CHAPTER 3

COMMUNITY VIOLENCE EXPOSURE AND RACIAL DISCRIMINATION AS BARRIERS TO TREATMENT

Implications for African American Males in Counseling

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There are many barriers to the treatment for African American males seeking psychotherapy. African American clients may have concerns about treatment seeking reflecting badly on their families (Alvidrez, Snowden, & Kaiser, 2008); have fears of being hospitalized involuntarily, being mistreated, or being used as "guinea pigs" (Ayalon & Alvidrez, 2007); and generally see psychologists as older White males who most likely do not understand their social or economic difficulties (Thompson, Bazile, & Akbar, 2004). In addition, African Americans are frequently overdiagnosed with psychosis, which may be a result of stereotypes suggesting that African Americans may have more severe psychopathology (Whaley & Hall, 2009). Furthermore,
members of this ethnic group may not see as much symptom improvement when in treatment using empirically supported interventions (Pole, Gone, & Kulkarni, 2008). African Americans may also have a preference to be ethnically matched to their clinicians (Malat, Purcell, & van Ryn, 2010), which may not be possible, as African Americans only comprise about 5% of psychologists (U.S. Bureau of Labor Statistics, 2012).

African American males may also have less knowledge about particular disorders or mental illness, may deny a need for treatment, and have concerns about the treatment process (Williams, Gooden, & Davis, 2012). Interviews with six African Americans, Williams, Beckmann-Mendez, and Turkheimer (2013) uncovered that they were concerned with negative social consequences of disclosing psychopathology, as well as cultural mistrust of treatment providers. Overall, these findings suggest that among the African American community, there may be unfavorable views toward mental illness, and a mistrust of mental health providers may also contribute toward these negative views. This is consistent with previous research by Masuda, Anderson, and Edmonds (2012) in which the authors investigated mental health perceptions among African American undergraduates and found that participants held negative views toward mental illness. Help-seeking attitudes were related to mental health stigma, and subjects endorsed that the concealment of personal information was important to them. Furthermore, considering the role of religion in the African American community, these individuals tend to report more positive religious experiences when coping with anxiety in comparison to non-Hispanic Whites (Chapman & Steger, 2010; Himle, Taylor, & Chatters, 2012). Along with the taboo surrounding mental illness, the notion that African Americans may be more likely to use religion to cope with distress may further reduce the likelihood they would openly discuss mental illness.

Besides the numerous aforementioned barriers to psychotherapy, there are additional barriers unique to the African American male experience that may make it difficult to engage in treatment. Experiences with violence exposure and racial discrimination may significantly impact their engagement in therapy and overall therapeutic outcomes. Evidence has demonstrated that the impact of violence exposure in the African American community begins to take effect during childhood and adolescence. For instance, African American youth have greater exposure to abuse (Sedlak et al., 2010) relative to other ethnic groups and have been shown to experience higher rates of serious violent crimes as both victims and perpetrators in comparison to non-Hispanic Whites (Lauritsen & White, 2012). Furthermore, during this period (2002–2010), rates of serious violent crimes remained consistent for African American youth, while for non-Hispanic Whites it decreased by 26%. Furthermore, discrimination may produce poor mental health outcomes such as fear of negative judgment, anxiety, hypervigilance, self-blame, and lower overall well-being (Carter & Forsyth, 2010; Soto, Dawson-Andoh, & BeLue, 2011). In addition to these harmful effects, African Americans may experience racial discrimination in therapy, which may make it difficult to establish a strong therapeutic alliance, thereby producing negative therapeutic outcomes (Sue et al., 2007; Williams et al., 2014).

Given that violence exposure and racial discrimination may significantly impact treatment outcomes, it is essential to understand how these experiences may influence African American male experiences overall, and where these issues may reveal themselves in therapeutic interactions. In the following sections, we will outline research illustrating these factors impacting treatment of African American males, and ways to reduce their potential effects in a therapeutic setting.

**DISCUSSION**

**Community Violence Exposure**

**African Americans at Risk**

During childhood and adolescence, African American males in urban communities are more likely to encounter interpersonal traumatic experiences (Richards et al., 2004), experience abuse (Sedlak et al., 2010), and rates of serious violence are higher among African American youth in comparison with non-Hispanic Whites (Lauritsen & White, 2012). Furthermore, these experiences may prompt African American males to engage in potentially harmful behaviors that can be detrimental to their personal health or the health of others (i.e., substance use, risky sexual behaviors, domestic abuse; Richardson & Robillard, 2012; Reed et al., 2009). For instance, evidence suggests that African American males who are involved in neighborhood violence or perceive their neighborhood to consist of violence are more likely to perpetuate intimate partner violence (Raiiford, Seth, Baxton, & DiClemente, 2013; Reed et al., 2009). Along these lines, urban neighborhoods may also be impacted by poverty, unemployment, and substance use, which can all contribute to the rates of violence within this population (Reed et al., 2009). Additionally, chronic exposure to violence can be extremely stressful for African American males, thereby impacting their everyday functioning. For example, Patton, Woolley, & Hong (2012) found in a sample of 9th-grade African American males that exposure to violence predicted lower levels of perceived parental support, involvement in school, academic success, and self-esteem. Furthermore, students felt less safe in school and their neighborhoods. Although there is a dearth of studies that have examined the frequency of violence exposure among African American male adults, extant literature detailing the potentially
Cumulative Trauma

Cumulative trauma (CT) is the accumulation of multiple traumatic experiences over time, and these experiences may include many types of trauma (i.e., sexual assault or natural disaster), which is known as polyvictimization (Kira, Lewandowski, Somers, Yoon, & Chiodo, 2012). If an individual endures CT, the impact of one experience cannot be isolated from the other traumas. The additive nature of CT may amplify PTSD symptoms, and polyvictims are more symptomatic in comparison with those having the same type of victimization (Finkelhor, Ormrod, & Turner, 2007). CT, polyvictimization, and intense adversities across the lifespan are shown to contribute to significant mental health outcomes (Kira et al., 2008; Richmond, Elliott, Pierce, Aspeimier, & Alexander, 2009), and African American males may be more likely to encounter these experiences. For example, Jenkins and colleagues (Jenkins, Wang, & Turner, 2009) found that African American male children were more likely to endorse internalizing behaviors such as depression, somatization, and anxiety, after having family members or friends die or become injured in violent incidents. Furthermore, Kira et al. (2012) investigated a group of African American and Iraqi adolescents and found that while certain types of trauma (i.e., sexual assault, abandonment, survival, and community violence) had negative effects on certain components of IQ, CT dynamics had negative effects on all four components of IQ (perceptual reasoning, processing speed, verbal comprehension, and working memory). Specifically, sexual abuse had negative effects on perceptual reasoning and working memory, and abandonment had negative effects on perceptual reasoning, working memory, and processing speed. Further, survival traumas (i.e., getting shot at) had negative effects on processing speed, which may be relevant when considering African American males who are frequently exposed to community violence.

Negative Outcomes

For African American males, there may be several factors that can influence their experiences of traumatic stress. African Americans may be disproportionately exposed to more community violence in comparison to other ethnic groups; therefore, encountering or witnessing traumatic life events may be more likely. Consistent exposure to these events has been shown to produce adverse outcomes in African American youth. For example, Last and Perrin (1993) found that African American adolescents are more likely to have a history of PTSD compared to non-Hispanic Whites, which is consistent with research suggesting that they may be more likely to experience trauma.
EXPERIENCES OF RACIAL DISCRIMINATION

Racial Discrimination and the Treatment of African American Men

Racism can be defined as a categorization of people groups by phenotypical characteristics and a ranking of some racial groups as innately or culturally inferior to others based on these characteristics (Williams & Mohammed, 2009). At the foundation of racism, there is an ideology of inferiority that often fosters the development of prejudices and discrimination of certain people based upon their physical appearance or affiliation in a certain racial group (Soto et al., 2011; Williams & Mohammed, 2009). Based in racist ideology, the American society perpetuates a number of stereotypes about African American men and contributes to the disproportionate levels of discrimination against this population. Specifically, African American men are more likely to experience discrimination relative to African American women and other ethnic groups (Seaton, Caldwell, Sellers, & Jackson, 2009). They are often perceived as aggressive, angry, threatening, unintelligent, poor, lazy, or sexually deviant/predatory, which can have distinct implications for therapy when working with this population (Williams, Gooden, & Davis, 2012). Significantly, evidence has shown that the frequency, chronicity, and severity of perceived racial discrimination is associated with a multitude of mental health outcomes (e.g., depression, anxiety, psychological distress, well-being, substance use; Paradis, 2006; Soto et al., 2011; Williams & Mohammed, 2009). As such, the deleterious effects of perceived racial discrimination require mental health professionals to understand how the various forms of racial discrimination uniquely impact the lives of African American men.

What is Racial Discrimination?

Researchers have proposed that when compared to traditionally overt racial prejudices and hatred, racism in American society has evolved in ways that make it more difficult to pinpoint and are more ambiguously experienced by its victims. As such, racial discrimination can currently be understood as a continuum ranging from repeated yet covert microaggressions to blatant hate crimes and physical assaults (Williams et al., 2014). A microaggression characterizes a more modern form of racism and describes “subtle daily racial slights and insults” that racial minorities frequently encounter (Torres, Driscoll, & Burrow, 2010). Such race-based affronts are often brief verbal or nonverbal behaviors that communicate demeaning and condescending messages to the racial minority. Sue and colleagues (2007) proposed three categories of microaggressions: microassaults, microinsults, and microinvalidations, which will be used in this section to elucidate the various ways that racial discrimination can impact the lives of African American men.

Relative to the other categories of microaggression, microassaults are most similar to the traditional forms of racism as they characterize deliberate verbal or nonverbal attacks intended to racially degrade. Microassaults include racial slurs, messages or behaviors that discourage interracial interactions, or brandishing racially charged symbols (e.g., swastika, confederate flag) that hurt, threaten, or even isolate African American men from the dominant culture.

Similar to microassaults, ethnoviolence is another form of racial discrimination that can be more overt and blatant in nature. In particular, ethnoviolence is defined as “violence and intimidation directed at members of ethnic groups that have been marginalized and stigmatized by the dominant or host culture because of their inability to assimilate threatens the dominant group’s entitlement to society or community resources” (Helms, Nicolas, & Green, 2012, p. 54). Based upon the description of ethnoviolence by Helms, Nicolas, and Green (2010), African American men who are subjected to this form of discrimination experience manipulative plays from the dominant culture to control their behavior and coerce their assimilation into the dominant culture’s preconceived roles for the Black man. Ethnoviolence can be experienced by African American men directly (e.g., hate crimes or violence) or indirectly by witnessing another African American man experiencing race-based stress (e.g., seeing a Black male wrongfully searched, arrested, or shot). Given its resemblance to other traumatic stressors, ethnoviolence (along with other forms of microaggressions) can be precursors to the development of trauma-like symptoms (e.g., loss of memory, somatic complaints, self-blame; Helms et al., 2010).

Microinsults are more subtle in nature and describe messages that debase the racial heritage or identity of African American men. This form of racial discrimination can include an African American man being skeptically questioned by a White peer regarding his ability to obtain a lauded achievement (e.g., college admission, job). This inadvertently communicates an underlying message that Black men are not typically qualified for such opportunities, or implies that Black men only receive certain achievements through affirmative action or a quota based program (Williams, Gooden, & Davis, 2012). Similarly, microinsults can be communicated nonverbally and unconsciously by prominent figures in the lives of African American men. For instance, a teacher who frequently overlooks an African American student or a supervisor/boss who appears distracted when a Black male is talking during a meeting may indirectly communicate that the learning or the intellectual contributions of the Black male are not important (Sue et al., 2007).
Similar to microinsults, microinvalidations are often subtly communicated and unconsciously committed against African American men. Sue and colleagues define this form of racial discrimination as messages that “exclude, negate, or nullify the psychological feelings, or experiential reality of people of color” (p. 274). To illustrate microinvalidations, the authors provide examples of ethnic minorities who are confronted with statements or social interactions that minimize the importance of their racial/ethnic heritage. Regarding African American men, Sue and colleagues propose that statements like, “I don’t see color,” convey that their racial/cultural experiences are insignificant or that a core element of their identity is irrelevant. This ideology that racial/cultural experiences are irrelevant is known as colorblind ideology, and Sue and colleagues propose that individuals who endorse these views are at risk of unconsciously minimizing or denying the relevance of an African American male’s racial or experiential reality and they assert that this ideology provides an excuse for such individuals to believe they are not susceptible to holding prejudices or discriminating against others. Furthermore, Terwilliger, Bach, Bria, and Williams (2013) note that a colorblind approach is associated with negative outcomes.

Overall, the power of modern forms of racial discrimination lies in their frequently covert and seemingly invisible qualities. Specifically, racial discrimination can suddenly onset, occur chronically, be performed intentionally or unintentionally, and can appear vague or specific to the African American male (Helms, 2010, 2012). Often, the subtlety as well as the unconscious committal of racial discrimination can leave the perpetrator defensive and unaware of the harm they have caused, whereas the recipient is left uncertain if his uncomfortable encounter was due to their race/ethnicity (Sue et al., 2007).

**Gender Role Strain: Being Black and a Man in America**

When mental health professionals are working with African American males, it is imperative that there be an appreciation for the unique life experiences that result from the intersection of their racial and gender identities. Traditional masculine roles and norms in American society include restrictive emotionality, self-reliance, competitiveness, stoicism, physical strength, toughness, aggression, and an avoidance of femininity (Griffith, Ellis, & Allen, 2013; Hammond, 2012; Matthews, Hammond, Nurut-Jeter, Cole-Lewis, & Melvin, 2013; Orneles et al., 2009). Griffith and colleagues describe that the pursuit to fulfill such gender norms and societal expectations can impose substantial pressure on men to conform and can influence a man’s ability to navigate these stresses, which is also known as gender role strain. Extant literature examining the gender role strain of African American men have identified themes related to work stress (e.g., gaining employment, managing job responsibilities, and navigating interracial work relationships) and the management of multiple roles and responsibilities (e.g., balancing self-care and care for others, holding multiple jobs and community positions, being the family “breadwinner”, Griffith et al., 2013; Orneles et al., 2009). For example, Mong and Roscigno (2010) reviewed discrimination suits filed using the Ohio Civil Rights Commission dating from 1988 to 2003 and found that African American men disproportionately received discretionary sanctions, were unjustly policed within their work environments, and were not equally hired or awarded promotions. Such findings highlight work-related stress that may contribute to the gender role strain of African American men by fostering a chronic fear for their job security, which indirectly impacts their ability to meet their expectation to provide for their families.

An ambition to meet and fulfill various gender norms can be protective and harmful. For instance, Orneles and colleagues (2009) utilized a qualitative assessment method (i.e., photovoice) to capture the relationship between gender norms, such as an idealized male strength and self-reliance, and male attitudes toward health from the perspective of middle-aged African American men. A finding that elucidates a contributing factor to the limited help seeking behaviors of African American men was that many Black men do not prioritize their health due to expectations for men to be strong and healthy. Such attitudes demonstrate that gender norms and expectations imposed on men equate sickness and needing help to weakness and vulnerability, which is incongruent with the societal image of masculinity and creates pressures for Black men to appear strong and stoic. Also, the men in this study endorsed that a core element of Black male masculinity is to assume responsibility for the health of others (e.g., family and community). Though this gender role can be protective in that it provides Black men the opportunity to care for and share their wisdom with their loved ones, it can also represent a strain when one’s perceived responsibility to the family and community overshadows the prioritizing of personal health. Moreover, Hammond (2012) found evidence that certain gender roles are related to depressive symptoms in this population. This study found that certain African American men (i.e., ages 18 to 29 and 30 to 39 years) who highly endorsed restrictive emotionality experienced higher depressive symptoms, whereas for certain Black males (i.e., ages 18 to 29 and 40+), the endorsement of self-reliance (e.g., seeking independence and autonomy) was inversely related to depressive symptoms. Altogether, these findings demonstrate that expectations linked with the masculinity roles that African American men seek to fulfill can have distinct implications for their health.
Exant literature has utilized the term John Henryism and conceptualized the cool pose to characterize how African American men attempt to cope with societal expectations placed upon them. Researchers propose that John Henryism reflects a perception that a hard work ethic and determination will yield a sense of mastery and will properly satisfy the demands of one's society (Lehto & Stein, 2018; Matthews et al., 2013). Though the characteristics associated with John Henryism (e.g., individualism, personal freedom, self-reliance) are often ideal for career achievement and personal gain, there can also be negative health implications when these characteristics are met with seemingly insurmountable obstacles that are rooted in social inequalities (e.g., disparities in social class, economic opportunities, racism). For example, African American male respondents emphasized in a study by Griffith et al. (2013) that there is a chronic, daily source of stress connected with being a Black man, which has infiltrated all domains of his life. These respondents highlighted life experiences where they had been treated differently because of their race, and they emphasized that, in American society, being a Black male "represents everything bad." As demonstrated by these responses, the chronic race-based stress and societal inequalities (e.g., racial disparities in educational opportunities and income levels) within one's environment can limit the ability of African American men to effectively meet personal and societal expectations. It is important to note that when African American men are equipped with the resources to cope with social inequalities in society, there are mixed findings describing whether the embodiment of a John Henryism mindset is protective enough to yield desired outcomes. For example, Lehto and Stein (2013) found positive buffering effects of John Henryism among African American men with higher levels of education and at higher socioeconomic statuses. However, when unable to meet personal goals through brute strength and hard work, African American men may be left with a sense of futility and despair. For instance, Hudson and colleagues (2012) found that as socioeconomic status increased, experiences of racial discrimination increased as well, thus increasing the odds of depression within African American men. Such findings illustrate that even with the opportunities provided by education and financial stability, experiences of discrimination can be extremely stressful.

The cool pose describes another "distancing coping mechanism that serves to counter, at least in part, the dangers that Black males encounter on a daily basis" (majors & Mancini Billson, 1993, p. 3). In particular, it represents a "subcultural tradition" that attempts to resolve the conflict of societal barriers (e.g., decreased earning potential, labeled as socially inferior) that impede the ability of Black men to fulfill the gender norms placed on them (Hall & Pizarro, 2010). Moreover, this coping strategy characterizes the Black man's use of speech, attire, walk, and interpersonal dynamics that comprising an identity utilized to counteract the stress of racial discrimination and a defense mechanism to maintain their manhood (Aymer, 2010; Hall & Pizarro, 2010). Specifically, Hall and Pizarro (2010) describe that the cool pose coincides with a pursuit of respect, toughness, and self-reliance that is often accomplished by presenting oneself as more threatening and emotionally restricted. To an extent, the cool pose adaptively allows Black men to protect themselves from the pain associated with race-based stress, but also fosters a sense of avoidance of emotional expression, which can have profound consequences (e.g., diminished quality of life; Aymer, 2010; Hammond, 2012; Majors & Mancini Billson, 1993). Additionally, the cool pose can support the use of violence as a means to preserve a sense of masculinity primarily among Black males residing in more impoverished, urban settings. However, for Black males from middle to upper class social status, violence may not be a vital component of their cool pose mentality because they theoretically have more resources to fulfill masculinity norms (e.g., self-reliance, providing for one's family; Hall & Pizarro, 2010). It can be important to consider whether Black male clients have attempted to resolve the gender role strain with a cool pose mentality as this coping mechanism can influence their emotional expressiveness in treatment. Also, due to the variability in the endorsement of a cool pose mentality, African American males who do not fully embody a cool pose (e.g., males who display the language and dress, but do not ascribe to the use of violence for conflict resolution) may encounter social isolation and ridicule from their Black male peers, which can have implications for their sense of belonging to the Black male community.

Another dimension to the intersection between gender and racial identities is the dissonance between how Black men are perceived by society and how they wish to be perceived. The invisibility syndrome describes what African American men experience as an inner psychological struggle when their true talents, identity, and overall worth are undermined by the de-meaning preconceptions and ill-treatment imposed upon them by society (Franklin, 1999). The chronic exposure to racial discrimination shapes their self-development by placing a greater emphasis on negative prejudices and lacking a healthy respect or acceptance for their true personal identity, thereby fostering a sense of invisibility across various domains of life (Franklin, 1999; Yen, 1999). As such, there is a struggle for African American men to maintain a sense of visibility (or a sense of self), which occurs by remaining vigilant to being misjudged based upon their race/racial heritage in attempt to avoid acting in ways that are inconsistent with their personal identity (e.g., confirming negative stereotypes; Franklin, 1999). A case study example of the invisibility syndrome offered by Franklin (1999) describes when a well-dressed African American male lawyer (called Sam) enters an elevator with a White woman who frighteningly asks him, "Are you going to hurt me," or behaves as such by clutching her purse.
Within this example, Sam's identity as a kind and respectful professional is eclipsed by negative stereotypes characterizing him as angry and aggressive. Black men are constantly confronted with similar situations that cause them stress, anger, disillusionment, and confusion (Franklin, 1999). Collectively, the invisibility syndrome provides a conceptual framework for understanding the battle between society and the self, which can be an inner and external struggle with distinct psychological consequences for African American men who lack the appropriate resources to actively cope with the unjust demands and expectations placed on them. Specifically, Yen (1999) encourages mental health professionals to avoid labeling reactions to racism (i.e., stress, anger, disillusionment, confusion) as indicative of dysfunctional mental health and maladaptive coping. Instead, these reactions can be understood within the context of attempting to balance personal definitions of their self with external definitions of the Black man. In a case example by Carr and West (2013), the authors illustrate the treatment of Xavier, a 32-year-old African American male experiencing depression with psychotic features, and also outline addressing the invisibility syndrome within a therapeutic setting. Xavier, although being hospitalized in the past for depression, was noncompliant with any medication and held negative views of mental health overall. He believed that medication was not for Black men, so the therapist began to explore his gender and racial identity to gain some insight into why he was so resistant. The therapist uncovered that Xavier was in a caregiver role at a very young age, and expressed that he had some emotional avoidance. Furthermore, as a Black male he felt that he should not have a mental problem, and that if his mother were alive, she would be disappointed if he used psychiatric medications. Discussing his developmental context made him feel more comfortable and heard, which was an important step, allowing him to be more open to treatment. Aside from reluctance about treatment, another conversation concerning Xavier's feelings about working with a White female therapist allowed him to express his hesitancy and further bolster the therapeutic alliance. After Xavier was comfortable with the therapist, he began to discuss instances of discrimination that he received from his mother and other African American members of the community. For example, his mother told him he was "like a White person in a Black person's body" (p. 128) whenever he expressed interest in playing sports like running or skiing instead of "Black men sports" like basketball or football. These multiple instances of racism made him feel as if members from his own group had held him back, and lowered his self-worth. Through a discussion of his developmental history and cultural reframing, Xavier was able to see how his upbringing made it difficult for him to discuss any mental health problems or emotional needs. Furthermore, Xavier was provided a safe space to explore his racial identity and come to conclusions about the ways in which he was proud of his identity (Carr & West, 2013).

As demonstrated by Xavier's case study, it is important to examine how an African American male's identities as Black and a man conjoin to form a unified identity. Extant literature has demonstrated that at the intersection of their racial and gender identities lies a pursuit of independence, personal freedom, and the self-perceived responsibility to provide for their loved ones. However, within the context of racism and other social injustices, Black men may struggle to fulfill these roles, and they may experience emotional distress when confronted with obstacles to satisfy these demands and expectations.

**THEORY**

**Community Violence Exposure**

Cognitive processing therapy (CPT; Resick & Schnicke, 1993) involves clients discussing traumatic events to help them confront negative emotions associated with the events. Clients will often avoid negative emotions associated with the trauma, and this hinders natural recovery. Additionally, CPT aims to change the meaning of the event to the client, and decrease avoidance behaviors so that meanings and beliefs can be understood in the original context (i.e., during the experience). When working with African American males having experienced cumulative trauma, there may be several traumatic events that may be distressing the client. Further, they may be at risk of encountering community violence daily if they live in an impoverished neighborhood. Still being at risk to experience traumatic experiences within their own community may produce strong automatic thoughts about the safety of the world, as well as their own ability to cope with consistent stress brought on by potentially experiencing more traumatic events in the future. African Americans are more likely to experience trauma (Richards et al., 2004; Sedlak et al., 2010; Lauritsen & White, 2012), and live in impoverished areas compared to non-Hispanic Whites (Current Population Survey, 2013). Inasmuch, when treating African American clients, it may be useful to provide them with cognitive techniques to buffer against the deleterious effects of frequent community violence exposure. If an individual is living in poverty, low finances may make it difficult to move their place of residence to escape community violence exposure.

However, without processing traumatic events, individuals may hold certain beliefs about the events that bring up strong negative emotions that promote emotional avoidance and prevent recovery. Emotional processing
theory (Foa, Gillihan, & Bryant, 2013) states that cognitions resulting from a traumatic event may be difficult to overcome because of fear structures that cause general associations. These cognitions may impede normal functioning because they do not represent real situations. Generalizations like this may cause significant distress when afflicted individuals encounter stimuli that remind them of the trauma. Processing traumatic events and the resulting emotions can help individuals more realistically appraise traumatic events, as well as reduce negative emotions associated with the event (i.e., guilt, sadness, horror, shame, anger). As a client discusses the trauma and relevant emotions, they begin to habituate to strong emotions related to memories and reminders of the trauma; this helps clients to no longer associate emotions resulting from the trauma to everyday life. However, African Americans experiencing cumulative trauma may be less likely to endorse negative emotions due to protective factors, such as the aforementioned “cool pose.” Although adaptive against race-based stress, it may prevent African American males from being emotionally expressive when processing traumatic experiences.

Racial Discrimination

According to cognitive theory, Beck (2005) conceptualized depression and anxiety as being influenced by a cognitive triad, which includes automatic cognitions about oneself, others, and the environment. Components of automatic cognition include how people give meaning to the event (e.g., their appraisal process) as well as how they explain the occurrence of the event (e.g., their attributional process). These cognitive components have been implicated as important factors in capturing how individuals respond to stress as well as how stressful events are connected to adverse outcomes (Brondolo, Ver Halen, Penicile, Beatty, & Conrada, 2009; Harrell, 2000). Although cognitive theory often includes a focus on restructuring negative cognitive distortions, an African American male’s response to discrimination may not be best characterized as a maladaptive form of thinking (or even be conducive to a restructuring of their cognitive response to discrimination; Yen, 1999). Instead, their cognitive processes related to racial discrimination may more appropriately represent a legitimate (potentially adaptive) form of making sense of and seeking to explain their experience. As such, we purport that cognitive theory provides a framework for understanding how cognition (e.g., appraisal and attributions) contributes to the adverse psychological consequences associated with experienced racial discrimination.

According to extant models of perceived discrimination, cognitive appraisals and attribution are cognitive processes that can influence the relationship between perceived discrimination and adverse psychological outcomes (Brondolo et al., 2009; Clark, Anderson, Clark, & Williams, 1999; Harrell, 2000). Within social psychology, evidence suggests that the likelihood of attributing negative events to discrimination varies across individuals and situations (Major, Quinton, & McCoy, 2002). Such variability can be influenced by a number of factors, including the African American male’s ethnic/racial identity (Branscombe, Schmitt, & Harvey, 1999), their prototypes or exemplars for discrimination (Simon, Kinias, O’Brien, Major, & Bivolaru, 2013), and perceived social costs of endorsing judgments of discrimination (Stangor, Swim, Van Allen, & Sechrist, 2002). Although less studied within the context of racial discrimination, an individual’s attribution style can influence the onset of harmful emotions in response to discrimination. African American males may seek to explain the onset of a stressor by deciding who was at fault for the event (i.e., internal versus external locus of control) and attempt to formulate future oriented expectations that project the likelihood the event will reoccur (Abramson, Seligman, & Teasdale, 1978). Such future-oriented expectations can consist of the perceived likelihood the stressor will reoccur within the same environment (stable attributions) and the perceived likelihood the stressor will occur across multiple life domains (global attributions). When individuals demonstrate a tendency to attribute negative events as internal, stable, and global, evidence suggests that such an attribution style can increase one’s vulnerability to the onset of adverse psychological outcomes (Heimberg, Vermilyea, Dodge, Becker, & Barlow, 1987; Luten, Ralph, & Mineka, 1997; Mezulis, Abramson, Hyde, & Hankin, 2004). Regarding race-based stressors, the tendency to attribute discrimination as stable, global, and severe can be related to harmful outcomes (Burns, Kamen, Lehman, & Bench, 2012; Eccleston & Major, 2006; Paukert, Petit, Perez, & Walker, 2006).

Aside from attributing experiences with discrimination as global and stable, emotional reactions to discrimination may also be elicited by how African American males appraise (or give meaning to) the event (Burns et al., 2012; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Luten et al., 1997). Specifically, when race-based stress is appraised as harmful and posing a threat to one’s self or other loved ones, individuals may be particularly susceptible to the adverse psychological outcomes associated with perceived racial discrimination (Eccleston & Major, 2006), especially if there are limited available resources for coping with the discriminatory event (Brondolo et al., 2009). Importantly, evidence suggests that when experiences with discrimination are perceived as harmful or threatening, African Americans are likely to implement coping strategies to manage the onset of harmful consequences associated with the stressor (Brondolo et al., 2009; Folkman et al., 1986).
Technique

Community Violence Exposure: General Guidelines

When treating African American males, performing a more extensive trauma assessment may be useful (Malcoun, Williams, & Bahojb-Nouri, 2015). A cultural mistrust of mental health professionals may result in reluctance to disclose during psychotherapy (Hunter & Schmidt, 2010). Additionally, Black males may consider their violence exposure a part of their mundane social environment, thus decreasing the likelihood of reporting such experience because they may consider this information unimportant or irrelevant to their presenting issues. Furthermore, given that African Americans may habituate to traumatic encounters over time, clinicians need to be aware that clients that have experienced repeated trauma exposure may lack significant affective responses when discussing their traumas. Having an open dialogue about their experiences and gathering comprehensive background information about these experiences may help put them at ease if there is reluctance to report. Having a comprehensive list of potential traumatic experiences to inquire about may be a helpful approach (i.e., PDS parts 1&2, Foa, Cashman, Jaycox, & Perry, 1997).

Community Violence Exposure: Cognitive Processing

When cognitively processing traumatic experiences with African American males clients, clinicians should provide education regarding post-traumatic symptoms and the benefit of cognitively processing traumatic experiences, and an explanation of automatic thoughts and resulting emotions should be provided. The goal of this is to help clients make the connection between automatic thoughts and resulting negative emotions. When considering cumulative trauma, it may be useful to have a discussion about the most notable traumatic events that they can remember, given that they may have had several significant traumatic experiences. After identifying the most notable events, clinicians may then want to formally process the worst traumatic experiences in order to help clients habituate to strong emotional reactions. This can be done by writing down detailed accounts of the experiences and processing them while tolerating negative emotions brought up by recounting the trauma (Williams, Powers, & Foa, 2012). Through this, clients learn that negative emotions stem from reminders or memories of the trauma, and that these reminders and memories are not immediately harmful.

Modifying the meaning of the trauma and decreasing avoidance patterns may look different when treating African American males living in neighborhoods with high rates of community violence, as they may still be likely to encounter traumatic situations. Although they may be at risk of experiencing more trauma, clinicians should help them to make sense about the safety of the world and their role in it. By using Socratic questioning to elicit and challenge negative cognitions related to the trauma (i.e., I could have stopped it, it was my fault, I cannot cope with the stress of my environment) clients can begin to reframe how they view the traumatic event(s), and also how they view the likelihood that they may encounter more. This not only helps them overcome negative thoughts pertaining to past experiences, but also cognitions related to their still being at risk within their communities.

When considering retraumatization after PTSD treatment, clinicians need to be cognizant of the reality that African American males who reside in violent communities may very likely experience trauma again. Considering that retraumatization may be realistic for this population, helping a client see a particular traumatic experience as an isolated event may be inaccurate, and this may risk them being retraumatized if they do experience another trauma post treatment (Williams et al., 2014). In addition to a discussion of the risks of retraumatization, helping clients formulate practical strategies about being safe in their community and potentially finding a safer place to live may be useful. Avoiding the likelihood of encountering traumatic events may not be possible for some clients due to financial difficulties or needing to live with one's family in a particular neighborhood. However, if there are ways to reduce the likelihood of encountering community violence, these options should be explored.

Racial Discrimination: General Guidelines

Mental health professionals should examine their own experiences with race to understand how racism within American society has influenced their view of the Black male. In doing so, it will generate greater awareness of prejudices and racial biases that are held toward this population, which may decrease the committal of microaggressions or, at least, allow the clinician to become aware of how these race-based messages have influenced the therapeutic alliance. Without exploring one's prejudices towards Black men, clinicians may unknowingly perpetuate negative stereotypes when treating this population, contributing to feelings of shame and stigma in these clients. Although clinicians may not consciously convey these stereotypes to African American men, such messages can be delivered unintentionally in their verbal dialogue or expressed nonverbally in their body language. And, without monitoring the endorsement of such stereotypes, it may cause Black males to feel unfairly treated, and decrease their trust and comfort within treatment (Constantine, 2007).
In addition to assuring that their racial biases are managed within therapy, mental health professionals should also avoid devaluing the significance of race when working with African American males. Particularly, clinicians should be hesitant to approach their client's using a colorblind ideological approach, as this increases the likelihood of committing microvalidations (e.g., "I don't see color"); Sue et al., 2007; Terverliger et al., 2013). In the event that an African American male client is expressing the impact of his experiences with race-based stress, it could be costly for a clinician to inadvertently question the subjective reality of their client's experiences and/or invalidate the relevance of such an experience. As a result, the client may perceive the clinician as uninterested in his experiences as a Black man and unappreciative of the importance of his racial identity, which can be detrimental to the therapeutic alliance. However, if it becomes clear that the clinician's use of microaggressions has created an impasse in the therapeutic process, it is imperative that the clinician acknowledge his/her mistake, seek to explore the client's reactions to this race-based stress, and ask for feedback on how to communicate in a more culturally-sensitive manner.

If a clinician were to encounter a client suffering from the experience of significant racial microaggressions, these feelings may make attaining positive therapeutic outcomes difficult; therefore, it is essential to establish strong rapport early in the therapeutic relationship. Taking time to understand an African American male's unique experience and taking a genuine interest will help to negate potential negative racial experiences they may have encountered in other settings (Williams et al., 2014). Additionally, a thorough assessment of an African American male's experiences of racial discrimination will provide useful information, and will alert a clinician to any particularly psychologically harmful instances of racism that require further exploration.

### Racial Discrimination: Cognitive Techniques

Cognitive therapeutic techniques may be extremely useful when working with African American males presenting with significant difficulties brought on by racist experiences or ongoing ethnoviolence. Given that racism is out of their control and may not be something they can escape, focusing attention on how they view themselves and others may alleviate distress brought on by encountering discriminatory events. Similar to CPT, the goal of cognitive therapy is to identify automatic thought patterns and connect them to the client’s uncomfortable emotions (Barlow et al., 2011). Understanding which emotions they feel and why they think they feel that way helps them identify precipitating thoughts before emotions become evident. Particularly, clinicians can help the client better understand their appraisal (e.g., What about the event may have been threatening? Were coping strategies available to help manage the stress of the event?) and attribution (e.g., Does the client possess self-blame for the events? Is there an anticipation of future discrimination?) processes in order to highlight how their cognitive response to discriminatory events may help conceptualize their emotional reactions. For example, in light of the gender role strain described previously, the appraised stress of discrimination may be characterized by the client’s perceived inability to reconcile the disparity between gender role expectations (e.g., being a breadwinner) and societal obstacles (e.g., race-based stress within work environments). Moreover, the appraisal process may be influenced by perceptions that experiences of discrimination will or have jeopardized their resources (e.g., loss of a job) or threatened themselves or loved ones.

In exploring their attributional processes, clinicians can learn how African American clients make sense of race-based stress (e.g., self-blame versus attributions to discrimination) and their future expectations for this stress. Consistent exposure to race-based stressors, like microaggressions, can produce symptoms such as hypervigilance and paranoia (Carter, 2007), especially when clients are in settings where these are realistic threats (i.e., settings in which they may encounter racism). For example, an African American male who has experienced significant microaggressions may be more likely to perceive a salesman at a department store asking them if they need help finding anything as racial profiling. Cognitive therapy suggests that they may have flawed schemas about the environment, so they attribute a potentially nonthreatening question as racism. However, African American males are likely to encounter discrimination, so these schemas may not be flawed and instead may represent preparatory cognitive processes to help identify realistic threats in the environment. As such, if a client is attributing ambiguous events to discrimination and feeling distressed after the attribution, an exploration of a client's attribution style is warranted. This is similar to exploring automatic thoughts and resulting emotions, but therapists should use Socratic questioning to help clients better understand factors that influence the attributions they make.

In addition to helping African American male clients make these connections, clinicians should explore the settings in which these appraisals and attributions occur, which will help identify situational factors associated with the onset of such cognitions. Given that perceptions of discrimination and associated emotional responses characterize the subjective reality of the African American male, it is important that clinicians avoid discrediting their experiences by seeking to identify maladaptive cognitions as this component of cognitive therapy may increase the likelihood of perceived microaggression by the client. Instead, a focus on cognitive appraisals and attributional patterns helps to better characterize the client's
subjective reality and allows for an informed assessment of how such cognitive processes are associated with the coping strategies implemented by the African American male. Importantly, when a social encounter is cognitively appraised as meaningful or potentially threatening, then cognitive, emotional, and behavioral coping strategies are employed to "manage specific external and/or internal demands that are appraised as taxing or exceeding the [Black male's] resources" (Folkman et al., 1986, p. 999).

When an African American male client is experiencing significant racial microaggressions, coping attempts could include avoidance of settings in which the events occur, people who may be likely to perpetrate against them, or emotional experiences resulting from the events. It may be difficult for African American males to completely avoid settings where racism may occur, especially if they have experienced racism from a particular ethnic group and they are still surrounded by members of that ethnic group. Particularly, when avoidance is a prevalent coping mechanism employed by the client, it presents an opportunity for the clinician to see how the client's cognitive processing of discrimination and their gender role strain contribute to the implementation of this coping strategy. Avoidant coping strategies could be influenced by any combination of factors, including the gender norms endorsed by the client (e.g., restricted emotionality), a defense mechanism in response to societal barriers impeding their achievement of gender norms (e.g., cool pose), or simply a coping strategy implemented in response to the appraised stressfulness of discrimination. However, given that avoidant coping strategies have been associated with adverse psychological outcomes in African Americans experiencing discrimination (citations), it warrants that the clinician explore the client's perceived efficacy (e.g., does the client feel this avoidant strategy was effective in managing outcomes associated with discrimination) and whether he is aware of more effective strategies (if necessary).

Aside from avoidant coping, evidence suggests that there are a myriad of coping strategies employed by African Americans following experiences of discrimination. These strategies include confrontative coping (Pittman, 2011), problem solving (Barnes & Lightsey, Jr., 2005), religious coping (Gaylord-Harden & Cunningham, 2009; Hayward & Krause, 2015), substance use coping (Gerrard et al., 2012), and support seeking (Clark et al., 1999). Specifically, an important resource for some African American men may be the Black community, which offers a sense of belonging and acceptance by other Black men and women and provides a source of visibility (Yen, 1999). For example, in Franklin (1999), following his experience in the elevator, Sam was able to find support from a Black colleague or peer to offer validation for the illegitimacy of the women's negative reaction to him and provide an emotional outlet for him to express his frustration and anger for being misconceived in such a manner. Altogether, there still remains limited research outlining which coping strategies promote optimal health outcomes following experiences with discrimination; however, clinicians should help the client identify and evaluate the effectiveness of both current and potentially available coping strategies.

**IMPLICATIONS FOR COUNSELORS AND THERAPISTS**

Clinicians may not be familiar with the many stressors African American males face, and this may complicate the therapeutic process. The techniques provided in the current chapter reflect environmental stressors that uniquely impact the lives and psychological functioning of African American males. The suggested general guidelines increase the cultural sensitivity of empirically supported treatments, as clinicians can better understand how these unique environmental stressors impact their African American male clients. Cognitive and emotional processing theories were outlined and then applied to African American males, which aim to guide clinicians in providing treatment based on empirically supported treatment modalities. Within these theoretical models, therapies can effectively address the unique stressors faced by this population and resulting emotional distress. The current chapter also provides specific recommendations detailing important pitfalls to avoid when working with this population and highlights potential avenues for incorporating discussions that help the client explore and make sense of these unique stressors. Specifically, we have outlined how traditional coping mechanisms utilized by African American males, environmental stressors outside a client's control (e.g., residence), and race-related stressors all have the potential to impede the therapeutic process if not addressed appropriately. Through describing these mechanisms, clinicians may now better understand the African American male experience, which can assist in improving rapport building and attaining positive therapeutic outcomes.

**CONCLUSION**

African American males are disproportionately afflicted by community violence exposure and racism. Experiences of cumulative trauma can cause difficulties when treating African American male clients, such as potential biased reactions and inaccurate assessment or diagnosis. Furthermore, racial discrimination may significantly impact therapeutic interactions, as well as put African American males at risk for experiencing microaggressions in therapy. To combat the unique barriers and complex experiences of African American males, clinicians need to be cognizant of the many issues that arise when treating members of this population.
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**CHAPTER 4**

**UBUNTU**

A Framework for African American Male Positive Mental Health

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**FRAMEWORK FOR BLACK MALE MENTAL HEALTH**

Defining healthy mental functioning in Black males has been a major challenge for the field of psychology. African American males are disproportionately underrepresented in measures of healthy outcomes relative to other ethnicities in the population, and often underutilize access to health services. Racial and cultural explanations are typically offered to explain these negative patterns. Yet, prevailing models in clinical psychology inadequately address conditions of healthy functioning for the African American male. The paucity of conceptual models that expound on the experiences of African males requires much needed exploration from a different paradigm.

Ubuntu (uN-boon-to), a positive mental health framework emanating out of an African worldview, addresses this deficiency in clinical psychology. It structures the behavioral expression of African American males' personality, wellness, and competency through its focus on African-centered connectedness, competency, and consciousness (Wilson, 2012; Wilson &