005). Inez Beverly Prosser and the education of African Americans. *Journal of the History of the Behavioral Sciences*, *41*(1), 43–62. https://doi.org/10.1002/jhbs.20058

Berry, K., & Clair, R. P. (2011). Reflecting on the Call to Ethnographic Reflexivity: A Collage of Responses to Questions of Contestation. *Cultural Studies ↔ Critical Methodologies*, *11*(2), 199–209. https://doi.org/10.1177/1532708611401339

Blumberg, S. J., Clarke, T. C., & Blackwell, D. L. (2015). Racial and Ethnic Disparities in Men's Use of Mental   Health Treatments. *NCHS Data Brief*, *206*, 1–8.

Bochner, A. (1994). Perspectives on inquiry II: Theories and stories. In M. Knapp & G. Miller (Eds.), *Handbook of interpersonal communication* (pp. 21–41). Sage.

Bochner, A. (2002). Perspectives on inquiry III. In M. Knapp & J. Daly (Eds.), *Handbook of interpersonal communication* (3rd ed., pp. 73–101). Sage.

Bochner, A., & Ellis, C. (1996). Talking over ethnography. In A. Bochner & C. Ellis (Eds.), *Composing Ethnography: Alternative Forms of Qualitative Writing (Volume 1)* (pp. 13–45). AltaMira Press.

Bochner, A., & Ellis, C. (2016). *Evocative Autoethnography: Writing Lives and Telling Stories (Writing Lives: Ethnographic Narratives)* (1st ed.). Routledge.

Bochner, A. P., & Ellis, C. S. (1999). Which way to turn? *Journal of Contemporary Ethnography*, *28*(5), 485–499. https://doi.org/10.1177/089124199129023613

Boff, L., Boff, C., & Burns, P. (1987). *Introducing Liberation Theology*. Orbis Books.

Books, D. (n.d.). *Just Mercy by Bryan Stevenson | Conversation Starters*.

Bowleg, L., Fitz, C. C., Burkholder, G. J., Massie, J. S., Wahome, R., Teti, M., Malebranche, D. J., & Tschann, J. M. (2014). Racial discrimination and posttraumatic stress symptoms as pathways to sexual HIV risk behaviors among urban Black heterosexual men. *AIDS Care*, *26*(8), 1050–1057. https://doi.org/10.1080/09540121.2014.906548

Brady, S. S., Gorman-Smith, D., Henry, D. B., & Tolan, P. H. (2007). Adaptive Coping Reduces the Impact of Community Violence Exposure on Violent Behavior among African American and Latino Male Adolescents. *Journal of Abnormal Child Psychology*, *36*(1), 105–115. https://doi.org/10.1007/s10802-007-9164-x

Breggin, P. R. (1995). Campaigns against racist federal programs by the center for the study of psychiatry and psychology. *Journal of African American Men*, *1*(3), 3–22. https://doi.org/10.1007/bf02692068

Butler, O. E. (2019). *Parable of the Sower (Parable, 1)* (Reprint). Grand Central Publishing.

Cameron, M., & Guterman, N. B. (2007). Diagnosing Conduct Problems of Children and Adolescents in Residential Treatment. *Child and Youth Care Forum*, *36*(1), 1–10. https://doi.org/10.1007/s10566-006-9027-6

Campbell, R. D., & Mowbray, O. (2016). The Stigma of Depression: Black American Experiences. *Journal of Ethnic &Amp; Cultural Diversity in Social Work*, *25*(4), 253–269. https://doi.org/10.1080/15313204.2016.1187101

Carey, M. (2013). *The Social Work Dissertation: Using Small-Scale Qualitative Methodology* (2nd ed.). Open University Press.

Carr, G. (2006). *African-American History Course: Lessons in Africana Studies*. School District of Philadelphia.

Carter, R. T. (2007). Racism and Psychological and Emotional Injury. *The Counseling Psychologist*, *35*(1), 13–105. https://doi.org/10.1177/0011000006292033

Cartwright, S. (1851). Report of the diseases and peculiarities of the Negro Race. *New Orleans Med Surg J.*, 691–715.

Chang, H. (2008). *Autoethnography as Method (Developing Qualitative Inquiry)*. Routledge.

Chapman-Hilliard, C., & Adams-Bass, V. (2016). A Conceptual Framework for Utilizing Black History Knowledge as a Path to Psychological Liberation for Black Youth. *Journal of Black Psychology*, *42*(6), 479–507. https://doi.org/10.1177/0095798415597840

Charmaz, K. (1983). The grounded theory method: An explication and interpretation. In R. Emerson (Ed.), *Contemporary field research: A collection of readings* (pp. 109–125). Waveland.

Clandinin, J. D., & Connelly, M. F. (2022). *Narrative Inquiry: Experience and Story in Qualitative Research* (1st ed.). Jossey-Bass.

Clark, K. B., & Clark, M. K. (1939). The Development of Consciousness of Self and the Emergence of Racial Identification in Negro Preschool Children. *The Journal of Social Psychology*, *10*(4), 591–599. https://doi.org/10.1080/00224545.1939.9713394

Cohen, R., Zammitti, E., & Martinez, M. (2017). *Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, 2016*. National Center for Health Statistics. https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201705.pdf

Cokley, K., & Garba, R. (2018). Speaking Truth to Power: How Black/African Psychology Changed the Discipline of Psychology. *Journal of Black Psychology*, *44*(8), 695–721. https://doi.org/10.1177/0095798418810592

Cooper, R., & Lilyea, B. (2022). I'm Interested in Autoethnography, but How Do I Do It? *The Qualitative Report*. https://doi.org/10.46743/2160-3715/2022.5288

Cress-Welsing, F. (2004). *The Isis Papers: The Keys to the Colors* (18s ed.). CW Publishing.

Creswell, J. W., & Poth, C. N. (2017). *Creswell: Qualitative Inquiry & Research Design: Choosing Among Five Approaches* (Fourth). SAGE Publications, Inc.

Cusack, K. J., Grubaugh, A. L., Yim, E., Knapp, R. G., Robins, C. S., & Frueh, B. C. (2007). Are There Racial Differences in the Experience of Harmful or Traumatic Events within Psychiatric Settings? *Psychiatric Quarterly*, *78*(2), 101–115. https://doi.org/10.1007/s11126-006-9031-x

De Girolamo, G., Dagani, J., Purcell, R., Cocchi, A., & McGorry, P. D. (2011). Age of onset of mental disorders and use of mental health services: needs, opportunities and obstacles. *Epidemiology and Psychiatric Sciences*, *21*(1), 47–57. https://doi.org/10.1017/s2045796011000746

Delbello, M. P., Lopez-Larson, M. P., Soutullo, C. A., & Strakowski, S. M. (2001). Effects of Race on Psychiatric Diagnosis of Hospitalized Adolescents: A Retrospective Chart Review. *Journal of Child and Adolescent Psychopharmacology*, *11*(1), 95–103. https://doi.org/10.1089/104454601750143528

Denzin, N. K., & Lincoln, Y. S. (2011). *The SAGE Handbook of Qualitative Research (Sage Handbooks)* (Fourth). SAGE Publications, Inc.

Department of Public Health. (2019). *Brotherly Love: Health of Black Men and Boys in Philadelphia.* City of Philadelphia. https://www.phila.gov/documents/brotherly-love-health-of-black-men-and-boys-in-philadelphia/

Dimitriadis, G. (2004). *Performing Identity/Performing Culture: Hip Hop as Text, Pedagogy, and Lived Practice*. New York: Peter Lang.

Dorr, G. M. (2008). *Segregation's Science: Eugenics and Society in Virginia*. Charlottesville: University of Virginia Press.

Drake, J., Charles, C., Bourgeois, J. W., Daniel, E. S., & Kwende, M. (2020). Exploring the impact of the opioid epidemic in Black and Hispanic communities in the United States. *Drug Science, Policy and Law*, *6*, 205032452094042. https://doi.org/10.1177/2050324520940428

DuBois, W. E. B. (2020). *Best of DuBois: The Souls of Black Folk: Illustrated Black History Collection*. SeaWolf Press.

E. Lipscomb, A., Emeka, M., Bracy, I., Stevenson, V., Lira, A., Gomez, Y. B., & Riggins, J. (2019). Black Male Hunting! A Phenomenological Study Exploring the Secondary Impact of Police Induced Trauma on the Black Man's Psyche in the United States. *JOURNAL OF SOCIOLOGY AND SOCIAL WORK*, *7*(1). https://doi.org/10.15640/jssw.v7n1a2

Ellingson, L. L., & Ellis, C. (2008). Autoethnography as constructionist project. In J. A. Holstein & J. F. Gubrium (Eds.), *Handbook of constructionist research* (pp. 445–465). New York: Guilford.

Ellis, C. (1999). Heartful Autoethnography. *Qualitative Health Research*, *9*(5), 669–683. https://doi.org/10.1177/104973299129122153

Ellis, C. (2000). Creating Criteria: An Ethnographic Short Story. *Qualitative Inquiry*, *6*(2), 273–277. https://doi.org/10.1177/107780040000600210

Ellis, C. (2004). *The Ethnographic I*. Amsterdam University Press.

Ellis, C. (2007). Telling Secrets, Revealing Lives. *Qualitative Inquiry*, *13*(1), 3–29. https://doi.org/10.1177/1077800406294947

Ellis, C., Adams, T., & Bochner, A. (2010). Autoethnography: An Overview [40 paragraphs]. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *12*(1).

Ellis, C., Adams, T., & Bochner, A. (2011). Autoethnography: An overview. *Historical Social Research/Historische Sozialforschung*, *12*(1), 273–290.

Ellis, C., & Bochner, A. (2000). Autoethnography, personal narrative, reflexivity. In N. Dezin & Y. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 733–768). Sage.

Ellis, C., & Ellingson, L. (2000). Qualitative methods. In E. Borgatta & R. Montgomery (Eds.), *Encyclopedia of sociology* (pp. 2287–2296). Macmillan.

Enriquez, V. G. (1988). *From Colonial to Liberation Psychology*. Southeast Asian Studies Program.

Fanon, F. (1963). *The Wretched of The Earth* (First American Edition). Grove Press.

Fanon, F. (1967). *Black Skin, White Masks* (First Edition). Grove Press.

Fetterman, D. (2020). *Ethnography: Step-by-Step (Applied Social Research Methods)* (Fourth). SAGE Publications, Inc.

Final Report of the Tuskegee Syphilis Study Ad Hoc Advisory Panel. (1973). US Department

of Health, Education, and Welfare.

https://biotech.law.lsu.edu/cphl/history/reports/tuskegee/complete%20report.pdf

Fischer, R., Scheunemann, J., & Moritz, S. (2021). Coping Strategies and Subjective Well-

being: Context Matters. *Journal of Happiness Studies*, *22*(8), 3413–3434.

https://doi.org/10.1007/s10902-021-00372-7

Garnett, M., & Spencer, M. (2021). QuickStats: Age-Adjusted Rates* of Firearm-Related

Homicide, † by Race, Hispanic Origin, and Sex — National Vital Statistics System,

United States, 2019. *MMWR. Morbidity and Mortality Weekly Report*, *70*(42), 1491.

https://doi.org/10.15585/mmwr.mm7042a6

Gaston, G. B., Earl, T. R., Nisanci, A., & Glomb, B. (2016). Perception of mental health

services among Black Americans. *Social Work in Mental Health*, *14*(6), 676–695.

https://doi.org/10.1080/15332985.2015.1137257

Gilliam, F. D., Valentino, N. A., & Beckmann, M. N. (2002). Where You Live and What You

Watch: The Impact of Racial Proximity and Local Television News on Attitudes

about Race and Crime. *Political Research Quarterly*, *55*(4), 755–780.

https://doi.org/10.1177/106591290205500402

Goodwill, J. R., Watkins, D. C., Johnson, N. C., & Allen, J. O. (2018). An exploratory study

of stress and coping among Black college men. *American Journal of Orthopsychiatry*,

88(5), 538–549. https://doi.org/10.1037/ort0000313

Griese, L., Berens, E. M., Nowak, P., Pelikan, J. M., & Schaeffer, D. (2020). Challenges in

Navigating the Health Care System: Development of an Instrument Measuring

Navigation Health Literacy. *International Journal of Environmental Research and

Public Health*, *17*(16), 5731. https://doi.org/10.3390/ijerph17165731

Hamlet, J. (1998). *Afrocentric Visions: Studies in Culture and Communication* (1st ed.). SAGE Publications, Inc.

Hammond, W. P. (2010). Psychosocial Correlates of Medical Mistrust Among African American Men. *American Journal of Community Psychology*, *45*(1–2), 87–106. https://doi.org/10.1007/s10464-009-9280-6

Hammond, W. P. (2012). Taking It Like a Man: Masculine Role Norms as Moderators of the Racial Discrimination–Depressive Symptoms Association Among African American Men. *American Journal of Public Health*, *102*(S2), S232–S241. https://doi.org/10.2105/ajph.2011.300485

Hammond, W. P., Matthews, D., Mohottige, D., Agyemang, A., & Corbie-Smith, G. (2010). Masculinity, Medical Mistrust, and Preventive Health Services Delays Among Community-Dwelling African-American Men. *Journal of General Internal Medicine*, *25*(12), 1300–1308. https://doi.org/10.1007/s11606-010-1481-z

Hankerson, S. H., Fenton, M. C., Geier, T. J., Keyes, K. M., Weissman, M. M., & Hasin, D. S. (2011). Racial Differences in Symptoms, Comorbidity, and Treatment for Major Depressive Disorder Among Black and White Adults. *Journal of the National Medical Association*, *103*(7), 576–584. https://doi.org/10.1016/s0027-9684(15)30383-7

Hankerson, S. H., Suite, D., & Bailey, R. K. (2015). Treatment Disparities among African American Men with Depression: Implications for Clinical Practice. *Journal of Health Care for the Poor and Underserved*, *26*(1), 21–34. https://doi.org/10.1353/hpu.2015.0012

Hill, M. L. (2009). Wounded Healing: Forming a Storytelling Community in Hip-Hop Lit. *Teachers College Record: The Voice of Scholarship in Education*, *111*(1), 248–293. https://doi.org/10.1177/016146810911100109

Hooks, B. (2003). *We Real Cool: Black Men and Masculinity* (1st ed.). Routledge.

Howard, J. (1963). Doom and glory of knowing who you are. *Life*, *54*(21), 86–90.

Hurt, H., Malmud, E., Brodsky, N. L., & Giannetta, J. (2001). Exposure to Violence.

    Archives of Pediatrics &Amp; Adolescent Medicine, *155*(12), 1351.

    https://doi.org/10.1001/archpedi.155.12.1351

Ijoma, J. N., Sahn, M., Mack, K. N., Akam, E., Edwards, K. J., Wang, X., Surpur, A., &

    Henry, K. E. (2021). Visions by WIMIN: BIPOC Representation Matters. *Molecular*

    Imaging and Biology. https://doi.org/10.1007/s11307-021-01663-4

Ingemark, C. A. (2013). Key themes in the study of the therapeutic uses of storytelling.

    Psychotherapeutic Uses of Storytelling, 7–17.

Jiang, S., Postovit, L., Cattaneo, A., Binder, E. B., & Aitchison, K. J. (2019). Epigenetic

    Modifications in Stress Response Genes Associated With Childhood Trauma.

    Frontiers in Psychiatry, *10*. https://doi.org/10.3389/fpsyt.2019.00808

Kambob, K. (1997). *The cultural misorientation scale manual*. Florida Agricultural and

    Mechanical University, Department of Psychology.

Kambon, K. (1992). *The African personality in America: An African-centered framework*.

    Nubian Nation.

Kambon, K. (2003). *Cultural misorientation: The greatest threat to the survival of the Black*

    race in the 21st century. Nubian Nation.

Keating, F. (2020). Black men's conversations about mental health through photos.

    Qualitative Social Work, *20*(3), 755–772. https://doi.org/10.1177/1473325020922293

Kitwana, B. (2003). *The Hip Hop Generation: Young Blacks And The Crisis In African*

    American Culture (3/25/03 ed.). Basic Civitas Books.

Knausgaard, K. O. (2014). *My Struggle: Book 2: A Man in Love (My Struggle, 2)* (D. Bartlett,

    Trans.; Translation). Farrar, Straus and Giroux.

Laymon, K. (2019). *Heavy: An American Memoir* (Reprint). Scribner.

Le Guin, U. (1986). The mother tongue. *Bryn Mawr Alumnae Bulletin*, *(Summer)*, 3–4.

Lorde, G. A. (1984). *Sister Outsider: Essays and Speeches (Crossing Press Feminist Series)* (1st ed.). Crossing Press.

Martí-N-Baró, I., Aron, A., Corne, S., & Mishler, E. G. (1996). *Writings for a Liberation Psychology* (Reprint). Harvard University Press.

Menakem, R. (2017). *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending Our Hearts and Bodies* (Illustrated). Central Recovery Press.

Méndez, M. G. (2014). Autoethnography as a research method: Advantages, limitations and criticisms. *Colombian Applied Linguistics Journal*, *15*(2), 279. https://doi.org/10.14483/udistrital.jour.calj.2013.2.a09

Metzl, J. (2011). *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Illustrated). Beacon Press.

Mincey, K., Alfonso, M., Hackney, A., & Luque, J. (2015). The Influence of Masculinity on Coping in Undergraduate Black Men. *The Journal of Men's Studies*, *23*(3), 315–330. https://doi.org/10.1177/1060826515605022

Morgan, M., & Bennett, D. (2011). Hip-Hop & the Global Imprint of a Black Cultural Form. *Daedalus*, *140*(2), 176–196. https://doi.org/10.1162/daed_a_00086

Morrison, T. (n.d.). *Nobel Lecture* [Nobel Prize Awarding]. The Nobel Prize Award Ceremony 1993, Stockholm , Sweden. https://www.nobelprize.org/mediaplayer/?id=1502

Motley, R., & Banks, A. (2018). Black Males, Trauma, and Mental Health Service Use: A Systematic Review. *Perspectives on Social Work : The Journal of the Doctoral Students of the University of Houston Graduate School of Social Work*, *14*(1), 4–19.

Myers, L. J. (1993). *Understanding an Afrocentric World View: Introduction to an Optimal Psychology*. Kendall/Hunt.

nabsw.org. (n.d.). Retrieved September 16, 2022, from https://www.nabsw.org/

National Association of Black Social Workers (NABSW). (n.d.). *History*. Retrieved May 3, 2022, from https://www.nabsw.org/page/History

National Association of Social Workers (NASW). (2021). *NASW apologizes for racist practices in American social work*. https://socialworkers.org/News/News-Releases/ID/2331/NASW-apologizes-for-racist-practices-in-American-social-work

Neighbors, H. W., Jackson, J. S., Campbell, L., & Williams, D. (1989). The influence of racial factors on psychiatric diagnosis: A review and suggestions for research. *Community Mental Health Journal*, *25*(4), 301–311. https://doi.org/10.1007/bf00755677

Neville, H. A., Tynes, B. M., & Utsey, S. O. (2008). *Handbook of African American Psychology* (1st ed.). SAGE Publications, Inc.

Newton, H. P., Hilliard, D., Weise, D., & Newton, F. (2002). *The Huey P. Newton Reader* (1st ed.). Seven Stories Press.

Olbert, C. M., Nagendra, A., & Buck, B. (2018). Meta-analysis of Black vs. White racial disparity in schizophrenia diagnosis in the United States: Do structured assessments attenuate racial disparities? *Journal of Abnormal Psychology*, *127*(1), 104–115. https://doi.org/10.1037/abn0000309

Om, A. (2018). The opioid crisis in black and white: the role of race in our nation's recent drug epidemic. *Journal of Public Health*, *40*(4), e614–e615. https://doi.org/10.1093/pubmed/fdy103

Penner, L. A., Dovidio, J. F., West, T. V., Gaertner, S. L., Albrecht, T. L., Dailey, R. K., & Markova, T. (2010). Aversive racism and medical interactions with Black patients: A field study. *Journal of Experimental Social Psychology*, *46*(2), 436–440. https://doi.org/10.1016/j.jesp.2009.11.004

Plummer, K. (2001). The call of life stories in ethnographic research. In A. Coffey, S. Delamont, J. Lofland, & L. Lofland (Eds.), *Handbook of ethnography* (pp. 395–406). Sage.

Potter, J. (2013). *African American Firsts, 4th Edition: Famous, Little-Known And Unsung Triumphs Of Blacks In America* (4th Revised, Updated ed.). Dafina.

Powell, W., Richmond, J., Mohottige, D., Yen, I., Joslyn, A., & Corbie-Smith, G. (2019). Medical Mistrust, Racism, and Delays in Preventive Health Screening Among African-American Men. *Behavioral Medicine*, *45*(2), 102–117. https://doi.org/10.1080/08964289.2019.1585327

Prier, D., & Beachum, F. (2008). Conceptualizing a critical discourse around hip-hop culture and Black male youth in educational scholarship and research. *International Journal of Qualitative Studies in Education*, *21*(5), 519–535. https://doi.org/10.1080/09518390802297805

Rabelo, V. C., Robotham, K. J., & McCluney, C. L. (2020). "Against a sharp white background": How Black women experience the white gaze at work. *Gender, Work &Amp; Organization*, *28*(5), 1840–1858. https://doi.org/10.1111/gwao.12564

Rivenbark, J. G., Odgers, C. L., Caspi, A., Harrington, H., Hogan, S., Houts, R. M., Poulton, R., & Moffitt, T. E. (2017). The high societal costs of childhood conduct problems: evidence from administrative records up to age 38 in a longitudinal birth cohort. *Journal of Child Psychology and Psychiatry*, *59*(6), 703–710. https://doi.org/10.1111/jcpp.12850

Ronai, C. (1995). Multiple reflections of child sexual abuse. *Journal of Contemporary Ethnography*, *23*(4), 395–426. https://doi.org/10.1177/089124195023004001

Ross, C. T. (2015). A Multi-Level Bayesian Analysis of Racial Bias in Police Shootings at the County-Level in the United States, 2011–2014. *PLOS ONE*, *10*(11), e0141854. https://doi.org/10.1371/journal.pone.0141854

Roundtree, P. (2018). *Untitled [Unpublished Manuscript]*.

Rush, B. (n.d.). *Medical Inquiries and Observations upon the Diseases of the Mind. Fifth Edition*. Leopold Classic Library.

Saldana, J. (2021). *The Coding Manual for Qualitative Researchers*. SAGE Publications.

SAMHSA. (n.d.). *2019 NSDUH Detailed Tables | CBHSQ Data*. https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables

Schwartz, R. C. (2014). Racial disparities in psychotic disorder diagnosis: A review of empirical literature. *World Journal of Psychiatry*, *4*(4), 133. https://doi.org/10.5498/wjp.v4.i4.133

Shakur, T. (1996). Hit 'Em up [Song]. Death Row; Interscope.

Shipton, E. A., Shipton, E. E., & Shipton, A. J. (2018a). A Review of the Opioid Epidemic: What Do We Do About It? *Pain and Therapy*, *7*(1), 23–36. https://doi.org/10.1007/s40122-018-0096-7

Shipton, E. A., Shipton, E. E., & Shipton, A. J. (2018b). A Review of the Opioid Epidemic: What Do We Do About It? *Pain and Therapy*, *7*(1), 23–36. https://doi.org/10.1007/s40122-018-0096-7

Shorter, E. (1998). *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (1st ed.). Wiley.

Skiba, R. J., Arredondo, M. I., & Williams, N. T. (2014). More Than a Metaphor: The Contribution of Exclusionary Discipline to a School-to-Prison Pipeline. *Equity &Amp; Excellence in Education*, *47*(4), 546–564. https://doi.org/10.1080/10665684.2014.958965

Smith, J. R., & Patton, D. U. (2016). Posttraumatic stress symptoms in context: Examining trauma responses to violent exposures and homicide death among Black males in urban neighborhoods. *American Journal of Orthopsychiatry*, *86*(2), 212–223. https://doi.org/10.1037/ort0000101

Spann, S. J., Gillespie, C. F., Davis, J. S., Brown, A., Schwartz, A., Wingo, A., Habib, L., & Ressler, K. J. (2014). The association between childhood trauma and lipid levels in an adult low-income, minority population. *General Hospital Psychiatry*, *36*(2), 150–155. https://doi.org/10.1016/j.genhosppsych.2013.10.004

Swanson, J., Swartz, M., Van Dorn, R. A., Monahan, J., McGuire, T. G., Steadman, H. J., & Robbins, P. C. (2009). Racial Disparities In Involuntary Outpatient Commitment: Are They Real? *Health Affairs*, *28*(3), 816–826. https://doi.org/10.1377/hlthaff.28.3.816

Syzdek, M. R., & Addis, M. E. (2010). Adherence to Masculine Norms and Attributional Processes Predict Depressive Symptoms in Recently Unemployed Men. *Cognitive Therapy and Research*, *34*(6), 533–543. https://doi.org/10.1007/s10608-009-9290-6

Toler Woodward, A., Taylor, R. J., & Chatters, L. M. (2010). Use of Professional and Informal Support by Black Men With Mental Disorders. *Research on Social Work Practice*, *21*(3), 328–336. https://doi.org/10.1177/1049731510388668

Turner, E. A. (2020). *The Breakdown with Dr. Earl: A Mental Health Podcast*. [Audio Podcast].

Waite, R., & Killian, P. (2008). Health Beliefs About Depression Among African American Women. *Perspectives in Psychiatric Care*, *44*(3), 185–195. https://doi.org/10.1111/j.1744-6163.2008.00173.x

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, Methodology, and Use for Participatory Needs Assessment. *Health Education &Amp; Behavior*, *24*(3), 369–387. https://doi.org/10.1177/109019819702400309

Watkins, D. C., Allen, J. O., Goodwill, J. R., & Noel, B. (2017). Strengths and weaknesses of the Young Black Men, Masculinities, and Mental Health (YBMen) Facebook project. *American Journal of Orthopsychiatry*, *87*(4), 392–401. https://doi.org/10.1037/ort0000229

Watt, D. (2015). On Becoming a Qualitative Researcher: The Value of Reflexivity. *The Qualitative Report*. https://doi.org/10.46743/2160-3715/2007.1645

Watts, K. J., & Bentley, K. J. (2021). Perceptions of gay black men on the social construction of masculinity and its role in mental health. *Journal of Gay &Amp; Lesbian Mental Health*, 1–24. https://doi.org/10.1080/19359705.2021.1949422

White, J. (1970). Toward a Black Psychology. *Ebony*, *25*, 44–53.

Wilkins, F. (2019). Communicating Mental Illness in the Black American Community. *Butler Journal of Undergraduate Research*, *5*.

Williams, R. L. (1971). abuses and misuses in testing black children. *The Counseling Psychologist*, *2*(3), 62–73. https://doi.org/10.1177/001100007100200314

Wilson, A. N. (1978). *Developmental Psychology of the Black Child*. African Research Publications.

Wright, M. M. (2015). *Physics of Blackness: Beyond the Middle Passage Epistemology*. U of Minnesota Press.

Wu-Tang Clan. (1994). C.R.E.A.M [Song]. On *Enter the Wu-Tang (36 Chambers)* Loud