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Towards a Whole Self:
Journeys of Marginalised Men

by

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Portfolio for the Professional Doctorate in Counselling Psychology

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Dedication

For Amana Rameswari (1937-2001), my beloved and dearly missed Grandma.

Declaration of Powers of Discretion

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Preface

This portfolio contains three components: empirical research into de/re/constructions of Black British masculinity in the context of help-seeking for depression, a publishable paper to disseminate the research findings, and a combined case study and process report to illustrate my clinical work with a client who sought help for depression whilst wrestling with his sexuality.

Part I: Research

The portfolio begins with empirical research I conducted via semi-structured interviews with nine Black British men exploring how they (re)constructed their masculinity – that is, meanings of being a man – when seeking help for depression. Adopting constructivist grounded theory methodology, the process by which masculinity was (re)constructed by these men when engaging with support for depression was developed into an explanatory theory. Here, it emerged that a multi-layered and interrelated process of constructing, de-constructing, and re-constructing multiple facets of the self – Black identity, masculinity, and depression and help-seeking beliefs – not only enabled help-seeking for depression but progression towards a more whole sense of self. The various novel findings of this study were examined against existing literature. Clinical and wider implications as well as future directions were also considered.

Part II: Publishable Paper

The second component of the portfolio is a paper written for submission to the American Psychological Association's *Psychology of Men & Masculinities*. It represents a summary of Part I and includes all identified categories from the analysis to present the core finding of *'Journeying to a Whole Self'* as a significant contribution to the literature. This journal was selected for its explicit focus on the psychological study of the male population and meanings of masculinity, and is one of the leading journals in this field. It was also chosen for its inclusion of qualitative research into constructions of masculinity amongst men of colour, the application of intersectionality, and attention to men's mental health, thereby aligning well with this study's inquiry into the British version of Black masculinity and how Black British masculinity pertains to help-seeking for depression. Moreover, the journal's considerable impact factor (currently 2.948) was thought to enable the findings to have extensive impact, reaching those from various specialities and disciplines – such as clinical and counselling psychology, sociology, social work, school, and public health – whereby the findings can be learned, implemented, and further disseminated.

Part III: Clinical Piece

The final element of the portfolio is a combined case study and process report demonstrating a psychodynamic piece of work of mine with a Chinese gay male client named Kyle (pseudonym) who self-referred for psychological therapy for depression. My work with Kyle revealed his denial of fundamental aspects of himself – his emotional subjectivity and sexuality – transpiring into depression. I conceptualised Kyle as being stuck in turmoil between Winnicott's (1960) notion of the True and False Self, in which his rejection of these facets of his True Self manifested into depression as he enacted a False Self. Our therapy involved Kyle's confronting and embracing of these True parts, steering him towards cohesiveness of his Self. Interestingly, participants of the empirical research referred to embracing a more 'true' self when re-constructing their masculinity, which for many involved the inclusion of emotionality. The clinical piece illustrates how I had insularly focused on Kyle's rejection of his sexuality given my lack of experience in working with non-heterosexuality and wanting to showcase competent practice with a person's intersectional identity. However, I did so at the expense of Kyle's emotional experiences, an affective–relational pattern repeated from his childhood. Becoming aware of this process in our transferential relationship led to my re-formulation and revised therapeutic approach to also attend to his emotional needs, in turn allowing Kyle to better welcome his affectivity and sexuality, cultivating a more consolidated sense of Self. As Kyle progressively valued these parts of himself over our work his depressive difficulties begun to alleviate.

Core Theme of the Portfolio

The central thread of this portfolio is *The Whole Self*. In this portfolio wholeness refers to actively welcoming *all*, rather than *select*, parts of oneself, in which particular parts are avoided or rejected, be it facets of our identity and/or our fundamental human needs. In doing so, all dimensions of the self integrate into a unified whole, yielding multifaceted implications, including psychological wellness, self-integrity, stronger relationships, and valued living. Still, "being a whole person is a process, not an end point" (Brown, 2004, p. 62) due to various conflicts one inevitably will encounter in the *continuous journey* to and from embodying wholeness.

The empirical research revealed how Black British men constructed a Black and masculine identity which, in keeping with interconnecting racial and gender norms, renounced difficult emotional experiences, fostering their disconnection from this emotional part of themselves. The findings showed how encountering depression and needing help necessitated them to

confront and embrace their emotional needs, thereby re-constructing various parts of their identity and worldviews, in turn progressing towards a more whole sense of self. The clinical piece illustrates how my client had grown up in circumstances which required him to cast off his affective subjectivity, stimulating later conflict between embracing and denying being gay as a component of his identity, in part due to heteronormative Chinese cultural traditions. Implicit within this theme of the whole self was a) the role of trauma and b) the relevance of theories of intersectionality. In part I, an important reality emerged whereby historic racial trauma from slavery surfaced as governing Black British men's detachment from their emotions. In part III, an emotionally and physically traumatic upbringing transpired as driving Kyle's rejection of his emotional needs. This implies that an understanding of how traumatic experiences 'fragment' the self into separated strands (Fisher, 2017), and might underlie depressive presentations, can elucidate a person's lack of wholeness. However, intersectionality – how one's combined social identities create complex individual experiences of privilege and discrimination from inherent power relations (Hill Collins, 2019) – adds another layer in which to understand how these men's intersecting gender, racial, and sexual identities both shape constructions of identity and activate at given times to produce complex individual experiences. In the empirical research, the Black British men's racial and gender norms promoted their emotional avoidance, reinforcing deficient wholeness. In the clinical piece, Chinese cultural norms created challenges for Kyle's embodiment of his sexuality. In both cases, the restrictive nature of some of these intersecting values manifested into difficulties with depression, thus appearing an important lens through which to conceptualise wholeness. Learnings from this portfolio has, accordingly, informed my counselling psychology practice in recognising where clients might be lacking wholeness in themselves, particularly emotionally with (marginalised) men, and aiding their process towards confronting, healing, and integrating a more whole sense of self.

Spiritual and Eastern philosophical texts typically emerge in search engines on the concept of wholeness. This is augmented by the surprising finding that the notion of wholeness has not permeated the counselling psychology field considering one of its core values is to view and work with the holistic person (Volker, 2018). Rather, other lesser-known fields speak more to the whole self, such as transpersonal psychology as "a transformative psychology of the whole person" (Friedman & Hartelius, 2013, p. 14). Regarded as an extension of the humanistic approach, partially influenced by Maslow's theory of self-actualization (Maslow, 1967), transpersonal psychology's 'whole-person psychology' believes that by integrating all aspects of oneself, including the spiritual and the transcendent, a whole self is cultivated which in turn facilitates human potential and growth (Shorrock, 2008). Indeed, positive gains materialised with each of the men of this portfolio when espousing a more whole sense of self, such as

post-depressive growth amongst Black British men entailing, for example, emotional wellness and literacy and recognition of one's humanity, and reduced depressive difficulties and better embracing of an intersectional identity by Kyle. Together, this illustrates the powerful and transformational nature of embodying a whole self, and it seems much can be learned from these disciplines which explore its concept.

Personal Relationship to the Theme

It was surreal to see how organically the portfolio came together in being connected by the theme of the whole self, making me wonder how many men face this lack, particularly in relation to their *emotional* experiences and needs. However, in reflecting upon my own relationship and journey with wholeness, I realised it is not a matter pertaining only to men.

I, and many others likely, regard myself as an emotional person. I have always recollected myself this way inclined, which has led me into this profession. Our emotional experiences constitute and connect us as human beings; for example, happiness when in love, excitement when having fun with friends, joy at new life, sadness at bereavement, fear at times of trauma. Throughout my life I have countlessly witnessed unemotional men via stoic and avoidant presentations and was always curious about this as opposite to my disposition. It made me consider whether there was something flawed in my attunement to my emotional self and ability to be emotionally vulnerable, but over the years I have come to appreciate this as not only one of my assets but a fundamental aspect of myself. When I envisage myself differently, as not so emotionally sensitive, I do not feel whole. Something crucial is missing. Emotionality is a core part of me. It represents one of my defining character traits, and as said by a previous personal therapist "I feel my emotions deeply", which has shaped me into the empathic person and practitioner I am today. I imagine this contributes to why I identified the men of this portfolio's emotional deficits and how integration of their emotional subjectivity propelled them closer to a more whole sense of self.

However, feeling wholeness in myself is something I would say I only recently experienced. I credit a lot of this to counselling psychology training which has facilitated my own constructive, de-constructive, and re-constructive processes towards a whole self. Clinical placements have nurtured my competence and counselling psychologist identity as now a central facet of my overarching identity. Teaching and assessments have fostered my reflective scientist–practitioner stance, in which I have gained insight into the workings of myself, clients and the world, as well as greatly connected with the ethos of the profession as aligned with my own values. Undertaking this research has enabled me to better conceptualise the construct of

wholeness. Undergoing personal therapy has been transformative in healing parts of myself and my life, recognising my strengths, and better navigating ongoing conflicted parts of myself. Being amongst a community of (trainee) counselling psychologists has stimulated feelings of belonging and fulfilment, allowing me to create deeper connections with some course mates plus my research supervisor. Experiences within my personal life have also contributed to positive changes in my self. While the last few years have been the most challenging of my life thus far, and there remains continued work towards my embodiment of wholeness, collectively I have experienced profound growth entailing a better sense, and embracing of, my entire self.

It is my hope that this portfolio will impact its readers in reflecting upon their own sense of wholeness, perhaps more consciously embarking on the wobbly yet worthwhile ride towards a more whole self, and using the insights detailed in each section to inform their understandings and work or relations with marginalised men.

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Part I: Research – "It's about being a whole person": De/Re/Constructions of Masculinity in Black British Men Seeking Help for Depression

Abstract

Black British men denote a majority of the recurringly high UK male suicide statistics, yet are markedly underdiagnosed with depression and underrepresented in mental health services for depression. Socially constructed ideals of masculinity are theorised to deter these men from seeking help for depression. However, existing literature is dominated by White and African American masculinity constructions and implications, with scant research on Black British masculinity and how it pertains to accessing support for depression. This constructivist grounded theory study, therefore, intended to understand via semi-structured interviews with nine Black British men who previously engaged in help-seeking for depression how they (re)constructed their masculinity, to inform how to better support this group. Four main categories emerged from the analysis, with each subcategory proceeding between macro processes of construction, de-construction, and re-construction. The re-constructive findings, especially, emphasised a multi-layered and interconnected process of participants (re)defining and embracing all dimensions of themselves and their experiences, thereby *'Journeying to a Whole Self'* (core category), cultivating overall identity and emotional stabilisation. *'Navigating a Black Identity'* showed how participants self-determined their identity following encounters of racial othering. *'Negotiating Masculinity'* presented how participants developed an idiosyncratic form of masculinity that authentically reflected their current character in response to traditional models feeling personally incongruous. *'Depression: Confronting Implicit Vulnerability'* and *'Help-Seeking: Overcoming Explicit Vulnerability'* revealed how post-depressive growth occurred as participants negotiated their Black masculine identity, governed by emotional avoidance from historic racial trauma, to engage with the emotional vulnerability of experiencing depression and needing help. Clinical and wider implications of the findings are discussed in facilitating Black British male wholeness, with suggestions for future research to crucially continue the inquiry into this subject.

Chapter 1: Introduction

1.1   Overview

In this chapter I present an overview of current literature into depression, help-seeking, and masculinity, particularly as it pertains to Black men, in order to contextualise the rationale of this study. Further, this chapter seeks to underscore the need for inquiry into these issues with the population of *Black British men* who have been consistently neglected within research. I finish by detailing the aims plus counselling psychology and wider implications of this research.

For this constructivist grounded theory (CGT; Charmaz, 2006, 2014) study, I made the decision to conduct a comprehensive review of the literature following completion of the analysis, as I intended to mitigate (where possible) imposing my preconceptions and existing theories onto my interpretations of the data. Prior to commencing the study, a brief literature review was undertaken only to gauge the extant research field and determine a proposal for this research. As such, the literature presented in this chapter is a combination of previous literature which shaped the conception of this study, contemporary literature since undertaking the study, and additional literature which illuminates the findings of this study (e.g. section 1.2.4). The reason for declaring my position is due to the varying stances by GT researchers regarding the timing of the literature review, detailed further in section 2.8.1.

A point to note is the challenge I faced in locating and appraising literature on this topic, namely in relation to groups of Black men, which led me to the arguments of critical race theorists. Delgado and Stefancic (2013) assert scholarly literature persistently fails to capture the voices and experiences of minority – i.e. Black – people, who traditionally use 'storytelling narratives' to convey their accounts. Formal literature habitually rejects this type of discourse, yielding a deficiency in available research into these collective groups. Consequently, this chapter, along with the discussion chapter, draws from alternative sources, including and outside of (psychological) academic fields to involve the experiences of these men.

1.2   Depression

1.2.1   Depression

Depression is one of the highest occurring psychiatric disorders amongst adults, with global prevalence of approximately 5% (Kessler & Bromet, 2013). The Office for National Statistics (ONS, 2021) recently revealed increased depression rates of one in five British adults prior to

the covid-19 pandemic, which consequently advanced these figures (Jia et al., 2020). Although presentations of depression vary in line with the multiple depressive disorders classified in the *Diagnostic and Statistical Manual of Mental Disorders, fifth edition* (DSM-5), depressive episode/major depressive disorder – the most common form and focus of this study – is characterised by primary symptoms of depressed mood or reduced interest/enjoyment in activities, alongside secondary changes in somatic, cognitive, social, and occupational functioning (American Psychiatric Association [APA], 2013). The biopsychosocial aetiology of depression highlights the complexity of the disorder, though see Otte and colleagues (2016) for a detailed overview. Currently, depression stands in third for disease burden worldwide (James et al., 2018), with its debilitating nature plus growing incidence projected to become the leading cause by 2030 (World Health Organization [WHO] 2008), yielding depression a critical public health priority.

1.2.2 Depression in Men

Attention is rising to the concerning picture of depression with regards to men. Disparities in male health outcomes has cultivated greater interest in recent years to the "silent crisis" of men's mental health (Affleck et al., 2018, p. 586). Indeed, almost every country worldwide is experiencing an ongoing suicide epidemic amongst men (Seidler et al., 2016). The latest ONS (2020) report states suicide in men in the United Kingdom (UK) increased in 2019 from the previous year. Epidemiological and qualitative investigations into male suicide recurrently identify depression as a leading risk factor (Richardson, Dickson et al., 2021; Richardson, Robb et al., 2021), conflicting with persistent findings of men being underdiagnosed with depression (Oliffe et al., 2019), generating claims that men are "less depressed" (Cochran & Rabinowitz, 2000, p. 83). However, researchers dispute this gender paradox as perhaps not reflecting an accurate reality of men's depression, suggesting men differ not in their experience of depression, but their expression of it (Addis, 2008).

Brownhill and colleagues (2005) propose a model of male depression as maladaptive behaviours of 'acting in' whereby depression is avoided (e.g. overworking), numbed (e.g. substance misuse) or escaped (e.g. drunk driving), or 'acting out' when the former is unsuccessful (e.g., becoming angry, violent, self-harming, suicidal), all to manage painful emotions. Indeed, Rochlen et al.'s (2010) focus groups revealed the 45 men consciously, and sometimes unconsciously, 'covered up' their depression via overcompensatory behaviours of excessive working and heavy substance use, all to evade their depressive reality. Ramirez and Badger's (2014) qualitative study mirrored these processes as the nine men concealed and disconnected from their encounters with depression, driven by fear of being different to other

men. Although these studies imply men's avoidant responses to depression, the inquiries were limited by either non-clinical or White samples, thus likely reflecting those participant populations and perhaps not generalising to men more broadly and cross-culturally who might experience and approach depression differently, such as seek external help.

Still, the literature documents this 'unconventional' presentation of depression as centred on *externalising* emotional distress via masking depression through other means (Call & Shafer, 2018). Yet, some argue standardised depression diagnostic criteria hold an implicit bias towards a female symptom profile, creating difficulty in identifying depression amongst men (Wilhelm 2014), evidenced by studies showing healthcare professionals, particularly primary care practitioners as typically the first point of call, perceiving these displays as differential to depression (Oute et al., 2018). However, the 15 men of Chuick and colleagues (2009) qualitative study demonstrated both typical (e.g. reduced interest in activities) and atypical (e.g. anger) symptoms of depression, reinforcing claims that men can often meet a depression diagnosis (Cochran & Rabinowitz, 2003). Nonetheless, if men themselves struggle to recognise their difficulties due to misconceptions that depression is simply being 'unhappy' (Ogrodniczuk et al., 2017) or personality-based (Cole & Davidson, 2018), their depression trajectory can worsen, cumulating into detrimental outcomes (American Psychological Association, 2018). Collectively, these patterns indicate the need for improvements in male depression recognition and care.

1.2.3   Depression in Black Men

Though findings on depression in men pose concerns, research has predominantly involved White populations, with inquiries into depression in Black men not only remaining significantly limited, but unveiling an alarming reality for this group. Despite rates of depression amongst Black British men approximating 1.8%, notably lower than 3% of their White British and 3.1% of their Asian British counterparts, 26.9% of Black British men account for suicidality statistics compared to 19.2% and 12.8% of White British and Asian British men, respectively (McManus et al., 2016). Such figures parallel African American men whose depression prevalence is far lesser than White American men (Williams et al., 2007), with over fifteen thousand having died by suicide in the last decade (Goodwill et al., 2021). While these findings align with established patterns of depression and suicide in men generally, we know from the literature that these issues are occurring regardless of the ostensibly low numbers, thus the little investigation into the lived experiences of Black men is worrying given the epidemiological data on their poor outcomes. Below I present an overview of the inquiries that have identified this shortcoming

and sought to better understand from these men directly their constructions and experiences of depression.

An ethnographic study by Ezeobele et al. (2019) with 18 Nigerian immigrant men residing in the United States (US) found depression was vehemently denied due to varying cultural beliefs of depression as the product of 'evil spells by enemies' and hence a 'demonic attack', or depression indicating a failure of the family or Nigerian community. None of their participants came from the Muslim region of northern Nigeria, rather the heavily Christian region of southern Nigeria, possibly illuminating such depression constructions. By contrast, the African American Christian men in Bryant et al.'s (2014) study did not perceive depression in this 'lack of faith' context. Still, the participants of Ezeobele and colleagues (2019) research conveyed high levels of fear of depression, whereby both they and their families felt depression was 'morally unacceptable' and 'shameful', highlighting the stigmatising nature of mental illness in the Black community.

Other research consistently endorse stigma as a major barrier to Black men's recognition of their depression compared to other ethnoracial groups, as Black Americans are generally observed as ridiculing and socially excluding towards those with mental illness (Rusch et al., 2008; Carpenter-Song et al., 2010), possibly from Black culture espousing particular definitions and approaches towards 'normal' behaviour, 'health', and 'illness' (Campbell, 2017). Campbell and Mowbray's (2016) interviews with 17 Black Americans elucidated upon depression stigma in the Black community; here, participants were seen to racialise depression as being 'crazy' and 'weak', misaligning with Black characteristics and instead attributable to other races, namely White people. Such findings paralleled research with African American men who all expressed views that White male depression vastly differs from Black male depression (Watkins & Neighbors, 2007; Campbell & Allen, 2019). These studies collectively emphasised that being depressed shamefully associated them with mental illness, reducing their sense of Blackness and community standing, whereby depression cultivated yet another stigmatised identity and added life hardship. Thus, it was ultimately rejected, in turn reinforcing the taboo of depression amongst the Black community.

Conversely, Hudson and colleagues (2018) focus groups with 26 African American men described their depressive experiences as depressed mood, sadness, reduced appetite, and feelings of weakness. Such accounts cohere with DSM-5 criteria for depression, indicating that Black men can also present with 'typical' expressions, therefore raising the question as to their low prevalence. Some suggest these men underreport their depression by downplaying its

seriousness (Kendrick et al., 2007), whereas others claim healthcare professionals fail to detect and diagnose depression in African American men (Plowden et al., 2016).

Still, the above inquiries were all conducted in a US setting whereby Black men in other cultural contexts might vary in their conceptualisations and experiences of depression. Research into Black British men's depression could not be located in the extant literature, highlighting a substantial gap in the field. Nonetheless, Rae's (2016) interviews and focus groups with 12 Somali male refugees in the UK revealed depression was ascribed a Western phenomenon with no Somali familiarity, leading to its construction as 'waali' (madness) as a result of 'Jinn' (supernatural) or 'Shaytan' (the Devil) possession. Similarities were shown in Linney and colleagues (2020) focus groups whereby 23 individuals from the Somali community in Bristol construed mental illness generally as being 'crazy'. Research with Black British women found depression to also be constructed by the Black community either catastrophically as 'madness' or trivially as 'a bit low', despite some participants holding views of emotions and depression as being important (Graham & Clarke, 2021), triggering their employment of the 'Strong Black Woman' strategy to cope (Abrams et al., 2014). It remains undocumented in the literature whether Black British men likewise apply a 'Strong Black Man' strategy to manage their depression experiences, or perhaps drawing on alternative methods given others often perceive their strength as aggression (Cushion et al., 2011). These findings, thereby, endorse and add a British perspective to existing literature on depression amongst Black men/people, showing how the discordance of Black male depression do not relate to low prevalence but rather differences in understandings, presentation, and reporting of experiences.

1.2.4   Trauma in Black Men

Evidence is increasingly emerging suggesting that another psychiatric disorder might underlie Black male depression presentations. Owusu (2021) disclosed to the Guardian that trauma in his early life ultimately led to a diagnosis of borderline personality disorder, correlating with findings that trauma manifests in the aetiology and phenomenology of this disorder (Porter et al., 2020). Owusu explains how he had not realised his lived experiences related to a mental health disorder, partly because Black culture refrains from talking about emotional difficulties despite its presence. David Harewood and Fearne Cotton (2021) on the *Happy Place* podcast discuss how his experience of psychosis was linked with trauma from racist encounters, again aligning with findings on the link between trauma and psychosis (Trotta et al., 2015). Trauma might, therefore, be relevant to consider with Black male depression, supported by Motley and Banks' (2018) systematic review indicating 23-31% of Black men have co-occurring depressive and trauma disorders.

Trauma, or post-traumatic stress disorder (PTSD), is classified in the DSM-5 as a psychopathological reaction to an event experienced as traumatic, characterised by repeated reliving of the trauma (e.g., flashbacks, nightmares), hyperarousal in response to traumatic cues (e.g., fear, panic), avoidance of associative stimuli (e.g., people, places), cognitive and emotional changes (e.g., impaired concentration, increased anxiety), and reactive behaviours (e.g., hypervigilance) (APA, 2013). Complex PTSD, according to the latest *International Classification of Diseases*, manifests in response to multiple and/or prolonged traumatic events, generating negative self-beliefs, emotion regulation difficulties, and impaired relationships from mistrust towards others (WHO, 2018). Meta-analytic studies identify depression as having high comorbidity with trauma (Rytwinski et al., 2013). In both the UK and US, Black women are diagnosed most with PTSD (McManus et al., 2016; Roberts et al., 2011). Despite the substantially low prevalence of PTSD in Black British men than other ethnoracial groups of men (McManus et al., 2016), we can infer from research patterns and anecdotal accounts that reports might not reflect the reality of trauma in this population given the interplay of mental health illiteracy and stigma, reticence, and Black masculinity (further elucidated in subsequent sections).

While research into depression in Black (British) men is sparse, even less exists on trauma. Still, the most frequent form identified amongst these men is *racial trauma*: recurrent psychological and emotional injuries – including hidden wounds – derived from direct and vicarious encounters and re-encounters of racism that cultivates various collective sequelae (Comas-Díaz et al., 2019). It stems from findings that racial discrimination incites race-based traumatic stress reactions (e.g., hypervigilance, avoidance), mirroring typical PTSD symptomatology (Carter, 2007). For example, Polanco-Roman and colleagues (2016) found in their survey study with an ethnically diverse sample of 743 students that Black individuals especially demonstrated a positive association between racial discrimination and becoming dissociative, a common coping response amongst those exposed to trauma. McGowan and Kagee (2013) also identified positive correlations between PTSD and depression, with Black men showing more severe symptoms. Racism, however, is ingrained within the fabric of the world's systems and structures, manifesting both overtly (e.g., urban deprivation, hate crimes, police stop and searches, police brutality) and covertly (e.g., microaggressions), thereby predisposing Black men to mental health challenges (Majors, 2020). The murders of George Floyd, Breonna Taylor, and Ahmaud Arbery in 2020 saw the globe undergo an awakening of the racial reality for Black people, with Black men reporting on the "exhausting" nature of constant racial re-traumatisation whereby "enragement turns into despair, sorrow, then loneliness" (Price, 2020). Furthermore, the news and media continually portray Black men in

a negative light – such as gangsters, the 'angry Black man', hypersexualised, and degenerate (Ferber, 2007; Pasura & Christou, 2018) – which could lead to these men internalising themselves as such, in turn developing a poor self-concept with low self-esteem that places them susceptible to depressive difficulties. Faegin (2006) attests racism, rooted in slavery, represents endeavours to ostracise and oppress Black people that has been perpetuated intergenerationally via epigenetics (Sullivan, 2013); thus, there is strong evidence to suggest that trauma will be embedded within depressive presentations in Black men. It is, nonetheless, important to not generalise the traumatic effects of racism, as some Black men will experience marginal impact, while others may be substantially affected with subsequent mental health difficulties (Keating, 2007).

The next section reviews how (Black) men navigate the process of addressing their experiences with depression: help-seeking.

1.3   Help-Seeking for Depression

1.3.1   Help-Seeking for Depression

Help-seeking is a construct with no universal consensus on its meaning. The term appears self-explanatory but involves multiple complex and dynamic processes that lacked operationalisation until Rickwood and Thomas (2012) systematically reviewed the mental health literature and devised a conceptual model on help-seeking, in turn proposing the following definition: "an active and adaptive process of attempting to cope with problems or symptoms by using external resources for assistance" (p. 180). Their framework reveals five elements of mental health help-seeking: the behavioural *process* of engaging in help-seeking; the *timeframe* involved in seeking help; the *sources* which are sought, including formal (e.g. healthcare services), semi-formal (e.g. work supervisor), informal (e.g. family), and self-help (e.g. website); the *type* of help sought (e.g., therapy, peer support); and the *concern* driving the search for help.

Despite available evidence-based treatments for depression which yield positive clinical outcomes (National Institute for Health and Care Excellence, 2009), many people exhibit reservation to seek professional mental health care, often not reaching out at all or only doing so once their difficulties turn severe (Emslie et al., 2007). Failure to seek help for depression is a significant public health concern given untreated depression not only creates substantial economic cost from greater use of other healthcare resources for comorbid illnesses rather

than specialist mental health services, but individual psychosocial adjustment and quality of life becomes progressively impaired (Fields & Cochran, 2011).

1.3.2   Help-Seeking for Depression in Men

Although help-seeking for depression reticence is routinely observed, men's high levels of passive help-seeking behaviours present paramount concern. Men access help for depression at less than half the rate of women (Rice et al., 2017), exemplified by only 35% of 2019 IAPT referrals being men (Baker, 2020). Unlike women, men appear to rely upon self-management strategies to cope than seek help (Spendelow, 2015). While studies reveal some positive behaviours centred on practicality and problem-solving, including maintaining physical activity, achieving a work life balance, remaining socially connected, and practicing gratitude exercises (Fogarty et al., 2015; Whittle et al., 2015), others show men as adopting unhelpful ways of coping (e.g. substance misuse), only obtaining support when resources are exhausted and late in the depression trajectory (Oliffe & Phillips, 2008). However, this focus on sex differences has been criticised for preserving essentialist impressions of gender (i.e. 'men don't seek help'), thereby overlooking within-gender variability and limiting our understanding of wider psychosocial influences (Addis & Mahalik, 2003).

As such, researchers have studied the process of men's help-seeking for depression more broadly, in which stigma has been consistently documented as inhibiting help-seeking (Scholz et al., 2014; Latalova et al., 2014; Cole & Ingram, 2020). Here, stigma serves to understate depression as 'stress', especially for those men sensitive to their public image, as feelings of shame materialise for their perceived lack of management over depression and needing help (O'Brien et al., 2005; House et al., 2018). Stigma also occurs when presenting to the GP, emphasising physical rather than emotional aspects of depression (Sierra Hernandez et al., 2014), leading to misdiagnoses that steer away from depression onto other issues (Call & Shafer, 2018). However, many men do seek help despite stigma, though differ in their help provider preferences. Some men favour informalised support, such as family or their partner (Addis & Hoffman, 2017), suggesting help might in fact be sought and utilised but not formally recorded. Other men admit experiencing apprehension disclosing their depression to their close connections, thus turning to professional healthcare (Orgrodniczuk et al., 2017) which can yield a positive prognosis if men are offered therapeutic interventions which match their individual style, such as action-oriented and solution-focused therapies (Seidler, Rice, Oliffe et al., 2018). Yet, one in four men are frequently observed as prematurely terminating depression treatment (Swift & Greenberg, 2012), citing disengaging interventions in addition to a poorly trusting and collaborative therapeutic relationship (Seidler, Rice, Ogrodniczuk et al., 2018).

Although we now have an enhanced understanding of men's help-seeking barriers, it appears work is still to be done given their ongoing adverse outcomes, indicating alternative forms of help may be required to better meet these men's needs.

1.3.3   Help-Seeking for Depression in Black Men

While men generally are seen to underuse help for depression, Black men exhibit the least engagement with this process (Williams et al., 2007; Liddon et al., 2018). It is unclear their precise rates of service utilisation for depression, though figures are thought to be very low for Black British men (McKeown et al., 2008). Thus, it is pertinent to consider not only the obstacles such men are facing in the endeavour to seek help for depressive difficulties, but whether alternative means are being sought which are not captured by formal reports.

Campbell (2017) explicates Black men collectively perceive themselves as 'strong' people given their survival of historical injustices plus continuous experiences of racism and discrimination, becoming an internal resource that deters seeking out external help. This self-concept is possibly reinforced by male gender norms of displaying strength. These men are found to construct depression as indicating 'weakness', directly challenging their sense of Black male self and triggering high levels of stigma (Alang, 2016). As such, the literature reveals multiple ways in which these men respond to depressive difficulties. Older Black men appear to deny its occurrence (Conner et al., 2010), whereas younger and middle-aged Black men draw upon strategies such as 'John Henryism', a high effort way of coping with psychosocial stress (Cadaret & Speight, 2018), or maladaptive use of substances (Lindsey & Marcell, 2012) to independently manage, suggesting possible generational differences in coping. However, not all Black men suffer silently. Studies report Black men as turning to family members (Myrie & Gannon, 2013; Piwowarczyk et al., 2014), religious readings (Rae, 2016), and traditional medicine and spiritual healing through religious leaders (Hudson et al., 2018; Ezeobele et al., 2019), implying more cultural methods of managing distress. Moreover, in a progressively digital world, Francis (2021) reveals how Black men are using social media sites like Twitter, particularly when Black celebrities (Kid Cudi, in this case) disclose their mental health struggles, to engage in conversations with an online community in sharing their own difficulties, discussing barriers, and receiving encouragement. Such platforms offer these men an opportunity and space to voice their experiences in a safe way, highlighting the wider and distinct sources of help that may equally be effective. Still, although many Black men will benefit and recover from depression through these means, this likely will not be enough for other Black men whose needs require more focussed interventions via mental health services.

Black men, however, appear to access formal healthcare for support as a last resort; when all options are depleted and now in crisis (Akinkunmi, 2019). Upon entry, they are prone to receiving inadequate care due to what Keating and Robertson (2004) delineate as 'layers of fear'. This includes Black people being popularly regarded as 'the Other', in which they are viewed as threatening and with hostility, cultivating a fear central to racism in all parts of society, including mental health systems. Here, Black men frequently enter mental health services via adverse pathways, for example the police and criminal justice system (Jeraj et al., 2015), leading them to encounter the coercive side of psychiatric services, including involuntary detainment and high use of restraint (Bhui et al., 2018). Some Black men feel this treatment mirrors the racial discrimination they endure in wider society (Memon et al., 2016). Such experiences detract from presenting difficulties of depression as professionals perceive them to be more severely unwell and thus are given inappropriate interventions, such as over-prescribing medication and under-prescribing therapy, perpetuating their emotional problems (Keating, 2007). Consequently, these men develop mistrust and fear of mental health services, with many worried for their life (Keating & Robertson, 2004). In turn, they remain stuck in a 'stalled cycle of recovery' as they delay help-seeking whilst being assigned labels of 'hard to reach' (Robinson et al., 2011; Watkins et al., 2011). Yet, this is problematic since trauma might underlie their depressive presentations, thus Black men require "safe points of entry" (Keating, 2007, p. 9) and non-stigmatising professionals to talk about their problems, process their trauma, and recover. Equally, it is important to hold in mind that the extant literature deficiently captures the several Black men who have experienced 'good' care upon presenting to services for support with their depression/mental health. Therefore, understanding both the challenges Black men are facing in seeking help together with those men who have received positive help-seeking experiences can offer useful insights to enable these men's access to, and provision of, effective depression care.

1.3.3.1 Help-Seeking & Black Culture

Awareness of the cultural context of help-seeking amongst Black men may enhance conceptualisations of its process. Culture is broadly described as shared patterns of communication, beliefs, values, customs, practices, roles, and expected behaviours of a social group (e.g., race, ethnicity) whose members are associated with said patterns (Fung & Lo, 2017). Black men's help-seeking beliefs and behaviours, particularly for mental health problems, is thought to be heavily influenced by Black cultural meanings and norms (Bhui, 2013).

Research has demonstrated Black people, especially African (Ezeobele et al., 2019) and Caribbean (Schwartz, 1985) immigrants, plus Somali refugees (Rae, 2016), understand mental illness as supernaturally derived and hence seek help from faith or folk healers within their community who are seen as having the ability to discern normal health versus illness and can implement alternative therapies (Yorke et al., 2016). However, mental health stigma is rife amongst the Black community, deterring many Black men from even disclosing their difficulties to family or community members (Rae, 2016). For example, expressing mental health distress is perceived within Jamaican culture as 'talking foolishness' (Wedenoja, 1995). Moreover, Black people generally refrain from discussing emotional problems for its perceived weakness in the face of an already oppressive life (Myrie & Gannon, 2013). Accordingly, Black men who hold such views may find Eurocentric mental health systems as divergent to their cultural beliefs and practices. This may be exacerbated by service providers lacking knowledge of Black cultural idioms or how distress is communicated through Black diasporic dialects (e.g., Igbo, Yoruba, patois, creole), leading these men to conceal their difficulties (Bhui, 2013; Eley et al., 2019). Further, accessing services often marks a notable step for Black men when the norm is to not tell others one's 'business' (Bailey, 2020), which healthcare professionals may not realise. Thus, culture represents an important lens through which to further grasp the relationship between Black culture and Black men's help-seeking attitudes and behaviours.

The next section reviews how (Black) men navigate the endorsed barrier of masculinity in help-seeking for depression.

1.4   Help-Seeking for Depression: The Role of Masculinity

1.4.1   Constructions of Masculinity

When closely scrutinising the help-seeking for depression reticence amongst (Black) men, ideologies of masculinity are consistently affirmed. Masculinity entails *socially constructed* ideals, accompanied by prescriptive gendered practices, specifying the male role (Thompson & Bennett, 2017). Through a process of gender role socialisation beginning during boyhood, men learn and internalise masculine norms that others plus culture and society expect them to enact and conform to (Vogel & Heath, 2016). In turn, their masculine identity is thought to reflect characteristics that typify their individual essence (Gough et al., 2016). Accordingly, a plurality of masculinities exist and differ across socio-cultural contexts, with *hegemonic masculinity* prevailing as the most powerful form (Isacco & Wade, 2017).

Connell (1987) constructed hegemonic masculinity as the appropriation of subordinated femininities in addition to other masculinities. Connell (1995) was plain that hegemonic masculinity was unconcerned with fulfilling gender roles about manhood, rather it involves practices and behaviours that exhibit male dominance over women and 'lesser' men. White, heterosexual, middle-class, and educated men represent its archetype, with normative characteristics of exerting emotional and physical control, appearing strong and stoic, denying weakness/vulnerability, remaining self-sufficient through rejection of help, being financially and sexually successful, and displaying aggression (Courtenay, 2000). Men who appear to resist hegemonic masculinity ideals face relegation to a level resembling femininity (Lynch & Kilmartin, 2013). The reality is, however, that only a minority of men achieve hegemonic masculinity standards due to its lack of durability in progressive times (Connell & Messerschmidt, 2005), reinforcing the notion of masculinities as dynamic constructions that are "open to historical change" (Messerschmidt, 2019, p. 87). Relatedly, it has been subject to criticism for its male–female dichotomisation, ignoring within-gender differences that marginalise other forms of masculinities, particularly amongst intersections of race, ethnicity, and sexuality (Messerschmidt, 2018).

Despite Connell's (1987, 1995) theories of hegemonic masculinity being formulated some decades ago, in which constructions and meanings of masculinity will have ever evolved across the eras, his concepts remain relevant today. Indeed, a recent qualitative study by Molenaar and Liang (2020) explored how young men conceptualised their 'ideal' masculine self, who still referenced hegemonic masculinity norms of winning and success as they expressed their desire for career prestige and perceiving themselves as having no barriers.

Although other models of masculinity parallel hegemonic masculinity – such as Mosher and Tomkin's (1988) construction of *hyper-masculinity* involving extreme practices of manhood including sexist attitudes, pro-violence, and emotional toughness bar anger – Coles (2009) upholds a multiplicity of dominant masculinities co-exist, challenge one another, and are continuously re-constructed. This will include British constructions of masculinity; however, the masculinities field is governed by research outside the UK context, thus arising as a notable gap in the literature. Nonetheless, Connell's (1987, 1995) hegemonic masculinity yield implications for (Black) men's help-seeking for depression.

Enacting hegemonic masculinity principles reinforces firmly held beliefs that men do not become vulnerable, men display nonchalance with their health, and men who seek help are feminine (Courtenay, 2000). Such rigid adherence to masculine norms can, in turn, deter men equally from the experience of depression and engagement with help-seeking (Addis &

Hoffman, 2017). Good and Wood (1995) describe this as 'double jeopardy', as these men are susceptible to distress whilst averting support for their problems. With depression entailing an emotive experience, it can be seen as threatening masculine identity, in which qualitative studies reveal men's overcompliance to norms of stoicism to prevent emotional expression (Valkonen & Hänninen, 2012). Such findings align with *restrictive emotionality*: the concealment of emotions when distressed by instead presenting as stoic (Jansz, 2000), being core to hegemonic masculinity but negatively implicating help-seeking for depression. Other qualitative research similarly show how depression challenges norms of strength, generating a vicious cycle of suppressing depression (e.g. substance misuse), excessively adhering to masculinity, and feeling less strong, exacerbating the underlying depression (Chuick et al., 2009). Survey studies also illustrate men's high scores on norms of toughness and self-sufficiency when needing help considering their socialisation to problem-solve (O'Loughlin et al., 2011; Levant et al., 2013). Moreover, some men regard psychological therapy as an effeminate intervention requiring emotional fragility and disclosure, thus disengage to preserve their sense of masculine standing (Seidler et al., 2016). Thus, the processes of experiencing depression and seeking help have been likened with notions of gender role conflict which posit the restrictive nature of masculinity incites inner conflict and self-devaluing, leading to depression (O'Neil, 2015). Constructions of masculinity, therefore, appear influential in directing men's help-seeking for depression, so we can similarly examine constructions of Black masculinity to ascertain its role in Black men's process of help-seeking for depression.

1.4.2 Constructions of Black Masculinity

1.4.2.1 Western Constructions

Constructions of hegemonic masculinity dominate the masculinities field, yet inquiries are mostly represented by White populations, which may not cross-culturally extrapolate. Despite evidence of non-White men all holding distinct and idiosyncratic constructions of masculinity embedded in their individual cultures unlike White men (Pompper, 2010), there has been minimal intersectional exploration of masculinity subjectivities of specific races. Considering Black men, in particular, demonstrate the strongest endorsement of masculine norms, coupled with the greatest help-seeking for depression reservation compared to other races (Woodward, 2011; Vogel et al., 2011), it is alarming that minimal studies exist into this population. I present below an overview of the limited literature available into constructions of Black masculinity and its relevance for help-seeking for depression.

Research on Black British constructions of masculinity are markedly absent. Still, Sewell (1997) wrote about Black masculinity from the vantage point of British schooling, revealing Black British boys develop one of three categories of Black masculine identity: the 'McDonald' model, centred on conformity to Whiteness; the 'Yardman' model, involving sexually prowess, financially flaunting, and rebellious behaviours to demonstrate machismo; and the 'Innovator' model, for those who valued education but were averse to the school system. He stressed these masculinities were driven by Black male powerlessness and thus represented performances of reclaimed power. Nonetheless, his framework presents a pathologising and homogenous portrayal of Black British masculinity, challenged by Alexander (1999) who infers Black British masculinity rather involves the search for control and fluidity over Black male identity, therefore rendering it inherently unique with multiple constructions possible. However, the above literature dates to the 1990s, illustrating the need for contemporary inquiries to update how Black British masculinity is constructed and enacted in the current era in order to ascertain its implications for help-seeking for depression.

Indeed, Black men now negotiate more flexible racial, gender, and sexual identities. For example, the Black British Afro-Caribbean gay men of McKeown and colleagues (2010) study revealed that, although their sexuality challenged their sense of masculinity from homophobic views within the Black community, they now experienced harmony across these parts of their self. This suggests Black British masculinity can be re-constructed to allow for broader ways of being, especially to align facets of identity. Moreover, Edmund (2019), a Black British-American man, speaks about having a masculinity that is "different" for demonstrating caring features for himself and others, learned from his "openly affectionate" father. Both these styles of masculinity oppose hegemonic and hyper masculinities, revealing the spectrum of Black British masculinities. Still, dominant masculinities remain present amongst Black British men. Okwonga, in Owusu's (2019) anthology of real-life Black British male stories, concedes how his construction and adoption of 'Black hypermasculinity' was "the reward, the payback, for all the racism that had come my way and that was to come" (p. 101), reinforcing the differing conceptualisations and driving forces of Black British masculinity. The presented literature, however, is limited by no exploration of how these (negotiated) Black British masculinity constructions impact on seeking help for depressive/mental health difficulties, in which contemporary psychological inquiry is required to generate these insights so outcomes of Black British men can improve.

Although Black men exist in many cultural contexts, in which constructions of Black masculinity will vary, extant literature is instead governed by research with African American men, raising the question as to why inquiries have narrowly focused on this population. Given the overall

deficient literature into Black masculinity, I present the prevailing constructions of African American masculinity as some of the only accounts available in order to contextualise how Black men experience depression and help-seeking. One of the earliest depictions of Black masculinity is Majors and Billson's (1992) *cool pose* exhibited by young African American men involving "a ritualized form of masculinity that entails behaviors, scripts, physical posturing, impression management, and carefully crafted performances that deliver a single, critical message: pride, strength, and control" (p. 4) in defence against historic and current racial oppression, becoming an integral part of their masculinity. Studies corroborate African American men developing a masculinity which navigate systemic barriers from racism. Rogers et al.'s (2015) qualitative field study with 17 African American men revealed their construction of a 'culturally exclusive' model of masculinity centred on leadership qualities of positive role modelling plus providing and protecting the family and Black community, in addition to upholding values of religion, African American history, and toughness, all to present an archetype who could manage both masculine standards and racist barriers. Griffith and Cornish's (2018) interviews with 64 urban African American men also emphasised being a provider through gainful employment, as well as drawing on faith to shape gendered roles (e.g. fatherhood), all in an endeavour to appear middle-class and gain respectability. Still, racial oppression prevented these men from fulfilling hegemonic masculinity standards, in which Connell (1995) deduces Black masculinity an inherently subordinate form, as "the fact that some inner-city African American men are successful in being 'tough' or 'cool'...does not mean that these men are enacting hegemonic masculinity" (Courtenay, 2000, p. 1392). Whilst managing racism appears core to many African American masculinity constructions, this might be culturally bound and not necessarily transferrable to other Black men's constructions of masculinity, such as those residing in Eastern parts of the world whereby racism is less occurrent.

Given the above constructions and practices of Black masculinity, we can begin to formulate Black men's process in averting help-seeking for depression. Mirroring other research with men generally, a recent survey study with Black American men measured adherence to masculine norms and level of depressive symptoms, finding self-reliance norms correlated with higher rates of depression (Goodwill et al., 2020). Hammond (2012) also identified restrictive emotionality within African American masculinity as linked with elevated depressive symptoms. These findings corroborate Plowden et al.'s (2016) assertions that Black men grapple with engaging with depressive difficulties and mental health services due to stigma in the Black community of talking about personal wellbeing difficulties that serve to challenge one's masculinity. Thus, we can strongly assume from the current evidence that masculinity constructions govern help-seeking for depression behaviours amongst Black men.

So, for those Black men who do access support for depressive difficulties, how do they overcome these Black masculinity impediments to engage in this process? Perhaps we can learn from the men shifting the emotional hardness of traditional Black masculinity. Walker (2016) and King (2020) explain how Black men, in response to celebrity deaths of Tupac Shakur and Kobe Bryant, two figures who symbolised more vulnerable aspects to being a Black man, are pausing their stoicism and 'opening space' to express their feelings, contravening their usual Black masculine presentation as strong, firm, and emotionally invulnerable. Furthermore, Prempeh discloses how receiving talking therapy in Ghana alleviated his mental health problems despite feeling vulnerable from his sense of masculinity being challenged (Asiedu, 2020). This suggests that Black men who prioritise emotionality over masculinity may be better placed to seek help for depressive difficulties.

1.4.2.2 Non-Western Constructions

Masculinity represents a constituent of identity, making it not exclusively a Westernised conception, but universally relevant. Hence, it is important to not essentialise constructions of masculinity given existing research and models were primarily conducted in, and thus reflect, the West and may not socially and culturally generalise to non-Western contexts (Jackson & Balaji, 2011). It is, therefore, necessary to consider those constructions of Black masculinity which might not fully align with Western ideas, as they demonstrate alternative masculinity conceptualisations that in turn yield implications for Black men's help-seeking for depression.

One such non-Western construction of Black masculinity is depicted by Bola (2019), a Congolese-born British migrant man, who explains the norm of men in Congolese culture as holding hands, including in public, to facilitate bonding and kinship with one another. This genderless and affectionate quality challenges Western models of masculinity as externally resolute and firmly heterosexual, reinforced as Bola was publicly ridiculed in London by British men when holding hands with his uncle. Bola (2019) also reveals being an 'emotional boy' who engaged and expressed all emotions from joy to sadness, suggesting Black men in more Eastern parts of the world might espouse an affective–relational version of masculinity as customary within those cultures. This type of masculinity implies experiences of depression and accessing support might be embraced, in contrast to dominant Western masculinities which typically avoid help-seeking for depression.

Caribbean masculinities, particularly Jamaican masculinity, appears to share Western hegemonic ideals of being the family breadwinner and leading the home, strengthened by

institutions like the Church (Lewis, 2004; Hope, 2010). However, the economic climate of Jamaica can often make it difficult for men to fulfil these patriarchal Caribbean masculine norms (Hope, 2010). Thomas (2020) interviewed 37 Jamaican men who migrated to Canada for farmwork who demonstrated embodying a masculinity of engaging in domestic activities (e.g., cooking, cleaning, washing laundry) typically associated with female duties, which many of them had been previously socialised to by their mothers, illustrating a blurred sense of gender roles and transgressing dominant Jamaican masculinity. Similarities were observed in studies with both African immigrant men in Australia (Mungai & Pease, 2009) and the UK (Pasura & Christou, 2018) who underwent a 'crisis of masculinity' in their struggle to uphold patriarchal roles of provider and protector upon migrating, as they moved from an African culture of family and community with responsibility as a man, to a Western culture of individualism and materialism which often involved domestic activities. Consequently, they adopted a 'hybrid' form of masculinity which mediated African and Western cultural values, generating fluid ideas about masculinity, thereby emphasising the non-monolithic and social constructionist nature of masculinity. Constructing these forms of masculinity which negotiated dominant masculine ideals for more flexible masculine practices offered these men a new way to exist. This, in turn, might allow other masculine norms, such as restrictive emotionality, to be reframed or eased in order to engage with help-seeking for depression.

Thus, the existence of Black masculinities which deviate Western masculinity models that govern the extant literature indicate how Black men can negotiate and espouse forms of masculinity which liberate from restrictions of dominant masculinities, in turn cultivating positive implications for their ability to navigate seeking help for depressive difficulties.

1.4.3   Positive Constructions of Masculinity

Much of the existing masculinity literature has primarily concentrated on *deficits* in men, with less attention devoted to their *positive* qualities (Englar-Carlson & Kiselica, 2013). Despite its own utility, the focus has produced a singular lens within the spectrum of masculinities (Kiselica et al., 2016). Founded upon positive psychology principles, Kiselica and Englar-Carlson (2010) developed the Positive Psychology–Positive Masculinity (PPPM) model to accentuate ten strengths of masculinity: male relational styles (e.g. developing relationships via activities), male ways of caring (e.g. protecting loved ones), generative fatherhood (e.g. aiding future generations to be more successful than the previous), self-reliance, work ethic, courage, group orientation, humanitarian service, using humour, and male heroism. Although some of these characteristics could border rigidity, such as self-reliance, embracing them *flexibly* may contribute to healthier male behaviours which mitigate help-seeking barriers. Kilmartin (2005)

refers to this process as 'expanding masculinity' to allow for positive action and outcomes. Indeed, the framework promotes the extension of masculinity in an endeavour to unveil the diverse and adaptive conceptualisations of masculinities available and possible. Besides two studies empirically testing and endorsing parts of PPPM (Hammer & Good, 2010; McDermott et al., 2019), other qualitative studies offer evidence for how masculine ideals are in fact adaptable and can be reframed to facilitate engagement with depression and help-seeking. This sense of masculinity having fluidity has been highlighted in Seidler and colleagues (2016) systematic review as they call for researchers to investigate the adaptive mechanisms of masculinity to prompt improved male help-seeking behaviours.

Emslie et al. (2006) revealed in their interviews with 16 British men who experienced depression that by actively embedding their masculine identity into their depression narratives, men *reconnected* with masculine norms of strength and control, in turn recreating a more valued sense of self. Their findings indicate that masculinity is not diminished through the process of engaging with depression, rather it is strengthened. Relatedly, while men can experience conflict between needing help and resisting help in line with depressive symptoms and masculinity ideologies (Johnson et al., 2012), men who reached out for support *redefined* masculine norms of strength and control to permit their help-seeking (Sierra Hernandez et al., 2014). These findings, therefore, convey how masculinity can be negotiated and *reconstructed* to embrace depression, engage with help-seeking, and facilitate recovery, signifying an evolved form of masculinity. This process aligns with the "more humane, less oppressive" ways of being that Messerschmidt (2019) encourages in the venture towards "an abolition of gender hierarchies" (p. 87), aiding men in challenging maladaptive forms of masculinity and fostering healthier masculine practices.

Still, the abovementioned research were conducted with Caucasian men, with deficient literature in the field capturing positive or adaptive characteristics or processes of masculinity in Black men that would offer insight into how to support this population with their experiences of depression and help-seeking. Considering Black men's recurrent and detrimental patterns of masculinity conformity, an approach that harnesses the adaptive elements of masculinity is warranted to enable them to address their depression without fully jeopardising their overarching Black male identity. While a popular misconception of positive psychology is its strengths-based underpinning overlooking problems (Magyar-Moe, 2009), perhaps this reconceptualised masculinity is in fact what is required with Black men who have been problematised and pathologised in many ways, whereas a redirection to shift their narrative onto the promotion of their recovery and positive outcomes is overdue.

1.4.4 Intersectionality

Theories of intersectionality are relevant for better understanding constructions of Black masculinity and its relation to processes of help-seeking for depression. First coined by legal scholar Kimberlé Crenshaw in her 1989 paper of how anti-discrimination law failed to capture the complex individual experiences of Black women, intersectionality understands how a person's multiple identities – including but not limited to gender, race, ethnicity, sexuality, class, ability, age – operate interdependently with its inherent power relations at a given time, influencing the social world and generating complex individual experiences (Hill Collins, 2019). Thus, while collective groups might appear homogenous, there is individual variability (Hill Collins & Bilge, 2020), i.e. qualitative differences in Black masculinity. As such, intersectionality represents an endeavour to be inclusive of *all* dimensions of identities and experiences (Romero, 2018).

When conceptualising Black masculinity, intersectionality proposes these individual's intersecting racial and gender (plus others if relevant) identities operate in unison in the construction and enactment of Black masculinity. Feminist scholars claim gender identity can only be studied alongside its overlapping social identities so that systems of privilege and oppression can be truly realised (Grzanka, 2014), in which Mutua (2006) argues the power disparities faced in being Black and male not only position Black masculinity as intrinsically distinct to other sociocultural forms of masculinity, but constrains achievement of hegemonic masculinity standards. This was shown in Bowleg's (2013) interviews with 12 African American gay men whereby enacting masculinity served to reinforce their sense of manhood in the face of Black heterosexism, yet was superseded by the primacy of their racial identity through experiences with microaggressions. Additionally, Watts and Bentley's (2021) focus groups with 17 African American gay men revealed how having to prove their fulfilment of Black masculinity norms negatively impacted on their mental health when already experiencing challenges with their sexuality. Relatedly, McKeown et al. (2010) found the communities of 13 Black British Afro-Caribbean gay men viewed being male and gay as unable to co-exist. Hence, intersectionality theory recognises how intersecting identities not only inform and shape Black masculinity but contribute to mental health difficulties, whilst acknowledging that constructions and experiences of Black masculinity will individually differ. The current literature, however, deficiently captures Black British heterosexual experiences of masculinity and how this interacts with help-seeking for depression specifically, yielding gaps within the field.

1.5   Rationale & Aims of this Research

Despite evidence of masculinity playing an instrumental role in Black men's disengagement with depression and help-seeking, there continues to be significant gaps in the field. Although the existing body of research has yielded valuable insight into the constructions of masculinity amongst Black men, its inquiry mainly within the US may lack cross-cultural transferability and thus might not capture the masculinity subjectivities and variability specific to a *British* context. That is, the experiences and realities of the US, which contribute in many cases to Black American masculinity constructions and practices, might not culturally concur with the experiences and realities of Black Britons where, for instance, UK culture and the healthcare system differ. However, my literature searches on Black British masculinity constructions have continually generated minimal results over the course of this project, eliciting concerns as to why UK research is so far behind from the dominance of African American masculinity research. Moreover, the extant studies on Black masculinity have failed to highlight the need for inquiry on conceptualisations of Black *British* masculinity, aligning with Yorke et al.'s (2016) claim that research customarily assumes homogeneity of people of African ancestry residing in the US and UK, which in turn undervalues the cultural diversity and differences of these populations across these contexts.

While rates of mental health service utilisation for depression by Black British men are low, it is important to not perpetuate essentialist and racialised opinions that Black men are 'treatment resistant' (Keating, 2021) given the critical concern that these individuals demonstrate the most detrimental mental health outcomes (Bignall et al., 2019). Rather, they represent a group whereby mood disorders such as depression are "historically and continually un-, under-, and mis-diagnosed and un- and under-treated" (Campbell & Allen, 2019, p. 591). Therefore, seeking to understand directly from those Black British men who have accessed support how masculinity ideologies were negotiated to facilitate their help-seeking for depression would divulge crucial knowledge so that more members of this group can be supported and their outcomes improved.

As such, this research is intentionally interested and focused on exploring and developing via CGT methodology a framework of how Black British masculinity is constructed, and perhaps re-constructed, during the process of help-seeking for depression, thereby expanding the available understandings of Black masculinity. To my awareness, this is the first psychological study to do so. With current literature privileging racial diversity via samples of predominantly African American men (Wong et al., 2017), a strength of this inquiry is its inclusion of Black British African, Black British Caribbean and its diasporas voices as neglected samples in

current literature, thereby giving these particular men a space to share their experiences. Moreover, it may be the case that Black British men are obtaining help, but not through the means of formal mental health services, thus this study implicitly intends to reveal what sources are being sought and utilised. By permitting those men who self-identify with depression regardless of clinical diagnosis, an array of Black British male depression and help-seeking experiences can be captured, unlike formal reports which measure only those who come forward. Furthermore, attending to re-constructive mechanisms of Black British masculinity not only advances the field to better consider adaptive masculinity processes, but joins social movements – including William's (2018) '56 Black Men' and Amrani's (2019-2021) 'Modern Masculinity' Guardian series – on changing Black male narratives to cultivate more affirmative portrayals over domineering negative branding propagated by the media.

1.6   Counselling Psychology & Wider Implications

This study offers important contributions to the discipline of counselling psychology. By addressing this 'problem area' (Glaser, 1978) evident by the research literature gaps, counselling psychology pioneers the onset of dialogue, supplemented by empirical inquiry, into this understudied area of Black British masculinity and the depressive needs of Black British men, putting the field at the forefront of contemporary research.

Consequently, this research yields counselling psychology practice implications. Although counselling psychologists commonly work with male clients, Black British men are likely more infrequent users of therapy. This is understandable given therapeutic interventions involve self-disclosure, emotional expression, and feelings of fragility, challenging Black masculine ideals of restrictive emotionality and self-reliance (Mahalik & Rochlen, 2006). However, studies indicate men often value when therapy encompasses masculine norms (Seidler, Rice, River et al., 2018), with the consulting room materialising as a key space to soften rigid masculine views and generate modified notions of help-seeking for depression as strengths (Martin, 2016). Thus, counselling psychologists can draw upon the insights gained on Black British masculinity through this study to enhance their *cultural competence*: an awareness of self and others, including one's values and biases; knowledge on various cultural groups and systemic barriers; and skills in providing culturally appropriate treatment (Sue et al., 2019). Here, counselling psychologists can formulate Black British men with greater understanding and sensitivity, cultivating Black British male-friendly practice and relevant models of care to meet their needs, thereby facilitating their recovery process and positive outcomes (Henton & Kasket, 2017).

In turn, the aims of this research reinforce counselling psychology core values (Orlans & van Scoyoc, 2008). Its intersectional positioning recognises the idiosyncratic nature of Black British men's constructions and experiences of masculinity from other groups, thus taking an empowering stance by giving voice to a neglected population, in line with the profession's ethos of 'appreciating individuals as unique'. Furthermore, this research adopts a wellness approach with its interest in the adaptive mechanisms and processes of (re)constructed Black British masculinity in facilitating help-seeking behaviours and recovery from depression, thereby fulfilling counselling psychology values of 'a focus on facilitating growth' and 'an orientation towards empowering people'. Accordingly, this inquiry may stimulate further research activity to strengthen this knowledge, which may have implications not just for help-seeking for depression, but help-seeking for an array of mental health problems in Black British men.

Additionally, this inquiry holds wider-level relevance. Whilst this study begins to meet research gaps of both Black British masculinity and Black British men's experiences of depression and help-seeking, it investigates 'bigger picture' issues (Bainbridge et al., 2019), in turn producing meaning and impact. Black men have been subject to enduring pathologising, discrimination, and structural inequalities. This includes Black men being diagnosed five times more than others with a severe mental health disorder, particularly psychosis (Bhui et al., 2003; Equality and Human Rights Commission, 2016), generating a six-fold chance of becoming an inpatient after being sectioned under the Mental Health Act (Vernon, 2020), overriding depression as a common mental health disorder that can yield a less acute prognosis and cost-effective benefits if promptly and appropriately treated. Moreover, Black men are routinely overrepresented in criminal justice systems (Walker, 2020) and relentlessly at the centre of racist policing, attacks, and murders (Joint Committee on Human Rights, 2020), meaning other critical issues such as depression go overlooked, let alone acknowledging the successes of this group. This research, therefore, not only seeks to explore other challenges Black British men are facing, but how to overcome this to enable these men to survive and thrive.

The next chapter details the methodological design of this study.

Chapter 2: Methodology

2.1   Overview

In this chapter I detail the research process of this study. I first contextualise how I developed the research question, elucidating its underlying assumptions. Next, I discuss the paradigms within which this research is positioned before exploring my subjective relationship to the subject of inquiry. I finish by describing relevant ethical considerations together with the research method and analytic procedure. Reflexivity notes are embedded throughout.

2.2   Development of the Research Question

Having worked in public and third sectors I not only witnessed how rates of men, in particular, presenting to mental health services were low, but that such individuals who did wrestled with the sense of remaining 'a man' in seeking help for depressive difficulties. They emphasised the inherent shame in reaching out, leading me to become interested in how these men both conceptualised the meanings of being a man and overcame its perceived barriers to access the help needed. Existing literature defined this systemic issue as 'masculinity', in turn assisting with my refinement of the research question to focus on Black British men considering evidence this population sought help the least. With scant inquiry into this group, and no clear framework of Black British masculinity, I intended to determine whether a theoretical model or social process could explicate how masculinity is constructed and/or re-constructed in the context of help-seeking for depression. I hoped the insights gained would aid other Black British men in accessing support for depressive difficulties.

In CGT, the research question drives the conduct of the study and thus its construction denotes a critical stage of the research process (Birks & Mills, 2015). The following research question was developed through a combined personal and theoretical basis to guide this inquiry: **How do Black British men (re)construct masculinity when seeking help for depression?**

The following assumptions underlie the research question:
- Masculinity exists as a construction;
- Black British men hold distinctive masculinity constructions;
- Masculinity can be re-constructed;
- Masculinity is relevant to help-seeking for depression;
- Masculinity in the context of help-seeking for depression has real psychological or social processes;

- Masculinity is uniquely implicated for Black British men seeking help for depression;
- Black British men know the processes by which their masculinity is (re)constructed;
- Masculinity (re)constructions can be expressed and represented in language;
- Black British men are willing to share their accounts as part of this study;
- I can construct an interpretation of the participants' accounts.

2.3 Research Design

2.3.1 Research Paradigms

Research inquiry aims to produce useful and meaningful knowledge about the world. This is underpinned by assumptions the researcher holds about the nature of reality ('ontology') and knowledge ('epistemology') based on selected theoretical positions stemming from varying philosophical paradigms (Denzin & Lincoln, 2017). As these positions set the context for the research, it interconnects with the chosen methodology plus methods of conducting the study, thus must be defined from the onset (Crotty, 1998). I determined the research paradigms informing this study using Willig's (2012) suggestions to synthesise my assumptions of the overarching research and its research question, my ontological and epistemological beliefs, and my role as the researcher in the research process. I delineate my positions below.

2.3.1.1 Ontological Position

Willig (2013) advises distinguishing the research aim of either illuminating the *objective reality* of the world whereby psychosocial processes exist independent of what might be known about them ('realist' position), or offering sense- and meaning-making reflections on the *subjective realities* of individual experiences within the world ('relativist' position). In ascertaining my ontological position, I wanted to choose a paradigm that would enable truths of the participant's worlds to become known, while aligning with how my own beliefs and meanings of the world and its truths integrate in the research process.

The conceptual phase of the research process saw the formulation of the research question. Extending the assumptions underpinning the question, I hold the view that masculinity is not unitary but rather socially constructed by Black British men based on their sociocultural context, thus there is no one true reality (Bernstein, 1983). Yet, I believe a particular external world does exist for Black British men beyond social constructions, and their meaning-making regarding masculinity occurs within their real realities, even though this would only be a partial representation of it (Willig, 2016). Additionally, I assume Black British men hold discrete

constructions of masculinity, shaped by their subjective understandings of their experiences and processes in this social world, whereby such constructions have real consequences for accessing support for depression – which may inform larger social processes around Black men as a collective group and help-seeking for psychological distress (Bhaskar, 1975). Finally, I recognise how my individual experiences and reality influenced the collection and analysis of data, as the interactive process between the participant and myself produced a co-construction of a shared reality of the participants' world (Charmaz, 2000). Therefore, I define my ontology as critical realist, located between realist and relativist.

Reflexivity 1

I initially found it challenging to choose an ontological position. I first was drawn to relativist, feeling it best accounted for all the subjective realities of each participant plus myself. But something sat uncomfortable with me. I knew I disagreed with pure realism but equally I felt pure relativism did not capture the real social reality of these participant's worlds. Then I stumbled upon Willig's (2016) paper '*Constructivism and 'The Real World': Can they co-exist?*', whereby she elucidates how individual experiences are located in real (social) contexts and conditions, suggesting realist underpinnings. I finally gained clarity and confidence in determining my critical realist position.

2.3.1.2 Epistemological Position

In ascertaining my epistemological position, Willig's (2008) core considerations guided my cross-examination of my beliefs about the world and its knowledge, what knowledge I hoped to produce through this research, and how I conceptualised my role in portraying this acquired knowledge.

Accordingly, I established my view that individuals develop knowledge and meaning of the world through constructions in their mind, relative to their subjective experiences and interpretations of the world (Guba & Lincoln, 1994) and "filtered through the lenses of language, gender, social class, race, and ethnicity" (Denzin & Lincoln, 2017, p. 53). As such, I believe there exists multiple social constructions of masculinity, which are fluid and variable, whereby some Black British men may construct masculinity which already allows for help-seeking for depression, whereas other Black British men may re-construct masculinity to facilitate this. Thus, this study aimed to gain insight into masculinity (re)constructions amongst Black British men to understand how this is implicated in help-seeking behaviours for depression.

Yet, I must consider my developed understandings and meanings of the world from my own lived experiences. I saw my personal and researcher roles and values as inevitably interacting with the research process. Not only did I anticipate this materialising in the dynamic contact between myself and the participant, but in my interpretations of how these men (re)construct their masculinity, as they contained influences from my subjectivity. Therefore, I define my epistemology as constructivist. However, as Black British men are an understudied population in this topic area, I sought to honour their expert by experience views by co-constructing the findings with the participants to ensure close resemblance to their world meanings (Hayes & Oppenheim, 1997). I also note that given the constructivist framework, the findings represent a *single co-construction* of reality, rather than an *objective* reality, and thus another co-construction could generate alternative results.

The process of identifying my constructivist epistemological stance involved consideration of counselling psychology values as intrinsic to my intersectional identity as both researcher and counselling psychology practitioner in parallel with the participants intersectional (i.e. gender and race) identity. The assumptions of constructivism appeared to align with the humanistic values central to counselling psychology; for example, counselling psychology appreciates individuals as unique and prioritises their subjective experiencing (Orlans & van Scoyoc, 2008), thereby aligning with this study's aim to honour the subjectivity of Black British masculinity (re)constructions and how its meanings represent real realities.

Engaging in ongoing reflexivity throughout the research process is advised when occupying a constructivist epistemology to manage the influence of the researcher's worldviews and values (Ponterotto & Grieger, 2007). Here, the researcher should acknowledge their personal relations to the inquiry and monitor its effect on data collection and analysis, rather than excluding their connection given its unavoidable impact on the research outcome (Ponterotto, 2005). As such, the researcher uses themselves as an instrument to facilitate the study. I, therefore, embraced my subjective take within the research process, making use of reflexivity throughout, detailed further in reflexivity sections and boxes.

2.3.2 Methodology

2.3.2.1 Rationale for Qualitative

Research, particularly psychological research, has been governed by quantitative methodologies, which lean towards a realist position by objectively testing generated hypotheses (Pistrang & Barker, 2012). As such methodologies seek to deduce a phenomenon,

often guided by existing evidence, new theoretical insights into the subject area are limited (Willig, 2013). With scarce research into Black British masculinity (re)constructions, a quantitative approach was deemed unsuitable for yielding meaningful knowledge into this topic. Furthermore, it conflicted with both the research aims and chosen paradigms of this study.

Qualitative methodologies, by contrast, focus on subjective experiences and how reality is socially constructed (Denzin & Lincoln, 2017), moving away from objectivist notions. Its position to research inquiry is inductive and exploratory, in turn allowing new understandings of phenomena to be discovered (Flick, 2018). A qualitative approach, therefore, was considered appropriate as its open stance would facilitate the personal narratives of Black British men to directly yield the initial insight into this area, aligning well with the research aims and adopted paradigms. This was also felt to be essential for this study whereby the participant population has been understudied in the literature, thereby serving to empower them as a collective group.

2.3.2.2 Assessing Methodologies

This sub-section details methodologies that were considered to set the context for the selected methodology of this study.

Thematic Analysis

Thematic analysis (TA; Braun & Clarke, 2006) is a qualitative methodology which identifies and organises *themes* in meanings across a dataset to make sense of shared experiences. It suits research areas which are underserved or lacks in specific voices as it generates initial understandings to be investigated further. Thus, TA presented as particularly relevant for this study given deficient inquiry into (re)constructions of Black British masculinity and its influence on help-seeking for depression. Adopting TA would involve discerning the patterns in masculinity (re)constructions in help-seeking experiences across Black British men as a collective group, offering novel insight considering there is no such data available in the psychological literature.

An advantage of choosing TA is its theoretical flexibility (Willig, 2013). Braun and Clarke (2006) describe TA as a methodology which can address research questions from several philosophical paradigms, such as social constructionist and realist, by ensuring the theoretical assumptions are clearly enunciated in relation to how the data will be understood. This means

TA allows for interpretations of the data from multiple perspectives, generating rich understandings of the studied phenomenon, in turn introducing a firm foundation into knowledge on the subject area.

Although TA appears highly appropriate for the present research, this study seeks to go beyond initial and thematic understandings of masculinity (re)constructions by determining *processes* which can be formed into tentative theoretical explanations that are useful for conceptualising and working with this population. While TA resembles other qualitative methodologies whereby coding reveals the inherent meanings within the data (Willig, 2013), the lack of procedure of raising such findings to a theoretical level was felt to not adequately fulfil the research aims of theory generation. TA was, therefore, discounted.

Interpretative Phenomenological Analysis

Interpretive phenomenological analysis (IPA; Smith et al., 2009) is a qualitative methodology which focuses primarily on the value of *subjective experiences* and meaning-making to develop rich conceptualisations of a given phenomenon. It aligns well with counselling psychology values and is thus a popular choice of methodology within counselling psychology research.

Adopting IPA for this study would involve attending to the neglected voice of Black British men in the field by exploring their unique help-seeking for depression experiences. This would have particular value considering narratives on Black British men typically overlook their difficulties with depression. Consequently, this would elicit understanding into how constructions of masculinity are impacted. Comprehensive insight into Black British male experiences would, thus, be importantly generated, thereby partially fulfilling the research aims. However, this study equally seeks to discern the (re)constructive individual and social *processes* of masculinity and how this might interact with help-seeking for depression experiences, emerging into a tentative theoretical framework to better conceptualise this population plus stimulate further research activity. I determined IPA as not sufficiently capturing such processes and was, therefore, eliminated.

Grounded Theory

Grounded theory (GT; Glaser & Strauss, 1967) is a qualitative methodology developed as an alternative to dominant deductive methodologies. Its central tenet is that theory arises directly from, and is therefore 'grounded' in, the data to explain "individual processes, interpersonal

relations, and the reciprocal effects between individuals and larger social processes" (Charmaz, 1995, p. 29). Hence, GT acknowledges the role of context, such as culture and society, and its influence on individual meaning-making in relation to a given phenomenon. In turn, GT is particularly useful for neglected research areas as it yields a tentative theoretical framework in which further research can expand upon the founded concepts (Birks & Mills, 2015). Thus, combining the novelty of this research area with the study aim of illuminating the (re)constructive *processes* of masculinity amongst Black British men when seeking help for depression, which could consequently generate a preliminary theory, GT appeared a well-suited methodology for the current research. Its consideration of individual and social processes and contexts was deemed essential and differentiated it from other qualitative methodologies. Indeed, Fassinger (2005) defines GT research as a "methodological exemplar of the scientist–practitioner model" (p. 165), suggesting the aims of GT align well with counselling psychology.

Since its inception, GT has expanded into several versions following methodological disagreements; Charmaz (2014) provides a succinct summary of differences between the GT models along with the various debates.

2.3.2.3 Choosing Constructivist Grounded Theory

Assessing the research aims alongside my constructivist epistemology plus critical realist ontology, I was led to CGT (Charmaz, 2006, 2014) as the apt methodology for this study.

Theoretical shortcomings of earlier forms of GT distinguished the decision for CGT. Glaser and Strauss' (1967) original GT essentially espouse positivist notions by separating the researcher from the research process so as to not interfere with the findings. Consequently, Charmaz (2006) developed the constructivist version in response to these limitations, moving away from positivism towards subjectivism. The main distinction is the active role of the researcher in the research process, as opposed to being a 'passive observer', in which Charmaz (2014) argued it is inevitable that the researcher's constructed meanings and worldviews from their lived experiences will interact with the participant, the collected data, and the analysed data. Hence, it is probable that the researcher will bring their individual assumptions, privileges, and positions into the inquiry and, as such, CGT perceives the research findings as representing a co-construction between the participant and the researcher (Charmaz & Henwood, 2017). Previous GT versions are refuted by claiming findings and theory are 'constructed' rather than 'discovered' and, therefore, no one 'truth' exists but rather interpretations of phenomena (Mills et al., 2006). Accordingly, I recognised how I cannot bracket myself in this research, so

sections and boxes on reflexivity throughout aim to capture the ways in which I have endeavoured to remain sensitive to what is mine.

Charmaz (2006) also acknowledges the intrinsic part social context and structures play in held constructions and lived experiences. Indeed, the research findings are co-constructed via the social interaction between the participant and myself. Charmaz (2014) explains how CGT seeks to reveal "how, when and to what extent the studied experience is embedded in larger and often hidden structures, networks, situations, and relationships" (p. 240). This suggests that Black British masculinity (re)constructions will likely be integrated in wider social factors that drive how it operates when seeking help for depression.

CGT was also favoured for its methodological flexibility compared to prior GT methods. For instance, Corbin and Strauss' (1990) version has faced criticism for its exhaustive and mechanical coding system, which may restrict full and accurate depictions of participants' worlds and experiences (Kenny & Fourie, 2015). CGT, however, enables the researcher to engage with active coding and rich writing to uncover multiple meanings of the data (Mills et al., 2006), thus offering a more interactive analysis and deeper construction of theory. CGT would, therefore, prevent the meanings and voice of this underserved population from being lost through rigid analysis, while revealing crucial insight regarding the process of masculinity (re)construction in enabling access to help for depression, yielding clinical implications of improved care for Black British men.

Choosing CGT in turn guided data collection and analysis, detailed in sections 2.5 and 2.7.

2.4   Reflexivity: My Positions to the Research

CGT affirms the researcher's individual assumptions and experiences together with multiple positionalities inevitably influence the research process as "we are part of the world we study" (Charmaz, 2006, p. 10). As such, Charmaz (2014) encourages continual engagement with reflexivity during the course of the research to monitor its effects at different stages of the inquiry, as well as consider how the co-constructed findings are partly shaped by the subjectivities of the researcher. I, thus, engaged in reflexivity throughout, particularly to actively recognise and address my biases, privileges, and positions of power in relation to the participant group, in an endeavour to practice with research sensitivity and develop robust findings. These are explored below plus across the chapters.

Qualitative researchers have deliberated the implications of being a member of the studied population ('insider') or not ('outsider'). Dwyer and Buckle (2009) assert dichotomously classifying oneself as either may be restrictive and that a 'space between' both positions can be adopted to recognise elements of sameness and difference with participants and how these manifest in the research. I deemed myself as holding the space between position. Indeed, I operated from several lenses in this study: female, Indo-Caribbean Guyanese, practitioner, and researcher. Despite intentions to predominantly assume a researcher position, I realised that each part essentially governs my identity and cannot be wholly separated. Nonetheless, these positions had differing implications for the research.

Being female and Indo rather than Black Caribbean, I acknowledge my assumptions regarding unfamiliar phenomena of masculinity and, specifically, Black British masculinity. Although I have witnessed masculine portrayals by male family members, Indo-Caribbean Guyanese masculinity potentially has distinctive characteristics that diverge from other Afro-Caribbean masculinities. I, thus, felt an outsider in knowing I cannot truly comprehend and, equally, cannot fully portray the meanings and experiences of Black British men; though, I did see these parts of the data as an opportunity for me to learn. Nonetheless, I realise that as a non-Black person, I immediately assume a higher privileged position than the participants in a persistently White supremacist world, meaning I hold a greater sense of power in revealing their unique model of masculinity in the context of help-seeking for depression.

Additionally, as a practitioner, I regard it as important to seek help for depression and especially support the use of psychological therapy to address such difficulties, which could contrast with the views and practices of Black British men if engaging in alternative methods of managing distress. Through my training, I also have developed strong conviction for the value of fulfilling one's intrinsic needs, so perceive it as possible for these men to re-construct the meanings of masculinity to facilitate help-seeking. Accordingly, I hold a position of power that inherently comes with my role as a counselling psychologist that presents me as an outsider to the participants' worlds, yet I can advocate for the processes these men engage in when help-seeking.

Being the researcher of this study also came with an instinctive sense of difference, particularly as my role involved underlying power. This included overseeing the study, holding the participants' personal stories, interpreting their accounts, and choosing which segments were presented and contributed to the body of knowledge on this understudied topic. Participants might have been sensitive to power differentials between us, affecting their engagement and

shared account during data collection. I am mindful that other power processes may have been implicit which went unidentified.

Collectively, these observable differences might have impacted those coming forward to participate in the study, my relationship with the participants and the depths of their shared accounts, and how representative the findings are of the participants experiences and meanings.

However, I adopted a moderate insider position in other ways. Being an ethnic monitory individual from an Indo-Caribbean background enabled me to not only establish good rapport with the participants due to a degree of sameness, but identify intercultural similarities in the data and present these nuances. Furthermore, my own identity negotiation processes pertaining to gender, race, and professional status meant I related to reconstructive processes. These personal insights, in turn, allowed me to strengthen my connection with participants when expressing these parts of their story, collect thick data, and richly interpret and convey these processes of the findings. Still, it is probable that I jumped to assumptions about the participants reconstruction processes due to my own lived experiences, thus I was careful to disentangle my processes from theirs by focusing on the data plus research question and completing memos when uncertain.

By engaging in reflexivity, I implemented various measures to contain any interferences within means plus address my biases to enhance the overall rigour of the findings. I assumed an open and curious attitude during data collection, alongside adopting counselling psychology values of a non-hierarchical stance (Orlans & van Scoyoc, 2008), to reduce power differentials and facilitate participants to feel heard and understood, thereby extracting rich data. One such way was offering participants to verify their interview transcript. Through a self-reflective journal and memos, I wrote reflexively to note and process my thoughts and feelings about the research. Research supervision and peer discussions aided this process as they were often spaces for me to uncover my assumptions, learn more about these men's worlds, and remain focused on the research question. I also attended relevant events ('Black Men on the Couch', Guardian lecture on 'Black and British masculinity expressions', the Barbican's 'Masculinities' exhibition, the British Psychological Society (BPS) male psychology conference), as well as engaged with selective readings and media regarding Black British masculinity, depression in Black British men, and help-seeking amongst Black British men to submerge myself in the voices and views of the Black male community as a way of honouring and meaningfully representing this population.

2.5   Method

2.5.1   Participants & Sampling

Charmaz (2014) explicates sample sizes are difficult to pre-determine given the dependence on a clear research question, adequate sample, and comprehensive data analysis. She, nonetheless, suggests 12 participants might suffice. This study was decisively smaller with nine participants plus one pilot, though correlated other GT investigations (Starks & Trinidad, 2007). However, I aimed to recruit fewer participants to focus on rigorous data collection and analysis given the extant literature would benefit from rich findings than potentially substandard data.

Participants were required to meet the following inclusion criteria at screening (Appendix 4), otherwise they were excluded from participation in the study:

- English-speaking
- Aged 18+
- Self-identifies as a Black British man of African and/or Caribbean descent
- Self-identifies with masculinity, defined as what it means to be a man
- Has experienced depression, either formal diagnosis or self-reported
- 'Severe' depression not present, as evidenced by a score of <14 on the Patient Health Questionnaire 9 (PHQ-9; Kroenke et al., 2001)
- Suicidality not present, as evidenced by scoring 0 on question 9 of the PHQ-9
- Sought any form of help for depression
- At least six months post-therapy and/or psychiatric services, deemed sufficient as the minimum timeframe for stabilisation in the recovery process
- Temporary provision of GP details, to manage any arising risk during the interview
- Consent to audio-record the interview.

Participant demographics, collated from the demographics form (Appendix 9), is summarised in Table 1. Participants ranged from across the lifespan, with seven coming from a Caribbean background and two from an African background. Participants volunteered their sexuality during interviews, with eight identifying as heterosexual and one identifying as gay.

Table 1: Participant Demographical Summary		
Age range	Ethnicity	Sexuality

21-62	African:
	    Nigeria (N = 2)
	Caribbean:
	    Jamaica (N = 3)
	    St Lucia (N = 2)
	    Guyana (N = 1)
	    Trinidad (N = 1)
		Heterosexual (N = 8)
		Gay (N = 1)

In line with CGT methodology, purposive and theoretical sampling were utilised. Purposive sampling was employed with the initial six participants who yielded rich data on identifying as Black, conceptualisations and processes of masculinity, and depression and help-seeking experiences. Two gaps in the data emerged following analysis: i) the role of shame in the help-seeking for depression process; and ii) how participants now formulated their masculinity and overall identity having experienced depression and getting support. Theoretical sampling was accordingly employed with the remaining three participants by amending the interview schedule to integrate exploration of these specific areas

2.5.2   Recruitment

Recruitment involved two rounds: January and June 2020. My supervisor advertised the recruitment flyer (Appendix 3) via her networks, but recruitment was primarily facilitated by myself. This included disseminating printed flyers at events (e.g. Black Men on the Couch), announcing via my social media platforms of Twitter, Instagram, LinkedIn and Facebook, and circulating the flyer within my personal and professional groups. Participants were also encouraged to consider and inform potential participants from their circles via snowballing. Six participants were promptly secured.

The second recruitment round took place online due to constraints of the covid-19 lockdown, thus plans to distribute flyers across venues Black British men frequent (e.g., churches, mosques, barbershops, gyms) could not be utilised. Difficulties were experienced in securing the final three participants, so online methods were expanded and the matter was reviewed in supervision to identify creative solutions. Here, the flyer was repeatedly circulated via social media, alongside organisational newsletters following email approval from the relevant manager, including the BPS Division of Counselling Psychology, the BPS Black and Asian Counselling Psychologists Group, and the Black, African and Asian Therapy Network. Recruitment concluded in August 2020.

The second recruitment round commenced one month after the death of George Floyd. I struggled to secure participants, understandably. The Black community were experiencing substantial re-traumatisation and grief – especially as it involved yet another Black man's life – that time to process and recover was needed. I can only imagine this pain. Furthermore, the world really listened at this momentous point in time to the injustices the Black community had recurrently been subjected to. In my first recruitment round, my research stood out. In my second recruitment round, social media was flooded by a wealth of information plus an influx of research into Black experiences – the world was interested so the opportunity was being seized. I think my research callout was lost amongst it all. Altogether it makes sense that recruitment was at a standstill. My supervisor encouraged me to keep going, which brought me back to one of my motivations – that there are other difficulties these men are experiencing that require its own space. I was happy the final participants came forward in July and August.

2.5.3 Interviews

Focus groups were considered for the core data collection method given its potential to connect and empower the participant group, but was ultimately decided against in case possible group dynamics impeded the discussion of sensitive topics of depression, help-seeking and masculinity, which might have led to stigmatisation. Interviews, therefore, were deemed to offer a safer and more trusting space, with better protection of confidentiality.

Conducting a pilot interview prior to formal data collection enables the researcher to trial the research interview process, assess suitability of the interview questions, and observe their interviewing skills. Adjustments then can be made to augment the formal interviews. I felt completing a pilot interview was crucial so I could facilitate effective interviews and thus maximise generating rich data, especially as I lacked some self-confidence with my outsider positioning as a non-Black female researcher new to the topic area. Therefore, the screening and interview procedures were followed with a Black male I knew who agreed to partake for piloting purposes and met inclusion criteria. His feedback accordingly resulted in refinement of the interview questions. For example, he reflected how he did not strongly relate to parts of the schedule which asked explicitly about his 'Black' identity, but could better answer questions if framed as 'culture'. I, thus, decided to include both to aid participants being able to respond either way. Further, the pilot interview provided an opportunity to recognise my individual style. I noticed, for instance, patterns of reflecting and summarising, drawn from my familiar practitioner role, which appeared to counterproductively elongate the interview and not

necessary yield robust data. This, accordingly, facilitated changes for future interviews, such as adopting Charmaz's (2006) recommendation of a 'directed conversation' stance. The pilot interview offered me greater confidence to proceed with formal data collection.

Data was collected via one semi-structured interview between myself and the participant, following an interview schedule with prompts (Appendix 11), later amended for theoretical sampling (Appendix 12). Interviews lasted 60-90 minutes and were audio-recorded via a password protected and encrypted device. The first two interviews were conducted face-to-face at a private space at City, University of London. The remaining seven interviews were held online via Zoom due to the covid-19 pandemic.

<div style="border:1px solid black; padding:10px;">

<div align="center">Reflexivity 3</div>

I had been nervous to move to online interviews having done two face-to-face. Will it be really different? Will we establish rapport, especially given my differences as a non-Black female? Will they open up in the same way with us being online? Will my data be weaker? How can I support this to be as meaningful and welcoming as possible? So many questions and anxieties whirred around, and probably did somewhat for the participants too, and actually it turned out great. Participants were really engaged and forthcoming, persevering through any connection issues. I was really clear with participants that I was thankful for their time and that we didn't need to take the 90 minutes as I appreciated the novelty of this online stuff, but actually participants still used the full 90-minute timeframe. I think it showed me how much participants were really valuing of the space to have their voices heard, even if that space had to be online.

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Willig (2008) advises the interview schedule to consist of open-ended questions which begin broadly and gradually focus onto the research topic and more sensitive areas. Thus, I structured the questions to first ask about the participant's Black identity, then masculinity, moving onto their depression and help-seeking experiences, finishing with a consideration of the discussion as applied to Black men generally. However, it is noted that interviews did not rigidly follow this agenda at times but rather followed the organic flow of the discussion.

2.5.4 Procedure

Participants who expressed interest in participating were emailed the participant information sheet (Appendix 6 for pre-covid-19, Appendix 7 for covid-19-specific) within 24 hours. For those happy to proceed, I organised a 30-minute screening call via WhatsApp (for its end-to-end encryption) within 24-48 hours to ensure the inclusion criteria were met and answer any questions. Part of the screening procedure involved telephonic completion of the PHQ-9

(Appendix 5) to measure depression severity and suicidality. During the covid-19 pandemic screening also included discussion of the online interview process.

Following screening, I arranged the interview at a mutually convenient time and location. Participants who formerly agreed to a face-to-face interview were offered to withdraw from participating should they wished to not proceed online; however, no participant took this option. Guided by an interview schedule, steps included revisiting the appropriate information sheet, gaining informed consent (Appendix 8), and completing a brief demographics form before commencing the main interview questions. For online interviews, the consent and demographics forms were emailed in advance. To finish, a debriefing sheet (Appendix 10) was provided, alongside a review of the participant's wellbeing. While no participants reported distress from the interview process, the support organisations detailed on the debrief were highlighted regardless. Participants were also offered to verify their interview transcript, as well as receive a summary of the final results when available; all participants accepted and were informed of both procedures.

Following the interview, I securely stored all the data and proceeded with verbatim transcription. Upon receipt of transcription verification from each participant by a specified deadline, I commenced the analysis. No participants received compensation for their participation.

2.6 Ensuring Research Quality

To ensure qualitative research is of high quality, various criteria are available to measure the study for its rigour and credibility. Table 2 outlines how I drew upon Yardley's (2000) quality control recommendations to ensure this research achieved robust standards.

Table 2: How This Study Ensured Standards of High-Quality Research	
Yardley (2000) Quality Control:	Methodological Response:
Sensitivity to context (e.g., theoretical, relevant literature, empirical data, sociocultural setting, participants' perspectives, ethical issues)	• Chapter 1 reviewed relevant literature of this topic to contextualise the current inquiry. • Interviews with Black British men gathered empirical data directly from the population of interest. • CGT analysis involved ensuring interpretations were grounded in participants' perspectives; Chapter 3 integrated direct quotations from participants' transcripts.

	• Black, British and contemporary sociocultural contexts are explored in each chapter.
	• Ethical issues, particularly those pertaining to power that are important for this population, are considered in section 2.7.
Commitment & rigour (e.g., in-depth engagement with topic, methodological competence/skill, thorough data collection, depth/breadth of analysis)	• Memos plus multiple forms of reflexivity (see sections 2.4 and 4.6) not only facilitated engagement with the topic, but deepened analytic interpretations in yielding robust findings.
	• Guidance was sought from researchers and peers with skills in both qualitative methodologies and CGT to enhance CGT competence. My research supervisor provided feedback at all research stages to ensure its conduct was rigorous.
	• 60-90-minute interviews were offered to provide participants space to voice their experiences, in turn generating thick data. Theoretical sampling was applied after analysis of six participant transcripts to ensure remaining data collection filled gaps in the data.
	• Limitations of the study are detailed in section 4.4.2.
Transparency & coherence (e.g., clarity and power of description/argument, transparent methods and data presentation, reflexivity)	• Chapter 1 provided rationale for this inquiry.
	• Chapter 2 specified the methods used, with section 2.8 plus appendix 13 detailing the analytical process and how findings were developed.
	• Chapter 3 embedded memo and reflexivity diary entries to offer transparency on how the findings were arrived at and how I monitored my researcher influence. Personal, methodological, and epistemological reflexivity was engaged with and recorded throughout the study, explored in reflexivity sections across chapters 2-4.
Impact & importance (e.g., theoretical (enriching understanding), socio-cultural, practical (e.g., community, policy makers, health workers))	• The study focused on adaptive processes of Black British masculinity which enabled help-seeking for depression, yielding insight into how other Black British men can be supported.
	• Chapter 3 presented the study findings, offering a theoretical model of (de/re)constructing Black British identity, masculinity, and depression and help-seeking beliefs in journeying to a whole self, thereby enriching understandings on this understudied area.
	• Chapter 4 discussed the original contributions of this research, alongside its counselling psychology and wider implications and applications of the findings, particularly trauma-informed approaches by healthcare professionals and positive role modelling by parents, teachers, and the Black community.

2.7 Ethical Considerations

Ethical approval (Appendix 1-2) was gained from City, University of London Psychology Research Ethics Committee in November 2019 and subsequently in March 2020 following amendments to pursue the study online in response to covid-19. BPS (2017a, 2021) ethical codes were complied with throughout the research process. Ethical matters were considered at all stages and are detailed below.

As the research focus partially involved depression, it was essential participants were currently safe to participate. I completed the PHQ-9 with prospective participants during screening to assess for presence of severe depression and/or suicidality. The protocol included: i) those scoring between 15-27, indicating moderate-severe to severe depression, were to be excluded and signposted to their GP; ii) if suicidality was present, they were to be excluded and directed to emergency services; and iii) those refusing to provide their GP details to further manage any risk during the interview were to be excluded from participating. Fortunately, all prospective participants were eligible to partake.

There was a small likelihood that retrospective exploration of depression during the interview could evoke emotional distress for participants and, depending on its nature and severity, contacting their GP or emergency services might be warranted. Moderating measures included offering breaks throughout and reviewing the participant's wellbeing at intervals plus the end of the interview by briefly drawing upon my clinical skills. I was, nonetheless, vigilant to my dual practitioner–researcher roles possibly overinvesting in the participant's welfare (Thompson & Russo, 2012), especially when interviews moved to remote format. While no participants reported distress, a thorough debrief was provided, including highlighting the support information on the debriefing sheet regardless.

Power disparities in research whereby the researcher assumes a position of privilege and control over participants can limit the quality of the study (Robson & McCartan, 2016). I, therefore, strived to lessen power dynamics where possible considering the history and ongoing systemic racial oppression endured most by Black people. Here, I offered participants to select the interview location, consent to participate, pause or terminate the interview, not answer questions, withdraw their data until analysis without justification, refuse to verify their interview transcript, and decline receiving the research results. I was transparent about the advantages and disadvantages of transcript verification; for example, reading it perhaps feeling arduous and/or distressing given the sensitivity of topics and my lack of immediate support. Thus, I ensured to emphasise its optionality. All participants, however, agreed to verify.

Although face-to-face interviews were held on City premises, I continued abiding by principles of the institution's lone-working policy. This included scheduling the interview during daytime, familiarising myself with the location and exits, informing reception staff, and keeping phones and personal alarms nearby in case of an emergency. Furthermore, I informed my supervisor of specific interview details, contacted her after, and arranged an emergency code word.

As covid-19 required shifting to online data collection, this prompted various ethical issues. I opted to hold interviews via Zoom or Microsoft Teams for its robust security compared to other platforms. For participants whom I had scheduled a face-to-face interview, I telephoned them to explain the move. Here, I discussed disadvantages including unstable online connection and how to resolve, clarified data storage procedures, proposed suggestions on maximising a confidential environment, answered any questions, and offered for them to withdraw from participating if they desired. I also emailed the revised information sheet, alongside the consent and demographics forms to complete in advance. These steps were repeated with future participants during screening. Participants went ahead with the online interview and connection issues were appropriately managed.

To preserve participant confidentiality, identifiable information (consent and demographics forms, as stated by GDPR) were stored in a lockable cabinet only accessible by myself. All other data was stored in a separate lockable cabinet only accessible by myself. This protocol was also applied with the online interviews by printing this data. Interviews (including online) were audio recorded on a password protected and encrypted device, transferred to my password protected and encrypted laptop onto OneDrive, and anonymously transcribed on a password protected file stored on OneDrive. Participants were instructed to delete their interview transcript from their inbox and deleted items email folders following transcript verification. Participant quotations remained anonymous in the findings chapter and will be for future publications. Participant contact details will be held only until a copy of the publishable paper is sent. Data will be securely retained until project completion plus ten years by digitalising data and storing on OneDrive or archiving in a locked storeroom in the Psychology department at City. Participants were informed of these procedures and any questions answered before commencing the interview.

A chartered counselling psychologist with expert knowledge on Black British experiences plus identity negotiation supervised this research, meaning the conduct of the study, analysis of the data, and write-up were carried out sensitively and rigorously. I also requested guidance on

CGT analysis from researchers with specialism in this methodology to strengthen my analytical skills and the resultant findings.

2.8   Analytic Procedure

2.8.1   The Literature Review

A contentious debate within GT is the role of the literature review during the research process. The differing arguments coincide with GT's epistemological conflicts. Glaser (1998), in accordance with the positivistic underpinning of the original GT, avows for the researcher to refrain from conducting a literature review until theory development is complete to mitigate any bias on the findings. Corbin and Strauss (2008), along with Charmaz (2006), instead advocate for accessing the literature in the initial stages of the study, as they claim the researcher will likely hold some knowledge of the subject that will embed in the findings. Indeed, Fassinger (2005) asserts that familiarity with the literature is necessary to identify the gaps and ensure that the present study is original. Dunne (2011), therefore, recommends for the researcher to clearly define when they will conduct their literature review.

A brief literature review was completed to construct a proposal for this study. It was through this review that gaps in the current evidence base unveiled and this research was crafted. However, an extensive literature review was not conducted until the analysis was complete to ensure as far as possible the analysis and findings were grounded in the data and not imposed by existing theories.

2.8.2   Transcription

Each audio-taped interview was transcribed verbatim by myself, allowing me to immerse fully in the data and begin to observe arising patterns. Each recording was repeatedly listened to and measured against the transcription to ensure accuracy.

Following transcription, the analysis was guided by Charmaz's (2014) analytic procedure for CGT, described in the next sub-sections.

2.8.3   Initial Coding

Staying close to each line of transcript data, precise and action-oriented initial codes were devised to capture preliminary patterns. By focusing on the data within each line, this enabled

me to disentangle my interpretive biases and exert a level of objectivity (Charmaz, 2006). I interacted with the data using Charmaz's (2014) suggested questions:

- What is the meaning?
- How does this process develop?
- How does the person think, feel, and act while involved in this process?
- When, why, and how does this process change?

The recording and transcript were continuously revisited to strengthen coding and allow for new possibilities, thus these codes were provisional in nature. Figure 1 illustrates an example of the initial coding process.

Transcript Extract:	Initial Coding:
I would say that my own masculinity is I wouldn't subscribe to that.	*Embodying a different masculinity*
I value emotional intelligence and I value being . . .	*Own masculinity values emotionality*
I understand that authority and control are good in some respects but not always good in others.	*Good and bad sides to masculinity*
And, you know, it doesn't make me stronger or more powerful to subject others, whether they are female or male.	*Subjecting others as not increasing power*
And I think some guys would look at that as soft or look at that as a bit more feminine	*Predicting judgement from other men*
but I think I just see strength in a much more complex and nuanced way	*Nuanced perceptions of strength*

Figure 1: Example of Initial Coding from Participant Five's Interview (page 5)

2.8.4   Focused Coding

Recurring and telling initial codes characterising salient elements of the data, which closely aligned with the research question, were selected as, or revised into, focused codes. These were compared with other codes alongside the dataset to further understand emerging patterns and "sift, sort, synthesize and analyse large amounts of data" (Charmaz, 2014, p. 138). This process remained tentative to allow new insights to possibly unveil through constant comparison. Whereas initial coding involved a micro-level zooming into the data, focused coding involved a macro-level zooming out to observe and distinguish the overall processes at play. In turn, this revealed the hypothetical categories to be explored in order to identify the

major categories and thus core category – all grounded within the data from the initial coding phase (Charmaz, 2006). An example of the progression from initial to focused coding can be found in Figure 2 and Appendix 13.

Transcript Extract:	Initial Coding:	Focused Coding:
my experience of depression was hollow. It was very numbing. It was very isolating.	*Depression experienced as hollow; Depression experienced as numbing; Depression experienced as isolating*	***Emotional experience of depression***
And I don't know how I dealt with it, I don't know.	*Unclear coping strategies*	***Depression illiteracy***
All I remember is I didn't know what was wrong with me	*Not understanding depression*	
because I'd never felt that before	*First depression experience*	***First depression experience***
And I didn't want to get out of bed, I didn't go to uni classes, I didn't do things with my friends	*Staying in bed; Missing university; Avoiding friends*	***Depressive inertia***

Figure 2: Example of Initial to Focused Coding from Participant Five's Interview (page 9)

2.8.5 Memo-Writing

Throughout the analysis, memos capturing my thoughts and ideas were written to make sense of the data and emerging findings. Memo-writing explored similarities, relationships, and differences across the dataset, including the direction of further interviews and analysis; discussed underlying tones and patterns within the interview process and subsequent data; and assessed the hypothetical categories and developing theory. Memos were, therefore, integral to the entire analytical process, allowing me to dynamically engage with the data. It gave me a space in which to be interpretive and focused, particularly when I felt stuck at times, often enabling me to ascertain more implicit processes at play, thereby adding a rich layer to the analysis. An example of a memo that interconnects different aspects of participant five's data is provided in Figure 3.

There is almost a mirroring of the 'policing' experience the participant was left with by the GP that made him feel oppressed, to the oppressive nature of depression. The grip it can have on you and your life. The way it takes over. The way it ensnarls your ability to continue functioning – to go to university, to interact with others, to regulate mood and affect. Being oppressed means to lose control and be exploited by something/someone, and this is exactly what often happens when experiencing depression. And I wonder if part of the depression that comes out is actually an intergenerational depression that stems from historical trauma when Black people had no control over being enslaved – when they were being oppressed. Therefore, this depression isn't just contextual/situational to the individual participant, but the manifestation of accumulative years of pain.

Figure 3: Example of a Memo Written for Participant Five's Transcript

2.8.6 Categorisation

Charmaz (2014) defines a category as "a conceptual element in a theory" (p. 188) which elucidates processes in the data. Focused codes representative of significant processes within the dataset were raised into hypothetical categories for exploration, aided by memos. Here, I drew on 'in vivo codes' whereby extracts of participants words and phrases were used to ensure the developing findings were grounded. Through describing the category and establishing its frequency, relationships, and processes via diagramming, main categories and the theoretical framework were illuminated (Charmaz, 2006). An example of the categorisation process from participant five's transcript data through to focused coding is shown in Figure 4.
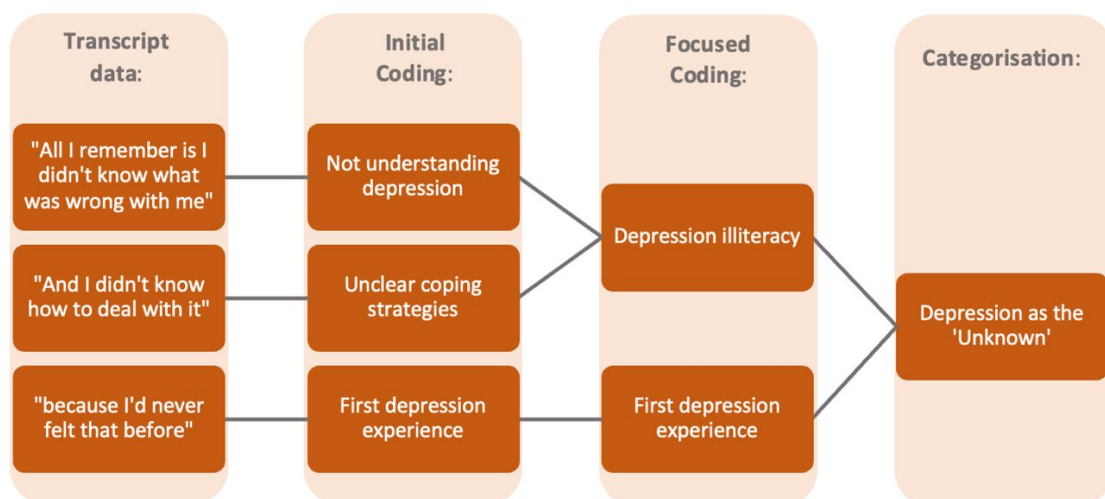
Figure 4: Categorisation Process

2.8.7 Constant Comparative Analysis & Negative Case Analysis

The data and analysis were constantly compared with previous data and analysis, alongside integration of memos, to identify all nuances and ensure emerging findings were fully grounded in the data. This enabled the final categories to be representative of the data and not overly conceptual (Willig, 2013). Negative case analysis (i.e. instances which did not fit) was also applied by adjusting categories to demonstrate variance in the data or offering an explanation so the category could remain as is. Nonetheless, negative cases added depth to the emerging findings by exhibiting the intricacies inherent within categories.

2.8.8 Theoretical Sampling

Charmaz (2006) explains that if the analysis reveals incomplete categories, or aspects of the data warranting expansion, then the interview schedule can be amended to gather additional data from remaining participants to make the findings more complete. This step was applied after the analysis of six interviews in which gaps in the data were identified and theoretical sampling employed with the final three participants.

2.8.9 Theoretical Saturation

Steps 2.8.3-2.8.7 were repeated until all codes and categories aligned with the data, with no new emerging findings. Here, data collection and analysis concluded in claim of arriving at saturation. However, Charmaz (2006) argues 'saturation' is a prescriptive term and rather acts as a goal as opposed to reality in CGT research. This is because revisions to the findings are continually possible; thus, while I intended to reach saturation, I align better with Dey's (1999) concept of theoretical 'sufficiency' which emphasises the researcher's subjective decision-making concerning the rigour of their analysis and generation of no new findings. I, therefore, only declared saturation once I deemed the analysis as thorough and complete.

2.8.10 Theoretical Development

A theory was formed when a core concept connected the main categories and entire dataset to provide an explanatory framework. A diagram was constructed to illustrate the processes and relationships amongst categories.

The next chapter presents the findings of this study.

Chapter 3: Findings

3.1 Overview & Presentation of the Findings

In this chapter I present the findings developed from the CGT analysis of the nine interview transcripts, guided by the research question: **How do Black British men (re)construct masculinity when seeking help for depression?**

First, I detail the theoretical model to introduce the reader to the overall processes at play. I then present the core category to illustrate the central process underpinning all the data and constructed categories. The main categories plus accompanied subcategories are discussed in turn to illuminate the findings and resultant core category.

In presenting the findings, I use the term 'participant', actively deciding against pseudonyms. As participants were not required as part of the research process to identify a pseudonym they could be represented by, not only did I experience unease at selecting a name on their behalf, but I sought to minimise power differentials where possible. Considering the history of collective Black oppression, and particularly being assigned a slave name, I hoped to demonstrate sensitivity by neither re-naming participants nor requesting them to. Instead, participants are referred to by their allocated number from one to nine, for example 'participant two'.

In transparency of how I arrived at my findings, I embedded various components of the analytical process. Direct quotations from transcripts are included in italics with an abbreviated reference to the participant plus their transcript page number, for example '(P1, p2)'. Memo and reflexivity excerpts are also integrated at points to demonstrate my thoughts in relation to the developing patterns and arising questions.

Through analysis of the participants accounts, three subcategories per four main categories emerged, connected by a core category. The subcategories within each main category proceeded in a non-linear and tridirectional fashion between macro processes of *construction* (that is, the formation of identity and beliefs), *de-construction* (that is, a dismantling of what is known in response to conflict to the self), and *re-construction* (that is, a reformulation of identity and beliefs) – illustrated in Figure 5:
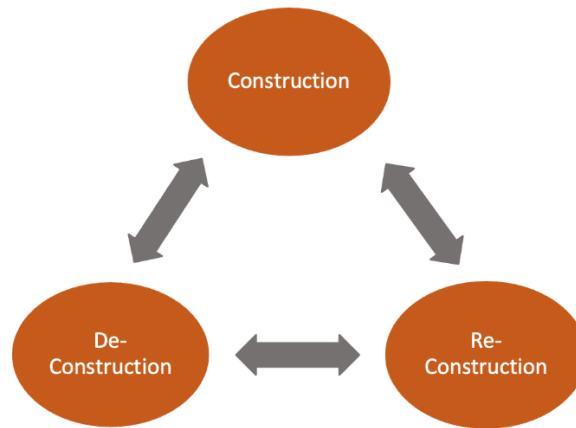
Figure 5: Tridirectional Construction, De-Construction, & Re-Construction Processes

Given the extensive data it was not possible to enclose an exhaustive depiction of all patterns present in the analysis. Rather, categories which both paralleled the research aims and were most saturated in the participants accounts were prioritised for inclusion and presentation. It is worthwhile noting that the categories are not fully discrete from one another due to many of the inherent processes being strongly interconnected and hence the data fitting across categories. Although this indicates its depth, it has created challenges in meaningfully presenting the findings in a way which allows the data to organically shape while attempting to isolate distinctions. Nonetheless, the intention of this chapter is to capture the complex processes underlying the de/re/construction of intersections of identity plus worldviews, including masculinity, in the context of help-seeking for depression and to present this into a coherent structure to provide an explanatory framework.

3.2   Theoretical Model

This section outlines a proposed theoretical model of how Black British men construct, de-construct, and re-construct multiple facets of the self – their identities and beliefs – in turn progressing towards embodiment of a whole self. The findings revealed a complex interaction between all the categories, in which many aspects of the data mirrored in its processes, and operated via a positive feedback loop between the core category: *'Journeying to a Whole Self'*.

Journeying to a Whole Self: Construction, De-Construction, & Re-Construction Processes

Being a whole person | Internal values | Authentic self | Recognising humanity | Embracing holistic needs | Ongoing work

Navigating a Black Identity

Negotiating Masculinity

Depression: Confronting Implicit Vulnerability

Help-Seeking: Overcoming Explicit Vulnerability

Navigating a Black Identity

Construction — Forming a Core Black Self
- Culture
- Music
- Environment

De-Construction — Navigating Being Othered
- Racism
- Outsider
- Unbelonging

Re-Construction — Defining Oneself
- Positive self-perception
- Ongoing uncertainty
- Choosing identity

Negotiating Masculinity

Construction — Emulating Expressions of Masculinity
- Introspection
- Precipitating event
- Masculinity & 'Black' Masculinity
- Illiteracy
- Nearby influences: Family, friends, religion, societal messages

De-Construction — Questioning Masculinity
- Transgressing traditional masculinity
- Positives & negatives of masculinity

Re-Construction — Developing an Idiosyncratic Masculinity
- Embracing full self
- Not fitting in
- Individualised
- Growing spectrum
- Evolving
- Ongoing challenges

Depression: Confronting Implicit Vulnerability

Construction — Depression as the 'Unknown'
- Weakness
- Emotional experience
- Illiteracy

De-Construction — Traumatic Avoiding
- Crisis point
- Changing masculinity
- Avoidance
- Black masculinity
- Intergenerational trauma

Re-Construction — Embracing Depressive Vulnerability
- Clarity & normalising
- Ongoing sense-making

Help-Seeking: Overcoming Explicit Vulnerability

Construction — The Act of Help-Seeking as 'Weakness'
- Trauma
- Black Masculinity
- Weakness

De-Construction — Challenging Help-Seeking Constructions
- Reframing meanings
- Needing community change

Re-Construction — Creating New Cycles
- Mixed experiences
- Process of help-seeking

Post-depressive growth:
- Mentally & emotionally literate
- Coping skills & emotional self-care
- Increased compassion & resilience
- Adaptive beliefs
- De-blaming & de-shaming approach
- Connecting to values & changed careers
- Recognition of humanity
- Personal growth & overall transformed self

Stabilisation in self

Figure 6: Schematic Model of Black British Men Journeying to a Whole Self

The schematic model presented in Figure 6 illustrates the relationships between the categories. The dotted lines between the two sets of main categories signify the overlapping processes within the data and how subcategories of each run in parallel. For example, with participants determining their own self-definition that de-emphasised their race and better considered their individuality, there were similarities in the data of how participants also developed an idiosyncratic masculinity that greater aligned with who they truly and fully were. The model further shows how participants navigated the dual process of their implicit (depression) and explicit (help-seeking) vulnerability, mutually yielding a process of post-depressive growth whereby an array of positive gains were acquired, in turn cultivating a transformation in their overall self. Through the multiple re-construction processes, participants demonstrated stabilisation in their sense of self, as they journeyed closer to being a whole person. Here, they were seen to embrace their holistic needs, attune to their inner values, and embody an authentic self. However, the data clearly implied that this was an ongoing process, as participants continued experiencing challenges and internalising new ways of being. Finally, the model reveals how the main categories and core category reinforce one another, suggesting that as participants navigate their Black identity, negotiate their masculinity, confront being depressed, and overcome the vulnerability of seeking help, each of these processes are strengthened through journeying to a more whole self.

3.3   Core Category: Journeying to a Whole Self: Construction, De-Construction, & Re-Construction Processes

Although the focus of this research is the (re)construction of Black British masculinity, the data instead revealed a multi-layered and interconnected process of the participant's self – their Black identity, their masculinity, and their conceptualisations of depression and help-seeking – being continuously constructed, de-constructed, and re-constructed. Notably, what appeared central was all participants through these processes, particularly re-construction, navigating closer to a more whole sense of self by "*embracing fully who [they] are*" (P4, p6).

In response to challenges with their 'Black' identity specifically, participants exhibited a reclaiming of their power by determining for themselves their self-identity in a way that valued their rich individuality and entire being. For participants, this was about recognising and embodying the additional ways in which they can be defined other than the weighted label of their Blackness, facilitating them to fully be who they are. This process appeared interlinked with participants distinguishing their subjective form of masculinity following 'traditional'

versions feeling incongruous with the type of man they currently were. Despite experiencing tensions by aligning with one's inner values and authentic self, they nonetheless developed a masculinity which both reflected them honestly and enabled them to embody who they truly were, thereby steering them towards a more whole sense of self. For many participants, this was about espousing a masculinity which contravened (Black) masculine norms and stereotypes by embracing qualities (e.g., softness, emotionality) that better represented their individual character. Further, when participants encountered difficulties with depression and were necessitated to seek help, the data demonstrated their rejecting of an intrinsic part of themselves – their emotional needs and experiences – through methods of avoidance. Yet, through negotiating (Black) masculine ways of being, recurring patterns of emotional reticence were disrupted by instead welcoming and attending to emotional vulnerability. Participants showed a valuing for emotional expression and experiences thereafter, in which their holistic needs were considered.

Therefore, the re-construction findings, in particular, implied that rather than having distinct parts of themselves, which oftentimes conflicted, participants arrived nearer to a sense of self where the different components became compatible, stabilised, and better integrated overall. They appeared to welcome and embrace all dimensions of their identity and being as opposed to only select parts. As participant four sums, "*it's about being a whole person*" (p7). In turn, the data seemed to emphasise being 'both/and' – that participants were *both* Black *and* an individual human being; that they identified *both* as a man *and* had embodied a non-traditional masculinity; that they were *both* a Black man *and* depressed; that they were *both* a Black man *and* seeking help. By holding equal space for each, participants displayed valuing for their full self, in turn pivoting them towards a greater sense of holism. In doing so, participants illustrated throughout the data positive effects that materialised, including personal growth, such as adaptive beliefs and behaviours, and leading more fulfilling lives, such as changed careers.

Figure 7 diagrammatically illustrates the cyclical processes and relationships between the main categories and core category. It shows how each main category interlinks with one another, representing the multidirectional and correlating nature of the data. It also demonstrates how each main category and the core category bidirectionally feedback, with the core category lying at the centre of all the processes. The dotted lines symbolise overlaps in the data.

Figure 7: Core Category & Main Categories

From the data, reaching a sense of wholeness seemed to ensue each time participants faced conflict with their current self, requiring a de-construction. Here, they engaged in an introspective process involving attuning to their internal self in order to learn about who they were and thus come to embody the totality of their being. Indeed, several participants conveyed how examining and espousing their inner values facilitated stronger insight and connection to the self, in turn allowing them to "reinvent" themselves so that they could bring into existence who they authentically were:

"*I think it's about core values and beliefs*" (P8, p22)

"*it really depends on what your internal values are...it's very important to find yourself*" (P6, p31)

"*it's just about the expression of those values...when I was forming this new idea of myself and this new identity, it meant that I could be free to really jump into that...[and] get the chance to reinvent myself*" (P3, p5, p14)

Participants, thus, seemed to suggest that by connecting to their values, they get to understand and be who they are. As such, through the various re-construction processes, numerous participants referred to realising their essential humanity, which permitted them to not only espouse their full self regardless of gender or race, but share a sense of belonging with others:

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"*first and foremost is I'm a human being*" (P6, p11)

"*When people talk about 'are you a man? Are you strong?', I'm like 'no, I'm a person'...We should be able to be as we are*" (P8, p5)

"*we are all human*" (P9, p17)

In recognising their inherent humanity, the data appeared to show participants using this to override any constraints and instead freely become their true self. Participant seven describes the easier nature of this than denying core parts of oneself, as it consecutively allows space to embrace and take ownership of other parts of identity, even if it means showing difference to social norms:

"*it's so much easier to just, as far as you are able to, be yourself...as you go on and form more of a sense of self and own your own differentness, it gets ok*" (p26, p9)

The ability to embody who one is and this being acceptable held particular importance for this participant who experienced challenges pertaining to being gay. His account implies owning the self – in all its form – in turn enables the individual to welcome and value, rather than reject and keep reserved, their full sense of self. By remaining true to oneself in embracing a more whole self, participants accordingly portrayed assurance in their self-identity and greater welfare overall.

Memo Excerpt 1

Labelling this category as the 'whole' self not only came from the data itself (specifically participant four's words), but I feel it was implicit in the underpinning processes in the data. While participants emphasised at the core it's about *being who you are*, *valuing* yourself, and embodying your *authentic* self, these for me represented strands of indeed being a <u>whole</u> person. To embrace the <u>fullness</u> and <u>totality</u> of one's identity and being. To not reject any parts because <u>all parts</u> of the self are valued. To instead attune and be honest with who one really is, not appeasing others' expectations and stereotypes, but rather fulfilling an identity that is actually reflective of who one is. I also feel that there was such strong data regarding participants' sheer sense of conviction when expressing the importance of embracing all of themselves, alongside the findings on post-depressive growth that heavily suggested that espousing previously rejected emotional needs, and thus a whole self, lies at the centre.

Participant six, however, explains how Black British men typically do not engage in such processes of self-discovery for reasons of "weakness", which restricts the self:

> "*It's a weakness to even identify our being. Now if we as individual men are not able to identify our being because we are so consumed by ideologies and values and ways of life and ways of thinking, then we find ourselves in a bubble...it's important to identify who you are as an individual*" (p29-30)

Indeed, the data correlated with his claim, as it indicated how difficult it was for participants to even land at this greater sense of wholeness in themselves. The findings instead suggested that this was more of an ongoing journey towards a whole self, especially as participants experienced persisting challenges in every re-construction stage. In defining their own (Black) identity, participants still endured or felt the impact of being racially othered, contributing to an uncertain sense of self. In developing an idiosyncratic masculinity, participants found others less accepting of it, making it hard to fully integrate their individualised masculinity. Disturbing cycles of emotional avoidance by embracing emotional vulnerability from experiencing depression meant participants were still making sense of and internalising this novel way of being. Thus, although participants appeared to arrive at a more stabilised and fuller sense of self through these processes, they were concurrently navigating these ongoing challenges, implying that the pathway towards wholeness of the self is complex, non-consecutive, and continuous.

Participants four and seven, respectively, express the hard work of undergoing such self-development and journeying towards wholeness. The process involves lifelong negotiation in line with our ever-evolving self, bringing with it personal growth:

> "*it was difficult. It was a process and it took months to go there because I was de-constructing who I was...that journey has not stopped, it still continues...new elements of masculinity, gender, ethnicity, all of these things are still being negotiated...because they change*" (P4, p26-27)

> "*I've had to do a lot of work on myself...it's been hard to get there. The work hasn't been easy and it's ongoing...It's been a gradual process...it's a very conscious process of growth...it takes effort*" (P7, p3, p22-23)

Accordingly, as participants depicted the nature of this work towards a whole self, the process appeared to resemble that of a journey. There was a sense of following others down a path

(construction), which could lead to dark trails, becoming turbulent at times (de-construction), but that choosing one's own direction would lead to brighter and pleasant sights (re-construction). Further, the endless road seemed to represent the ever-developing self plus the ongoing challenges inherent in these processes towards a whole self. Many participants also implied already being on this path towards wholeness as they negotiated their racial and gender identities through other life experiences, but encountering depression and seeking help appeared to accelerate their journey as they were confronted with the need to attend to their emotional subjectivity. Finally, the data suggested that participants do not necessarily arrive at a final destination of a whole self, but continue journeying towards it.

Memo Excerpt 2

As participants revealed this process towards a more whole sense of self, I found myself visualising a journey down a long road. I could almost see the participant either being guided by a map or following other people down this road, which for me represented the constructions of being Black, masculinity, depression, and help-seeking. Then encountering bumps and turns along the way, finally coming to a crossroad, which for me represented the de-construction process where what they knew was challenged. In choosing a different path, there was still some turbulence, but overall the road was brighter and smoother, yet the journey down this road was unending, thus representing for me the ongoing re-construction process. I think the road symbolised for me the self and I feel the data illustrated the power one holds in what direction is taken in the journey towards a more whole self.

The following sections explore the main categories which elucidate the processes of this core category. I begin with how participants navigated their Black identity in the journey towards a whole self.

3.4   Category I: Navigating a Black Identity

3.4.1 Introduction to the Category

This category presents the findings on how participants navigate their underlying sense of self. Subcategory 1 – *'Forming a Core Black Self'* – illuminates contributing influences on the participants' construction of the basis of their identity. Subcategory 2 – *'Navigating Being Othered'* – reveals how participants are compelled to de-construct their racial identity, specifically, in response to challenges faced in being Black. Subcategory 3 – *'Defining Oneself'* – occurs as participants show a reclaiming of their power by re-constructing and defining their own identity, rather than being governed by external definitions. However, it materialised from

the data that this did not necessarily succeed in a consecutive manner for all participants and indeed some fluctuated between these processes.

As participants distinguished and determined their (racial) identity, they appeared to learn tools to also re-construct and define their masculinity on their own terms. With both processes, participants demonstrated eventually perceiving and embracing all parts of who they were, later facilitating their engagement with their emotional vulnerability and seeking help for depressive difficulties. Consequently, in defining one's own identity, participants displayed developing a sense of self that reflected them authentically and more holistically – illustrated in Figure 8. The dotted arrow represents the oscillating journey involved in reaching wholeness whilst navigating an underlying Black identity given persistent challenges of being othered.
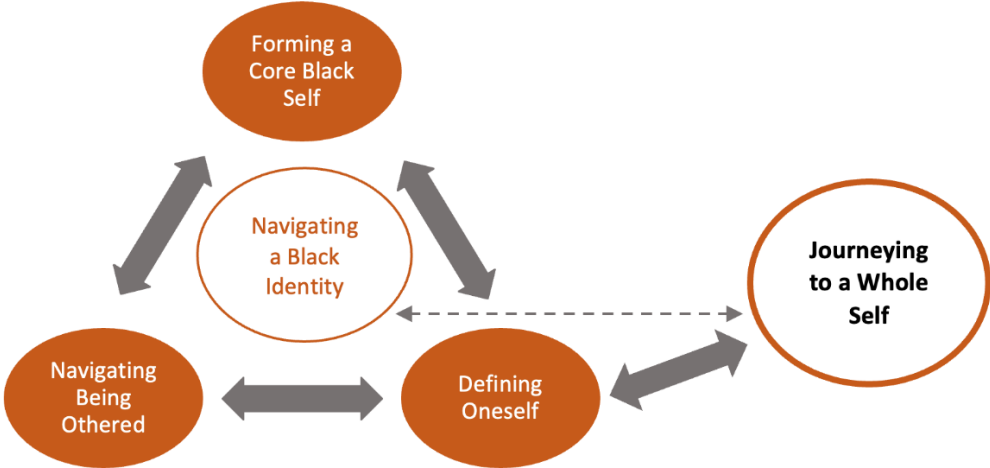
Figure 8: Connection Between Category I & Core Category

3.4.2   Forming a Core Black Self

When participants were asked how they identify as a Black man, each shared the various influences which contributed in some way to their construction of a foundational self. Most participants cited their inherited culture as shaping their identity, making explicit reference to features including food, music, and dialect which nurtured their fundamental Black self:

> "*my culture tells me like I am because it's how I grew up with the food, with the way that we spoke, all of those kind of relationships where very much I'm a Black Caribbean boy*" (P3, p1)

> "*I'm Nigerian and like my culture is vibrant and diverse and it's exciting to be part of something that has so much energy*" (P5, p1)

"*it stems from family and upbringing...they instilled a strong sense of cultural identity*" (P8, p1)

It appeared from participants accounts that their respective cultures played an active part in how they perceived themselves, giving it due credit for underpinning their developing sense of identity. Their descriptions were dynamic and clear, alluding to how central culture was to their core self. Indeed, feelings of warmth were present during the interviews as many participants smiled and recalled upon memories linked with their culture. Participants three and eight (above) also highlighted the upbringing period. Most participants referred to the place(s) in which they were raised as a significant factor in how they formed their sense of self:

"*I was surrounded by so many Black people in south London growing up...with my family and with being born in a location that is specifically Nigerian or west African, that element of my identity is stronger*" (P5, p2)

"*Jamaican heritage is important to me but I live in Britain. Born and bred in Birmingham. So all of that influences who I am*" (P4, p1)

"*I identify as Afro-Caribbean but technically I'm a Londoner...London is a tough place to grow up in*" (P8, p10)

"*I didn't grow up over here, I grew up in Africa...then returned here in my teenage years...I had already in a sense developed my sense of self before returning here*" (P6, p1)

Nearly all participants seemed to suggest how the present context of their location when growing up held a notable role towards their construction of their identity. For some, their area enriched their underlying cultural identity, whereas for others they developed another 'local' identity. Nonetheless, the data implied that most participants navigated having dual cultural and local identities, which typically intersected rather than being discrete aspects of the self, and with each participant differing in their connection to these identities. Notably, it appeared these identities were so core to the participants sense of self due to the feeling of belonging it provided them and, in turn, security in their underlying identity. Their culture and location not only offered them definition towards constructing who they were, but allowed them to connect with fellow others and become part of an in-group, which activated and revitalised these

identities when with their respective networks. Thus, in forming an individual core Black self, this seemed also contained within a social identity.

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<p align="center"><u>Reflexivity 4</u></p>

With these aspects of the data, I resonate with what participants are saying, perhaps allowing me to better portray their accounts. My Guyanese heritage underlies how I fundamentally see myself, being a part of my identity I readily name, even though I don't always feel connected to it because I identify more with growing up in London. But this activates as soon as I step through the door of my parents' home where I was raised. The sound of Caribbean music playing – reggae, dancehall, soca – through the speakers. Eating mum's food – a blend of Indian and Caribbean cuisine – sprinkled with dad's homemade pepper sauce. Having a glass of Guyanese El Dorado rum with my dad, listening to his stories of 'back home' and observing his Guyanese creole come alive. Seeing the Guyanese flag scattered through the home. All these things make me experience fulfilment, closeness, and energy because they are a core part of who I am – which I cannot separate despite identifying more with my London upbringing.

</div>

Several participants also referred to types of media they were engaging with as influential for their Black identity. In particular, the music participant one and eight listened to during their adolescence appeared to offer a way of expanding how they were experimenting and thus forming their sense of self:

> "*I give a lot of credit to the music I was listening to pre-teens and when I just turned a teenager*" (P1, p2)

> "*it wasn't until I was a teenager...exploring myself and trying to find out who I am as a person...being influenced by hip hop culture from America, I think that gave me a broader sense of being a Black man because the music I was influenced by was Black music*" (P8, p1)

Participant eight specifies Black music, stemming from American hip hop culture, as fostering his sense of Black self, showing the array of influences on the development of Black identity. His account links music to culture, suggesting the integral role of culture.

From the data it seemed that as participants were constructing who they individually were, they were absorbing things within proximal distance: their culture, their environment, and music. At the heart of this was a nurturance of their *racial* identity, becoming a core aspect of their sense of self.

3.4.3   Navigating Being Othered

As participants expressed their Black male identification, they revealed a complex dichotomy of positive and negative associations of their racial identity specifically. Participants' narratives, however, were markedly dominated by their significant challenges of others' perception and treatment of their Blackness, in turn affecting their own view of self:

> "*my lived experience growing up in southeast London meant that I was in situations where society was telling me that I was a Black man...if you go to certain places people would tell you that you shouldn't be here or try and chase you down the street and want to have fights with you...a lot of Black men in particular are facing a lot of discrimination*" (P8, p1-3)

> "*I remember first moving into halls and I was the only Black guy...when my flatmates first met me...the first few conversations I had with those kind of people were of intrigue, like 'oh, so, you're from Nigeria right, you've probably seen like giraffes and lions and shit?' and I'm like 'no'...I view myself as unique and different and here was someone telling me that, you know, I've probably grown up in a hut or something*" (P5, p2-4)

Participants disclosed accounts involving dehumanising encounters of racism from others, which, when constructing a self-concept which valued being Black at its core, such adverse experiences were shocking. The previous rich cultural descriptions and sense of energy in coming from a Black background quickly dissipated in the interviews. Nearly all participants answered this question on their Black male identification precariously, showing how these experiences left them with tension in their sense of self. Here, a feeling of difference from others, associated explicitly with their skin colour, seemed to be elicited for participants in a way it had not previously. They described a process of realising and becoming hyperaware of their race as others accentuated this aspect of themselves:

> "*because I was surrounded by so many Black people in south London growing up, I didn't really know I was Black until I went to uni*" (P5, p2)

> "*the environment has necessitated me to identify myself as a Black man because it's pointed out to me...I had been brought up in a different environment. In an environment where you were not identified by colour identity, and so my sense of self was in a sense kind of formed. And the very first time I heard myself being represented or identified as Black was when I returned here in my teenage years*" (P6, p1)

Participants five and six demonstrate how their constructed self-perception were disturbed by their local environments. There was an impression of them becoming disempowered in having their identity externally rather than personally defined according to features that were innate. Although there looked to be elements of sameness in being male and being British, such encounters of racism appeared to provoke for participants negative feelings of difference in being Black and, in turn, a deep sense of unbelonging:

> "*not belonging to and not being just like everybody else, you do stand out*" (P7, p2)

> "*I didn't want to admit to being British because my Jamaican heritage is more important, but then when I went to Jamaica they didn't really accept me either, they regarded me as a foreigner, so I always felt that I was this hybrid person that didn't belong anywhere...there was just a lot of racism around so I didn't identify with British...yeah I was born here but this is not my home*" (P4, p2)

Participants, therefore, appeared to suggest that British people, specifically, had a way of giving a sense of them not being accepted as a member of British society because of their Blackness; racially, they were an outsider. Participant six further elucidates how being "*seen as otherwise, as different, as not being part of*" (p6) on the basis of his race demoralised his sense of self, as his identity consequently "*turned upside down*" (p6). It, thus, seemed de-construction of self processes were elicited as participants navigated this difficult insight into the varying meanings of being Black. They were seen to now question intrinsic aspects of who they were, cultivating an internally difficult relationship with themselves, superseding their initial positive construction of a Black self. Accordingly, the data showed how some participants rejected being Black in parallel with others:

> "*you start to question the other things about your being and your self and who you are as a person. And so, it's one of those things that has tension in your sense of self and your sense of being*" (P6, p2)

> "*there's a dislike that I have towards Black culture, towards Caribbean culture. There's a lot of resentment when I do think about these cultures. There's a lot more negatives than positives that pop up*" (P1, p5)

"*I'm a Black Caribbean boy, but people's perceptions weren't always that and so I think there was a real period in my life where I was kind of like yeah...I'm that kind of light skinned boy vibe, I'm mixed race or whatever*" (P3, p1)

From participants accounts, an implicit sense of shame was felt to be present as they revealed their internal struggle with their Black identity in response to being othered. In being racially categorised at the expense of their humanity, it seemed participants experienced instances of loathing their Blackness. However, these participants demonstrated a later process of coming to accept being Black as fundamental to who they were. While they experienced ongoing challenges in relation to being Black, they exhibited holding onto esteemed parts of it, illustrating their movement between construction and de-construction processes:

"*I've never dwelled on being a Black man because then I would hate it but I'm proud of who I am*" (P9, p6)

"*I more so now identify as a Black man because I'm appreciating what it is to be a Black man as I get older*" (P1, p2)

Memo Excerpt 3

I feel such sadness and outrage when participants talk about their experiences of other people emphasising their Blackness, which I imagine reflects their feelings too. Their constructed perception and meanings of self are shaken by these de-humanising encounters, which concurrently disempower them and cultivates a difficult relationship to the self. Shame perhaps is an implicit and insidious process here, as others do not see these men for who they individually are and this leads them to internally grapple with and, at times, loath their Black identity. There's something toxic about this racially judging society that prompts these men to engage in this almost existential process of questioning integral aspects of who they are, exemplified by nearly all participants answering this first question with uncertainty, giving the impression of insecurity in their Black identity. However, I am similarly drawn to this process of participants 'appreciating' their inherent Blackness. It feels to me as though it makes some way towards reparation and stability in their sense of self – that these men have agency and control in still holding an affirmative self-perception that others cannot take away.

In undergoing this journey with one's Black self, participants demonstrated engaging in a re-construction process whereby they actively fashioned their self-definition, explored in the next subcategory.

3.4.4 Defining Oneself

Following the challenges pertaining to racial othering faced by these participants, they also conveyed a process of taking back control to some degree in de-emphasising their Blackness from encounters with racism by instead determining their own definition of self and cultivating a positive self-concept. Participants two and eight talked explicitly about refuting the significance of their race, focusing more on how they see themselves rather than how others see them:

> "*I was always keen not to see myself as a colour...I don't think I've ever seen myself that way*" (P2, p1)

> "*I'm trying to elevate myself above race...I don't have any control over how people will respond to me...but what I do have control over is how I think about myself*" (P8, p2)

Likewise, other participants indicated a process of "*stripping and reinvention*" (P6, p4) to "*see myself as a person*" (P8, p5) in which they engaged in a *conscious* process of defining who they were:

> "*I made a quite conscious decision I think to say this is how I identify*" (P3, p2)

> "*I decided I was going to take on a different identity...I officially changed my name as well*" (P6, p4)

Rather than insularly perceiving themselves by their race alike British society, participants illustrated an active reclaiming of their narrative by connecting with a fuller sense of themselves and re-constructing a more fluid and accurate identity. Participant seven demonstrates how recognising his individuality allows him to distinguish his meanings of self:

> "*It's good to be able to define yourself as distinct from everybody else. You are individual and this is what it means to be you*" (P7, p2)

Participant five not only captures this overall process but highlights the power that is regained when concentrating on one's view of self:

> "*my being is unique...I feel powerful and I feel special...because my identity is so unique...that makes me a bit more special than, you know, the average Caucasian...not in a prideful way but like I'm a rarity*" (p1)

Despite a sense of overemphasis in participants accounts, alternatively there was a collective pattern in the data of conviction in these men's self-perceptions and impression of greater identity stability. Perhaps this was partly attributable to their depression experiences(s) which further disrupted their underlying self-concept, yet was reformed following attention and care for their emotional needs. In turn, participants displayed a valuing for themselves as they re-constructed a more holistic self-identification.

For some participants, however, there seemed to be ongoing conflict in affirming their sense of self, attributing being Black as the cause. For participant one, this was due to not being able to ever change his race "*I'm always going to be a Black man*" (p3), whereas participant five described a continued sense of unbelonging for being "*a little bit of an outcast because I'm not what you say is your typical Black guy from south London*" (p3). It appeared that the impact of being othered was not only long-lasting, but limited representations of Black men, affecting the strength of these men's re-constructed self. Indeed, there was a general feeling of strain and insecurity for several participants who wrestled with reconciling being Black, as captured by both participants four and six, suggestive of the oscillating processes between de-construction and re-construction:

> "*to this day I still juggle with it*" (P4, p1)

> "*even to today I still struggle identifying as a Black man*" (P6, p1)

3.4.5   Summary of Category

Participants accounts imply that they construct the foundations of their self early in their life and how this stems from nearby influences, with culture and location of upbringing contributing significantly to the development of their racial identity in particular. However, participants revealed entering a difficult process of de-construction of their self when faced with experiences of othering via racist encounters whereby other people expose their negative meanings of Blackness. Feeling a sense of unbelonging in the world from having their race spotlighted, this in turn stimulates a strenuous relationship with oneself. Yet in realising that power lies within to define oneself, participants demonstrated engaging in a re-construction process whereby they demoted the significance of their Blackness and promoted a more

holistic perception of self. In doing so, they displayed valuing of their individuality and entire being, moving closer towards a whole sense of self. This, nonetheless, came with ongoing challenges as participants navigated affirming their Black identity within their overall identity. Still, the ability to re-construct their (racial) identity in the face of racism to espouse a fuller sense of self indicates that their masculine identity can also be re-constructed in the face of emotional vulnerability when seeking help for depression, delineated further in the next category.

3.5   Category II: Negotiating Masculinity

3.5.1   Introduction to the Category

This category presents the findings on how participants negotiated another extension of their identity: individual and social constructions of masculinity. Figure 9 illustrates the inherent processes within this, revealing a shift towards a more stable sense of self in arriving at their own masculinity style (subcategory 3) having examined the meanings of masculinity in response to conflicts experienced (subcategory 2) when expressing socially learned forms of masculinity (subcategory 1). As such, participants journeyed closer to a whole sense of self by embodying an idiosyncratic form of masculinity that not only aligned with who they intrinsically were but better embraced emotionality, becoming a reinforcing process. However, mirroring the preceding category, the data suggested that participants alternated between, rather than linearly moved through, these processes due to persisting challenges and, therefore, this journey to a whole self was ongoing.
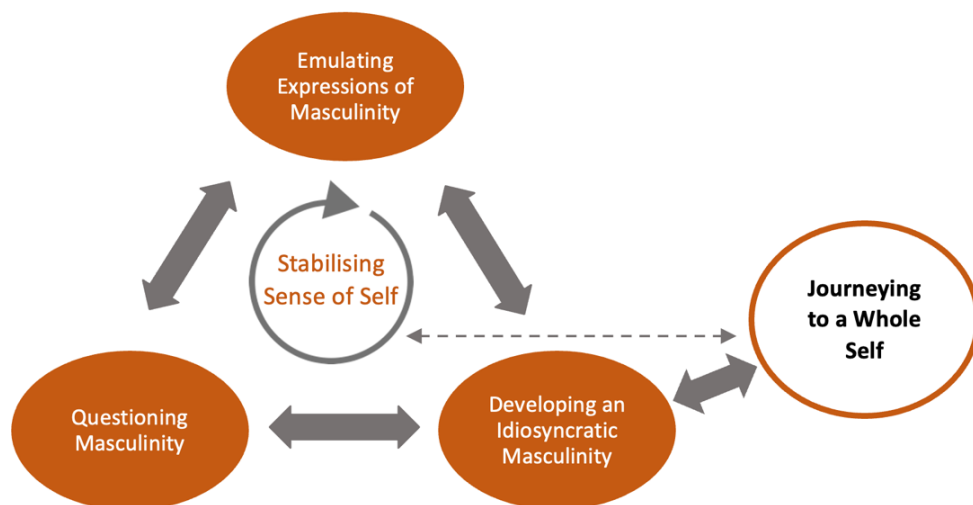
Figure 9: Stabilising of Self Through Negotiating Masculinity, Reinforcing the Core Category

3.5.2 Emulating Expressions of Masculinity

Participants were invited to depict their constructions of masculinity. As they explained their initial constructions of both masculinity generally and 'Black masculinity' (explicated subsequently), the life stage of adolescence resurfaced as an important period. They described engaging in exploration of what being a man was and having an impressionable nature during this part of their development. Some participants, such as participant two, claimed there being no established 'manual' or teaching on masculinity from which to learn:

"*they don't know how to behave because no one's taught them*" (p19)

Participant six, in comparison, described boys being socialised to masculine ideals:

"*we are conditioned growing up with an idea of masculinity, either from the homes in which we were brought up in, the society in which we reside, the community in which we live*" (p7)

Nonetheless, there was an overall collective sense of illiteracy amongst participants, implying they were unaware of an explicit pathway to masculinity that they had been directly introduced to. Instead, all participants displayed a process of observing, internalising, and emulating nearby modelling of masculinity. Here, they revealed a multitude of influences on their initial masculinity constructions, captured in Figure 10:
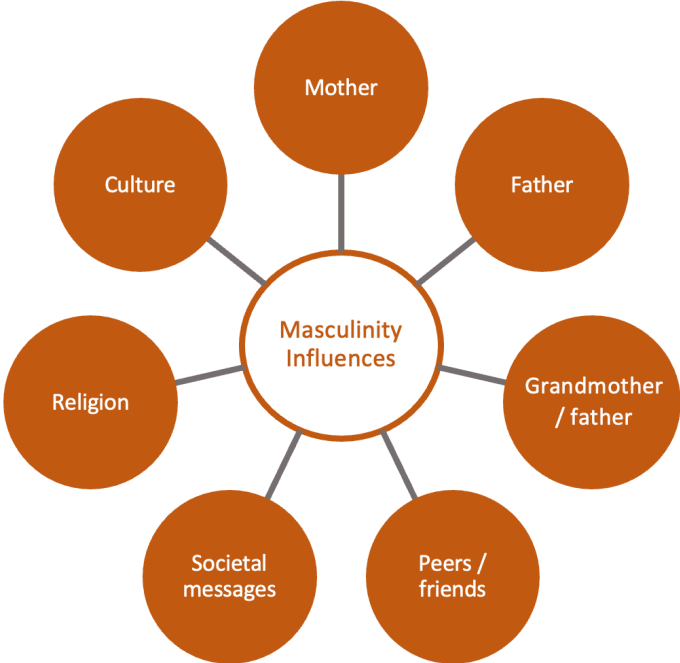
Figure 10: Influences on Initial Constructions of Masculinity

From the data, participants seemed to look first to family to gauge how to be a man, in which their father contributed significantly to their initial understandings of masculinity. They further revealed that both the presence and absence of their father played a central role in exhibiting masculinity in some way:

> "*my initial concept of what masculinity is was looking at my dad...and how [he] navigated things*" (P4, p5)

> "*I grew up without my dad in my life so I never knew what a strong male was*" (P8, p6)

Notably, over half of the participants grew up without an active father from which to learn masculinity, but the data showed how their unavailability still led to the formation of masculinity, suggesting that a father figure is not a pre-requisite for constructing a masculine identity. However, implicit within the data was participants having to develop the foundations of masculinity early in their life from a sense of growing up fast when their father was absent or less involved:

> "*I just had to learn from quite a young age, like 15...my dad was around but...he wasn't around like that, so in the household I looked up to my mum and it was almost a goal for me to see how soon I could step up and be the man of the house*" (P9, p4)

> "*when I was really young my mum ended up being very mentally ill and my dad didn't step up, so I took on being more of a leader of the house*" (P5, p8)

Furthermore, for those participants whose father was deficiently present, they sought masculinity guidance from other proximal figures, although this was also the case with participants whose father was around. This varied for each participant but often their mother was the next substantial figure, as well as other males and friends:

> "*I wasn't told, but the actions of my mum I've seen it through her*" (P9, p3)

> "*This is where also having friends around you, you pick up your idea of masculinity from them*" (P6, p8)

> "*I'm very heavily influenced by the men that have been in my life and I think the ones that I've always identified with the most have that really strong presence...I always really responded to and always want to emulate*" (P3, p8)

"*the males that I saw were people that were kind of on the streets, you know, involved in crimes or violence or drinking or bookie shops...so you grow up with this idea that to be a man is to be violent and to be strong and to be powerful*" (P8, p7)

The data, thus, demonstrated how the influences on the development of masculinity are diverse and complex and, accordingly, portray multiple representations of masculinity, rather than one universal definition. The sources from which these men learn from are, therefore, manifold. Indeed, several participants also referred to the messages disseminated through society, dictating how men 'should' behave, which were felt to be negative on the construction of masculinity:

"*'big boys don't cry'...plays into forming that idea of what it means to be a man when you're given those messages*" (P3, p7)

"*we might say to kids 'be a man, don't cry', and that's where it starts...these things are damaging. You can't want to show your emotions and want to cry because you're concerned about what someone might say because someone might believe being a man means you don't cry or being a man means you don't show emotions*" (P6, p9-10)

Such masculinity messages appear to teach and socially reinforce the suppression of feelings, limiting space for these men to embrace the full spectrum of emotions, creating both individual and social pressure if they experience a need to express emotional vulnerability. This avoidance of emotions foreshadows a negative trajectory for emotional difficulties, such as depression, explicated further in category III.

While the representations and influences of masculinity are wide-ranging, and can be positive and/or negative, participant eight summarises how Black boys come to construct their initial masculinity:

"*when you're young I think you're easily influenced; whatever is dominant in your life will take you in that direction*" (p8)

Around half of the participants also distinguished a specific 'Black' form of masculinity that they observed. Participant three identified "*stoicism*" as its core feature "*as opposed to other types of men that I see*" (p11), corroborated by participant two who explains "*being Black and being*

masculine means being tough" (p36). Participant four offers clarification for Black men having such a hardened type of masculinity as rooted in slavery trauma to prevent being shamed:

> "*coming from a Black Caribbean/African heritage, I think a large part of that is to do with slavery. And that's ingrained. And the trauma that that still has on us today...the masculine discipline that went on was a throwback to how the slave master treated his slave and that's what was perpetuated into the generations. So yeah, it's about shame and you looking the part*" (p8)

Various participants alluded to how Black masculine values were continued intergenerationally, supported by participant six who shared how his initial masculinity stemmed from learning Black masculinity ideals growing up, which were later challenged upon moving to the UK:

> "*in my formative years, my idea of masculinity was the traditional African household where the man is the head of the household...there's no two captains on a ship...you know your position, you know what you're expected to do as a man...then on returning here, there was a different idea of masculinity*" (p7)

This leadership style of Black masculinity was echoed by other participants. Furthermore, additional aspects were cited as intrinsic to Black masculinity and co-existed, depicted in Figure 11. Together, these features presented Black men, to themselves and others, as having a greater sense of self-control and power – by appearing a stoic and externally tough leader, this seemed to create distance from one's internal experiences, thereby protecting oneself from becoming emotionally vulnerable. The data revealed how those participants who adopted this Black masculinity consequently rejected their emotional difficulties which challenged their robust exterior, later precipitating depressive episodes and perpetuating underlying mechanisms of trauma, illuminated further in category III.

Figure 11: Features of 'Black Masculinity'

Overall, the data demonstrated how participants' initial constructions and adoption of masculinity were learned not via direct education, but socially by what they were locally observing, absorbing, and thus replicating. This social aspect implied participants were attuned to models of masculinity presented through a range of means, which varied in having a positive or negative bearing.

3.5.3   Questioning Masculinity

In describing their current masculinity, participants revealed a former process whereby their developing sense of masculine identity was challenged in some way, leading them to embark on an introspective journey of making sense of masculinity meanings. The data suggested that there was usually a precipitating event that prompted them to pause, reflect, and de-construct their present form of masculinity. For example, participant three explains:

> "*I used to see people fighting and stuff and I think it was a real period in my life up until my teen years where that was my go-to way of dealing with disagreements and stuff. It was very like brash and abrasive and that kind of attitude...I was very influenced by that and then because I knew it had a bad impact on me, I reacted against that, so it helped form my sense of identity*" (p9, p11)

Here, the participant shows how he replicated social portrayals of masculinity but ultimately experienced personal incongruency. There was an impression of him naturally rejecting this masculine way of being that perhaps did not truly align with who he was. Yet, through a process of self-attunement, he was able to distinguish a better sense of his preferred and authentic masculinity, in turn stabilising his overall identity.

Participant four, supported by participant six, also shares how various experiences can provoke, and continue to provoke, this process of de-constructing masculinity, resulting in an ongoing "changed" self:

> "*going through depression, all of that changes you...relationships I think change it, experiences change it, having children changes it*" (P4, p11, p14)

> "*the environment in which I grew up in has shaped my ideals and my ideas. I've had to change a lot along the way, because prior to my son and prior to dating my ex, I still had very strong views which were still linked to back in Africa*" (P6, p12)

From the dataset, the experience(s) of depression precipitated this masculinity de-construction process for all participants, but as demonstrated by the above accounts, other life experiences – such as having children – also impacted on current identity. This shows how various life events can trigger this deeper reflection of one's existing self-concept.

During this de-construction, participant eight describes realising masculinity as a "*double-edged sword*" (p5), involving strengths of masculinity as well as its challenges. He elucidates how there are positives to being male:

> "*on the one hand, it's great, I'm really powerful and strong...sometimes it feels good to be a man – to be confident, to walk with your head high, to have power so I can lift things up and move things and carry bags. Sometimes it feels really good to have that really practical man skill*" (p5)

Yet he concurrently reveals how some male behaviours (e.g. demeaning women) distort conceptualisations of masculinity. This was seen to prompt conflictual feelings towards individually identifying as male and socially belonging to a collective of men, reinforcing the data presented in category I on the bidirectional tie between self-identity and social identity, thus the de-construction appeared both an individual and social process:

"but on the other hand, I have to recognise that men do a lot of damage in this world... loads of women were talking about...damage that's happened to them through men...Obviously I'm not responsible directly but it makes you feel sad to be part of that collective group" (p5)

All participants characterised this de-constructive period as negative, difficult and, sometimes, painful as they doubted what they understood about masculinity along with the masculine identity they assumed. It appeared to mirror an existential process of questioning and sitting with these reflections and realisations, igniting a destabilisation in their constructed sense of self. Alike participant eight, this process of de-construction for various participants involved taking a broader look at the prevalent meanings and expressions of masculinity and identifying one's own stance on them:

"I think masculinity has become a false God. I feel like the idea of masculinity has been lost and misunderstood with chivalry...the balance has been lost in the last couple generations where people are abusing their power as men" (P1, p8)

"there's bad parts to masculinity and how it's kind of expressed as well. I think there's a real thing around hiding of weakness and your relationship to vulnerability...there is that real strain of hypermasculinity and that is all about that sense of bravado" (P3, p5, p6)

These negatives of masculinity in turn led several participants to acknowledge their misalignment with these forms of masculinity, creating tension as they make sense of who they are:

"I was transgressing and not fitting in" (P7, p10)

"I used to battle with the idea of wanting to be masculine. I used to dislike the concept of it because it wasn't me...a lot of that was because of how approachable and how soft and how tender I can be" (P1, p11)

"one of the reasons maybe I try to avoid whatever masculinity may or may not be is I've never seen it to be positive" (P2, p12)

"being a Black Nigerian man is difficult. It's difficult. It's very masculine. There's a lot of pressure...that side of me is always challenged" (P5, p2)

The data was suggestive that all participants in some way engaged in a rejecting of masculinity ideologies due to this challenge to the self. They implied that dominant forms of masculinity were incongruous with the type of man they now felt to be. Some participants even went as far as to dismantle overarching social constructions of masculinity due to appearing limiting of what a man can entail:

> "*do the terms 'masculine' and 'feminine' actually help us? Because of all the things that people attach to them*" (P4, p10)

> "*I don't actually think there's a huge amount of difference to what I might use to describe femininity or what being a woman might mean...they have the same sort of values for me*" (P3, p5)

Thus, participants demonstrated a process in which they reached a point of questioning masculinity altogether. Consequently, they seemed to engage in "work" to locate a truer form of masculinity for them from the insights gained. This was complex because it appeared to involve having to negotiate the man that they were and knew well to make space for the man they were realising and becoming. Participant six explains how such a process requires turning inwards to identify an authentic and full sense of one's masculinity:

> "*if more than average of Black men feel their masculinity is tied to going into a gym and being hench and they're not even working on anything else within or inside, then you have a limited idea of what masculinity is for yourself as an individual...I know how hard it can be because we get consumed with our network, with our boys, and when you're surrounded by so much noise it doesn't allow you to find out who you are as a person*" (p30)

Participant four corroborates the difficulty of undertaking this introspective process and that many avert it altogether:

> "*it takes time and maturity to realise who you are, and some people never quite get there. So, it's easy and lazy and whatever to just say, you know what, that's the image, yeah that's me, because it takes a lot of work to go in and say actually who am I?...And that's when your whole world's turned upside down and you begin to develop a new identity...that's painful and that's tiring and that's hard work*" (p12)

Thus, from participant's accounts, this de-constructing of masculinity in response to an event that reveals incompatibility in current constructions of self seem to involve a collapsing and hence loss of one's previous self, making way for a new sense of identity to emerge. However, the data implied active negotiation of this is necessitated by the individual *choosing* to undergo such a transformation, captured succinctly by participant six, supporting participant four's claim that "some people never quite get there":

> "*you come to a point in time in your development where you say 'hold on a minute, even though this is what I've known growing up, I will choose something different, I will choose a different path or different idea*'" (p10)

By engaging in this masculinity de-construction process, the ability to re-construct and craft a congruent form of masculinity is afforded, detailed next.

3.5.4   Developing an Idiosyncratic Masculinity

Through de-constructing masculinity, participants appeared to discover and determine their own definition and type of masculinity, in turn forming an individualised masculinity, resulting in a re-stabilised sense of self.

Participants described diverging from established masculinities, feeling as though they did not fit with these constructions, often because it was experienced as personally inauthentic. For some participants, they reported transgressing masculinity's traditionally 'tough' presentation:

> "*that whole sort of mentality of like 'toughen up' type of thing, like I've never had any time for that*" (P2, p20)

> "*I'm softer, I'm not classically masculine, I'm more empathic...it just feels more me to be there than try to be strait-laced and buttoned down and alienated from my own feelings*" (P7, p5)

Yet other participants did connect to an extent with traditional values, but not fully, and deviated enough for them to feel as though they did not align with dominant forms of masculinity:

> "*I don't fit into that, you know, I might portray some of that but I don't fit nicely into that*" (P4, p12)

Further, the circumstances of some participants contributed to having an alternative masculinity. Participant six, for example, talks about how having Sickle Cell does not permit him to fulfil the norms of traditional masculinity:

"*if the traditional idea of masculinity is like Will Smith's muscles or The Rock's muscles and bolted biceps, I definitely will not fit in...I was always a weak man because I was always ill...if society says a man should be strong and full of muscles, I don't fit into that. If society says a man should play sports and all those sorts of things, I don't fit into that*" (p7-8)

From the data, it seemed a facilitator for how participants were embodying and owning their individual masculinity was due to the widening and evolving spectrum of masculinities, which served to normalise the breadth of characterisations and expressions of existing masculinities. Participant seven particularly resonates with this as he distinguishes how masculinity has changed over time:

"*when I was growing up there was almost two sorts of masculinity: the acceptables or the odd/wrong sort. Now there's kind of more of a spectrum which I think is healthier...it [was] a straitjacket – you've either got the right masculinity or the wrong one, as was the case in the 70s, whereas now there's a series of right ones and it's ok*" (p11-12)

He also suggests that the progressing spectrum of masculinities includes broadened representations of Black men:

"*if you say to people 'on average, what's a Black man?' and they have a picture of Stormzy or something like that, and when you compare him to a whole bunch of other Black men who are not like that [laughing], it's perhaps eye-opening to look at the breadth of what it is to be a Black man*" (p24)

As a result of masculinity's changing rather than static nature, this permitted confidence in embracing masculinity together with other parts of identity:

"*masculinity has changed. The spectrum has just grown. Before you had to be a certain way to not be feminine...it will keep changing. That's why you have all these people changing their sexuality [laughing] because the spectrum gets bigger, like people are seeing that 'oh, I can actually be a different way and it will be accepted, why not?'*" (P1, p11)

"*there's fewer assumptions being made, there's more space in which to operate, and I prefer that*" (P7, p12)

Thus, from participant's accounts, what ostensibly materialises is a re-constructing of masculinity to an entirely subjective form unique to the individual based on "*my own interpretations of what a masculine man is*" (P1, p12) and attuning to "*who you are as an individual and don't get into the stereotype of who you're supposed to be as a Black man*" (P6, p30). They seemed to emphasise the importance of putting aside assumptions and stereotypes of what they ought to be, instead centralising masculinity as "*being who you are*" (P4, p10). In turn, by connecting with their true masculine self, their self-valuing appeared to increase as they become who they intrinsically are, yielding greater stability in their identity and overall self. Such personalised masculinity seemed to be adaptive for participants as it was inclusive of their entire being without prescriptive criteria. Participant four encapsulates the essence of the process:

"*masculinity for me is being who you are...it comes through over time and through discovery and through experiences that you find out more about yourself. So it includes your intellect, your emotions, it includes everything – it's not just one part of you...it's about the whole person – whatever that looks like. And I think masculinity for each person looks different*" (p10)

In doing so, participants develop a masculinity which is idiosyncratic. Indeed, the ways in which participants characterised their present masculinity varied in nature and meaning, and were often reflective of where their current values and priorities laid. Participant eight defined his masculinity today as "*being a gentleman*" (p30), re-constructed from "*I don't have to be this street person. I don't have to be defined by what people think they know me by. I can actually be P8 and have my own sense of myself*" (p11). Participants three and six both identified a paternal foundation to their re-constructed masculinity:

"*I would relate what most of masculinity is to me now personally in terms of my position as a father*" (P6, p11)

"*I think there's a real paternal side to it for me...I've got lots of young kids that are in my life that I'm kind of Godparents to or just a very trusted adult kind of thing*" (P3, p8)

Notably, however, from participants accounts, the element shared by most in this re-constructed masculinity was a valuing for emotionality as a fundamental part of what makes us human and now having appreciation for this. By recognising internal affects, participants demonstrated changed perceptions of its importance, as well as an elaborated understanding of what masculinity entails, signifying a more adaptive form of masculine being:

> "*I would say that my own masculinity...value[s] emotional intelligence...I think it makes you more of a man*" (P5, p5, p7)

> "*I think what happens is society looks more at the external part of [masculinity]: how you look, how you sound, rather than how you feel...the emotion is important because we have them...masculinity does not exclude showing affection, showing love and all of that. It's not just about physical strength...[it] can include what we traditionally called the softer things, the feminine things*" (P4, p6, p10)

Thus, what appeared apparent in each participant's description of their masculinity was a sense of it not remaining constant, but rather maturing and progressing over time and experience; it continually evolved. The data implied that even the current version of masculinity each participant held could be re-constructed again, illustrating its adaptable nature. Indeed, participant six explains how being open to change was not only central in him arriving at his re-constructed masculinity, but is vital for his ongoing growth:

> "*I think what has led to my own personal masculinity is the willingness to adapt and change because we cannot remain constant. We have to be willing to be open and adapt. So, I think masculinity can be something that can be constantly evolving...there's a lot I've had to learn and there's a lot I'm still having to learn...we're not static, we're constantly evolving*" (p13-14)

Nonetheless, participants expressed challenges faced in defying traditional masculinity and embodying their own idiosyncratic form. Judgement and emasculating responses from others appeared to be a prime repercussion:

> "*people would say that's not masculine [that] I'm quite emotional*" (P4, p6)

> "*when I do display that sort of different idea of masculinity in practical terms, I've been called gay, I've been called feminine, I've been called a softie*" (P5, p6)

Indeed, some participants laughed as they characterised the perceived 'unmasculine' elements of their individual masculinity, perhaps as a defence to safeguard themselves from my potential judgement. This emphasised the sensitive nature of having a non-traditional masculinity and the discomfort innate to this process, especially when others have shown themselves to be misunderstanding and critical.

Memo Excerpt 4

During constant comparison, I noticed how interrelated my coding was across participants accounts when it came to these parts of the data, despite remaining focused on the individual transcript to ensure grounding. For example, 'creating own masculinity' (P1), 'defining own masculinity' (P7), 'choosing own masculinity' (P6), 'individualised masculinity' (P8), 'masculinity as unique' (P4). I feel this category is thus representative of the data and I remember how it leapt out at me. I was so captivated by this category – the idea that there's no prescription or criteria, no rigidity, no hierarchies, but rather a personalised form of masculinity that best fits the individual. The one key facet: to fully be who one truly is. Embracing, in every sense, the authentic and whole self. Making space for all valid parts and possibilities. There's also a sense of elasticity – that masculinity can evolve over the course of life. It feels like a really healthy masculinity. So, then, for some participants who laughed when describing this individualised masculinity and, particularly, the 'tender' aspects of it, I wonder if they still experienced some discomfort and naturally became defended. Perhaps this is what is elicited as they navigate the ongoing challenges in unapologetically embodying this masculinity, emphasising just how much this is a journey.

Further, participant five reveals the disempowering nature of having to negotiate his intersecting gender and cultural identities when with his Nigerian family and make a choice over which to moderate to maintain inclusion and 'face':

> "*when I'm with my family...it's very hard for me to let go of the toxic aspects of masculinity...they want you to act a certain way otherwise you're shaming the family or you could be excluded...there's very little room for me to reject that and I'm still working on it...so I've been your typically masculine man in those situations*" (p7)

Given the data indicated Black masculinity involves intergenerational cycles, it is perhaps unsurprising to see some participants experiencing challenges with their disturbing of such cycles by espousing an alternative masculinity. It seemed to highlight just how much embodying a non-traditional masculinity was a journey for these men. Participant five's account also reveals the complexity of having a 'different' masculinity in a family who values

traditionality, with participant seven corroborating the ongoing work in affirming and stabilising this part of identity: "*it's a working progress, I have to keep doing the work*" (p11). The findings, therefore, illustrate how participants can alternate between construction and re-construction processes as they negotiate an idiosyncratic masculinity that feels true to them.

3.5.5   Summary of Category

Participants accounts depicted an ongoing journey to a stabilised sense of self through interlapping processes of constructing, de-constructing, and re-constructing social and individual constructions of masculinity. The data showed how participants constructed an initial masculinity derived from emulating expressions of masculinity observed from a wide array of social influences, including parental figures, peers, culture, and society. With no explicit teaching on masculinity, participants were susceptible to both positive and negative influences, and indeed numerous participants identified with forming a maladaptive masculinity. They also revealed a specific Black masculinity centred on emotional stoicism governed by ingrained slavery trauma. However, challenges to one's sense of self – often through a turning point (e.g., depression, fatherhood) – prompted an introspective process of assessing the constructed masculinity and arriving at insight that their adopted masculinity had become incompatible. Akin to an existential crisis, a destabilisation of self occurs from the loss of their known identity, yet space is afforded for a new identity to arise. They appeared to re-centre their masculinity to current values and meaning in their present life, thus it continually evolves. Participants portrayed this masculinity as digressing from traditional models and focusing more on their authentic self. Notably, this re-constructed masculinity involved a valuing for emotionality, facilitating the process of help-seeking for depression (elucidated in categories III and IV). Consequently, participants moved closer to a more whole sense of self by embodying this idiosyncratic masculinity. However, they concurrently faced challenges with others accepting their alternative masculinity, making it difficult to fully experience integration in their sense of self.

Participant six captures well this category of negotiating masculinity:

"*as a Black man what does it mean to be masculine? It really depends on what your internal values are...it's very important to find yourself and not get caught up in the hype of what masculinity is, because masculinity is not just going to the gym and getting muscles, you know. It's not just going around and fathering several kids and not being involved in their lives. Masculinity is not just the amount of women you can pull...some of these things I felt were the things I thought were masculine before. I had to reflect*

on my own journey. I'm not going to pretend I didn't do that, course. Because this is what my boys were doing, this is what I saw growing up and I thought that was what was cool. So I think it's a developing process" (p31)

3.6   Category III: Depression: Confronting Implicit Vulnerability

3.6.1   Introduction to the Category

This category presents the findings on how participants navigated connecting to their sense of implicit vulnerability through experiencing depression. Subcategory 1 – *'Depression as the 'Unknown''* – demonstrates how participants hold frightening constructions of depression, unveiled through highly emotive and alien experiences with it. Subcategory 2 – *'Traumatic Avoiding'* – reveals how depression is managed via avoidant styles of coping, driven by intergenerational trauma to protect against emotional vulnerability. Subcategory 3 – *'Embracing Depressive Vulnerability'* – occurs as participants dare to connect with, rather than reject, their implicit vulnerability and thus difficulties with depression, yielding reformed understandings of depression and emotional vulnerability.

As participants current form of (Black) masculinity guarded them from experiencing emotional vulnerability to preserve a sense of strength and self-sufficiency, the data revealed how participants were necessitated to re-evaluate these meanings and negotiate their constructed masculinity to engage with their depressive difficulties. This appeared a similar process to how participants considered their wider individuality and identity rather than being defined by their Blackness (category I). In turn, participants no longer neglected but rather valued their intrinsic emotional needs and experiences, which indeed felt challenging for its novelty, but resulted in re-constructing a more holistic and healthy self – illustrated in Figure 12. Alike prior categories, the data implied that the re-constructive process, in particular, remained ongoing as participants not only continued to make sense of depression's vastly destabilising experience on their sense of self, but internalise new learnings on emotionality. Therefore, confronting one's implicit vulnerability was a process, which subsequently brought participants closer to a whole self.
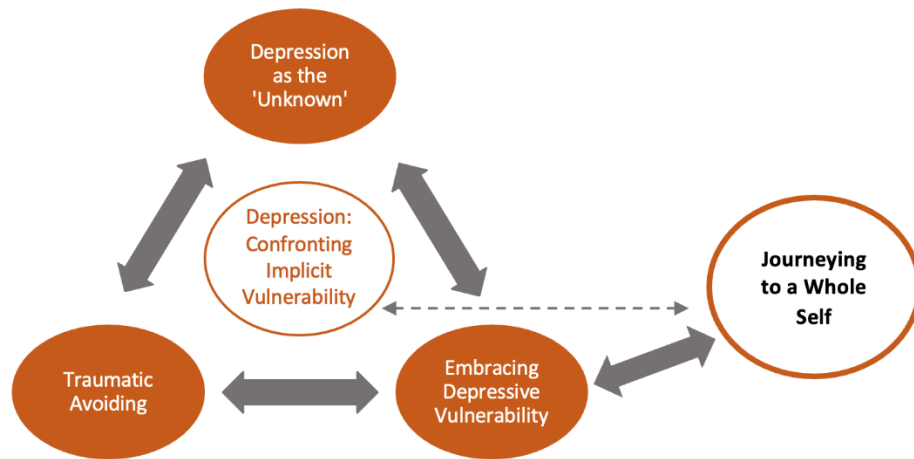
Figure 12: Connection Between Category III & Core Category

3.6.2 Depression as the 'Unknown'

When participants were asked to share their experience(s) of depression, what surfaced as central in all their accounts was its affective component. Participants described experiences which appeared very emotionally overwhelming and consuming, triggering a lost sense of control. Participants also implied that they felt no longer themselves, as depression threatened the stability in their sense of self, especially their masculine identity. Figure 13 captures the responses participants used to portray their depression:
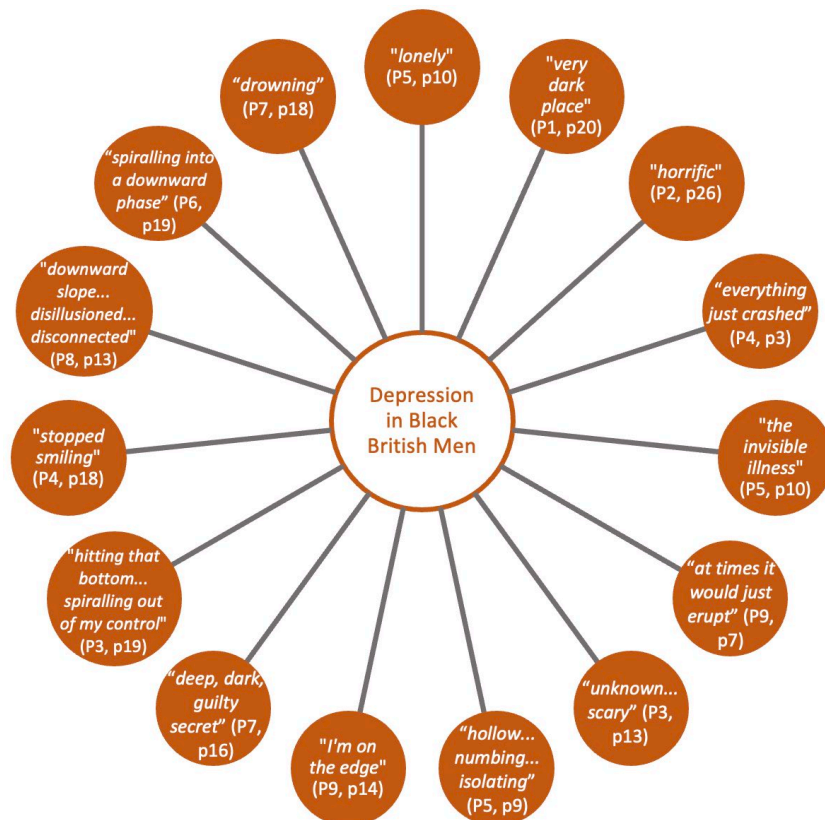
Figure 13: How Black British Men Describe Experiencing Depression

For participants, this was their first encounter with depression, ranging across the lifespan from adolescence to mid-life. Some participants grew up with family members with mental health issues present, but none had experienced difficulties themselves until this point. Overall, all participants exhibited an illiteracy of depression in which what was happening to them was felt to be confusing and elicited feelings of fear:

> "*I didn't know what was wrong with me because I'd never felt that before...it was just bewildering*" (P5, p9, p12)

> "*I didn't have a real sense of mental health generally, and depression particularly, so I couldn't quite figure out at the time how I ended up here...I've never drowned before, what's occurring?*" (P7, p14, p18)

> "*it was very unknown. My family weren't the most enlightened about that I think when it first started coming up. So the fact it was unknown also made it scary and meant I don't want that, that's less desirable*" (P3, p13)

The sense of depression being "unknown" and searching for clarity permeated throughout the data. As described in a previous subcategory (section 3.5.2), these men habitually witnessed emotional stoicism of Black masculinity as the norm, thus it is perhaps unsurprising that participants found the emotional aspect of their depression experience destabilising and abstract. In turn, their accounts suggested that the process of encountering depression was "*very subconscious*" (P5, p17) because they "*can't be vulnerable*" (P5, p21). Participant eight reveals how oblivious he was to even recognising he was struggling:

> "*you don't even understand it's going on. You're on the floor basically and you can't even see you're on the floor. You still think everything's fine*" (p15)

He offers some insight into why Black men lack understanding of their depressive experiences, explaining that they are not given the language to comprehend let alone convey their difficulties:

> "*the reality is that boys in particular are not taught to talk. So from a young age, girls are taught to talk...they'll talk about everything under the sun. But if you got a boy, it's football, clothes, maybe partying and music, maybe the opposite sex or whatever, but there's very limited conversational topics...when they're becoming a man, it's almost*

like they don't have the vocabulary or even the subject matter to be able to express themselves and their emotions" (p24)

Thus, what the participant seems to suggest is that Black boys growing up receive little nurturance of more sensitive issues, particularly emotionality, highlighting again the upbringing period. This resembles the data presented in section 3.5.2 where participants revealed the lack of direct teaching on developing a masculine identity. The focus looks as though it remains on the individual's external world, neglecting what processes might be at play internally. Hence it appears that for these men they simply do not know *how* to identify nor articulate that they are struggling emotionally because of deficient modelling of emotional expression. Participant one corroborates the notion that teaching on talking about difficulties is generally absent:

"*Black people in general are taught not to speak...So when it actually gets to something that is bothering you, you've already been conditioned not to speak*" (p32)

Indeed, participant nine supports how challenging it was to finally share his depressive problems with his mother, appearing to minimise the true nature of his difficulties:

"*I found very difficult like speaking about it...I just tried to shut it off from her, but sooner or later when I felt the time was right, I would say 'yeah, I'm just a bit low at the moment'*" (p9, p12)

Furthermore, it was clear within the data that connecting with one's implicit vulnerability was difficult for these participants, but especially defining what was happening as 'depression'. Participant four shows his unease in being told he was depressed by his GP, instead masking with another more acceptable label:

"*when I got depressed, I couldn't even admit that I got depressed...she said 'you're depressed' and I went 'nah, nah, nah' [laughing]...I wasn't ready to accept that yet so that's when she said 'ok, I'll sign you off with work-related stress', I said 'yes, that's cool'*" (p9, p18)

His account implied an underlying element of shame involved, steering him to reject being 'depressed'. Corroborated by other participants, such as participant three (above), depression was unwanted and thus refuted. Indeed, this was apparent throughout the data as participants expressed how depression challenged their robust self-image that they did not want tainted:

> *"I'm usually seen as a strong character, so I don't really like to give out that I'm struggling...and not being seen as weak by your peers"* (P9, p13, p17)

> *"I never told myself I was depressed once...I just felt like if I admitted it to myself, I'd be weak"* (P1, p20)

> *"I definitely think you'd be viewed as a wuss...it kind of goes back to that whole thing around 'don't cry'"* (P6, p32)

> *"the role that shame plays is much bigger, particularly in your immediate community...to know about these things going on would be seen as such a problem"* (P3, p20)

Participants, thus, seemed to suggest that both they and others had constructed particular views on what depression meant and how that would reflect on them, so there was a sense of the shame being mutually internal and external. Arguably, this might be linked with the data presented in section 3.4.2 whereby participants endured racial othering. The experience of depression could have heightened this sense of being an 'other', prompting its denial, given evidence in the dataset of emotional vulnerability being rejected in the Black community. This was perhaps reinforced by Black masculinity customs to show toughness given past trauma, in which being depressed impeded this. Participant six (above) also makes links to broader societal masculinity messages which prohibit the demonstration of emotional vulnerability. Thus, experiencing depressive difficulties felt very unknown and so was understood for many participants as a form of 'weakness' in the self, which they did not want attributed to them:

> *"the sense of 'I am strong, I am confident, and I know exactly what I'm going to do'...I don't want to acknowledge that I might be a bit lost or feel a bit down or vulnerable or weak, I don't want to have those things associated with me"* (P7, p25)

> *"people think depression means, and I used to think this too, and I have to be honest because I didn't know what the thing was, 'oh, you're just weak', 'you need to toughen up', 'you can't handle life', 'everyone gets stressed'"* (P2, p37)

> *"I just had this view that people with mental health issues...they were weak. They didn't have a control on life. It was about the choices they made. They weren't taking responsibility. So I had this really negative view on mental health...It wasn't until I had my own experience I realised nobody brings this upon themselves. Nobody wakes up one morning and thinks 'I want to be depressed' [laughing]"* (P8, p20)

Hence, it appeared from the data that participants were understanding depression as not being strong enough in oneself, evoking feelings of shame and becoming self-blaming for lacking resources to endure life's hardships. These developed constructions of depression likely contravened (Black) masculine values, as confronting an unfamiliar emotional world meant letting down one's self-control guard that protected from becoming emotionally vulnerable, directly opposing features of showing strength and leadership core to Black masculinity (Figure 11). Further, participant three reveals how religion, which often sits under the umbrella of culture, can negatively construe depression, perhaps serving to stigmatise depression and reinforce its rejection:

"*being told that actually you're not happy with the plan God has for you...that's so unhelpful...there's that really strong 'this is demons', like that kind of narrative...that can be really damaging*" (p18)

Participant four also felt that stigma was prevalent amongst the Black community, in turn preventing addressing the underlying causes of depression, which then perpetuate intergenerationally:

"*a lot of us, because of the stigmas that surround mental health, never ever deal with a lot of those issues. So, we carry it on and we pass it onto our children*" (p8)

These accounts demonstrate how culture and religion conceptualise emotions and mental health in a way where vulnerability remains unpermitted. Considering the data on culture representing a core part of Black identity (Category I), these men not only listen to and value these cultural beliefs, but so do their wider social system who reinforce them. Consequently, it is comprehensible that there was an illiteracy of depression amongst participants when faced with depressive difficulties and their instinctive tendency was to turn away from confronting this implicit vulnerability. However, as participant four explains above, these difficulties do not only become internalised, but are socially exhibited to succeeding generations and thus replicated in cycles. Here, he is suggesting that avoidance is a learned and collective pattern, unpacked further in the next subcategory.

3.6.3   Traumatic Avoiding

The interplay of harmful constructions of depression with implicit feelings of shame saw strong patterns across the data of participants attempting to cope with their experiences through various forms of avoidance. Depression seemed to trigger the protective functions of

masculinity elucidated in the previous category (section 3.5.2) that aimed to preserve that sense of strength despite feeling out of control from depression. This meant participants avoided connecting to any sense of vulnerability by being "*stubborn with admitting that I was even feeling that way*" (P1, p25) because "*with masculinity, you can't admit weakness*" (P4, p21). Consequently, 'getting on with' rather than facing and addressing difficulties reigned in how depression was managed by participants. This appeared to be an inferred masculinity rule, so was an automatic response that fulfilled masculine values of showing toughness in the face of adversity:

> "*my own particular kind of masculinity was I'm not going to be beaten by the situation, I'm going to tough this out and I'm not going to look too closely at all the wheels and the cogs and all the rest of it that are grinding*" (P7, p19)

> "*being a Black male, we are supposed to just get on with it*" (P9, p16)

> "*coming from a background where you grew up in a place where there's poverty...there's no room for depression...I had gone into this mode of just dealing with it*" (P6, p16-17)

Some participants admitted that persevering meant they were "*putting on a fake persona*" (P9, p7) or "*keeping myself busy to shield myself from addressing certain things*" (P6, p25). Others talked about keeping their difficulties out of mind:

> "*I've just buried it at the back of my head...and just tried to continue*" (P6, p22)

> "*I might have just soldiered on with this – I call it a safe, it's like a big, strong, one of those old-fashioned ones with the combination in front when you turn – and inside of that was all the stuff that I would have never processed out*" (P7, p15)

This sense of averting their difficulties gave the impression of both self-control and protection for these participants, which risked being lost through confronting real feelings of vulnerability. Avoidance created an illusion of distance from their problems, allowing them to remain blind to their reality, but instead intensifying and worsening the trajectory over time. However, suppressing and compartmentalising their issues was sometimes difficult to achieve, with participants acknowledging the turn to substances to evade problems:

"*I smoked [cannabis] a lot...I smoke all the time so I was telling myself I feel good all the time. It's backwards*" (P1, p18, p27)

"*coming from Jamaican culture, that's why they smoke a lot of weed and stuff like that because they're not able to deal with things and that gives them, I think, a sort of release*" (P4, p9)

"*Looking at my family and my background, most of the men do not...admit they're on the floor and they probably use substances, so they'll drink alcohol or smoke some weed or cigarettes...they'll try and run away from the problems rather than deal with them head on*" (P8, p21)

Although substance use is a customary tradition embedded within several Black cultures, as well as being a part of some men's enactment of masculinity, these participants seemed to say that this behaviour could become maladaptive. Their accounts implied that substances can also function to dilute painful feelings and detach from reality. This makes it susceptible to *mis*use to manage emotional problems, further steering away from facing up to one's implicit difficulties and embodying any sense of vulnerability. Indeed, using substances is habitually a social practice in some Black (e.g. Caribbean) cultures plus individual masculine behaviours, whereby men might mask their substance misuse through their social context.

Yet the level of avoidance that participants were exhibiting – which fundamentally sought to escape difficulties – appeared to exacerbate their depression: "*when you don't deal with things, it just piles*" (P6, p17). Participant three explains how these habit behaviours of avoidance saw his depression returning in series:

"*I was very good at being able to separate things that I found distressing...as a consequence of that I had real spirals of...depressive episodes*" (p12)

Similarly, participant six shares how the consequence of his avoidance was self-neglect:

"*I just had to go into automatic mode and so I ended up neglecting myself and pushing myself to be less important. And over the years I've realised how I've neglected myself*" (p21)

He reveals the outcome of such avoidance of self is "*emotional burnout*" (P6, p15). Notably, the data revealed a deeper layer to participants experiences of depression that perhaps elucidated this "burnout".

Participants' behaviours of perseverance, compartmentalising, suppression, and blocking via substances – as forms of avoidance – served to defend from emotional vulnerability, in turn transpiring as acute depression. From their accounts, however, this depression did not seem to be solely depression nor the context of the individual participant, but rather governed by mechanisms of accumulated unprocessed trauma. Participants illuminated how these avoidant coping styles in fact reflected trauma responses from histories of trauma, namely slavery, whereby Black individuals had to reject any sense of vulnerability to ensure their survival; a pattern that has continued intergenerationally. Depression is, thus, refused by these men to shield from being vulnerable, which formerly risked detrimental outcomes:

"*looking back at slavery and colonisation and also sort of the conditions that our parents have grown up back in Africa or back in the Caribbean, they've been ones of intense trauma and intense struggle. So when they grew up, there was no space for weakness, there was no space for being able to be vulnerable, because if you're vulnerable you just die, it's that brutal of a world...those attitudes have been translated down to their children and that's why when they do go through struggle, they're like...I've got to face it as a man, I've got to face it as someone who can't be weak*" (P5, p17)

"*being Black makes you a little more stubborn in general because you're raised by people that have been raised by people that have been raised by people that have been treating them to be defiant...they had to be...to survive*" (P1, p26)

Memo Excerpt 5
The participants display avoidance in some form when it comes to their depression and the question floating around my mind is *why?* Why do they avoid it? Why do they struggle to confront it? Why is their threat mode activated? And then I realise how terrifying it is. The idea that something internal can be so oppressive on the self – to control us, to stop us from functioning in the same way, to consume and exploit us. And then I see how this mirrors the oppressive nature of their historical trauma. This is, actually, intergenerational depression. Cycles of pain that hasn't been able to process and heal. This strikes me as feeling shaming. Perhaps there's tacit shame in suffering depression, something mentally/emotionally based, in comparison to the physical *and* mental *and* emotional suffering that their ancestors endured. They seem to be carrying all of this through their experiences. And then we come full circle to

the avoidance, worsening the depression, whereas being emotionally attuned and confronting that implicit vulnerability facilitates recovery – not just of the self but of generations.

Therefore, de-constructing these cycles of avoidance revealed the embedded trauma within the experience of depression. This perhaps elucidates its emotional intensity and "burnout" for these participants because "*all that trauma, if you're not dealing with it, it's going to have its effect and it's going to come out*" (P4, p9). Indeed, participant four demonstrated how hypervigilance to threat, a core aspect of trauma, presented in his general behaviour: "*I'm always on my guard, always aware, the antenna's always up, what's going on?*" (p17). Thus, the data was suggestive that participants were not only overwhelmed by depression, but overwhelmed by collective trauma, necessitating them to realise their difficulties. This elaborates Black masculinity's core feature of emotional stoicism, revealed as deriving from slave master treatment (section 3.5.2), which participants appeared to uphold when experiencing depression.

Reflexivity 5

As I devised this category, I was reminded of CGT's notion of how the researcher 'constructs' the findings. In working in trauma services, I am cognisant of how my researcher–practitioner dual role influences my interpretation of the data. I am naturally drawn to the parts of the dataset which convey mechanisms of trauma, in which I am able to integrate my knowledge to richly identify and conceptualise these processes. Although the data organically reveals the embedded trauma, another researcher might have constructed the findings from a different angle. Thus, while this represents a strength, my constructed findings equally could be limited by processes I may be overlooking.

3.6.4   Embracing Depressive Vulnerability

Continued avoidance of depression saw some participants reach "*crisis point*" (P7, p21) and be "*on the edge*" (P9, p14) of suicide, exemplifying the destabilising nature of avoidance on the self. In turn, participants were compelled to no longer reject their implicit vulnerability. Participant eight describes this as having "*to try something different because I knew my old way wasn't working*" (p21). However, embracing such vulnerability was new and, therefore, daunting: "*if I address it, what does it lead to?*" (P6, p25). It appeared from the data that this process involved a (re)negotiation of their constructed Black masculinity, despite such avoidance being founded from historic racial trauma, in order to engage with their difficulties, captured by participant two:

> "*being Black and being masculine does not allow you to deal with depression...whatever you think being Black and masculine is, stop being that for a bit so you can deal with this depression...that doesn't mean that you're no longer Black...it doesn't mean you're no longer masculine*" (p49)

He seemed to suggest that by disrupting one's current construction of Black masculinity, space is afforded to welcome the possibility of embracing depressive vulnerability. Accordingly, a new, adaptive form of masculinity is re-constructed, aiding the individual towards a valuing of their health and wellbeing. Indeed, when participants did confront being depressed, they described the clarity gained as their experiences now made sense:

> "*it was almost like a lightbulb went on...where everything just came together*" (P4, p18, p21)

> "*a sense of relief – this thing has a name and 'ah, right, ok, I can see what that is, I can look it up, ahhh, yes'. Those symptoms, they were depression, and it's about this, that and the other thing that's happening for me right now, but there's also a history to it... [I was] able to piece the puzzle together and say 'and that's why'*" (P7, p15)

By embracing emotional vulnerability, normalising of their experiences occurred, and participants appeared to acquire literacy of depression's presenting and precipitating factors. With this also came the realisation of depression's transient nature and hope that relief was possible:

> "*there's a way beyond it. It's not a destination, it's just a place that you're at right now*" (P7, p18)

> "*I don't see it as this never-ending thing you got to have forever...it can be gotten through*" (P2, p39)

> "*I'm not going to stay in this situation forever. That things can change*" (P1, p26)

Consequently, the data strongly implied participants underwent a process being termed as 'post-depressive growth', in which these men were positively changed by confronting being depressed. This comprised of multiple components and is interlinked with section 3.7.4. One

part, elucidated well by participant seven, involved acquiring a new language of healthy coping which provided greater understanding of one's sense of emotional self:

> "*It gave me much more of an insight into myself and being able to say that is what I'm feeling and I can see what's occurred to trigger that and here's what I need to do...And like a whole language of coping which I did not have or think that I needed*" (p19)

For various participants, embracing depression also cultivated growth in the form of re-constructed perceptions of vulnerability and emotions, taking on a more compassionate and welcoming stance:

> "*I shouldn't ever be afraid or feel a way about speaking about how I feel, and I wear that with pride*" (P1, p28)

> "*it's ok to be vulnerable...it takes a lot for you to be vulnerable, so I'd say that's strong!*" (P5, p19)

> "*everybody has stuff with which they struggle and that's ok...it would be great to be a little vulnerable...it's not freaky, it's not weird, it's not odd*" (P7, p25-26)

Thus, participants displayed arriving at a sense of self that was adaptive and more stable in nature due to embracing their depression and discerning how to become and stay well. They demonstrated alternative narratives of mental health to ones previously held that appeared healthier towards themselves and others. A re-construction of their current (Black) masculinity was necessary for this occur as its ideologies functioned to keep these men stuck in depressive vulnerability. There was also a sense of participants being radically changed – that they did not go back to previous versions of themselves but rather progressed forwards in new ways. Crucially, they were now welcoming of their emotional needs, pivoting towards a more whole sense of self.

Nonetheless, participants simultaneously appeared to continue navigating this process. The data showed how they were "*still trying to make sense of it*" (P5, p10) and "*still trying to learn and deal with those uncomfortable feelings*" (P6, p14) given they had disrupted patterns of emotional avoidance within Black masculinity to embrace emotionality and aspects of the self that felt vulnerable. Embodying a re-constructed masculinity which valued vulnerability was, therefore, a continuing process in internalising new ways of being from the norms they and others were accustomed to.

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Memo Excerpt 6

This notion of 'post-depressive growth' is an adaptation of the concept of 'post-traumatic growth'. I seemed to instantly coin it as I pulled together the data on participants' sense of transformed self by gaining new insights into depression, coping better which enabled them to better handle further adversities, attaining resilience and enhanced strength, and becoming more compassionate individuals. This stood out to me as adaptive resources and tools acquired from embracing one's inherent vulnerability. And while this appears to resemble the facets of post-traumatic growth, I feel it is important to emphasise that participants resonated with *depression,* with trauma more reflecting underlying mechanisms rather than encompassing the difficulties itself.

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3.6.5 Summary of Category

This category demonstrated how depression surfaced as an unfamiliar and emotionally intense experience which revealed the participant's implicit vulnerability and disturbed their sense of self. Constructing depression as weakness from a combination of depression illiteracy plus Black masculinity values provoked feelings of shame. While this stimulated their employment of avoidance methods to avert their emergent vulnerability, their difficulties with depression worsened. De-constructing this coping style revealed how slavery yielded traumatic learning of showing strength and stoicism to survive. However, enduring avoidance became debilitating for participants, necessitating them to ultimately confront their depression. By embracing emotional vulnerability, various positive effects ensued, including naming and normalising of depression, gaining literacy of depression, insight into the self, hope for the future, and altered perceptions of vulnerability. Crucially, the re-construction of vulnerability, particularly by negotiating conceptualisations of masculinity, emerged as imperative for overcoming trauma's avoidant functions which serve to maintain and exacerbate underlying problems. Although participants reached a more stable and adaptive self that better valued and attended to core emotional needs, they continued navigating newfound emotional vulnerability. Nonetheless, the creation of new patterns of emotional embracing from emotional reticence demonstrated participants movement towards a more whole and healthy self. An extract from participant eight's transcript conveys the essence of this category:

> "*being a Black man, I was heavily into going to the gym...I know about being physically strong, but I didn't have a clue about being mentally strong. I just thought that anybody who had mental problems meant that they were weak and they wasn't strong...it's fine to have this mental issue. I don't need to be ashamed of it. There's nothing I've done*

wrong. And in the same way that I can build up my muscles, I can build up my mental capacity and strength" (p15)

3.7   Category IV: Help-Seeking: Overcoming Explicit Vulnerability

3.7.1   Introduction to the Category

This category follows on from the previous category to present the findings on the process of participants taking the next step after confronting their implicit vulnerability of depression: seeking help. This category strongly parallels the preceding category as the data showed how many of the processes regarding the participant's sense of vulnerability interrelated. However, this category attempts to not only discern the nuances of the help-seeking process, but reveal the multiple layers of vulnerability in Black British men.

The data illuminated how negatively constructing help-seeking behaviour as weakness challenges one's constructed sense of (Black) masculinity, preventing externalising implicit vulnerability and thus getting necessary support (subcategory 1). Yet, help-seeking meanings within the context of masculinity are re-evaluated, as needs to address depression grow, disrupting perpetual cycles of emotional avoidance (subcategory 2). In turn, the data revealed how masculinity is re-constructed to facilitate help-seeking. Despite mixed experiences of support, engaging in the act of help-seeking initiates new cycles of emotional self-care, in turn strengthening the re-constructed masculinity, eliciting personal growth and cultivating an overall transformed self (subcategory 3). Figure 14 illustrates how overcoming the personal challenges involved in expressing one's depressive vulnerability not only leads to new healthy patterns and growth but ultimately results in a more whole self.

The Act of Help-Seeking as 'Weakness' → Challenging Help-Seeking Meanings

Creating New Cycles → Journeying to a Whole Self

Figure 14: Process to Core Category from Category IV

3.7.2 The Act of Help-Seeking as 'Weakness'

Although participants were not explicitly asked about how they understood 'help-seeking', but rather where they sought help and their experiences of this, they shared their constructions of what getting support meant as a Black man. There was commonality in the data in these men seeing *the act* of getting help as "weakness":

> "*People feel like they've got to present themselves in a certain way but then that doesn't allow them to get the help they need...getting help sounds like you being weak. You know, all of these constructs are there. And I think the truth is a lot of them were put there through slavery*" (P2, p50)

> "*the idea of them going to seek support themselves is still a step too far...it will still feel like weakness to lots of people to do that*" (P3, p20)

As suggested by participant two, these constructions appeared derived from the protective mechanisms of prior trauma, highlighted in previous categories (sections 3.5.2 and 3.6.3). Seeking help in the past was likely a risky endeavour or generally unavailable, so individuals lacked options but to find ways to self-manage. Hence, Black masculinity's characteristic of emotional stoicism effectively materialised as a trauma response to emotionally survive slavery. Such learned ways of coping link with other data that suggest this is "ingrained" and perpetuates intergenerationally. Indeed, participant one explains how his "stubbornness" was so intrinsic and automatic in his rejecting of the need for help, it seems to further imply that this defence served to deny his emotional vulnerability, resembling the processes involved with avoiding acknowledging depression (category III):

> "*stubbornness stops my thoughts from even getting to that point because I didn't even tell myself I needed to get help. So, the stubbornness was so deep-rooted and so subconscious that my thoughts didn't even get to the point where I feel like I need to go speak to someone or I even want to*" (p28)

Accordingly, these constructions appear to dissuade coming forward for help and as such is "*something that Black people don't do*" (P8, p12). The data showed how participants remained stuck in their depressive problems with these help-seeking constructions despite support now being more accessible. Here, there seemed to be a link to the features of Black masculinity depicted in Figure 11. By seeking support, these men engage in behaviours which involve going outside of oneself, thus defying their norm of self-reliance and others not knowing the

truth of their struggles. In turn, they discontinue presenting themselves as externally strong and self-assured through reaching out, thereby no longer fulfilling traditional Black masculinity ideals. Relatedly, there was a high sense of fear and shame present during the interviews and embedded within the dataset, as it seemed getting help involved a negotiation of participants constructed self-image, which showed them becoming self-critical as they appraised themselves as "weak". Masculinity mechanisms likely activated as participants questioned exposing themselves to experiencing such vulnerability through help-seeking. It, therefore, appeared that accessing support was the ultimate challenge to the self in both connecting with, and externally showing, one's implicit vulnerability.

Memo Excerpt 7

With each participant, I couldn't help but sense this strong yet unspoken feeling of shame when they articulated the help-seeking process. I was sensitive to it in the interview, and as I analysed the data, and as I present the findings. Indeed, when I decided to ask more explicitly about shame via theoretical sampling, participants displayed its delicacy through their nervous laughter, their defensiveness, and their lack of elaboration. It made me wonder if seeking help was the ultimate challenge to the self. That the participant can almost deny their vulnerability to themselves, but when help is sought, there is no hiding. It is vulnerability in its exposed and rawest form. So, considering how robust the mechanisms of avoidance are, I can appreciate how shame would activate here as they no longer withstand their difficulties and are met with a sense of weakness in the self. It feels like shame is an underlying driving force.

Help-seeking is, therefore, a complex and unaccustomed process for these men given the interplay of past trauma and Black masculinity that form into unhelpful perceptions of getting support, consequently stopping them from seeking help and making that implicit vulnerability they are experiencing explicit.

3.7.3   Challenging Help-Seeking Meanings

From participants accounts, they appeared necessitated to de-construct the meanings of seeking help, as their difficulties with depression worsened and their needs to address it prevailed. The data implied that their implicit concerns overruled their avoidance or self-managing, and they could no longer ignore the reality of their difficulties. Here, their established constructions of help-seeking were challenged, leading them to examine the act of getting support more closely to arrive at new beliefs that facilitated help-seeking behaviour. Participant three succinctly conveys how this happens:

"*I had to sit there and try and reframe what reaching for support meant. It wasn't that I was weak and someone was helping me. It was that I was strong for recognising it and I was taking action. And that made it better. I suppose it made it feel like it was more of an achievable thing...I think a big part of what stops people coming forward is about viewing going for support...as being a step back rather than moving forward*" (p19)

The participant reveals how help-seeking is a construct that can be re-defined to one that emphasises strength, in turn presenting accessing support as feasible. This emerged as important since the data showed how depression triggered these men's underlying vulnerability and perceived weakness, which possibly made them sensitive to other ways that were felt to reinforce that vulnerability, such as getting help making their vulnerability known. Additionally, it seems from participant three's account that these weakness constructions maintain depressive difficulties, whereas reversing it to characterise the inherent strengths allows them to regain power and progress forward towards recovery. Participant two shares the notion that Black men hold power to take back narratives and can harness their agency in getting help:

"*to feel like 'ok well I'm a Black man so I can't do this thing because we don't do that', says who? You can do whatever the hell you want!*" (p50)

Both participants highlight the social structure underlying these constructions, suggesting that help-seeking is collectively seen within the Black community as negative. Though, participant three feels that if the Black community regarded accessing support more adaptively it could permit other Black men to get help:

"*if the way it was spoken about in the community or it was promoted more about the strength it takes to go and do these things, and that action is a positive thing, and it comes under that thing of like learning and stuff, I feel like more people would sign up*" (p21)

Here, it appears that seeking support facilitates growth, if men along with the wider Black community can frame help-seeking as an avenue for self-learning, which is not made possible by believing getting help is reflective of weakness in the self. As such, if the discourse surrounding help-seeking is disseminated as being disabling on the individual, the high levels of help-seeking reticence present amongst the Black male population is perhaps expected, given their sense of self is already threatened by experiencing depression.

Overall, the data seemed to overlay with processes of depression (sections 3.6.2 and 3.6.3). Depression was also individually and socially constructed as weakness, provoking emasculating feelings. To cope, plus avert confirming this weakness, participants demonstrated engaging in forms of avoidance. This appeared to parallel help-seeking constructions and avoidance of accessing support. As such, depression and help-seeking constructions and avoidant processes are not mutually exclusive, as getting support required a re-construction of both depression and help-seeking meanings. The data has shown that unprocessed trauma, perpetuated intergenerationally and within the Black community, lies at the centre, driving these constructions and processes. Figure 15 offers an illustration of the circular nature of these interlinked categories.

Figure 15: Circular Nature of Depression & Help-Seeking, Governed by Trauma

3.7.4 Creating New Cycles

When participants were asked to share their help-seeking experience(s), there was a clear sense throughout the data that these men had disrupted perpetual cycles of emotional avoidance by coming forward for help with their depression. Participants appeared to disturb the status quo, being easier for some while more difficult for others, yielding varied experiences. The depth of this subcategory means it will be structured as follows:

 i. The process of help-seeking;
 ii. Experiences of help-seeking;
 iii. Positive gains of help-seeking.

The Process of Help-Seeking

From participants accounts, the process itself of seeking help differed for each. Half of the participants claimed to find the act of getting support relatively simple, either because of other help-seeking experiences, or needing immediate help which negated any ambivalence. The remainder of participants, however, described the act of seeking help as much more difficult and protracted, in which it was a challenge to the self to set free accustomed ways of managing and instead seek out external support.

Participant five found getting help straightforward as he had grown up with family members who were engaged in mental health support, which made it easier for him to do the same in relation to his own mental health:

> "*because of the way I've grown up and my proximity to mental health issues, I know when I need to get help...I felt that it was easy to access help*" (p14)

Similarly, participant six had long-term difficulties with Sickle Cell, which meant that health care was a regular part of his lifestyle, again permitting him to engage more easily in accessing support for his depression:

> "*because I've always had to seek help my entire life because of my physical illness, I had no problem seeking psychological help*" (p29)

Participant four had not sought mental health support before, but experienced a "*defining moment*" (p18) which prompted him to become an active agent in addressing his need for help:

> "*something just clicks and you go 'yeah, actually, that's what it is, I'm not right, I'm not happy, I'm gonna get help'*" (p3)

Likewise, participant seven sought help fairly openly, but this was due to reaching crisis point and requiring rapid help:

> "*When I needed help, I just went and got it...when I was in a crisis point, I needed to talk to someone who could help*" (p21)

Conversely, other participants described employing their avoidance tactics to manage their difficulties, before reaching a point in which they had to stop, admit to themselves that they

could no longer manage this way, and go ahead and reach out for help. Obtaining support outside of oneself was typically a last resort, which was felt as challenging to one's Black masculinity centred on self-reliance and portraying toughness:

"*eventually, I had to ask for help*" (P8, p15)

"*I was very down about it at the time, I felt very disappointed with myself getting to a stage where I'm actually needing to see someone instead of handling it or just getting through it...it took me a long time*" (P9, p8-9)

For some men it was thus more difficult to release these ways of being, extending the help-seeking process, but ultimately coming forward for support.

Experiences of Help-Seeking

When participants did access help, they revealed a breadth of sources they engaged with, captured in Table 3. This yielded diverse experiences, of which notable findings are explored.

Table 3: Sources of Help-Seeking for Depression by Black British Men	
Type of Help:	Number of Participants Who Used This Method (/9):
GP	7
Family	4
Wife / partner / female	4
Friends / "boys"	3
Work / Employee Assistance Scheme	3
NHS IAPT (therapy)	3
Private therapy	2
University counselling	2
Music / instruments	2
Psychiatry	1
Clinical Health Psychology	1
Colleagues	1
The Samaritans	1
Volunteering	1
Men's groups	1

All participants pointed to multiple categories of support they drew from in their help-seeking journey, experimenting with different methods. From the data, seven of the nine participants

cited their GP as being a source of support they accessed, representing the most common type of help. This could be attributable to GPs typically being the first point of call in the UK when experiencing health-related concerns. For most participants, their experience with their GP was described positively. Several participants were signed off from work which was found to aid observing the impact of their depression and begin recovery. Certain participants shared more substantial stories. Participant four told me how being offered an extended consultation afforded a validating space to express his difficulties and was pivotal in empowering him to realise and accept his depression:

"*in that consultation, you know, they allow, what, ten minutes or something? She allowed me to talk for about half an hour. And I literally just talked all the way through it. And she didn't rush me, she didn't stop me, she let me talk, which was really, really good. And I needed that to start to understand it in my head...and to actually admit it*" (p18-20)

Participant two similarly had a GP who responded attentively, particularly to his heightened sense of masculinity in the moment. He demonstrates how challenging it was to become vulnerable, especially in the presence of another male, opposing Black masculinity's tendency to portray oneself as strong and in charge:

"*the person I first saw when all this started, he was like a trainee GP...it was a dude and of course this brings up masculinity because I started crying. And I'm like 'what the hell is going on?', dudes don't cry in front of other dudes...he was absolutely adorable, he was this huge guy who was trying to comfort me*" (p30)

Thus, it appeared that masculinity and help-seeking operated in a bidirectional process whereby masculinity needed to be re-constructed to allow oneself to seek help, yet engaging in help-seeking reinforced the re-constructed masculinity – illustrated in Figure 16. Through this process it seemed that these men no longer solely relied upon methods of self-sufficiency but permitted themselves to turn to others when experiencing depressive difficulties.
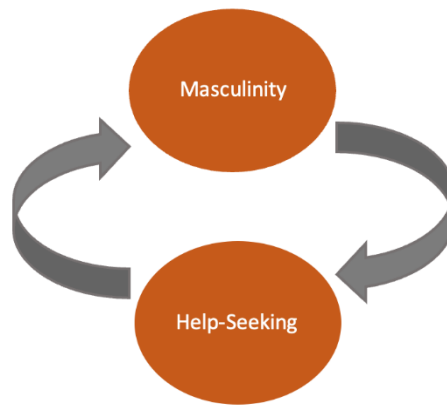
Figure 16: Bidirectional Process Between Masculinity & Help-Seeking

There was a sense from these participant accounts that their GPs had gone beyond their duty and provided an extra level of care that these participants were needing in their time of vulnerability, yielding them as a crucial source in the help-seeking journey. Conversely, participant five reported on an opposite encounter with his GP, who invalidated his depression when he reached out:

"*it was just outright dismissal...the GP saw me laughing on the phone five minutes before I entered the room and told me that because I was laughing, that suggests I don't need help and therefore I should go and play sports or something...I literally like didn't know what to say. I went through like a range of emotions from feeling angry and belittled, to feeling like 'no, I'm just being lazy, I need to pick myself up'...suddenly seeing the GP as not somewhere that you go to get help but somewhere that is actually somewhat oppressive and will belittle you*" (p11, p13)

Participant five's help-seeking experience with his GP provoked a highly emotive reaction which undoubtedly would have been difficult for him considering he was presenting for support for depression in an emotionally vulnerable state. It shows how damaging this can be given the participant received an opportunity to make sense of a highly confusing experience through the expertise of the GP, yet instead internalised and attributed his depression to ways his GP negatively conceptualised his experiencing, prolonging his trajectory. His GP also redirected the focus onto physicality – playing sports – which colluded with avoiding emotionality and reinforced the data on Black masculinity emphasising external image rather than internal world (section 3.5.2). His account thus demonstrates the influence others – in this case, GPs – have in the help-seeking process and the necessity of them adequately attending to these men's presenting issues.

The second most frequent method of support participants described accessing was therapy, which appeared to yield mixed experiences. Some participants reported on various forms of therapy that were experienced as meaningful and even transformative:

> "*I ended up speaking to a counsellor...I saw them for like 6 or so sessions...that was useful...then I sort of dipped in and out of counselling at different points throughout my life when I've just felt like I've needed it and maybe some of those strategies that I've tried for myself just aren't working the same*" (P3, p15)

> "*through work, fortunately, there was a package of five or six counselling sessions, so I went and had those...some time afterwards...I got into a longer, ongoing 18-month or possibly two years series of sessions...it was a like a complete revelation again because I had been carrying around a lot of stuff...it was really, really important*" (P7, p14-15)

The participants accounts reveal the processes involved in undergoing therapy. They show how therapy is multifunctional, from learning and improving self-care strategies, to addressing and working through deeply suppressed pain, thus having reparative effects. Relatedly, they implied therapy provided them with important insight into themselves in ways they could not otherwise attain, indicating their enhanced self-concept in turn. The participants also specify the various brief and extensive timeframes they engaged in therapy, including later returning to therapy to do further self-work, highlighting its underlying flexibility in serving many purposes and thus meeting differing needs at a given time. Ultimately, though, there was a sense throughout these parts of the dataset of participants being positively changed by the therapy process, and that while it was difficult to attune so closely to themselves in this unfamiliar way, a healthier self emerged.

Other participants, however, described unhelpful therapy experiences, such as differing preferences in the type of therapy they wanted versus received. Participant nine desired a talking-based therapy but received cognitive behavioural therapy, whereas participant six desired a solution-focused therapy but was offered talking-based therapy:

> "*I would have preferred to do more 1-1 talking rather than CBT. I felt it was quite robotic...I didn't find that very helpful*" (P9, p8, p11)

> "*it was more of just a talking therapy...I didn't get much value from it because...when I come and talk to you about a problem, I'm looking for a solution*" (P6, p15)

These participants display individual differences in wanting to explore their difficulties in an open-ended way as opposed to quick resolutions to problems, perhaps providing insight into the ways in which they operate. Such therapy preferences, however, may be representative of that point in time and could later change. Nonetheless, these findings suggest that these men have an understanding of which therapeutic approach they would individually benefit from, but that this was perhaps not explored and agreed with them during treatment planning.

Some participants also explained having unhelpful therapy experiences due to cultural incompetence from the therapist, who failed to demonstrate sufficient understanding of the participant's cultural background and how this interacted with their difficulties. Consequently, it appeared to leave the participant with unmet needs and having to care for themselves, or even worsen their problems:

> "*there was a counselling service at my university...but those experiences actually made it worse...the person that was counselling me, I think they lacked the cultural understanding and empathy to help me...they didn't really understand that hey, like, I'm Nigerian, I can't speak to my parents because we don't talk about mental health...there are a set of rules that you have to use*" (P5, p11-12)

> "*some of the services that I've tried to link with and get support from haven't always really understood that context and how much that culture applies...when I was talking about things it either felt like there was a disconnect between what I was saying and their understanding of it or that particular need just wasn't being met...that was really difficult knowing...I'm going to go in this and have to be my own support*" (P3, p17)

Given the data on both culture being core in these men's identities (section 3.4.2) and maladaptive constructions of depression in the Black community (section 3.6.2), it is unsurprising that the above participants' accounts of therapy were experienced as unsupportive. Indeed, several participants spoke explicitly about Black-specific help. Participant four, especially, felt that he could only engage in therapy with a Black therapist because their implicit understanding of Black difficulties prevented racial re-traumatisation that he anticipated would occur with a White therapist:

> "*because I knew they understood, I didn't have to relive the trauma...when you're talking to White people all the time, it's almost as if you have to relive it over and over*

again, and then you have to explain it, and then you have to justify it, and you're just going round in circles but you're not getting anywhere" (p26)

He seemed to imply the need for a sense of emotional safety when undergoing therapy, which is plausible given this importance in trauma therapy and considering trauma has emerged as a recurring pattern across the dataset. Furthermore, with the findings on help-seeking behaviour being constructed as weakness and thus being the utmost challenge in unveiling one's raw vulnerability, the participant was suggestive that Black help did not reinforce any implicit shame in seeking support that White help might (inadvertently) have done.

However, other participants explained how racial matching was not a dominant factor for them as they were more focused on getting immediate help, highlighting the need for individuals to recognise their distinct needs and seek support based on this:

"*it was more about the help I needed rather than who was going to provide it...it didn't matter so much who that was*" (P8, p21)

From participants accounts, there was also substantive data on the range of more informal (i.e., non-professional) sources of help that these men engaged with. Some examples included partners and friends, which appeared important as they not only were more accessible and flexible compared to formal support being time-limited, but had familiar and deeper understandings and relations with the participant:

"*my boys...we used to have meetings. Last year we met up like every two months and just had meetings as guys, just to see how everyone was doing. Because yeah we talk every day in the group chat...but when's the last time you sat down and actually spoke about how you're actually doing?*" (P1, p23)

"*my very good friend...called me up almost daily and we spent a lot of time where I was able to talk things through...also, I've got a friend...[who] would actually, literally, every Thursday come and pick me up and take me out so I could talk and go through things with her*" (P4, p20)

"*more than anything it's about the people in my life. So, like my partner is a massive part of my support network and so going to her and having that space where I can talk it through, particularly as we go way back*" (P3, p16)

Thus, participants seemed to suggest that while therapy can be a useful avenue for exploring their experiences and difficulties with a professional, other spaces in these men's life are equally valuable for offering support. Having a variety of options available was seen to facilitate their engagement in help-seeking in some way, enabling them to progressively diminish mechanisms of avoidance. These informal forms of help also appeared to be creative, involved frequent care, and was open towards mental and emotional health, demonstrating its useful role in challenging wider negative social constructions of help-seeking.

As participants shared their help-seeking stories, they revealed a number of defining features that they felt were crucial to be present in the help-seeking experiences and outcomes of Black British men. These included active listening, containment and holding, understanding and sensitivity to Black cultures, and being treated as human:

"*if you're listening to me, that's all I ask*" (P1, p32)

"*I was sharing some really personal and deep stuff, I trusted them to hold it*" (P4, p24)

"*you don't have to be Black in order to understand Black people...important that we train our practitioners and medical staff to be more empathetic, to understand those cultures better and to check their own biases*" (P5, p16)

"*I didn't meet any Black professionals at all actually...but...I felt I was treated as a person, as an individual, as a human being*" (P8, p17)

Thus, what this data seems to be saying is that these men are not seeking highly specific factors that are only attainable by certain (Black) types of help. Instead, they are revealing how at a time of newfound vulnerability from highly emotive experiences of depression, they require a humane approach when they reach out for support given raw exposure of their fundamental human needs. This can be provided by all and, if met, offers them a profoundly healing help-seeking experience that consequently enables them to internalise adaptive learning and embracing of emotional vulnerability, with better caring for their emotional needs and progression towards a whole self.

Reflexivity 6
Several participants were particularly moved by the research interview process and I, in return, received a range of post-interview responses. Many participants expressed gratitude that I was doing this research and drawing attention to this area. Some participants told me how heard

they felt, with one requesting to be my first private therapy client once I qualify. One participant wrote a blog post of their experience participating. One participant regularly phoned me to check in and encouraged me to continue going with the research. One participant shared his father's eulogy, who contributed significantly to his masculinity. There are likely further responses that simply were not shared directly with me. I feel very touched by the participant's reactions and sharing of more personal aspects of themselves and their lives with me. I was so thankful for their involvement and am so honoured to have heard their stories that I did not expect in the slightest to receive more! It is truly heart-warming. For me, this highlights the importance of a number of things: giving Black British men a space and platform to tell their story, the power of active listening, having an open and non-judgemental stance, offering compassion and validation, to leave them with a sense of being seen and heard and empowered. It is my hope that this is what the research interview provided participants with, and this perhaps underlies their responses and such rich data. But truthfully, these are all fundamental human needs. So, when participants divulged these features imperative to help-seeking, it demonstrated to me that the process is essentially to do with our intrinsic humanity. That in their time of vulnerability, they are needing a humane approach when they seek help.

Positive Gains of Help-Seeking

From participants accounts, the data markedly revealed that a process of post-depressive growth occurred amongst participants following the act of seeking help for depression. Here, it looked as though participants gained numerous positive effects from re-constructing the meaning of help-seeking and engaging with available support, thereby initiating new cycles of adaptive emotional self-care and leading to progressive changes in the self.

Participants seemed to acquire new beliefs about the benefit of talking about and addressing their issues, realising the detriment of avoidance, which challenged dominant constructions of masculinity:

"*talking is so much easier*" (P8, p16)

"*I was willing to engage with the therapy, which goes against the grain*" (P4, p23)

There was a general sense amongst the data of participants' increased strength, resilience, and empowerment through seeking help and facing avoided difficulties. Accordingly, several participants demonstrated a de-blaming approach towards their parents, as they expressed

reflection and understanding of how and why intergenerational patterns had been founded and continued, and what effect that had on them:

> "*my parents' generation, it was really all about survival...they couldn't lose face, you know, the masculinity mask couldn't come down, couldn't show softness and compassion. And again, when I say this, it's not about blame – this is because of their history and culture at the time. That's what they understood...they were doing the best they could*" (P4, p2, p14-15)

> "*I can see absolutely where he was coming from. Don't get me wrong, I'm not knocking him...I totally understand where he was in the world*" (P7, p7)

Here, participants showed how their re-constructed masculinity addressed the limitations of older generations of masculinity by integrating elements of emotional vulnerability. This data emphasised the benefits of re-constructing a masculinity that is individually tailored and more adaptive, which might function differently from others.

Additionally, some participants displayed a reduced sense of shame about the act of seeking help, showing increased compassion by encouraging others to try it for themselves:

> "*get help or just give it a try...there's nothing embarrassing about it...there's no shame in speaking*" (P9, p17)

Numerous participants described learning adaptive coping skills through getting help – including identifying triggers, early intervention when signs of distress arise, new self-care routines, and new coping tools – which allowed them to better look after their emotional health:

> "*I was given the skills to understand what my signs are, what my symptoms are, what to do in a crisis, how to manage low mood, what you can do about these things. I've not looked back since*" (P8, p18)

> "*being really clear about things that triggered particular negative thought patterns for me and trying to get on top of them early. And about noticing situations that would kind of exacerbate things...it was like learning those kind of self-care routines*" (P3, p12)

> "*learn how to think differently, breathe differently...various tools and mechanisms to help me to start to rebuild*" (P4, p25, p27)

For select participants, engagement with mental health support allowed them to realise their interest in this area, pivoting them towards changes in careers to one that felt more aligned with their authentic self, using their lived experiences to improve other Black male lives:

"*having this mental health experience has allowed me to go to a different world where I can actually be authentic, use my experience, be open, and try and get services to improve outcomes for people, especially for Black men*" (P8, p15)

"*I get involved with a secure unit, so I'm trying to help there by visiting a lot of the Black men by befriending them and just showing them what a healthy Black person looks like and showing them that when you do transition from this place, there is somebody who is willing to work with you so you don't have to go back to old patterns of thinking and behaving*" (P4, p32)

Finally, participants spoke of connecting more fully to their lives and recognising their fundamental humanity:

"*connect to things that are bigger than me*" (P8, p23)

"*we're human before race*" (P9, p17)

Pairing these findings with that presented in section 3.6.4 whereby participants demonstrated becoming more mentally and emotionally literate plus compassionate towards mental health difficulties, all participants overall sense of self appeared transformed through their depression and help-seeking experiences as they demonstrated personal growth. A core change in the self was prompted as participants did not seem to revert to a previous version of themselves but instead adopted progressive ways of being. Collating all the categories, participants in turn appeared to journey towards a sense of self that was thereby whole, explored in depth in sections 3.2 and 3.3.

3.7.5   Summary of Category

This category demonstrated how participants overcame the challenges of externalising their implicit vulnerability of depression and what positive effects ensued in turn. The data showed how help-seeking appears to be constructed as weakness, governed by historic racial trauma which inhibit these men from getting support for indicating vulnerability in the self. Yet by de-constructing the meanings of help-seeking to centre on inherent strength, coupled with re-

constructing one's present masculinity to alleviate rigid self-assurance, coming forward for help is facilitated. In turn, re-constructed notions of accessing support allowed these men to engage in adaptive help-seeking behaviours, thereby forming new cycles that addressed rather than avoided emotional difficulties. The processes and experiences of help-seeking were varied and complex, revealing the wide-ranging and creative sources of support these men engaged with to care for their self during a highly vulnerable time. Such forms of help seemed to be driven by individual needs, however there appeared to be overarching factors to what entailed a positive help-seeking experience. Resultingly, the data unveiled various gains that were realised and achieved through seeking help, as participants underwent post-depressive growth and transformational changes in the self. Ultimately, engaging in help-seeking for depressive difficulties led them to strengthen their re-constructed masculinity and progress closer to a more whole self.

The findings in this category strongly resembled the findings from category III as the constructive, de-constructive, and re-constructive processes of depression and help-seeking presented as interrelated and circular in nature. Depression and help-seeking constructs were interdependent, thus re-constructing and engaging with help-seeking required re-constructing and engaging with depression. At the heart of all these processes appeared to be unhealed aggregated trauma.

The next chapter discusses the substantive findings in relation to existing literature as well as considers their clinical and wider implications.

Chapter 4: Discussion

4.1   Overview

In this chapter I review the presented findings by exploring the substantive findings and developing further the emergent theory, drawing upon existing literature to extricate the original contributions of this study. I then consider counselling psychology and wider implications of the findings, with identified directions for future research. The strengths and limitations of this study are evaluated before offering final reflexive and concluding thoughts.

4.2   Discussion of Findings

This study aimed to develop insight into how Black British men (re)construct masculinity when seeking help for depression. A review of the extant literature concluded scarce empirical research on Black British masculinity, let alone in the context of help-seeking for depression, is available. This study, therefore, had the potential to implicitly give this underserved population a voice to articulate their experiences and explicitly produce new knowledge in this area. CGT was selected as an appropriate methodology to yield rich data from which Black British masculinity can be defined and elucidated, which subsequently would reveal its (re)construction when accessing support for depressive difficulties. Four main categories connected by a core category emerged from the analysis of interviews with nine Black British men, generating various novel findings which are explored next.

4.2.1   Core Category & Emergent Theory: Journeying to a Whole Self

This study intended to explore how Black British men (re)construct their masculinity when seeking help for depression, yet the dataset revealed findings which expanded upon the study's objective. First, multi-layered macro processes of construction, de-construction, and re-construction permeated the identified categories. Second, these men constructed, de-constructed, and re-constructed multiple and interwoven facets of their self – their Black identity, masculinity, and depression and help-seeking beliefs – in getting support for depressive difficulties. Third, the various re-constructive processes, in particular, led to these men (re)defining and embracing all rather than selective parts of their identity and experiences, in turn facilitating a more whole sense of self. Fourth, participants oscillated between these de/re/constructive processes due to ongoing challenges in being racially othered, espousing an idiosyncratic masculinity, and navigating newfound emotional vulnerability, indicating the

continuous journey towards embodiment of a whole self. An overview of this emergent theory is detailed below, with the next sub-sections further unpacking the findings.

Although this research sought to understand how Black British men construct, and perhaps re-construct, their masculinity when seeking help for depression, it instead materialised that overarching processes of construction, de-construction, and re-construction of the participant's self were all evident. Construction processes appeared to involve the social observation and learning of others', cultural, and societal beliefs and behaviours in the development of one's own identity and worldviews, especially active during adolescence. For instance, participants showed how parts of their cultural heritage (e.g., food, language) along with the location they grew up had been internalised and contributed to the formation of their racial identity, becoming a core aspect of their self.

De-construction processes seemed to arise when life events triggered an existential conflict in participant's current identity constructions; for example, emotional experiences of depression challenged the principal feature of emotional stoicism in Black British masculinity. Shame was implicit yet central during the de-construction, eventually prompting participants to engage in introspection. This was seen to be destabilising as participants let go of their previous known self to make space for a revised self to emerge, thus being essential to the re-construction process and outcome.

Re-construction processes, in turn, occurred as a re-stabilising, adaptive, agentic, and empowering process of these men negotiating and (re)defining their (Black) identity, individualised masculinity, and meanings of emotional vulnerability as it pertains to depression and help-seeking. Progressing closer to a more whole sense of self ensued the multiple re-construction processes, as participants made space for each and all these parts of themselves and their experiences, manifesting as the most pronounced finding of this study. One of the only scholars to recognise wholeness in Black men is Bell Hooks, who emphasises the need for Black boys and men to be their "whole, undivided selves" (Hooks, 2004, p. 114) by not conforming to masculine standards and patriarchy, but rather embracing their unique self. Hooks (2004) acknowledges this painful work of "learning to be flexible, learning how to negotiate" (p. 150), but affirms its necessity, especially as "much of the depression [Black] men suffer is directly related to their inability to be whole" (p. 145). Indeed, the data showed how Black British men not accounting for their emotional needs and experiences provoked episodes of depression, yet by negotiating their (Black) masculine values plus emotional vulnerability beliefs, they moved towards wholeness in embracing their emotional self.

An important nuance within the findings was these men not arriving at a final whole self, but continuing journeying towards it due to persisting challenges. Participants displayed ongoing precarity in their fundamental Black identity from the impact of racial othering. Participants sometimes struggled to fully embody and integrate their idiosyncratic masculinity into their overall self due to others' critical responses. Participants were still making sense of and navigating this novel feeling of emotional vulnerability having disrupted perpetual cycles of emotional avoidance and inexpression. The journey to a whole self, therefore, was a progressive, intricate, and non-linear process. Indeed, Turner (2021) proposes all individuals have some sense of otherness, in which resistance is expected, but engaging with rather than rejecting our otherness cultivates a re-integration of our inherent intersectional identity onto psychological wholeness. Thus, it seems that intersectional identity conflicts may be faced by Black British men experiencing depression, but working with those challenges can stimulate re-constructive processes towards a fuller and truer sense of Black masculine self who values emotional vulnerability, ultimately cultivating a more whole self overall.

Breakwell's (2001) identity process theory, delineated as a "holistic theory of identity" (Breakwell, 2014, p. 34), might be useful to consider in further understanding the de/re/constructive processes participants shifted between in their journey to a whole self. Breakwell (2001) explains identity is dynamically constructed both individually and in response to one's social context, and that psychological processes of 'assimilation' occur when a person integrates new components of their identity into an overall re-constructed identity, with a revised 'evaluation' of their identity. However, individuals can experience 'threats' to elements of their identity, subsequently impacting on other parts, in turn employing strategies to restore identity coherence. Men of this study demonstrated a de-stabilisation in their sense of Black male self when experiencing depression, amongst other life experiences (e.g., fatherhood), which Breakwell's (2001) model regards as identity threats. Yet, by re-constructing meanings of being Black and masculine by attuning inwards to who they truly and fully were, participants assimilated these new components of their identity to engage in help-seeking for their depressive difficulties. In turn, they journeyed to a more whole self and generated more positive evaluations of self. This research, thus, adds to Breakwell's (2001) theory by revealing the negotiations Black British men make regarding their race and gender to reach 'identity coherence and integration' (Amiot & Jaspal, 2014) in the endeavour to access support for depression. The de-constructive findings enhance Breakwell's (2001) ideas of identity threat and the re-constructive findings expand upon the processes involved in identity stabilisation, thereby advancing the literature.

4.2.2 Masculinity

4.2.2.1 Constructing Masculinity

All participants in this study suggested a process of constructing an initial masculinity via the observation, internalisation, and emulation of nearby expressions of masculinity when growing up. They appeared to rely upon *social learning* (Bandura, 1977) from the absence of direct teaching on what entails masculinity, yielding an underlying sense of illiteracy in navigating their own masculinity. This meant participants were predisposed to diverse positive and negative portrayals of masculinity rather than one universal type, in which they integrated these multiple representations into their own developing model. Notably, their fathers denoted a dominant figure irrespective of their (un)availability, although absent/less involved fathers typically indicated a masculinity to avoid. However, mothers, grandparents, and peers also held leading roles in these men's preliminary masculinity constructions. Moreover, participants demonstrated sensitivity to societal 'toxic masculinity' constructions of emotional inexpression (e.g. "big boys don't cry"), as well as Black cultural masculinity constructions (e.g. "men are head of the household") in which diasporic views and practices had migrated to the UK and across generations. Therefore, the construction of masculinity for these men seemed to involve a complex process of making sense of differing masculinity meanings as they ascertained their initial sense of masculine self.

The masculinity construction process accords with established literature on gender socialisation whereby boys learn prescribed roles and expectations about how to be a man through observing and imitating others who act as model exemplars (Addis et al., 2010). Fathers are deemed to have leading bearing (Marmion & Lundberg-Love, 2004), corroborated in Rogers et al.'s (2015) study whereby African American men experienced difficulties with defining their masculinity when their father was absent, especially emotionally. Whilst this supports this study's findings on the instrumental role fathers played in how masculinity was determined, the present research concurrently highlighted how masculinity developed regardless of the father's presence due to multiple social influences shaping masculinity construction amongst Black British men. Here, mothers were often looked to irrespective of (un)available fathers, reinforcing studies which identify the mothers of Black men as integral to the masculinity development process for particularly showing healthy conceptualisations of masculinity (Bush, 2004; Mincey et al., 2014). Additionally, some participants' grandparents contributed to their initial masculinity constructions, particularly when parents were less present. Many participants' friends were also central to their emerging masculinity, as they emulated their views and behaviours to appear 'cool' and fit in. Although empirical research

deficiently captures the wider sociocultural narratives which are internalised during masculinity construction amongst Black men, several participants reiterated messages that appeared to stem from Western society or rooted in Black cultures. Altogether, these findings align with Franklin's (1994) triangle of Black masculinity socialisation whereby (grand)parents, peer group, and mainstream society each contribute and positively or negatively reinforce the developing masculinity. The present study, ultimately, emphasised how participants were not explicitly taught but rather implicitly socialised to masculinity, perhaps elucidating why such varied social influences divulged in their masculinity construction process.

4.2.2.2 Black British Masculinity & Its Roots in Trauma

This research further revealed the existence of a specific British version of Black masculinity, primarily characterised by emotional stoicism. While paralleling other masculinity constructions, such as hegemonic masculinity's restrictive emotionality (Connell, 1987), participants suggested that emotional stoicism in Black British masculinity is distinguished and underpinned by trauma from slavery, thus adding an important nuance to existing literature. They explained witnessing other Black men exhibiting this trait, implying its intergenerational pattern. As such, these men espoused emotional stoicism to some degree, protecting against emotionally vulnerable feelings, steering their disengagement with depressive experiences and help-seeking.

The imprint of slavery on Black people is well documented. The term *historical trauma* was constructed to describe "the collective spiritual, psychological, emotional, and cognitive distress perpetuated intergenerationally deriving from multiple denigrating experiences originating with slavery and continuing with pattern forms of racism and discrimination to the present day" (Hampton et al., 2010, p. 32). Considering the data exposed ongoing experiences of racist othering that challenged these men's sense of Black identity, we can see how historic trauma is activated and perpetuated through these incidents. Moreover, given these continuous racist acts in a White supremacist world, we can perhaps infer Black men feel necessitated to perform and uphold a masculine front to demonstrate to both themselves and the world that they can endure these encounters. This is also applicable with Black women adopting and displaying the Strong Black Woman schema (Abrams et al., 2014). Yet, from the study findings, such ways of being indicate trauma responses which neglect inner emotional experiences, cultivating difficulties with depression. Indeed, Fisher (2017) explains how trauma fragments the self and works to keep separated these 'traumatised' parts, in turn preserving trauma across generations. Despite slavery's legal end over a century ago, Black individuals are thought to still carry their historic scars and wounds, which often manifest in struggles with

self-identity and mental health problems (Carter, 2007), reinforced by DeGruy's (2005) theory of *post-traumatic slave syndrome* developed through her work with Black Americans and Africans on their difficulties following the transatlantic slave trade. Indeed, research into intergenerational transmission of trauma reveal the enduring impact of slavery on genetic function and expression, as well as learned behaviours (e.g. hypervigilance) and cognitive schemas (e.g. 'the world is dangerous') (Sotero, 2006; Williams-Washington & Mills, 2018). Thus, while existing literature recognises the traumatic bearing of slavery on Black people, this research adds empirical evidence for how such trauma drive Black British masculinity constructions that emphasise emotional stoicism as a coping mechanism from the slavery era.

Hegemonic masculinity, as conceptualised by Connell (1987), legitimises male dominance via emotional control, appearing stoic, and denying all sense of fragility. Although hegemonic masculinity has faced criticism for Black men being unable to achieve its standards due to systemic racism (Mutua, 2006), it would seem from this study's findings that Black British masculinity's defining facet of emotional stoicism allows hegemonic masculinity ideologies to be partially fulfilled, implying that Black British masculinity can relatively be classified amongst the dominant forms of masculinity. However, the underlying racial trauma in which emotional stoicism has been founded (detailed above) perhaps renders it a less powerful masculinity, in line with Alexander's (1999) assertion that Black masculinity is best understood against its power relations.

Research in which to compare Black British masculinity constructions, specifically, are scarce. Still, a recent photovoice study by Keating (2021) with 19 Black British Afro-Caribbean men exploring their mental health experiences and concerns revealed cultural and gender norms of Black men as 'strong' and 'hard' presented challenges with expressing their emotions for going "against the culture" (p. 765). Furthermore, Myrie and Gannon's (2013) interviews with nine Black British Afro-Caribbean men revealed both the performance and embodiment of Black hypermasculinity to be a stoic and physically tough 'soldier'. The current study advances these findings by providing insight into this process as Black British masculinity's emotional stoicism driving the avoidance of emotional vulnerability. Moreover, this study focuses more closely on depressive experiences, demonstrating how emotional stoicism interacts with and can later manifest into mental health difficulties.

Existing literature on African American masculinity constructions share some similarities with Black British masculinity constructions. The premise of restrictive emotionality is akin to emotional stoicism and has been routinely endorsed by African American men (e.g., Wong et al., 2006; Harris et al., 2011; Hammond, 2012; Rogers et al., 2015). Additionally, this study

further develops upon Majors and Billson's (1992) conceptualisation of African American men's *cool pose* centred on pride, strength and control in response to racism by distinguishing Black British masculinity as adopting an emotional *cool pose* in response to any sense of emotional vulnerability that could occur in various situations, but is particularly elicited when experiencing depression. Such overlaps appear related to how slavery and colonisation have fashioned these masculinity constructions and practices (Pasura & Christou, 2018), in which this study provides empirical support for how emotional stoicism protects against emotionally vulnerable feelings as a trauma response from slavery. However, inquiries show African American masculinity constructions placing emphasis on leadership through positive role modelling plus providing and protecting the family and Black community (Rogers et al., 2015), portraying a middle-class presentation to gain respectability (Griffith & Cornish, 2018), and challenging negative Black male stereotypes via demonstrations of strength and power (Mincey et al., 2014). Together, African American masculinity seem to involve efforts to combat historic and current racial oppression in contrast to Black British men of this study describing less of these attempts, demonstrating the cross-cultural variation of Black masculinity that existing literature has marginally captured.

4.2.2.3 De-Constructing Masculinity

Men in this study suggested a subsequent process whereby precipitating events (e.g., depression, marriage, fatherhood) illuminated the incompatibility of their present construction of masculinity, triggering a de-construction. Here, participants underwent an introspective process of appraising dominant masculinity meanings, the man they currently were, and the man they were becoming, which was experienced as destabilising of their accustomed masculine identity. A pronounced finding was how depression markedly challenged participants sense of masculinity, as the neglect of their emotional experiences – likely from the norms of emotional stoicism of Black British masculinity – and need to address their emotional difficulties in turn accelerated their subsequent re-construction process. Such findings fit with theories of gender role conflict (GRC) which posit emotional problems (i.e. depression) arise when masculinity ideologies are constrictive to human potential (i.e. emotional stoicism) (O'Neil, 2015), thus this study enhances existing literature which suggest African American men experience greater GRC than White American men (Norwalk et al., 2011) by providing empirical evidence for possible GRC amongst Black British men when experiencing and needing help for depression.

4.2.2.4 Re-Constructing an Idiosyncratic Masculinity

What emerged from the de-construction process was these men's detachment from Black masculine ideals and stereotypes onto internal attunement to their individual values and meaning in their present life, discovering a more congruent and fuller sense of themselves, stimulating a re-construction of their current model of masculinity. Several of the Black American trans participants of Jourian and McCloud's (2020) study similarly redefined masculinity meanings to better reflect them, although this was following online portrayals of muscular Black masculinity conflicting with their own sense of masculinity, suggesting that their negotiation may have been specifically influenced by being trans. Further, their re-construction process was unclear, whereas this study advanced existing literature by detailing how Black British men were guided by their internal sense of self. All participants described their re-constructed masculinity in differing ways, implying its inherently idiosyncratic and flexible nature. Consequently, there was an overall impression of content amongst participants with their revised masculinity. Similar findings are shown in Ford's (2011) inquiry with 29 Black American men who experienced 'inner confidence' from embodying a more 'real' Black manhood involving *being* one's authentic self in resistance to *doing* 'fake' Black masculinity via disingenuous expressions of self. This resistance process has also been documented in research with Black British men (Madar, 2013) and Black American gay men (Wise, 2001). Such studies, however, do not capture the positive outcomes that occur from resisting traditional versions of Black masculinity and embodying one's own, whereas the present research identified Black British men's progression towards a whole self from the re-construction processes. Still, espousing a 'different' masculinity to hegemonic and Black masculinity norms presented challenges for participants via others' emasculating responses, inhibiting integration of their re-constructed masculinity into their sense of self, thereby illustrating its ongoing process.

A notable finding of this study was these men's inclusion of emotional vulnerability in their re-constructed masculinity, opposing Black British masculine ideals of emotional stoicism, which later facilitated their help-seeking for depression. Indeed, a bidirectional relationship emerged between re-constructing masculinity to seek help for depression and seeking help for depression strengthening the re-constructed masculinity, satisfying the research question underpinning this study. Ellams, in his TEDxBrixton Talk, encourages Black men to redefine Black masculinity by incorporating more vulnerable parts of the self in order to expand Black masculinity representations (TED, 2016). Scholars also advocate for (Black) men to adopt 'caring' (Elliot, 2016) and 'feminist' (Silverstein, 2016) masculinities which embrace emotionality as a fundamental aspect of human experiencing, in opposition to

hegemonic/dominant masculinities which shame emotional vulnerability. Silverstein (2016) further argues embracing these affective types of masculinity have positive implications of improved wellbeing and better relationships with others. Indeed, participants who integrated emotionality into their masculinity displayed better insight into themselves and their needs. While re-constructing an idiosyncratic masculinity that now adopted emotional vulnerability was challenging in disrupting Black masculine patterns and navigating new emotional experiences, participants progressed towards embodiment of a more whole self and their identity appeared more stabilised and integrated. Relatedly, the Black American men of Bowleg and colleagues (2011) research experienced 'freedom to be' who they are in expressing their individualised masculinity, cultivating a sense of liberation and psychological growth. Thus, the findings yield implications for how Black British men share these insights and processes with fellow men to not only normalise affective Black masculinities, thereby broadening the spectrum, but aid others in seeking help for emotional difficulties, continuing the new cycles of emotional self-care they have initiated. This study is, therefore, the first of its kind to empirically present a framework of Black British masculinity as it pertains to help-seeking for depression.

4.2.2.5 Black British Masculinities & Intersectionality

This research revealed the existence of diverse Black British masculinit*ies*, as no single construction of masculinity amongst participants were duplicate; rather, multiple forms are available, possible, and ever-expanding. Moreover, there was no sense from participants that certain Black British masculinities were superior, fitting with Cooper's (2006) assertion that hierarchal masculinities should be rejected given limiting 'bipolar' representations of Black men. Participants attributed varying life experiences and meanings or values in their present life as determining their current masculinity construction, indicating how individuals can hold differing masculinities across time and context due to the re-construction process. Moreover, the widening spectrum of masculinities throughout the eras contributed to some men not only re-constructing and embodying their own type of masculinity, but re-constructing and embracing other parts of their identity, such as their sexuality. This process mirrored other aspects of the dataset whereby participants (re)defined their own (Black) identity. Thus, men of this study can be seen as demonstrating 'progressive Black masculinities' as advocated by Black feminist theorists in transgressing essentialist types of Black masculinity to empower Black humanity (Mutua, 2006; McGuire et al., 2014). Accordingly, participants journeyed closer to a more whole self, affirming Ford's (2011) claim that "expanding definitions of black masculinity to be more dynamic and inclusive of a range of identities...allow black men to be their whole, multilayered selves" (p. 60). Furthermore, one participant spoke about how the

Nigerian version of masculinity made it difficult for him to espouse his subjective form of masculinity when around other Nigerians, illustrating both the interrelatedness of identity and how power relations (de)activate for certain parts at a given time.

As such, the multifaceted nature, interconnected social identities, and power differentials of Black British masculinities strongly align with notions of intersectionality (Hill Collins, 2019). The findings showed how participants' mutually constitutive racial and gender identities operated together in the (re)construction of their masculinity. Furthermore, participants negotiated these identities to seek help for depression, as meanings of depression and help-seeking were rooted in racial and gender ideologies, likely elucidating why participants' multiple identities and beliefs each required re-construction to facilitate help-seeking. Such findings indicate the need for an intersectional lens when understanding how Black British men's social identities interact with experiences of depression and help-seeking. Indeed, the 17 Black American gay men of Watts and Bentley's (2021) focus groups revealed how being both racial and sexual minorities interrelated with gender norms contributing to complex mental health experiences. This study, therefore, enhances existing literature by showing how multiple intersectionalities intertwine in the process of Black British men seeking help for depression.

4.2.3   Emotional Vulnerability

4.2.3.1 Depression & Help-Seeking as Emotional Vulnerability

The men of this study portrayed encountering depression and the act of help-seeking as becoming emotionally vulnerable. The data highlighted how interdependent and circular these processes were, as re-constructing and engaging with help-seeking required re-constructing and engaging with depression.

All participants described their depression as a primarily emotional experience, which felt unfamiliar from deficient emotional modelling from Black others, shaping their construction of depression as "unknown". They collectively demonstrated illiteracy of their depressive difficulties, in turn eliciting a sense of implicit vulnerability in shame of personal plus Black cultural views that depression indicated weakness in the self. Needing help was also constructed as "weakness" in externalising said vulnerability rather than keeping concealed to uphold an emotionally stoic semblance. It, thus, appeared that both depression and help-seeking directly challenged these men's sense of (Black) masculinity.

Previous studies offer some support for the inherently emotional experience of Black male depression. African American men have defined their depressive encounters as feeling 'angry' (Perkins et al., 2014), 'isolated' (Hudson et al., 2018) and 'hopeless' (Bryant et al., 2014), though these inquiries also placed emphasis on the physical components of depression which did not emerge in this research, suggesting Black British men's experiences are more emotional in nature. Further, above studies do not capture the elicited emotional *vulnerability* of depression, yielding a nuance of this research.

Existing literature also corroborate Black men's negative constructions of depression and help-seeking. Bryant et al.'s (2014) research with African American men divulged how depression was understood as 'weakness' and 'vulnerability' in the self and, therefore, positioned the person as 'failing' as a man. Other studies further reveal how Black men construed depression as 'feminine' and 'weak', contravening masculine norms of toughness (Watkins & Neighbors, 2007; Campbell & Mowbray, 2016). Thompson and colleagues' (2004) focus groups with African American men regarded the act of help-seeking, particularly for therapy, as being 'weak', cultivating a diminished sense of pride. With participants of this study also citing the perceived weakness in being depressed and seeking help, this perhaps exemplifies how these men's sense of (Black) masculinity is explicitly challenged by these experiences. The findings of this research, however, further uncovers how help-seeking for depression was the ultimate demonstration of their perceived weakness and, therefore, the ultimate expression of vulnerability, thereby enhancing the extant literature.

Still, this study distinguished Black British men experiencing this sense of weakness because depression was felt to be unknown. The older Black British Caribbean men of Bailey's (2020) inquiry also grappled with labelling their difficulties as 'depression' despite the awareness they were struggling. The present research adds to the literature by providing insight into how many Black men cannot grasp depressive difficulties due to lacking *emotional literacy*: the ability to effectively detect, comprehend, communicate, and manage with appropriate skills one's emotions and behaviours in challenging situations (Majors et al., 2020). Participants spoke of the absent emotional dialogue and expression by others as a developing Black boy, in which they internalised this emotional deficiency, aligning with notions of restrictive emotionality whereby emotional disconnection shape into stoic ways of being (Jansz, 2000), manifesting in this study as characterising Black British masculinity. Emotional illiteracy perhaps elucidates these men's unfamiliarity with their emotionally depressive experiences, posing implications for Black boys' social environment in teaching, modelling, and normalising emotional vulnerability.

4.2.3.2 Emotional Avoidance as Trauma

It transpired that all participants employed avoidance tactics to manage the emotional vulnerability of being depressed and needing help. This included suppressing painful thoughts and feelings, persevering by keeping busy to evade a depressive reality, denying being depressed and needing support in fear of weakness, and for some misusing substances (e.g. cannabis) to numb affects and achieve emotional escape. The mutual message was the need to "get on with" rather than confront their depression and get help, similar to the older Black British Caribbean men of Bailey's (2020) inquiry. Likewise, Akinkunmi's (2019) focus groups with young Black British Afro-Caribbean men emphasised 'sorting themselves out' with their emotional difficulties, akin to how Bailey's (2020) participants did not want to disclose their 'business' to others. While Bailey (2020) posits these views and practices represent a culturally normal mindset amongst Black British men rooted in masculine self-sufficiency, participants of this study elucidated these learned and replicated ways of coping from earlier generations who endured the trauma of slavery. Trauma, again, manifested as deterring emotional vulnerability via avoidance mechanisms, reinforcing emotional stoicism as the central feature of Black British masculinity. The participants accounts, therefore, imply the need for normalising emotional vulnerability in the Black community, so individuals can undergo healing of their trauma.

Although participants utilised several common male avoidant coping strategies that are well supported by literature, including suppression which ignores negative affects (e.g., Jensen et al., 2010; Oliffe et al., 2010), perseverance by distracting oneself from emotional difficulties (e.g., Oliffe & Phillips, 2008), and drug or alcohol misuse to give oneself the impression of alleviated emotional distress (e.g., Brownhill et al., 2005; Chuick et al., 2009), all to exhibit masculine toughness, denial in particular has been frequently observed amongst Black men. The African American men of Bryant and colleagues (2014) focus groups reported social stigma reinforced depression as weakness, leading to demoted masculine status, hence they denied depression to preserve their masculinity. Similarly, Thomas's (2016) interviews and focus group with four African American men found depression was denied because participants queried whether being a Black man and being depressed could co-exist, wherein Black masculinity prevailed depressive difficulties. This study not only echoes but enhances existing literature as participants discussed their use of denial (alongside other avoidance methods) as being rooted in the protective functions of Black masculinity which operate from slavery trauma. Thus, avoidance ultimately facilitates emotional stoicism as a form of 'emotional control' involving externally showcasing invulnerability while internally inducing this affective state to "protect them from the severity of their living situation" (Jackson, 2018, p. 2).

Nonetheless, the present study revealed how excessive avoidance accumulated into "emotional burnout" for participants, with some reaching crisis point, and all eventually seeking help. The findings, therefore, emphasised how inflexible adherence to Black British masculine norms of emotional stoicism can generate negative implications for mental health.

4.2.3.3 Re-Constructing Emotional Vulnerability

By re-centring emotional vulnerability onto inherent strength contained within help-seeking for depression, reinforcing the re-constructed masculinity, participants disrupted Black intergenerational patterns of emotional avoidance rooted in trauma and initiated new healing cycles of emotional embracing. Accessing support, however, was generally not a quick and easy process for these men due to newfound emotional vulnerability, who emphasised the importance of receiving a humane and compassionate approach when seeking help, according with Akinkunmi's (2019) recommendation for a "compassion, congruence, and black empathic approach" (p. 52) when working with Black men. Positive help-seeking experiences led participants to better welcome their emotional experiences and needs, consequently generating an adaptive (re)construction and practice of masculinity that propelled them nearer a whole sense of self.

The process of Black men re-constructing emotional vulnerability has largely been conceptualised by pro-feminist men's movements which endorse Black men actively engaging in 'emotion work' so as to shape new forms of Black masculinity (White & Peretz, 2010; Bost et al., 2019) in response to the detriment of emotional stoicism in dominant masculinities (de Boise & Hearn, 2017). Here, all emotional experiences are encouraged to promote a full spectrum of affectivity within Black men (White & Peretz, 2010). Bost and colleagues (2019) also urge Black men to consider the 'potentials' of vulnerability rather than concentrating on its negative connotations so that they can aspire to embody more emotive masculinities. White and Peretz (2010) argue that positively redefining Black masculinity to include feminist practices does cultivate a divergent form of masculinity, but the findings of this study demonstrate how doing so both enables these men to seek help for depression and pivots them towards wholeness. This creation of new cycles which embraces a more emotionally vulnerable masculinity can be further linked to social learning theories (Bandura, 1977) whereby upcoming generations of Black British boys can observe, assume, and emulate these emotionally adaptive ways of being.

Participants accessed support from diverse sources with mixed experiences. Alike African American men (Plowden et al., 2016), GPs represented the most prevalent source, possibly

for being the first point of call in UK healthcare. This study found GPs who provided 'extra level care' via validation of emotional difficulties facilitated the person's depression and help-seeking engagement, whereas GPs who dismissed the individual's depressive presentation exacerbated their caution of services (Keating, 2007) and deterred help-seeking. Thus, GPs hold an influential role in steering the help-seeking for depression process, particularly as the findings highlighted the reciprocal relationship between responsibility and help-seeking; that whilst these men's engagement in help-seeking can be beneficial, help providers also hold a critical role in appropriately responding and treating their presenting depressive difficulties.

Psychological therapy was another frequent form of help, mostly described positively for its multifunctionality (e.g., depression psychoeducation, acquiring coping skills), flexibility (e.g., brief versus long-term formats), and transformative potential (e.g., processing emotional pain and trauma, gaining self-insight), thus meeting differing needs. These accounts are amongst the first in the literature to detail Black (British) men's positive therapy experiences. However, therapists who were uncollaborative or culturally incompetent yielded unhelpful and even harmful therapy experiences, reinforcing the need for multiculturally competent practitioners to prevent poor therapy outcomes amongst Black men (Briggs et al., 2011). Moreover, the young Black British men of Akinkunmi's (2019) research deemed therapy a 'feminine' intervention and thus 'waste of time' for exhibiting 'weakness', whereas the men of this study did not express these views once engaged in the therapy process. In fact, many participants reported talking therapies as beneficial, challenging racialised and essentialist impressions that Black men do not discuss emotions and are hard to reach (Stein, 2018).

Notably, participants also referred to their informal support network, such as friends and partners, whose close relationships and convenience were deemed helpful in providing emotional support in more relaxed formats, such as regular meetups and phone calls. Bailey (2020) found older Black British Afro-Caribbean men preferring support from family, close friends, and their faith rather than mental health services. Grey literature further captures other modes of help that Black men utilise, including peer support via barbershops (Roper & Barry, 2016) and online support via Facebook groups (Watkins et al., 2017) and Twitter (Francis, 2021), indicating Black men draw upon a range of avenues when accessing help for depressive difficulties. These men's preference over which source appeared to be driven by their individual needs at a given time.

4.2.3.4 Post-Depressive Growth

Through re-constructing and engaging with depression and help-seeking, participants suggested a process of 'post-depressive growth' occurred involving becoming emotionally literate with acquired coping skills, forming more adaptive and compassionate beliefs, gaining

greater resilience and insight into oneself, connecting to one's values and authentic self with some changing careers, and realising inherent humanity, thereby cultivating an overall transformed self. While embracing emotionality was novel for these men, their re-constructed masculinity plus conceptualisations of depression and help-seeking presented them as journeying closer to a more healthy, stable, and whole self in turn.

This notion of post-depressive growth was coined during the analysis; however, its construct is a variation of theories of *post-traumatic growth*: transformational changes in the self through an individual's struggles with adversity and highly challenging life circumstances (Calhoun & Tedeschi, 2014). It is hypothesised to manifest across five broad domains: enhanced relationships (e.g. feeling closer to family and friends); recognising new possibilities (e.g. reconfiguring values); increased personal strength (e.g. feeling wiser and more resilient to better manage future hardships); greater life appreciation (e.g. experiencing deeper gratitude for each new day); and spiritual growth (e.g. developing a stronger spiritual self with greater sense of meaning in life) (Tedeschi & Calhoun, 2004). Post-traumatic growth is, accordingly, conceived as both a process of coming to terms with trauma and outcome of long-term positive change (Calhoun & Tedeschi, 2014). Although one might contend that participants in this study have undergone post-traumatic growth, or at least elements of it, due to the overlapping processes and outcomes, I maintain a stance of post-depressive growth for three reasons. First, participants in this study identified with and discussed experiences of depression; trauma was not the focus and has instead uncovered as implicit processes within the dataset. Second, trauma surfaced as underlying mechanisms that contributed to and perpetuated participant's depression encounters, rather than representing the difficulties itself. Third, frameworks of post-traumatic growth do not capture some of the positive gains that participants in this study acquired from encountering and recovering from depression, such as adaptive coping strategies and new patterns of emotional self-care. Therefore, the process of post-depressive growth amongst Black British men who re-constructed conceptualisations of, and engaged with, depression and help-seeking denote a significant original contribution of this research that has not yet been depicted in existing literature.

4.3   Implications of the Study

4.3.1   Counselling Psychology Implications

This research is the first in the psychological literature to recognise the idiosyncrasy of Black British masculinity constructions and investigate its adaptive mechanisms to facilitate Black British men's help-seeking behaviours. Despite evidence of Black male help-seeking

reticence, this study demonstrates how these men seek help and via diverse sources, but therapy especially. Considering criticism of a Eurocentric approach to treating difficulties (Akinkunmi, 2019), participants expressed their desire for a space in which to explore and talk about their difficulties, suggesting talking therapies can be a suitable form of help for Black British men.

With slavery trauma emerging as underlying masculinity constructions, depressive difficulties, and avoidant ways of coping, counselling psychologists should thereby ensure their clinical and cultural competence in adopting a trauma-informed and compassionate approach when working with Black British men, historic racial trauma, and their newfound emotional vulnerability by undertaking any relevant training. This includes awareness of how trauma might be embedded within Black British men's presenting problems, featuring in their formulations broader social structures that trauma developed and is maintained in, and implementing psychological interventions which assist the processing and recovery from trauma (Comas-Díaz, 2016; Kinouani, 2019). Counselling psychologists can also draw upon therapeutic models which promote client agency in acknowledging, accepting, and adopting a more whole self, consequently nurturing the process of post-depressive growth. This humanistic approach aligns with the profession's ethos of working with the holistic person (Volker, 2018). In turn, counselling psychologists hold an influential role in representing a positive other who can challenge, permit, and validate these men as they 'undo masculinity' (Bazzano, 2019) and re-construct various parts of their self to reach a greater sense of wholeness. Considering historic and ongoing Black oppression, counselling psychologists who adopt such an approach maintain ethical and culturally competent practice via respect and humanity for this population (BPS, 2017b; HCPC, 2015), repairing these men's mistrust of services (Keating, 2007).

Given the findings on microinvalidations and cultural incompetence from GPs and therapists, counselling psychologists have an imperative duty to identify and challenge any individually held prejudicial views, in addition to those of others within the systems and structures they exist in, to both safeguard Black British men from further oppressive harm and ensure discriminative experiences can be explored and attended to in therapeutic work. This might take the form of reflective practice spaces within multidisciplinary teams, supervision, and/or the training of psychologists and other practitioners to foster anti-racist and culturally sensitive practice and improved outcomes.

4.3.2 Wider Implications

The findings highlighted Black British men's sensitivity to social learning. The data emphasised how their upbringing shaped identity development, internalising proximal social figures, posing implications for others' role. Although these men formed a masculine identity with(out) a present father, fathers who can model identities and behaviours which steer towards embodying a whole self – including an emotionally vulnerable masculinity – will likely be positively internalised by developing Black British boys. Many participants also turned to Black females (mothers, partners, friends) in their journeys, hence they may play a role in aiding these men in disrupting the status quo of emotional avoidance and trauma, thereby contributing to their (re)construction of identity and masculinity plus engagement with help-seeking for depression. As children spend a large amount of their life in school, this positions teachers as another substantial influence during prime identity development, who may benefit from awareness of this study's findings so they can assist Black British boys in developing a sense of self towards wholeness. Indeed, Givens and colleagues (2016) found the Black males who role modelled 'mature emotional management' to students illustrated expansive possibilities of Black masculinity.

This study identified leadership as part of Black British masculinity. Arguably, these men preserved their leadership standing when engaging with their emotional vulnerability, taking shape in a new, adaptive way that promoted healthy emotionality. Accordingly, as all participants consented to being informed of the findings, they can use this to act as 'Black advocates' (McKeown et al., 2008) by drawing on their lived experiences to both role model re-constructed (Black British) masculinity and support others in seeking help for depression. Doing so will help challenge mental health stigma in the Black community, reinforcing their sense of masculine leadership. By disseminating the findings back to participants, organisations who support Black men for example 'Black Thrive' and '56 Black Men', and places with Black leaders such as religious institutions (e.g., churches, mosques), not only can these processes be learned and implemented, but hopefully wider dialogue amongst the Black community will be stimulated to bring normalisation and initiate positive social and cultural change for this population.

Finally, this research evidenced GPs both representing the most prevalent help-seeking source and highly influencing the help-seeking process, thus appearing to hold a critical role for future Black British men who present to their care for support with depressive difficulties. With the data revealing trauma underlying these men's emotionally stoic presentation and behaviours, GPs should ensure, through relevant training and reconciliation of biases, they

deliver a trauma-informed approach when interacting with this population, especially since they are typically the first point of call and determine the subsequent treatment plan. This involves knowing Black British men's experiences of depression might be predominantly emotional in nature and providing depression psychoeducation given their mental health illiteracy. Ultimately, though, this means meeting these men's callout for help with validation, compassion, and humanism.

4.4   Evaluation of the Study

4.4.1   Strengths

A palpable strength is this inquiry being the first psychological study to not only explore Black British masculinity de/re/constructions via an intersectional lens, but examine this in relation to public health matters of help-seeking for depression and racism for this group. Moreover, existing research has mostly focused on constructive processes without equivalent consideration of de/re-construction as this study captured. Additionally, the use of qualitative methodology added depth and richness to the insights gained in a way quantitative methods would not. The application of CGT, specifically, has yielded further benefits of focusing in depth on processes and raising the findings to a theoretical level from which to continue the inquiry into Black British masculinity. In turn, this research adds a significant contribution to the literature with a multitude of novel findings as discussed in previous sections.

The research's focus on other difficulties Black British men face countered negative master narratives of this group. The completion of the study evidenced that whilst Black British men denote a leading minority in being diagnosed with and presenting for help for depression, such individuals are indeed experiencing these difficulties, yet engage in adaptive processes to better care for their wellbeing, in turn recovering from depression. Consequently, the findings directly challenge dominant discourses which negatively characterise them, such as having mostly severe and enduring mental health problems (e.g. psychosis) and being treatment resistant (Keating, 2007). An implicit hope for this study was this underserved population being given a voice to share their stories, thereby allowing them to reflect upon their individual identities and processes. The numerous positive responses received from participants (see Reflexivity 6) demonstrates the affirmative impact this experience has had for them. Further, this research was likely reparative to some degree in its dismantling of problematic social narratives by generating an alternative, empowering narrative.

The varied and representative sample presents a further advantage of this study. The data was collected directly from Black British men located across the UK. Being based in London, I suspected that most participants would also derive from here. However, a positive of the covid-19 pandemic and moving to online data collection meant I was able to reach out farther to include Black British experiences across localities. Accordingly, participants ranged across the lifespan, collecting perspectives from younger, middle, and older aged Black British men. Furthermore, seven of the nine participants came from a Caribbean background, achieving Wong et al.'s (2017) recommendation to consider these voices given research has consistently neglected Caribbean accounts by mostly drawing upon African American samples. Moreover, Black British African male experiences have been missing from the literature, thus this research was able to address some of this gap. Lastly, there was an equal divide between participants who originally espoused a masculinity which adhered to traditional (Black) forms that was later re-constructed and participants who constructed and maintained a non-traditional masculinity from the onset. Therefore, experiences on both sides of the coin were able to be attained to demonstrate how each interacted with help-seeking for depression.

4.4.2   Limitations

Despite the notable strengths of this study, various limitations are concurrently considered. One relates to the sample for several reasons. First, participants were self-selecting, with differing motivations to participate. Recruitment primarily went through social media, limited by the restrictions of covid-19, in which those who do not use this platform but rather attend typical Black British male spaces (e.g., religious places, barbershops, gyms) will have been missed. It is likely an opportunity to add an additional layer to the findings from this set of men has been lost. Second, most participants were of Caribbean heritage, thus ethnicity was more homogenous than hoped, meaning accounts stemmed largely from these viewpoints and practices, in which nuances of Black British African masculinity, depression, and help-seeking experiences were underrepresented. Given only two participants of African descent in this study, I endeavoured where possible to include their perspectives in the findings chapter. Third, the multiple components of the research question – masculinity, (re)construction, depression, help-seeking – generated specific inclusion criteria, possibly deterring other men who perhaps did not resonate with or meet all aspects of this study, such as previously engaging in help-seeking for depression but masculinity processes not being relevant (and vice versa). Furthermore, the recruitment flyer stated the exclusion criteria, potentially discouraging some men; for example, those still accessing help such as psychological therapy that many individuals engage in for extensive time or multitudinous reasons despite possibly being stabilised with any depressive difficulties. Last, the sample size of this study is relatively

smaller than GT studies which report typical samples of 10-60 participants (Charmaz, 2014). This might be conflated by such studies recruiting until achievement of theoretical saturation. However, this study aimed to determine theoretical sufficiency rather than saturation given both the impossibility of knowing from the onset the required participants to reach saturation and practical constraints of prolonged recruitment. Still, this study recruited an above average number of participants for qualitative studies which habitually report samples of 3-10 participants (Mthuli et al., 2021).

Another limitation pertains to the novelty of this research. Being the first study of its kind, the scope of the topic perhaps required refinement. For instance, its many components made it difficult to comprehensively explore and unpack the arising insights – such as the various features of Black British masculinity – in one 60-90-minute interview per participant from multiple areas to cover. Moreover, employing CGT cultivated large quantities of data, which not only involved considerable time to analyse, but all felt important given no previous psychological studies on this subject. It, therefore, proved challenging when making decisions on which aspects to attend to and include – a drawback often emphasised in GT research (Birks & Mills, 2015). Still, remaining focused on the research question enabled me to navigate through the data to construct and structure the findings, yielding a meaningful and coherent framework which provide important insight into the experiences of this population.

While I assumed collecting data via focus groups might have led to possible stigmatisation due to the sensitivity of topics, lack of anonymisation, and group dynamics especially in relation to differing masculinities, several participants reported desiring a group space to speak with other Black males/individuals about these issues. Indeed, many participants accessed help through similar means. Besides the potential difficulty of recruitment given evidence of Black male reticence, hearing from Black British men directly suggests this data collection method might have been viable, warranting consideration for future research.

The use of qualitative methodology may be regarded as a shortcoming of this research due to the findings reflecting its participants and possibly not generalisable to Black British men more widely. This is amplified by this inquiry's underpinning constructivist paradigm asserting researchers *construct* rather than *discover* GT (Charmaz & Henwood, 2017). Thus, the presented findings represent a single construction, which may yield different results in other circumstances by the same researcher, by another researcher, different participants, and using alternative methods (e.g. focus groups) and methodologies (e.g. TA). However, considering deficient research on this subject, quantitative methodology would not have likely

provided a helpful foundation. Rather, integration of quantitative methods into a mixed methods approach could have added power and credibility to enhance this study's findings.

Although this study actively sought to minimise power differentials, I acknowledge that one likely remains by not inviting participants to provide feedback on the analysis via further interviews or a focus group. Resource and time pressures prevented my implementation of this step. Regrettably, this additional level of participant involvement may have strengthened the findings generated whilst increasing its credibility.

Finally, being a non-Black female counselling psychology practitioner could have accentuated my outsider status and possibly dissuaded prospective participants who might have contributed if I appeared more of an insider. While I did not experience an explicit sense of difference from participants (such as my gender or race), coupled with some participants expressing gratitude for my pursuit of this research, it would nonetheless be interesting to observe whether the research process and/or the findings differ with a Black female or (Black) male researcher.

4.5   Future Directions

Accounting for the original findings plus limitations of this research, directions for future research are identified.

Continued inquiry with Black British men is generally encouraged considering their neglect within research, and especially into the various novel findings of this study. Individually investigating Black British masculinity de/re/constructions, experiences of depression, and help-seeking processes, alongside the emergent theory of a whole self, would enrich conceptualisations of each, especially embedding quantitative methodologies to add power to the field. This research particularly focused on re-constructive processes, thus studies into initial Black British masculinity constructions would further elucidate subsequent de/re-construction processes.

The Black British masculinity framework from this study was specific to help-seeking for depression, hence it is possible Black British masculinity manifests differently across contexts, thus researching its de/re/constructions and expressions more widely is required, such as (help-seeking for) other mental health difficulties. Considering trauma appeared to underlie many processes in this study, it raises questions as to whether this also interplays with other psychiatric problems. However, research on PTSD in Black British men is virtually non-

existent, yielding an important area of inquiry and how this links with the study's theoretical model. Future research should also extend to Black British masculinity de/re/constructions amongst other intersectionalities, such as self-identified gay and queer men, to further develop the emergent theory and insights gained. Jourian and McCloud's (2020) research examining Black American trans masculinity is a notable example, however studies across intersections is necessary.

With internal and external shame arising as a recurring yet implicit pattern in this study, further investigation in relation to Black British men's mental health and help-seeking would help to better understand these processes. Moreover, empirically testing post-depressive growth as a paradigm would offer valuable insight in progressing its ideas and implications, particularly for the group of Black men.

As research on this topic and population is generally limited, a range of methodologies and methods would add a worthwhile contribution to the literature base, offering understandings from different lenses. For instance, focus groups, photo elicitation, or participant observation (ethnography) would yield rich and diverse data that would significantly strengthen the field that future inquiries should aim to employ.

4.6   Reflexivity

I first acknowledge how honoured I am by the participants of this study, who willingly and courageously shared personal accounts involving intimate details and experiences relating to their identity and mental health. Given the findings, I imagine the process of participating might have been challenging to some extent. Moreover, considering patterns of Black male reticence, I am privileged to have been granted the opportunity to be trusted by these men and let into their worlds. In return, I hope I have offered them an experience of an other who was sincerely interested and dedicated. In my view, the men of this research represent exemplars of positive Black British masculinity and being vulnerable, who will inspire many others.

Consistently throughout this research I engaged in methods of reflexivity. Continually writing memos during the analysis plus journal entries across the project enabled me to note, reflect, and process my thoughts and feelings about the research course and study findings. It was an integral process, as reflecting upon my conduct of the pilot and early interviews, for example, led me to refine my approach to strengthen remaining data collection. The frequency and depth also varied, as I found I documented more when the covid-19 pandemic occurred and Black disparities emerged, as well as George Floyd's murder that saw an upsurge in the Black Lives

Matter movement. Here, reflexivity served as an emotional outlet that permitted my progression with the study. Additionally, to immerse myself into the worlds of Black British men in an endeavour to better represent their experiences, I read more books and articles; listened to podcasts; attended talks, exhibitions, seminars/lectures, and conferences; and watched documentaries and films about general and personal Black (male) experiences. However, I feel it was the conversations I had with friends, family, colleagues, course peers and tutors, my research supervisor, and even Black male clients and strangers on this subject that I gained rich learning and often food for thought, which I tended to promptly note down and consider further. Altogether, reflexivity has been instrumental in my sensitivity to the research process, the data, and ultimately the lives of Black British men.

As the researcher I have undeniably impacted *on* the research course plus the co-constructed and presented findings (Charmaz, 2014). Throughout this thesis I have made transparent my part in the process. As a non-Black female, I was curious about Black men as dissimilar to my being. I feel this has served as a strength in being open to what could transpire through this study, compared to a Black fe/male researcher whose own gender and/or racial identities might have interacted with the research process and co-construction more. Although no single participant account was identical it is nevertheless my hope that I have remained close to the data and done justice in delivering findings that portray and explicate the processes and experiences of Black British men pertaining to their identity as a Black person, as a man, and encountering depression and seeking help. The findings were equally stimulating and surprising, especially the theoretical model as the highlight of this study. The findings also revealed in detail, and taught me substantially, about Black British male intersectionality that I will take forward in my interactions, formulations, practice, and relations with these men.

As the researcher I have also been impacted *by* undertaking this research (Hanley et al., 2013). I have been challenged in ways I did not foresee at the onset and, in turn, I feel I have undergone my own journey of growth. At times I navigated through the present study with anxiety, uncertainty and overwhelm, both at the data I was endeavouring to make sense of and at the self-reflections the findings were compelling me to engage in and realise. For instance, the macro processes of de/re/construction facilitated my reflections on my processes of this with my own identity and experiences. Moreover, events such as George Floyd's murder reinforced many aspects of the data, such as the subcategory on being racially othered plus trauma deriving from racism, which aroused challenges in constructively continuing with the study as I managed my elicited feelings. However, I must concurrently credit the joy involved in conducting this research. It has been an exciting and memorable experience to learn about Black British male identities, including the multiple social constructions, and to acquire first-

hand knowledge on areas that have not yet been investigated. Over the duration of the project, I saw increased attention and dialogue on Black British masculinities, from exhibitions to Guardian lectures, which enriched the undertaking of this study. Furthermore, my researcher proficiency has notably enhanced; despite entering the study with prior qualitative research skills, being able to advance this into development of theory by employing CGT has given me an additional sense of personal growth. I, thus, regard myself as considerably educated and transformed by this research.

As a counselling psychologist, I could not detach this from my position as the researcher in this study, especially when participants shared their experiences with depression and help-seeking; two areas that intrinsically relate to my practitioner role. For example, when participants disclosed unhelpful responses or poor practice from healthcare professionals and the subsequent effect on them, I could not help but experience an internal reaction of injustice for them based on my own drive to help others. The participants did not merely partake in this study to just report their accounts; they actively disrupted cycles of trauma and avoidance to talk candidly and vulnerably about personal and sensitive matters that have shaped and impacted them as people. As such, I developed a level of care for them that I used to channel into co-constructing findings that speak to their expert experiences. Moreover, as a counselling psychologist whose ethos lies on *holistically* understanding a person, integrating this position into the analysis enabled my perceptiveness to processes within the data that demonstrated a lack of wholeness. In this case, I identified the *emotional* deficiency, manifesting as substantial within the final findings, yet may have otherwise been overlooked.

I now work in an NHS complex trauma team alongside two other teams within a secondary care service. I am presenting the findings with the wider service so that clinicians can strengthen their understandings and practice when working with Black British male clients, as well as be sensitive to underlying trauma that influences their presentations. For example, I suggest a trauma-informed and humanistic approach that is tailored to Black British men's needs. I also plan to continue writing about this topic in addition to disseminating the findings in spaces that promote insight and learning on Black British male issues and support these group of men, thereby snowballing the findings and fostering discourse amongst the Black community. In turn, I hope these actions will have positive implications for this population.

4.7   Conclusion

Understanding the barriers Black British men face in the help-seeking for depression process is critical considering evidence of their detrimental outcomes when unaddressed that presents

their alarming reality out of all groups of men. Masculinity ideals have particularly emerged as a governing factor, yet Black British male constructions have persistently remained understudied in research. This study, therefore, sought to meet some of this gap within the literature by intentionally exploring how Black British men (re)construct their sense of masculinity to engage in accessing support when experiencing depressive difficulties, in hopes the insights gained will aid other Black British men. In turn, this study has generated empirical evidence with bifold benefits. First, it challenges observations that these men do not undergo depressive problems nor seek help by showing how both are occurring. Second, it reveals how these men do engage in support for depression following an essential de-construction stage that subsequently facilitates not only the re-construction of their masculinity, but their racial identity plus views of depression and help-seeking. Such a process fosters a journey towards a more whole sense of self, accompanied by personal transformation and growth. Counselling psychology, especially, holds an important role in not only nurturing these men towards wholeness in line with the field's core ethos, but disrupting the status quo – as this study did – in favour of positive change for marginalised populations. As such, the findings of this research offer an empowering, albeit overdue, narrative that promotes the welfare of Black British males.

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Appendices

Appendix 1: Ethics Approval

Decision - Ethics ETH1920-0069: Tiffany Rameswari (Medium risk)

Research Ethics Online ███████████████
Tue 26/11/2019 11:35
To: Rameswari, Tiffany ███████████████

City, University of London

Dear Tiffany

Reference: ETH1920-0069

Project title: The (Re)Construction of Masculinity in Black British Men Seeking Help for Depression

Start date: 27 Sep 2019

End date: 30 Sep 2021

I am writing to you to confirm that the research proposal detailed above has been granted formal approval from the Psychology committee: medium risk. The Committee's response is based on the protocol described in the application form and supporting documentation. Approval has been given for the submitted application only and the research must be conducted accordingly. You are now free to start recruitment.

Please ensure that you are familiar with [City's Framework for Good Practice in Research](#) and any appropriate Departmental/School guidelines, as well as applicable external relevant policies.

Please note the following:

Project amendments/extension

You will need to submit an amendment or request an extension if you wish to make any of the following changes to your research project:

- Change or add a new category of participants;
- Change or add researchers involved in the project, including PI and supervisor;
- Change to the sponsorship/collaboration;
- Add a new or change a territory for international projects;
- Change the procedures undertaken by participants, including any change relating to the safety or physical or mental integrity of research participants, or to the

risk/benefit assessment for the project or collecting additional types of data from research participants;

- Change the design and/or methodology of the study, including changing or adding a new research method and/or research instrument;
- Change project documentation such as protocol, participant information sheets, consent forms, questionnaires, letters of invitation, information sheets for relatives or carers;
- Change to the insurance or indemnity arrangements for the project; Change the end date of the project.

Adverse events or untoward incidents

You will need to submit an Adverse Events or Untoward Incidents report in the event of any of the following:

a) Adverse events

b) Breaches of confidentiality

c) Safeguarding issues relating to children or vulnerable adults

d) Incidents that affect the personal safety of a participant or researcher

Issues a) and b) should be reported as soon as possible and no later than five days after the event. Issues c) and d) should be reported immediately. Where appropriate, the researcher should also report adverse events to other relevant institutions, such as the police or social services.

Should you have any further queries relating to this matter, please do not hesitate to contact me. On behalf of the Psychology committee: medium risk, I do hope that the project meets with success.

Kind regards

██████████████

Psychology committee: medium risk

City, University of London

Ethics ETH1920-0069: Tiffany Rameswari (Medium risk)

Decision - Ethics ETH1920-1238: Tiffany Rameswari (Medium risk)

Research Ethics Online ████████████
Thu 26/03/2020 09:32
To: Rameswari, Tiffany ████████████

City, University of London

Dear Tiffany

Reference: ETH1920-1238

Project title: The (Re)Construction of Masculinity in Black British Men Seeking Help for Depression

Start date: 27 Sep 2019

End date: 30 Sep 2021

I am writing to you to confirm that the research proposal detailed above has been granted formal approval from the Psychology committee: medium risk. The Committee's response is based on the protocol described in the application form and supporting documentation. Approval has been given for the submitted application only and the research must be conducted accordingly. You are now free to start recruitment.

Please ensure that you are familiar with City's Framework for Good Practice in Research and any appropriate Departmental/School guidelines, as well as applicable external relevant policies.

Please note the following:

Project amendments/extension

You will need to submit an amendment or request an extension if you wish to make any of the following changes to your research project:
- Change or add a new category of participants;
- Change or add researchers involved in the project, including PI and supervisor;
- Change to the sponsorship/collaboration;
- Add a new or change a territory for international projects;
- Change the procedures undertaken by participants, including any change relating to the safety or physical or mental integrity of research participants, or to the risk/benefit assessment for the project or collecting additional types of data from research participants;
- Change the design and/or methodology of the study, including changing or adding a new research method and/or research instrument;
- Change project documentation such as protocol, participant information sheets, consent forms, questionnaires, letters of invitation, information sheets for relatives or carers;

- Change to the insurance or indemnity arrangements for the project;
- Change the end date of the project.

Adverse events or untoward incidents

You will need to submit an Adverse Events or Untoward Incidents report in the event of any of the following:

a) Adverse events

b) Breaches of confidentiality

c) Safeguarding issues relating to children or vulnerable adults

d) Incidents that affect the personal safety of a participant or researcher

Issues a) and b) should be reported as soon as possible and no later than five days after the event. Issues c) and d) should be reported immediately. Where appropriate, the researcher should also report adverse events to other relevant institutions, such as the police or social services.

Should you have any further queries relating to this matter, please do not hesitate to contact me. On behalf of the Psychology committee: medium risk, I do hope that the project meets with success.

Kind regards

███████████████

Psychology committee: medium risk

City, University of London

Ethics ETH1920-1238: Tiffany Rameswari (Medium risk)

Appendix 3: Recruitment Flyer

Department of Psychology
City, University of London

125 YEARS

PARTICIPANTS NEEDED FOR RESEARCH:

Experiences of Masculinity in Black Men Seeking Help for Depression

- **Do you identify as Black British of African/Caribbean descent?**
- **Do you identify as a man?**
- **Would you be willing to discuss what it means to you to be a man?**
- **Have you ever experienced or received a diagnosis of depression?**
- **Have you ever sought any form of support for your depression?**

My name is Tiffany Rameswari and I am a doctoral researcher at City, University of London. I am looking for Black British adult males to take part in a 60-90 minute interview to explore what it means to be a man and how this influenced their process of seeking help for depression*. The aim of this research is to gain important insight directly from Black British men who did access support to uncover how other Black British men can also do so if being a man is stopping them from getting help for depression.

* Participants will not be able to participate if 1) currently experiencing depression at a severe level; 2) currently experiencing suicidal thoughts; and/or 3) not finished from therapy / psychiatric services for at least 6 months.

Any contact made will be confidential.

For more information about this research, please contact:
- Tiffany Rameswari (Principal Researcher):
- Dr Ohemaa Nkansa-Dwamena (Research Supervisor):

This study has been reviewed by and received ethics clearance through the Research Ethics Committee at City, University of London.

If you would like to complain about any aspect of the study, please contact the Secretary to the Senate Research Ethics Committee on

City, University of London is the data controller for the personal data collected for this research project. If you have any data protection concerns about this research project, please contact City's Information Compliance Team at

INTRODUCTION
- Thank you for your interest in this research.
    - Where did you hear about the study?
    - Have you had a chance to read the information sheet? Do you have any questions?
- As this research is looking at a somewhat sensitive topic, I do have some criteria that I would need you to meet in order for us to go ahead with the interview. I therefore have some questions to ask you, some of which are a few personal questions and some where I need some information from you, all of which will be confidential between us. It shouldn't take very long; I imagine no more than 20-30 minutes. In the case that you do not meet the criteria to participate in my research, we can discuss why. Do you have any questions, or shall we get started?

SCREENING QUESTIONS

Instructions: All questions, except 2b and 5a (more information provided for these items), require the participant to answer 'yes' to be eligible to participate. If they answer 'no' or refuse, they will be ineligible, and the reason why is to be discussed with them.

Age	1) Please can you confirm that you are at least 18 years old?	
Ethnicity	2a) Please can you confirm that you identify as Black British of African and/or Caribbean descent? 2b) Were you born here in the UK? If yes, move to question 3. If no*, where do you come from? How long have you been living in the UK?	*This is to ensure the participant does identify as 'British' despite migrating from another country.
Gender & masculinity	3a) Please can you confirm that you identify as a man, whatever this means to you? 3b) Please can you confirm that you identify with masculinity, that is, with things that are considered manly or associated with being a man, whatever this means to you? 3c) Please can you confirm that you would be willing to discuss your experiences with said masculinity?	
Depression & help seeking	4a) Please can you confirm that you have experienced depression at some point in your life, whether it was diagnosed or not? 4b) Please can you confirm that you have sought a form of help for this depression, whatever that help might be? 4c) Please can you confirm that you would be willing to discuss your experiences with your depression and getting help?	
Risk	Since we will be talking a little bit about your experiences with depression, I have a few	*If participants' total score is between 0-14 AND answers 'not at

	specific questions on that just to ensure you are currently well and safe. 5a) Firstly, I want to find out whether you are currently experiencing depression and at what level this is at. To do this I am going to ask you a set of 9 questions from a standardised questionnaire used in health care services called the PHQ-9, which measures common experiences of depression. Each of your answers comes with a score, which I will add up at the end and let you know what the questionnaire is saying. It is also important for me to tell you that as this questionnaire forms part of my research data, this means your results will be kept until the project is completed + a further 10 years, from which it will then be destroyed. However, this data will be anonymised and will be stored securely in my locked cabinet that only I access. Do you have any questions? Can we proceed?* 5b) Secondly, please can you confirm that you are at least 6 months out of therapy and/or mental health services, if you accessed any of these?** 5c) In case our interview meeting becomes upsetting for you in any way, or if I become concerned about your wellbeing, it may be necessary for me to contact your GP. Please could you provide me with your GP surgery and telephone number for me to hold on to confidentially, which I would then discard once the interview process is over?***	all' on Q9 (suicide), continue with screening. If participants' total score is between 0-14 BUT does not answer 'not at all' on Q9 (suicide), explain that they will not be able to participate in the study unless this criteria is met, and signpost to emergency services. If participants' total score is between 15-27, explain that they will not be able to participate because their score indicates they are experiencing a moderate-severe/severe level of depression & signpost to GP. Moreover, if they have not answered 'not at all' on Q9 (suicide), signpost to emergency services. **This is to ascertain what point they are at in their recovery process. If the participant does not meet this, explain that they will not be able to participate in the study unless this criteria is met. Signpost to support if necessary. ***This is to further manage any risk that might arise and in case I need to make a referral. These details will be stored in a locked cabinet only accessible to the researcher. Once the interview has taken place, these details will be safely discarded. If the participant does not agree to give their GP details, then explain that they will not be able to participate in the study unless this criteria is met.
Interview	6a) Please can you confirm that you are available for 60-90 minutes to participate in the interview? 6b) Please can you confirm that, for the purposes of my research, it would be okay for me to audio record the interview? The information sheet has details on what happens with these recordings. Thank you for answering these questions and providing me with this information. I would like to arrange a convenient time and place for us to meet for the interview. Where are you	*For participants unable to come to City, determine reasons why, where the interview will take place and if it will be a confidential and private space, and who may possibly be around.

	based? I am based at City University. Would it be possible for you to meet me there?*	

END
- Thank you for your time answering these questions and providing me with this information. Do you have any questions?
- It is important for me to let you know that if our interview meeting doesn't happen within the next 6 months, I will have to complete another screening call with you just to make sure you still aren't experiencing depression at a severe level, and still not experiencing suicidal thoughts. The second call would be much short, as I will only be asking about these specific things. It's unlikely this will be the case as we will probably meet some time in the next 6 months, but I just wanted to let you know and will be in touch about it anyway. Do you have any questions?
- I will shortly send you a confirmation email/text of our interview meeting so you have the details of the time, date and location. I will also send a reminder nearer the time.
- Please feel free to contact me to ask any questions that you may have in the run up to the interview.

Appendix 5: PHQ-9

PATIENT HEALTH QUESTIONNAIRE-9
(PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✔" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING ___0___ + _____ + _____ + _____

=Total Score: _____

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

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

PARTICIPANT INFORMATION SHEET
Department of Psychology | City, University of London

Experiences of Masculinity in Black British Men Seeking Help for Depression

Thank you for considering this research. My name is Tiffany Rameswari and I am a Counselling Psychologist In-Training at City, University of London on the Professional Doctorate in Counselling Psychology. My doctoral thesis is exploring Black British male perspectives on masculinity, that is, what it means to be a man, and how this influences the process of seeking support for depression.

Before you decide whether you would like to take part, this information sheet provides some details about the research to help you understand what it is about, why it is being done, and what your participation would involve. The researcher will go through the information sheet with you and answer any questions you may have.

What is the purpose of the research?
This research aims to learn from Black British men who have accessed help for their experiences of depression how they constructed, and perhaps negotiated, their masculinity in this process. Research shows that Black men often refrain from seeking support, possibly because of following 'rules' and 'practices' associated with being a man, and possibly a Black man; so, understanding this directly from Black men who did get help will hopefully provide important insight into how other Black men can also be helped.

Why have I been invited to take part?
The principal researcher is looking to speak to Black British adult male participants of African and/or Caribbean descent who identifies with being a man, has experienced depression, and has sought any form of support for depression in order to discuss their experiences with masculinity when seeking this help. To enable appropriate engagement with this research, it would be important for participants to 1) not be currently experiencing depression at a severe level; 2) not be currently experiencing suicidal thoughts; and 3) be finished from therapy and/or psychiatric services for at least 6 months.

Do I have to take part?
It is your choice as to whether you would like to take part. Your participation is voluntary, and you can choose to not participate in part or all of the study. If you do decide to take part, you do not have to answer any questions you do not want to, and you are free to withdraw at any point without giving reason. You can also withdraw your data before the analysis is conducted.

What will happen if I take part?
1. First, you will complete a confidential screening call with the principal researcher for up to 30 minutes to ascertain your eligibility to take part in the study (including completing a questionnaire on depression), as well as have an opportunity to ask any questions. A second, shorter screening call may be required if there is considerable delay between the first screening and interview (6

months or more); however, the principal researcher will explain this in more detail during the initial screening.
2. If eligible, you will meet with the principal researcher for approximately 60-90 minutes in a mutually convenient, confidential space. You will be asked to sign a consent form to participate and audio-record the interview in addition to completing a demographics form stating your age and ethnic background. Following this, you will engage in one semi-structured interview, and breaks can be taken as necessary. Lastly, you will engage in a short debrief about the research where you can also ask any questions you might have. Here, you will also be asked whether you would be willing to read and verify your interview transcript, as well as whether you would like to be kept informed of the final results of the study following its completion – either of which you can decline if you wish. Monetary incentives will not be given for your participation.

Will my taking part be kept confidential?
Yes – the only information the principal researcher will collect from you where you can be personally identified is the consent form, which will be stored in a locked cabinet only accessible to the principal researcher. This cabinet will also store the demographics form (in line with GDPR), which is collected for the purpose of describing the range of participants in this research. Screening data will be stored in a separate locked cabinet only accessible to the principal researcher. The interview will be audio recorded on a password protected and encrypted device (stored in the principal researcher's locked cabinet when not in use) and will be transferred following the interview to the principal researcher's password protected and encrypted laptop onto OneDrive (which is an encrypted system). The recording will be transcribed and anonymised, and the file will be password protected and stored on OneDrive. Quotes from the interview may be used for the research findings and future publications, but you would remain anonymous. All data will be retained until project completion + 10 years, and will be securely destroyed after.

What will happen to the results?
The results will be used for the principal researcher's doctoral thesis. It may also be submitted for future publications. If you would like a summary of the final results, please inform the principal researcher.

What are the possible benefits of taking part?
A benefit of taking part in this research is that you can help contribute important knowledge towards how we can better engage Black men in getting help for depression. Taking part may also be interesting to you, as well as helpful for your reflections on your own masculinity and the meanings of being a man.

What are the possible disadvantages and risks of taking part?
A disadvantage of taking part is that there is a small likelihood that recalling on your experiences of depression may evoke some feelings of emotional distress. If this occurs, you can inform the principal researcher who will help you identify whether you would like to continue, or the most appropriate source of support. There will also be some suggestions for further support in the debriefing sheet.

Who has reviewed the study?
This study has been approved by City, University of London Research Ethics Committee.

Further information & contact details:
If you have any questions or would like further information about this research, please contact:

Tiffany Rameswari
Principal Researcher / Counselling Psychologist In-Training

City, University of London
E: ███████████████████ | T: ████████████

Dr Ohemaa Nkansa-Dwamena
Research Supervisor / Counselling Psychologist
City, University of London
E: ████████████████████████ | T: ████████████

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What if there is a problem?

If you have any problems, concerns or questions, please speak to the principal researcher or their supervisor (details above).

If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you need to phone ████████. You can then ask to speak to the Secretary of Senate Research Ethics Committee and inform them that the name of the project is "Experiences of Masculinity in Black British Men Seeking Help for Depression".

You can also write to the Secretary at:

████████████████████

Research Integrity Manager
City, University of London, Northampton Square, London, EC1V 0HB
E: ████████████████████

</td></tr>
</table>

Thank you for taking the time to read this information sheet.

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<tr><td>

Data Privacy Statement

City, University of London is the sponsor and the data controller of this study based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task.

Your right to access, change or move your information are limited, as we need to manage your information in a specific way in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/)

City will use your name and contact details to contact you about the research study as necessary. If you wish to receive the results of the study, your contact details will also be kept for this purpose. The only people at City who will have access to your identifiable information will be Tiffany Rameswari (principal researcher). City will keep identifiable information about you from this study for 10 years after the study has finished.

You can find out more about how City handles data by visiting www.city.ac.uk/about/governance/legal. If you are concerned about how we have processed your personal data, you can contact the Information Commissioner's Office (IOC) https://ico.org.uk/.

</td></tr>
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ETH1920-1238
March 2020
V3

PARTICIPANT INFORMATION SHEET
Department of Psychology | City, University of London

Experiences of Masculinity in Black British Men Seeking Help for Depression

Thank you for considering this research. My name is Tiffany Rameswari and I am a Counselling Psychologist In-Training at City, University of London on the Professional Doctorate in Counselling Psychology. My doctoral thesis is exploring Black British male perspectives on masculinity, that is, what it means to be a man, and how this influences the process of seeking support for depression.

Before you decide whether you would like to take part, this information sheet provides some details about the research to help you understand what it is about, why it is being done, and what your participation would involve. The principal researcher will go through the information sheet with you and answer any questions you may have.

What is the purpose of the research?
This research aims to learn from Black British men who have accessed help for their experiences of depression how they constructed, and perhaps negotiated, their masculinity in this process. Research shows that Black men often refrain from seeking support, possibly because of following 'rules' and 'practices' associated with being a man, and possibly a Black man; so, understanding this directly from Black men who did get help will hopefully provide important insight into how other Black men can also be helped.

Why have I been invited to take part?
The principal researcher is looking to speak to Black British adult male participants of African and/or Caribbean descent who identifies as a man, has experienced depression, and has sought any form of support for depression in order to discuss their experiences with masculinity when seeking this help. To enable appropriate engagement with this research, it would be important for participants to 1) not be currently experiencing depression at a severe level; 2) not be currently experiencing suicidal thoughts; and 3) be finished from therapy and/or psychiatric services for at least 6 months.

Do I have to take part?
It is your choice as to whether you would like to take part. Your participation is voluntary, and you can choose to not participate in part or all of the study. If you do decide to take part, you do not have to answer any questions you do not want to, and you are free to withdraw at any point without giving reason. You can also withdraw your data before the analysis is conducted.

What will happen if I take part?
1. First, you will complete a confidential screening call with the principal researcher for 30 minutes max. to ascertain your eligibility to take part in the study (including completing a questionnaire on depression), as well as have an opportunity to ask any questions.

A second, shorter screening call may be required if there is considerable delay between the first screening and interview (6 months or more); however, the principal researcher will explain this in more detail during the initial screening.

2. If eligible, you will meet with the principal researcher for one semi-structured interview of approximately 60-90 minutes. In line with public health measures to protect against COVID-19, face-to-face contact is currently not an option; instead, the interview will take place 'online' via Microsoft Teams or Zoom at a mutually convenient and confidential date and time – more information is provided at the end of this document. During scheduling of the meeting, the principal researcher will explain and answer any questions you may have about the online interview process. To start, you will be asked to electronically sign a consent form to participate and audio-record the interview in addition to electronically completing a demographics form stating your age and ethnic background. Following this, you will be asked a set of standardised interview questions, and breaks can be taken as necessary. To finish, you will engage in a short debrief about the research where you can also ask any questions you might have. Here, you will also be asked whether you would be willing to review and verify your interview transcript, as well as whether you would like to be kept informed of the final results of the study following its completion – either of which you can decline if you wish. Monetary incentives will not be given for your participation.

Will my taking part be kept confidential?

Yes – the only information the principal researcher will collect from you where you can be personally identified is the consent form, which will be printed and stored in a locked cabinet only accessible to the principal researcher. This cabinet will also store the demographics form (in line with GDPR), which is collected for the purpose of describing the range of participants in the research. Screening data will be stored in a separate locked cabinet only accessible to the principal researcher. The interview will be audio recorded on a password protected and encrypted device (stored in the principal researcher's locked cabinet when not in use) and will be transferred following the interview to the principal researcher's password protected and encrypted laptop onto OneDrive (which is an encrypted system). The recording will be transcribed and anonymised, and the file will be password protected and stored on OneDrive. Quotes from the interview may be used for the research findings and future publications, but you would remain anonymous. All data will be retained until project completion + 10 years, and will be securely destroyed after.

What will happen to the results?

The results will be used for the principal researcher's doctoral thesis. It may also be submitted for future publications. If you would like a summary of the final results, please inform the principal researcher.

What are the possible benefits of taking part?

A benefit of taking part in this research is that you can help contribute important knowledge towards how we can better engage Black men in getting help for depression. Taking part may also be interesting to you, as well as helpful for your reflections on your own masculinity and the meanings of being a man.

What are the possible disadvantages and risks of taking part?

A disadvantage of taking part is that there is a small likelihood that recalling on your experiences of depression might evoke some feelings of emotional distress. If this occurs, you can inform the principal researcher who will help you identify whether you would like to take a break, or to terminate and the most appropriate source of support using suggestions from the debriefing sheet. Due to the nature of the online interview, this may involve contacting your GP or asking you to verify your location in case it is deemed necessary to arrange support for you.

An additional disadvantage is that there is some chance that the online connection may drop, which could be at a time when discussing difficult experiences. Should this arise, the principal researcher will attempt to re-connect with you. If the lost connection causes emotional distress, the above protocol will be followed. If re-connecting is unsuccessful, the principal researcher will contact you by telephone to discuss options.

Who has reviewed the study?
This study has been approved by City, University of London Psychology Research Ethics Committee.

Further information & contact details:
If you have any questions or would like further information about this research, please contact:

Tiffany Rameswari
Principal Researcher / Counselling Psychologist In-Training
City, University of London
E: ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ | T: ▮▮▮▮▮▮▮

Dr Ohemaa Nkansa-Dwamena
Research Supervisor / Counselling Psychologist
City, University of London
E: ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮ | T: ▮▮▮▮▮▮▮

What if there is a problem?
If you have any problems, concerns or questions, please speak to the principal researcher or their supervisor (details above).

If you remain unhappy and wish to complain formally, you can do this through City's complaints procedure. To complain about the study, you need to phone ▮▮▮▮▮▮▮▮. You can then ask to speak to the Secretary of Senate Research Ethics Committee and inform them that the name of the project is "Experiences of Masculinity in Black British Men Seeking Help for Depression".

You can also write to the Secretary at:

▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮

Research Integrity Manager
City, University of London, Northampton Square, London, EC1V 0HB
E: ▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮▮

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Data Privacy Statement

City, University of London is the sponsor and the data controller of this study based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City's public task.
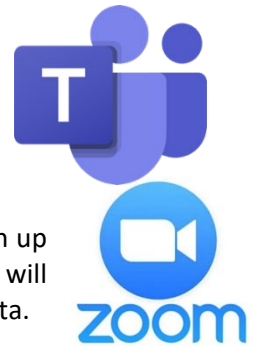
Your right to access, change or move your information are limited, as we need to manage your information in a specific way in order for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/)

What are 'Microsoft Teams' and 'Zoom'?
Microsoft Teams and Zoom are secure cloud-based platforms with an easy-to-use app which allows for video and audio conferencing, file sharing, collaboration and chat.

How can I access Microsoft Teams / Zoom?
The Microsoft Teams / Zoom app is available for free download onto any smart device, laptop or PC from the App Store / Google Pay Store. You will not need to sign up as you will receive a meeting invitation from the principal researcher instead. The app will require access to a camera and microphone, and can be used via Wi-Fi and mobile data.

How will we meet?
The principal researcher will liaise with you to mutually agree a date, time and private space for the interview, as well as your preferred platform.
Microsoft Teams:
   o   The principal researcher will schedule the meeting via Microsoft Teams where you will receive by email an invitation to the meeting (please check junk folder in case).
   o   When time for the interview, you will need to click on the email link 'Join Microsoft Teams Meeting'.
   o   You will be redirected to the Teams app, prompted to 'Join as Guest', and asked to type your name.
   o   Please accept any permission requests, and enable camera & mic.
   o   You should then be able to click 'Join meeting' to begin the interview.
Zoom:
   o   The principal researcher will schedule the meeting via Zoom where you will receive by email an invitation to the meeting (please check junk folder in case).
   o   When time for the interview, you can either 1) click on the email link 'Join Zoom Meeting' where you will be redirected to the Zoom app; or 2) copy the personalised 'Meeting ID' from the email into 'Join a Meeting' on the Zoom app and type your name.
   o   Please accept any permission requests, and enable camera & mic.
   o   You should then be able to begin the interview.

Preparing for the interview
It is suggested you familiarise yourself with the Microsoft Teams / Zoom app before the interview to ensure everything works with your device. Additionally, it is recommended that you consider and take steps to optimise your physical and emotional environment for the interview. This might include ensuring the space is private and comfortable, ensuring a strong internet/mobile data connection, limiting distractions, using headphones, keeping power cables nearby, and minimising digital disturbance.

Completing research documents for the interview
You will be required to complete a consent form and a demographics form for the interview. This can be done 'live' within the Microsoft Teams / Zoom app or through email at the beginning of the interview. However, completing this electronically may be more difficult via mobile, in which case you will be asked to do prior to the interview itself if mobile is your chosen device.

ETH1920-1238
March 2020
V3

CONSENT FORM

Experiences of Masculinity in Black British Men Seeking Help for Depression
Principal Researcher: Tiffany Rameswari

Please tick:

I have read and understood the *Participant Information Sheet*. I have had the opportunity to consider the information and ask questions which have been answered satisfactorily. ☐

I understand that my participation is voluntary and that I am free to withdraw without giving a reason, and without being penalised or disadvantaged. ☐

I understand that I will be able to withdraw my data up until the point of analysis. ☐

I agree to the interview being audio-recorded. ☐

I agree to City recording and processing this information about me. I understand that this information will be used only for the purpose(s) explained in the participant information and my consent is conditional on City complying with its duties and obligations under the General Data Protection Regulation (GDPR). ☐

I agree to verify my interview transcript and understand that my contact details will be retained for this purpose – this is optional. ☐

I would like to be informed of the final results of this study once it has been completed and understand that my contact details will be retained for this purpose – this is optional. ☐

I agree to take part in the above study. ☐

Name of Participant	**Signature**	**Date**
Tiffany Rameswari		XX/XX/2020
Name of Researcher	**Signature**	**Date**

Demographics Form

Please state your age:

☐ Please tick if you would prefer not to answer

Please choose the ethnic background you identify with:

☐ Black British – African

   please state which country:

☐ Black British – Caribbean

   please state which country:

☐ Black British – African and Caribbean

   please state which countries:

☐ Black British – Other

   please state which country:

☐ Please tick if you would prefer not to answer

Appendix 10: Debriefing Sheet

DEBRIEFING SHEET

Experiences of Masculinity in Black British Men Seeking Help for Depression

Thank you for your participation.

The interview you have given will be transcribed and analysed as part of the principal researcher's doctoral thesis. The purpose of this research is to understand how Black British men (re)construct masculinity when they seek help for depression in order to gain insight into how other Black British men can be helped if their masculinity acts as a barrier. Thank you for sharing and contributing your invaluable knowledge and experiences, which is hoped to make a change in supporting Black British men.

Contact details:

If you have any questions, concerns or would like to discuss more, please feel free to contact:

- Tiffany Rameswari (principal researcher): ███████████████████████
- Dr Ohemaa Nkansa-Dwamena (research supervisor): ████████████████████

Additional support:

If you have found any part of your participation in this study distressing or you would like additional support, you can contact the principal researcher (contact details above), your GP or the following organisations:

Samaritans
Tel: 116 123
Email: jo@samaritans.org
Text: 07725 90 90 90
www.samaritans.org

Mind
Tel: 0208 519 2122
Email: info@mind.org.uk
Text: 86463
www.mind.org.uk

Men's Health Forum
Tel: 0207 922 7908
www.menshealthforum.org.uk

CALM
Tel: 0808 802 5858
www.thecalmzone.net

Movember
Tel: 0207 952 2060
Email: info@movember.com
https://uk.movember.com/

The Black African and Asian Therapy Network
Tel: 0203 600 0712
Email: contact@baatn.org.uk
www.baatn.org.uk

Survivors UK
Tel: 0203 598 3898
Email: help@survivorsuk.org
www.survivorsuk.org

100 Black Men of London
Tel: 0207 754 3550
Email: info@100bmol.org.uk
http://100bml.org

Black Thrive
www.blackthrive.org.uk

Appendix 11: Interview Schedule

1. Introduce myself & explain interview format
2. Go through information sheet
3. Complete consent form x2
4. Complete demographics form
5. Check for questions
6. Begin audio-recording

PART II: MAIN QUESTIONS

1. **Please tell me a bit about how you identify as a Black man.**
   − Can refer to demographics form.
   − What is it like being a Black / Black [insert ethnicity] man?
   − Can you tell me a bit about your culture and how it has influenced your identity as a Black man?

2. **Please can you share with me your general thoughts on masculinity, that is, what it means to be a man.**

3. **a) Masculinity has gained more attention lately, especially in the media; for example, discussions around men's mental health, sport (football, rugby), the Royal family. People tend to understand masculinity as what it means to be a man, but I am interested in how you would describe your own masculinity and your own sense of being a man.**
   − Do you see yourself as a masculine/manly type of man? Why? How?
   − How do you show/practice your masculinity/manliness? (e.g., not showing emotions, being strong & not weak, positive role model, pride, financial success)

   b) How do you think your masculinity has developed over time?
   − Do you remember how you learnt about masculinity / what's involved in being a man and how this led to you developing your own masculinity? (e.g., family, school, peers, upbringing)

4. **Has being a Black / Black [insert ethnicity] man, or has your culture, influenced your own masculinity in any way?**
   − Do you think you see things in a certain way, or do certain things, because you are a Black / Black [insert ethnicity] man?

---OFFER BREAK---

5. **Can you tell me about how you managed your experience(s) of depression?**
   − What was your experience(s) of depression like?
     o Formal diagnosis?
   − Was there anything you thought about doing to manage your depression but decided against?
     o Coping strategies

6. **What support did you access for your experience(s) of depression?**
   − How did you come to access this help?
   − If mainly informal: Did you use any formal or other modes/sources of help?
     o Which formal service?
     o Which other sources (specify)?
   − If mainly formal: Did you use any other modes/sources of help?
     o e.g., family, significant other, friends, church, barbershop, gyms, social media
   − What was your experience of accessing help?

7. **How do you think being a Black / Black [insert ethnicity] man played a part in you seeking help for depression?**
   – How did you negotiate your masculinity/how has it changed to be able to get help?
   – How did you negotiate your cultural values to be able to get help?
   – Do you perceive certain types of help as more masculine and/or culture-friendly than others?

8. *How do you think masculinity/being a man affects how Black men generally seek help for depression?*
   – Do you think (cultural) masculinity gets in the way of other Black men getting help? If so, how?
   – What help do you think Black men are likely to want for depression?
   – Do you think certain types of help are perceived by Black men as more masculine and/or culture-friendly than others?
   – How do you think the way you negotiated your (cultural) masculinity can help other Black men?
   – Are there any parts of (cultural) masculinity that would you emphasise to Black men to encourage them to get help?

PART III: ENDING
1. Ask if there is anything else that they would like to add before finishing
2. Turn off recording
3. Ask how they found it/check wellbeing
4. Check for questions
5. Debrief
6. Ask if they would be willing to read and verify their transcript & make note – if yes, inform of procedure
7. Ask if they would like to be kept informed of the final results & make note
8. Thank for their time & encourage them to consider informing anyone they know

Appendix 12: Interview Schedule [Theoretical Sampling]

PART I: INTRODUCTION
1. Introduce myself & explain interview format
2. Go through information sheet
3. Complete consent form x2
4. Complete demographics form
5. Check for questions
6. Begin audio-recording

PART II: MAIN QUESTIONS

1. **Please tell me a bit about how you identify as a Black man.**
   − Can refer to demographics form.
   − What is it like being a Black / Black [insert ethnicity] man?
   − Can you tell me a bit about your culture and how it has influenced your identity as a Black man?

2. **Masculinity has gained more attention lately, especially in the media; for example, discussions around men's mental health, sport (football, rugby), the Royal family. People tend to understand masculinity as what it means to be a man.**

   a) How would you describe your own masculinity?
   − Do you see yourself as a masculine/manly type of man? Why? How?
   − How do you show/practice your masculinity/manliness? (e.g., not showing emotions, being strong & not weak, positive role model, pride, financial success)
   b) Has being a Black man, or has your culture, influenced your masculinity?
   − Do you think you see things in a certain way, or do certain things, because you are a Black / Black [insert ethnicity] man?
   c) How do you think your masculinity has developed over time?
   − Do you remember how you learnt about masculinity / what's involved in being a man and how this led to you developing your own masculinity? (e.g., family, school, peers, upbringing)

   --OFFER BREAK--

3. **Can you tell me about your experience(s) of depression and how you managed it?**
   − What was your experience(s) of depression like?
     o Formal diagnosis?
   − Was there anything you thought about doing to manage your depression but decided against?
     o Coping strategies

4. **What support did you access for your experience(s) of depression?**
   − How did you come to access this help?
   − <u>If mainly informal</u>: Did you use any formal or other modes/sources of help?
     o Which formal service?
     o Which other sources (specify)?
   − <u>If mainly formal</u>: Did you use any other modes/sources of help?
     o e.g., family, significant other, friends, church, barbershop, gyms, social media
   − What was your experience of accessing help?

5. **How do you think being a Black man played a part in you seeking help for depression?**
   − How did you negotiate your masculinity/how has it changed to be able to get help?
   − How did you negotiate your cultural values to be able to get help?
   − Do you perceive certain types of help as more masculine and/or culture-friendly than others?

- **Would you be able to say if shame played a role in this for you? If so, how did you overcome shame? How was shame linked with your masculinity?**

---OFFER BREAK--

6. **How do you make sense of your (Black) masculinity and the person that you are now, having gone through depression & getting help for it?**
   - If relevant, explore masculinity as more centred on internal values and feelings, and being more authentic/whole as a person

7. **How do you think (Black) masculinity affects how Black men generally seek help for depression?**
   - Do you think (Black) masculinity gets in the way of other Black men getting help? If so, how?
     - **What role does shame play? How is it linked with masculinity?**
   - What help do you think Black men are likely to want for depression?
     - Do you think certain types of help are perceived by Black men as more masculine and/or culture-friendly than others?
   - How do you think the way you negotiated your (Black) masculinity can help other Black men?
   - Are there any parts of (Black) masculinity that would you emphasise to Black men to encourage them to get help?

PART III: ENDING
1. Ask if there is anything else that they would like to add before finishing
2. Turn off recording
3. Ask how they found it/check wellbeing
4. Check for questions
5. Debrief
6. Ask if they would be willing to read and verify their transcript & make note – if yes, inform of procedure
7. Ask if they would like to be kept informed of the final results & make note
8. Thank for their time & encourage them to consider informing anyone they know

Appendix 13: Example of Transcript & Coding

Transcript	Initial coding:	Focused coding:
R: Yeah absolutely and I think that makes sense to me in terms of there's a very unique journey for each person. So, as you say, some people just fall into it quite naturally but others it's more of a journey and process and for you there was a process to it		
P: That's right. And I think a lot of this stuff that I've had to do, it's kind of like everybody else has caught up and there's now conversations about what it is to be a man and you can go to a Guardian lecture about it, whereas when I was growing up there was almost two sorts of masculinity: the acceptables or the odd/wrong sort	Increasing conversations on masculinity; Different to upbringing; One form of masculinity as acceptable; One form of masculinity as wrong	Increasing dialogue on masculinity; Previous dichotomous masculinities
R: Yeah, yeah		
P: Now there's kind of more of a spectrum, which I think is healthier	Increasing spectrum of masculinities; Healthier nature of contemporary masculinities	Increasing spectrum of masculinities; Healthier nature of contemporary masculinities
R: What's that been like for you, because if you grew up at a time where there was almost like two forms of masculinity – either you were following traditional masculinity or you weren't – how's it like for you now that there is a much wider spectrum, there's more discussion, and there's more embracing and acceptance of different masculinities?		
P: I think it's long overdue [laughing]. I wish it'd been around when I was young because it's a straitjacket – you've either got the right masculinity or the wrong one – as was the case in the 70s, whereas now there's a series of right ones and it's ok, or more so than it used to be anyway. And I know which I prefer to be around. Yeah, it's easier. It just means there's fewer assumptions being made, there's more space in which to operate, and I prefer that [laughing]. It's tough trying to either find your people, or to shrink into the background so that nobody particularly gets into your business. Yeah, I know which one I prefer	Overdue need for masculinities spectrum; Wishing masculinities spectrum existed earlier; Previous straitjacket of masculinity; Previous right or wrong masculinity; Growing series of acceptable masculinities; Preferring masculinities spectrum; Masculinities spectrum as easier; Less judgement in masculinities spectrum; Increased space in masculinities spectrum	Overdue need for masculinities spectrum; Previous dichotomous masculinities; Increasing spectrum of masculinities; Acceptance of masculinities; Preferring masculinities spectrum

R: Yeah, yeah, and for whatever reason the word that's just in my mind as you were speaking is that maybe it's not only more preferable to have the way things are now, but it almost enables you to really *own* your masculinity and your identity and who you are now, whereas before maybe it felt like there was this right or wrong way and you felt you weren't doing it the right way because that's how things were at the time, but because now things are much more open and embracing, it really feels like 'yeah, I can really own this!'

P: I think it's a hell of a thing if you can't own your own life, if you have to live a version of it or sort of deal with other people giving you permission to be in your own space and all the rest of it. So, yeah, owning it in a place where there is more room for me and others to do that, fantastic! Looking back in the ancient days of the 80s, not good, not good. I mean it's not a million years ago but it still feels like another world where you couldn't have conversations about your own experiences, your own feelings, how you grew up and all the rest of it. I look back like 'what the hell was that?' [laughing]. Yeah I know what I prefer to be around

Difficulty of not owning one's life; Difficulty of living partly than wholly; Difficulty of own space being unpermitted; Happiness at owning masculinity; Previous generation operated differently; Restricted conversations in previous generation; Preferring contemporary society

Difficult nature of not owning one's life; Owning masculinity; Masculinity limitations in previous generations; Preferring contemporary masculinity

Part II: Publishable Paper – "It's about being a whole person": De/Re/Constructions of Masculinity in Black British Men Seeking Help for Depression

Part III: Clinical Piece – From Rejecting to Reconciling Parts of the Self: A Combined Psychodynamic Case Study & Process Report

This content has been removed for data protection reasons