

African American Men and Mental Health: Client and Clinician Therapeutic Dyad

Gerald Myers

Abstract: *African American men face challenges that include internalized negative social identities, marginalization, oppression, systemic racism, invisibility syndrome, targets of violence, murder, and erasure. Social workers may place the population at further risk of harm by using methods influenced solely by Eurocentric values. There is a paucity of peer-reviewed journal articles in the social work literature regarding the mental health of African American men. The literature fails to support social workers in acquiring the clinical skills required to provide services to African American men. This article will provide guidance to improve assessment, diagnosis, and clinician engagement with adult African American male clients. Barriers to the care of this population include the stigma of receiving mental health services, avoidance of vulnerability, medical distrust, clinician bias, no knowledge culturally expressed symptomology of mental illness, and an absence of culturally responsive care. Theories that inform the work with African American men in this article are the social determinants of health theory, intersectional theory, and narrative theory.*

Keywords: *Afrocentric social work, African American men, Black mental health*

The clinician collaborating with adult African American males must have knowledge of that person's psychosocial development and the ability to discern behaviors designed to protect them from constant assaults from society (Aymer, 2010). Societal assaults such as workplace discrimination, health disparities, and exposure to daily microaggressions cause psychological distress in the lives of African American men resulting in damage to their physical and mental health (Franklin & Boyd-Franklin, 2000; Hankerson et al., 2022; Lincoln et al., 2010). For the purposes of this article, "African American" and "Black" shall be used synonymously, as both terms are acceptable for designating "people of African origin" (American Psychological Association, 2021, p. 143.) These terms include persons of African heritage born in the United States and those that self-identify as such. Persons of African heritage who identify with a national or ethnic origin such as Caribbean, Haitian, Jamaican, Ethiopian, or elsewhere would be excluded from the terms African American or Black, when identified and quantifiable in the reviewed literature. It is understood that these people may also self-identify as Black or African American.

Attempts at initiating the therapeutic dyad require intentional actions by the clinician with an awareness of factors that impact their interpretation of the client's presentation (Reigeluth & Johnson, 2022). Clinicians should also know of the social work profession's Eurocentric influence (Schiele, 1997). Social work methods, derived from European ethnocentrism, pathologize elements of the African American experience and invalidate possible solutions because African American cultural values have not been considered. For example, Eurocentric definitions of family and family composition may differ from an Afrocentric perspective. Because Eurocentrism is seen as the "standard," anything not

Gerald Myers, DSW, LCSW, Adjunct Instructor, Department of Social Work, Simmons University, Boston, MA.

Copyright © 2024 Authors, Vol. 24 No. 2 (Summer 2024), 286-303, DOI: 10.18060/27472



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).

matching is viewed as abnormal (Schiele, 2000). This may inadvertently place African American clients at risk of greater harm from the application of flawed interventions derived from flawed case conceptualizations (Skott-Myhre & Skott-Myhre, 2022). The addition of Afrocentric values to social work practice would improve clinician engagement with their adult African American clients and benefit treatment (Aymer, 2010). African American men continue to suffer a long-standing mental health crisis because of the impacts of systematic oppression, structural racism, microaggregations, violence in communities, and murders by police (DeAngelis, 2021). These are in addition to factors that impact the mental health of the general public, such as the state of the economy (Knapp & Wong, 2020). Social work peer-viewed journals do little to address the needs of African American men (Watkins, 2014).

Data Search

The absence of African American men and their mental health from social work literature supports the maintenance of stereotypical ideas that negatively affect their proper diagnosis and treatment (Robinson-Dooley & Skott-Myhre, 2021; Payne, 2012). Four peer reviewed social work journals were the same as those used in a study of whether Social Work was racist (Corley & Young, 2018). That study's journal inclusion criteria included (a) the journal being used in a previous content analysis; (b) major social work journal; (c) the journal does not represent a social work specialty; (d) journal with national focus; and (e) the journal provides material for the analysis coverage period. A "major" peer reviewed social work journal would be one that is highly rated by criteria that included citation counts and impact factors (OpenAI, 2023: SCImago, n.d.).

The journals selected are *Social Work*, *Research on Social Work Practice*, *Journal of Human Behavior in the Social Environment*, and *Social Service Review*. University access was used to search the websites of journal publishers. Each journal was searched using the term "African American men" for 11 years spanning 2012-2022. The journals were searched for articles providing interventions for working with African American men. The definition of "intervention" used here is "In social work, the term is analogous to the physician's 'term treatment'" (Barker, 2013, p. 225). Shown in Table 1 are the number of articles found in each journal for the 11-year period.

Table 1. *Number of Articles That Included Social Work Interventions for Work With African American Men Per Journal, 2012-2022*

Journal	Articles [n (%)]	
	w/Interventions With AA ♂	Total
Social Work	1 (0.14%)	703 (99.9%)
Research on Social Work Practice	1 (0.15%)	646 (99.8%)
Journal of Human Behavior in the Social Environment	0 (0%)	833 (100%)
Social Service Review	0 (0%)	472 (100%)
Total	2 (0.04%)	2654 (99.9%)

Searches for “African American men” also produced results that included the term “Black men.” These terms are not synonymous as the experience of African American men is unique, as are the experiences of Black subgroups who emigrated from countries on the African continent, and Black people from Haiti, Jamaica, and the British and U.S. Virgin Islands, etc. (Watkins et al., 2014). The literature includes valuable information on Black subgroups that show they may have poorer health and mental health outcomes than African American men (Watkins et al., 2014). Studies that include Black subgroups with Black men who are African Americans may be diluting the experience of both Black subgroups and African American men (DeAngelis, 2021). All African American men could be considered Black men; however, all not Black men are African American (American Psychological Association, 2020, Chapter 5). Even so, the terms must be used synonymously because the literature does (Watkins et al., 2014). Academic writers and journalists are currently using “Black” as a deference to Blacks reclaiming the right to name themselves and as show of solidarity with Black people all over the world (Mitchell, 2023; Singh, 2024), all being members of the global majority (Lee, et al., 2023)

These findings make it clear that information to improve the mental health of African American men exists, but it is scattered, and difficult to find. What is less clear is why practice information related to the treatment of African American men does not appear in social work peer-reviewed journals with more frequency given the challenges faced by this population (Green & Secret, 1996; Watkins et al., 2014).

Social Work Theory and African Americans

Schiele (1996) provides a seminal criticism of the social work profession and its overwhelmingly Eurocentric influence that makes treatment assumptions while excluding other world views. The social work profession also does not adequately incorporate the voices of African American social workers (Parker, 2022). Schiele (1997) conceptualizes two core problems of the social work profession. The first problem is related to the profession’s acceptance of the Eurocentric worldview, which highlights a materialistic, individualistic, linear, rationalist mindset. This world view relies on materialism as reality, separating humanity from its spirituality. To balance this, Schiele (1997) proposes that Afrocentric social work theory be added to the social work cannon. Schiele presents the Afrocentric view as a more appropriate paradigm for social work practice with African Americans and influencing ways to conduct social work research. The second problem of the profession, according to Schiele (1997) is the under usage of the values of people of color while offering an ineffective and unfulfilling multicultural practice. Multiculturalism encourages the social worker to understand how racism has negatively impacted African American opportunities, be sensitive to the different values of various ethnic groups and examine themselves for bias. Eurocentric influenced social work focuses on ways in which people, groups and individuals are different and separate. Afrocentrism concerns itself with people as members of communities, bringing attention to human connectedness. Afrocentric social work is not just for African Americans, it is a paradigm to be joined with others for the benefit of humanity (Tascón & Ife, 2019).

According to Schiele (1997) Afrocentrism makes three primary assumptions, the first being that an individual's identity is part of an identity that is collective (Gatwiri, 2020). The second assumption is that human spirituality is as valid as the material body. The third assumption is the epistemological validity of affective approaches. Afrocentrism identifies the sources of societal problems as oppression and spiritual alienation. These sources manifest themselves in the world as materialism, objectification, individualism, and extreme competition.

Afrocentric social work calls us to fight against cultural, economic, and political oppression. Changes to current social work practice are required to accommodate Afrocentric social work. Social workers should not shield their emotions when collaborating with someone, attempts at objectivity and aloofness are discouraged. Afrocentric social work requires an emotional connection between the client and clinician (Schiele, 1997; Tascón & Ife, 2019). Afrocentric social work seeks mutuality between the helper and the help in ways that benefit both.

Schiele names Eurocentric values such as materialism, objectification, and individualism, have found their way to social work theory and practice, greatly reducing their effectiveness when working with African Americans (Schiele, 1996; as cited in Schiele, 1997). The Cambridge Academic Content Dictionary (n.d.) defines materialism as believing that the most important things in life are possessions and money; objectification as treating people as something to be used, like a tool, without respect to their personhood; and individualism as the concept that individual actions are more important than collective responsibility and effort. These Eurocentric values create "invisibility syndrome" (Franklin, 1999, p. 763) by creating double bind situations in which African American men are presented with societal definitions of success and at the same time, being denied the societal supports required to achieve this success. The African American man's personhood is denied, resulting in his objectification and denial of material resources and rewards. Some African American men struggle to incorporate these values into their identities with little success because of feelings that they are not valued and recognized in society because of racism and prejudice resulting in their "invisibility" (Franklin, 1999, p. 761). More importantly African American men are seeking to embody the very values that have created the oppressive society in which they live (Maiese, 2021). Invisibility syndrome as a framework details the social experience of African American men:

- He feels that he is not acknowledged or recognized.
- He feels no satisfaction or gratification from societal encounters.
- He feels self-doubt about his legitimacy.
- He is not validated by his experience causing him to question his worth.
- He feels disrespected.
- His sense of dignity is compromised and challenged.
- His "basic identity is shaken, if not uprooted." (Franklin, 1999, p.764).

Key to the invisibility model is the understanding of African American men's psychological process as they attempt to form identities in a society that continually marginalizes them (Franklin, 1999 Watkins, 2011). The African American community is seen as an important potential protective factor for African American men; however, the

African American community is more often seen as a source of violence, homicide, and incarceration (Watkins, 2011). Powell (2008) shows us that African American men are victims of societal violence and, in return, often express that violence as perpetrators in their communities and relationships.

African American Men and Mental Healthcare

The mental healthcare of African American men is rife with assessment errors that lead to misdiagnosis (Payne, 2012). The disproportionate representation of African American men with a diagnosis of schizophrenia when compared with European Americans is an example of this (Merrit et al., 2023). African American men are presenting later in their episode of mental illness and are more likely to be diagnosed with a psychotic disorder than a mood disorder, experiencing symptoms of greater intensity and duration. African American men appearing earlier in their episode of care may have not been diagnosed with a mood disorder because culturally expressed somatic symptoms of depression were not recognized. Blacks are diagnosed with schizophrenia at rates twice that of Whites (Merrit et al., 2023).

The invisibility of African American men in evaluations, treatment, absence of research (Franklin, 1999), willful ignorance and disregard for the circumstances in their lives show up in studies of violence in African American communities. This phenomenon has not been studied extensively and requires inquiry into the interactions of structural inequity, marginalization, masculinity, popular culture, poverty, and power (Collins-Anderson et al., 2022). In 2018, African American men killed 88% of homicide victims identified as African American women during episodes of intimate partner violence (Federal Bureau of Investigation, 2018). African American men did not create intimate partner violence but learned this behavior from their European American enslavers (Al'uqdah et al., 2016). "The Cycle of Violence" (Powell, 2008, p. 321) posits that those being exposed to violence are more apt to use violence to express frustrations over powerlessness. These are feelings that are expressed in areas of concentrated poverty, creating a cycle that will continue until concrete actions are taken to change.

African American men are exposed to the many social forces working against them (Franklin, 1999; Robinson-Dooley & Skott-Myhre, 2021) and many African American men do not become abusers and murderers. Society must take a role in empowering African American men that have expressed themselves using violence with acceptable ways to express themselves and accepting responsibility for their actions. Communities must also act outside societal intervention. The oppressor has little interest in providing for the oppressed (Powell, 2008; Robinson-Dooley & Skott-Myhre, 2021).

Treatment Errors and Culturally Sensitive Treatment

African American men have barriers to mental healthcare that include medical mistrust, access to services, Black masculinity constructs, experience of racism and bias in the healthcare system, and the absence of culturally responsive treatment (DeAngelis, 2021). The number of African American men seeking mental health treatment is unknown.

One report tells us that only 26 % of Black and Hispanic men experiencing depressive symptoms sought treatment (DeAngelis, 2021). Black masculinity constructs include stigma against receiving mental health treatment, a bias shared within the African American community (Earl et al., 2011). Information specific to African American men is not available. The African American man's avoidance of therapy can also be explained as him protecting himself from situations that mimic societal processes that cause him psychological distress. Engagement with clinicians to receive care can be one of those situations (Skott-Myhre & Skott-Myhre, 2022). Clinicians who do not manage the intake with intentionality risk the client not returning for services (Reigeluth & Johnson, 2022). African American men can view therapy as an admission of insanity as the result of the psychopathological orientation of clinical work. This orientation cannot meet the emotional needs of African American men (Aymer, 2010). Culturally sensitive assessment and treatment of African American men is needed (Kayode, 2023).

Clinical work with African American men must contextualize the racial and cultural experiences of African American men. The intersectional identities of the African American men reflect a conflict between the patriarchal control of the environment versus their experience with invisibility syndrome that denies them control of their environments (Franklin, 1999). Coping mechanisms employed include "cool pose" (Aymer, 2010, p. 23). African American men use this coping mechanism to lessen the effects of living in an oppressive environment. Cool pose is a way of behaving that can be seen in their interpersonal dynamics, speech, manner of dress and walk, creating an identity that can survive in hostile environments. Cool pose is also a strategy to suppress emotions that could be considered "weak" and a means for African American men to generate positive feelings about themselves and to project strength and calmness. African American men may use cool pose to project a mask of "friendliness" to avoid being characterized as a stereotypical "angry Black man" (Jackson, 2018, p. 5). This coping style can be misinterpreted. This coping style may also grow to become an expression of toxic masculinity (DeAngelis, 2021; Jackson, 2018). In the absence of practice knowledge, clinicians form views of African American men from the media, which mostly portray them as dangerous (Robinson-Dooley & Skott-Myhre, 2021). African American men can also internalize these negative messages from society, causing him to question his own worth. It is these perceptions that result in African American men being misdiagnosed because of clinician bias or ignorance.

Clinical work should focus on how the client makes sense of their presenting concerns, which will engender trust (Hankerson et al., 2022). African American men may have challenges emotionally expressing themselves because of the belief that this behavior is correlate with shame and weakness (Campbell & Allen, 2019). It is essential that clinicians employ empathy when confronted with tenderness and defensiveness present in their work with African American men. Their subjective realities should not be interrogated. Clinicians can use their knowledge of ego defenses and other methods to address the idiosyncratic issues of African American men (Aymer, 2010).

Research suggests that Black patients have more positive outcomes when treated by Black clinicians (Earl et al., 2011). Black clients feel that their treatment by Black clinicians to be collaborative and being satisfied are more likely to adhere to treatment

plans and remain in care. Black clients collaborating with Black clinicians report feeling more accepted and understood. “Nationally, 4% of psychologists, 2% of psychiatrists, 22% of social workers, 7% of marriage and family counselors, and 11% of professional counselors are reported to be Black” (The Association of Black Psychologists [ABPsi], 2022, p. 8). These figures suggest that non-Black clinicians will treat most Black clients. To provide efficacious treatment for Black clients, non-Black clinicians must learn what factors predict patient satisfaction and replicate those factors when treating Black clients (Earl et al., 2011). Black clients must feel comfortable, safe, trustful, listened to, and understood, and respected by their non-Black providers to fully engage in treatment. It is suggested that non-Black providers ask Black clients specifically about possible negative clinical encounters in the past (Bartholomew et al., 2021). The non-Black social worker need not be an expert on racial matters. Non-Black clinicians should proactively mention the topic of racism which signals to the client the clinician's willingness to explore the area of the client's experience. The clinician should have processed their own racialized feelings before inviting discourse on this topic (Skott-Myhre & Skott-Myhre, 2022). If not, the client will sense this and conclude the social worker does not have the skill to meet their needs (Bartholomew et al., 2021).

Many human service interactions focus on the clients' individual actions. “It is not just that the client has a headache, but more a look at the variable conditions that may be causing the headache.” (Braxton-Newby & Jones, 2013, p. 261). Authentic engagement with African American men requires more than an understanding of environmental factors, but also an understanding of their historical treatment by society and the social work profession (Corley & Young, 2018; Robinson-Dooley & Skott-Myhre, 2021). Clinicians are encouraged to use an Afrocentric lens (Schiele, 1997) as part of their case conceptualization, which could give them insights into the client's value systems. African American men should also be given space to tell their story, as they have been silenced by society at large, with others controlling the narrative about them (Campbell & Allen, 2019; McTighe, 2018).

Frameworks for Social Work Practice

Social work clinicians consulting social work literature to acquire a better understanding of African American men and their experience in society, would have difficulty locating the information needed to improve their practice. Clinicians are encouraged to consider the following theoretical frameworks when conceptualizing their work with African American men: social determinants of health theory, intersectional theory, and narrative practice. Each of these frameworks is uniquely suited to guide the clinician's conceptualizations of their work with African American men.

Social Determinants of Health

The social determinants of health play significant roles in the mental health of African American men (Anglin et al., 2021; Ehntholt et al., 2022; Payne, 2014; Watkins, 2011). The social determinants of health are societal factors that require societal interventions that erase disparities implicated in creating mental illness in the population impacted by these

factors (Anglin et al., 2021). Our society has failed to adequately address environmental stressors that include community violence, underfunding of schools in oppressed communities, and limited community healthcare options (Anglin et al., 2021). Having no access to culturally appropriate mental health treatment options is one of the factors feeding the myth that African Americans avoid treatment (DeAngelis, 2021). The U.S. Department of Human Services have listed the social determinants as domains of economic security, education access and quality, neighborhood and built environment, and social and community context (U.S. Department of Health and Human Services, Office of Diseases Prevention and Health Promotions, n.d.). The state of neighborhoods, access to quality education, access to quality medical and mental healthcare, poverty, and racism are systemic factors that negatively impact African American men and their mental health and do not appear to be addressed by the social work profession (Watkins et al., 2014). One study showed how the social of determinants of health impacted African Americans before they are even born (Anglin et al., 2021).

African American women exposed to damaging environmental factors can suffer negative impacts to their health and the health of their babies. These children could experience neurological changes associated with mental illness and developmental disabilities (Anglin et al., 2021). Children exposed to lead contamination in their homes from paint and water pipes suffer disproportionate occurrences of harm to their brains resulting in problems with behavior, hearing, learning and speech (Court, 2021). African American communities with disproportionate lead exposure also experience higher incidences of homicide, rape, and other violent crimes (Boutwell et al., 2017). Connecting the social determinants of health to the mental health of African American men in the social work literature would better inform clinicians regarding the systems that impact their African American male clients. Racism has been implicated in poor health and mental health outcomes for African American men (Sellers et al., 2013). Racism and other social determinants have been shown not only to cause mental illness but also impact symptom expression in African American men resulting in underdiagnosis and misdiagnosis (Payne, 2014). Clinicians unfamiliar in the cultural expression of symptoms may be unable to accurately assess the mental health of African American men.

Intersectionality

The intersectional framework was popularized by Crenshaw in her use of the concept to demonstrate how an African American woman suffered cumulative oppression by the intersection of her gender and ethnicity (Simon et al., 2021). African American men have unique experiences related to their social identities. Intersectional factors including race, ethnicity, gender identity, gender expression, sexuality, socioeconomic status, levels of education, age, and stage of development combine to form a greater stress, more than each factor individually that negatively impact African American men and their mental health (Collins, 2019; Collins-Anderson et al., 2022; Franklin, 1999). Understanding the impact of intersectional identities on the behavior of African American men provides clinicians with additional tools to better provide accurate assessments and to inform engagement and treatment. African American men are negatively impacted by “structural, disciplinary, cultural, and interpersonal” domains of power that act on their intersectional social

identities (Franklin, 1999; Hill Collins & Bilge, 2018, p. 62). Notice how these factors align with the social determinants of health. Clinicians should know that African American men have the highest death rate, adjusted for age, of any other group (Sellers et al., 2013), and understand how systemic privileged and oppressive factors interact with their social identities to bring this condition into existence (Collins-Anderson et al., 2022)

To appropriately evaluate a client's circumstance using intersectionality, the worker should consider their own social identities. Those aspects of our social identities that exhibit privilege can blind workers not only to how privilege functions in their experience but also can blind them to the client's experience of oppression in that area (Simon et al., 2021). Consider how a worker might react to an unemployed, young, African American male interacting with the child welfare system. How would this father be treated as he applies for public assistance to care for his family? In some places he would be instructed to have the children's mother apply for benefits. How would this impact him? The mother could receive benefits. He may receive a court order for child support to repay funds paid out to the family. He could be judged harshly by the child welfare system based on bias toward the combination of his social identities including socioeconomic status, age, gender, and ethnicity (Cameron et al., 2012). The intersectional framework demonstrates how systems of power both privilege and oppress marginalized members of our society which includes African American men (Hill Collins & Bilge, 2018). Services provided without considering the intersectional identity of the client run the risk of replicating the oppressive process experienced by the client being ostensibly being addressed by the service being provided.

Narrative Practice

Clinicians collaborating with African American men about their mental health should be aware of practices that address this population's specific needs. Narrative therapy benefits the clinicians' understanding of their client as the client shares their narrative about their mental health (Payne, 2021b). Narrative therapy addresses the complaint of some African American men that clinicians do not listen to them or understand them (Watkins et al., 2014). This method begins with the clinician respectfully listening to them as they share their understanding of their narrative and its impact on their life. The clinician then collaborates with the client to identify problem sources in their narrative and together, reframe the narrative of concern to a narrative that benefits the client (McTighe, 2018; Payne, 2021b). Narrative practice can assist African American men in forming a healthy racial identity (Casares & Gladding, 2019) reversing the damaging effects of racism (Franklin, 1999). The use of narrative practice provides clinicians with the means to learn about the client from the client's perspective. Narrative therapy externalizes negative aspects of the client's experience, separating the person from the problem (McTighe, 2018). Clients feel heard and can partner with the clinician to reframe past events and imagine a new, better functioning narrative for themselves about themselves (McTighe, 2018).

African American men and their clinicians can include Afrocentric theory in their practice (Aymer, 2010) as they formulate a useful narrative. An example of this could be the inclusion of the Nguzo Saba, the seven principles of Kwanzaa, which are:

- Umoja (unity)
- Kujichagulia (self-determination)
- Ujima (collective work and responsibility)
- Ujamaa (cooperative economics)
- Nia (purpose)
- Kuumba (creativity)
- Imani (faith)

Afrocentric philosophical concepts of Ubuntu, "...we are made human through the humanity of others" and Sankofa, "It is not wrong to go back for that which you have forgotten." (Gatwiri, 2020, p. 66) should be added to the social work literature informing culturally sensitive practice approaches to when collaborating with African American men. When clinicians do not collaborate with African American men when they come to treatment, they are unlikely to stay. This cycle reinforces the myth that African American men do not participate with mental health treatment in the minds of clinicians and the correct belief of some African American men that they are not being offered appropriate treatment (Reigeluth & Johnson, 2022).

Voices

Counter narratives provide insights into the experiences of those we serve produced by those we serve. This increased insight informs culturally appropriate care, mitigating the possibility of misdiagnosis and the application of ineffective and potentially harmful interventions administered by clinicians influenced by damaging dominant narratives about those they ostensibly seek to care for (Campbell & Allen, 2019). A study highlighted the experiences of four Black men who shared their stories creating a powerful counternarrative (Campbell & Allen, 2019). Each of the men relayed unique experiences that contained important commonalities. All the men had experienced some type of loss. These included negative changes in their finances and the loss of someone they cared for. These events preceded some depressive presentations because of the men not having the resources to deal with the challenges they faced (Campbell & Allen, 2019). All the men experienced unrecognized and untreated depression all their lives. They spoke of anger as a preferred emotion, rather than crying, and so masked their emotions (Braxton-Newby & Jones, 2013; Campbell & Allen, 2019; Walton & Shepard Payne, 2016). Self-medication was a common coping strategy (Campbell & Allen, 2019; Walton & Payne, 2016). The men spoke of maintaining a strong appearance, but also expressed that this perception may lead others to believe that they did not need help. The researchers found that although the men were being asked about incidents of depression in the recent past, the men had been living with depression their entire lives (Campbell & Allen, 2019).

A clinician observed the poor care being provided to African American men in their workplace which relied heavily on the medical model of treating mental illness. These

clients were further harmed by the unethical behavior of their clinicians. The focus of the biomedical model is to define pathology in the individual and providing treatment in the form of pharmaceutical interventions the mental health industrial complex often financially profits from. Any failure to thrive from medication is somehow victim blamed onto the client who has been convinced that they have an illness that is difficult to treat, without managing the environmental factors that produce mental illness (Anglin et al., 2021; Greene, 2019). Included in this environment is the existence of poor mental health treatment provided by institutions rife with racism, classism, and client abuse (Greene, 2019). Mental illness is explained as a dysfunction of physiology and not in the context in which the individuals find themselves. Problems that are sociopolitical in nature are converted into problems that are psychological and individualized (Greene, 2019). Societal mistreatment of African American men can lead to problems in racial identity formation, complicated by internalized stigma (Campbell & Allen, 2019; Franklin; Walton & Payne, 2016). The constant negative messaging received by African American men and other oppressed populations can lead to mental illness (Campbell & Allen, 2019). African American men can take control of the internalized negative societal narrative, and with guidance, replace it with a narrative that reflects resiliency, strength, and supports the creation of a healthy racial identity (Campbell & Allen, 2019; Payne, 2021a).

Positive narratives about African American men exist (Hagler, 2015). African American men make up the largest percentage of people of color in the United States military. African American men are disproportionately incarcerated, however African American men in college double that amount (Hagler, 2015). African American men living with their children are more likely to include childcare duties among their responsibilities. These are the unheard narratives and hearing them would help African American men and clinicians form a positive counter narrative.

Discussion

The social work history of Eurocentric values and racism (Corley & Young, 2018; Schiele, 1997) is a cause for the inefficacy of social work interventions when collaborating with African American men. The inclusion of an Afrocentric perspective into the social work cannon and education would improve the profession's actions toward African Americans (Corley & Young, 2018; Schiele, 1997) and other marginalized populations. African American men receiving psychiatric services had the highest incidences of unemployment, homelessness, recent criminal activity, and having less than a 12th grade education (Ehnholt et al., 2022). African American men have the shortest lifespans and are at risk for more medical concerns than any other group in the United States (Robinson-Dooley & Wade-Berg, 2014). Those African American men with lower socioeconomic status, education, and unemployment showed higher incidences of depressed symptoms than other African Americans (Lincoln et al., 2010). However, even affluent African American men still report experiencing higher incidences of problematic mental health symptoms than their European American peers (Assari et al., 2018). African Americans are not seeking mental health clinical services because of a stigma that equates help seeking with weakness, lack of trust in providers, not having their needs met in clinical setting, and the perception that their pain is normal (Gaston et al., 2016). There is also the perception

among some African Americans that “Black people don’t get depression.” (Campbell, 2017, p. 670). The social work profession continues to be interrogated as to the fit of its methods with African Americans (Schiele, 1997), and it has not addressed caring for this population in ways that reflect their needs. African American men are poorly represented in studies, and they have been blamed for not engaging in mental health services (Watkins et al., 2014).

The attention of the social work profession to the plight of African American men and their mental health is lacking (Corley & Young, 2018; Watkins et al., 2014), as shown in the paucity of this topic in social work peer-reviewed journals. The literature agrees that African American men’s mental health is at risk from several factors that include microaggressions, violence in communities, systemic oppression, racism, internalized racism, murder by police, misdiagnosis, damage to racial identity formation and lack of clinician awareness (Aymer, 2010; Payne, 2012; Powell, 2008; Watkins, 2014). None of these factors are fully addressed in the social work literature (Campbell & Allen, 2019; Watkins, 2014).

Gaps in the literature include complete demographic information for African American men and or Black subgroups that are included in studies or are the subjects of articles. There were few studies that provide age ranges or the social-economic status of participants. There are also gaps in the literature concerning the possibility of differing clinical needs of African Americans and Black subgroups (Gaston et al., 2016). The absence of Afrocentric evidence-based treatment also represents a gap in the literature (Gilbert et al., 2009). Gaps in the literature also exist around the voices of non-African American clinicians who are overwhelmingly made up of European Americans (Council on Social Work Education, 2020). Including the experiences of European American clinicians and their learning journey to successfully collaborating with African American clients would provide other non-African American clinicians with a template to follow (Bartholomew et al., 2021). Non-African Americans would also see themselves in the literature, giving voice to their challenges in collaborating with African American clients. The absence of non-African American voices on this topic gives the impression of a white supremacist worldview that assumes the flaws and damages in treating African Americans is an African American problem and not a societal one (Robinson-Dooley & Skott-Myhre, 2021). Skott-Myhre and Skott-Myhre (2022) offer insightful instruction to European American clinicians about racism and the necessity of them decolonizing their practice with adult African American clients. This exclusion of voices is a function of the agenda setting ability of power.

Literature regarding African American men and mental health can be found in the literature of other professions, even written by social workers, but can be difficult to find given the interdisciplinary nature of the social work profession (Watkins, 2014). The literature in general agrees overwhelming on the influence of the social determinates of health on the mental health of African American men (Ehnholt et al., 2022; Greene, 2019; Lincoln et al., 2010; Payne, 2014; Watkins, 2012; Watkins, 2014). The social determinates of health require system change interventions, but there is no evidence the social work profession is advocating on behalf of African American men and their mental health (Watkins, 2014). The absence of balanced literature regarding African American men

creates an overwhelming deficit view of African American men influences the existing social work literature and those that consume it (Watkins, 2014). Positive narratives of African American men exist, but are rare (Hagler, 2015). Information about differences in cultural expression of mental illness in African American men is an especially important topic in need of further exploration, reducing their invisibility (Franklin, 1999) in social work literature (Walton & Shepard Payne, 2016).

Implications for Social Work

The social work profession is not addressing the needs of African American men and their mental health in peer-reviewed social work journals as shown by their absence of articles regarding this population (Corley & Young, 2018; Watkins, 2014). The absence of subjects related to social work practice with African American men in the literature maintains negative stereotypes that may be impacting clinician perceptions. As a result, social workers have limited knowledge about behavioral strategies African American men might employ to protect themselves from a hostile environment (Aymer, 2010), which could be misinterpreted as pathological behavior.

The social work profession can respond to the needs of African American men by increasing the appearance of useful practice information in social work peer-reviewed journals. Research is needed to understand culturally-expressed symptoms of mental illness. Research is also needed to provide validated practice strategies that include Afrocentric values to address the needs of this population. Social work students should be introduced to Afrocentric values and other ways of knowing through course work. Clinicians in the field can be introduced to Afrocentric values through continuing education courses.

African American men are dissatisfied with their clinical encounters for reasons that include internalized racism, damaged racial and masculine identities, medical mistrust, clinician bias, not feeling heard, misdiagnosis, and the lack of awareness of their unique needs (Aymer, 2010; Payne, 2012). The literature clearly shows the impacts of systemic racism on this population. Advocacy efforts should be led by the social work profession to improve the social conditions that are the true source of the pathology this population endures (Watkins et al., 2014). When approached thoughtfully, clients who identify as African American men have a better chance of accepting what culturally sensitive social work interventions have to offer (Reigeluth & Johnson, 2022).

References

- Al'uqdah, S. N., Maxwell, C., & Hill, N. (2016). [Intimate partner violence in the African American Community: Risk, theory, and interventions](#). *Journal of Family Violence*, 31(7), 877-884.
- American Psychological Association [APA]. (2021). [Publication manual of the American Psychological Association](#) (7th ed.). Author.
- Anglin, D. M., Ereshefsky, S., Klaunig, M. J., Bridgwater, M. A., Niendam, T. A., Ellman, L. M., DeVlyder, J., Thayer, G., Bolden, K., Musket, C. W., Grattan, R. E.,

- Lincoln, S., Schiffman, J., Lipner, E., Bachman, P., Corcoran, C. M., Mota, N. B., & van der Ven, E. (2021). [From womb to neighborhood: A racial analysis of social determinants of psychosis in the United States](#). *American Journal of Psychiatry*, *178*(7), 599-610.
- Assari, S., Lapeyrouse, L., & Neighbors, H. (2018). [Income and self-rated mental health: Diminished returns for high income Black Americans](#). *Behavioral Sciences*, *8*(5), 1-14.
- Aymer, S. R. (2010). [Clinical practice with African American men: What to consider and what to do](#). *Smith College Studies in Social Work*, *80*(1), 20-34.
- Barker, R. L. (2013). *The social work dictionary* (6th ed.). NASW Press.
- Bartholomew, T. T., Pérez-Rojas, A. E., Bledman, R., Joy, E. E., & Robbins, K. A. (2021). [“How could i not bring it up?”: A multiple case study of therapists’ comfort when Black clients discuss anti-Black racism in sessions](#). *Psychotherapy*, *60*(1), 63-75.
- Boutwell, B. B., Nelson, E. J., Qian, Z., Vaughn, M. G., Wright, J. P., Beaver, K. M., Barnes, J. C., Petkovsek, M., Lewis, R., Schootman, M., & Rosenfeld, R. (2017). [Aggregate-level lead exposure, gun violence, homicide, and rape](#). *PLOS ONE*, *12*(11), 1-12.
- Braxton-Newby, M., & Jones, T. (2013). [Authentic engagement: Practice with African American males](#). *Journal of African American Studies*, *18*(2), 260-265.
- Cambridge University Press. (n.d.). [Materialism](#). In *Cambridge Academic Content Dictionary*. Cambridge University Press.
- Cameron, G., Coady, N., & Hoy, S. (2012). [Perspectives on being a father from men involved with child welfare services](#). *Child & Family Social Work*, *19*(1), 14-23.
- Campbell, R. (2017). [“We pride ourselves on being strong...and able to bear a lot”: Examining the socio-cultural and historical context of Black Americans’ experiences with depression and help-seeking](#). *Advances in Social Work*, *18*(2), 663-681.
- Campbell, R., & Allen, J. (2019). [“Just fighting my way through...”: Four narratives on what it means to be Black, male, and depressed](#). *Social Work in Mental Health*, *17*(5), 589-614.
- Casares, D., & Gladding, S. T. (2019). [Using comedy to explore racial-ethnic identity with clients: A narrative approach](#). *Journal of Creativity in Mental Health*, *15*(1), 69-80.
- Collins, P. H. (2019). *Intersectionality as critical social theory*. Duke University Press.
- Collins-Anderson, A., Vahedi, L., Hutson, W., & Hudson, D. (2022). [Intersectionality and mental health among emerging adult Black American men: A scoping review](#). *Current Psychiatry Reports*, *24*(12), 819-830.

- Corley, N. A., & Young, S. M. (2018). [Is social work still racist? A content analysis of recent literature](#). *Social Work*, 63(4), 317-326.
- Council on Social Work Education. (2020). [The social work profession: Findings from three years of surveys of new social workers](#) [PDF]. Author.
- Court, E. (2021, September 28). [Lead contamination found in blood of half of young children tested in U.S., study says](#). *Portland Press Herald*.
- DeAngelis, T. (2024, May 9). [Helping Black men and boys gain optimal mental health: Psychologists are working to develop more effective ways of promoting the mental health of Black men and boys](#). *Monitor on Psychology*, 52(6), 1-15.
- Earl, T. R., Alegría, M., Mendieta, F., & Linhart, Y. (2011). [“Just be straight with me”: An exploration of Black patient experiences in initial mental health encounters](#). *American Journal of Orthopsychiatry*, 81(4), 519-525.
- Ehnholt, A., Frimpong, E. Y., Compton, M. T., Rowan, G. A., Ferdousi, W., Swetnam, H., Chaudhry, S., Radigan, M., Smith, T. E., & Rotter, M. (2022). [Prevalence and correlates of four social determinants in a statewide survey of licensed mental health services](#). *Psychiatric Services*, 73(11), 1282-1285.
- Federal Bureau of Investigation. (2018). [Crime in the United States: Homicide data](#).
- Franklin, A. J. (1999). [Invisibility syndrome and racial identity development in psychotherapy and counseling African American men](#). *The Counseling Psychologist*, 27(6), 761-793.
- Franklin, A. J., & Boyd-Franklin, N. (2000). [Invisibility syndrome: A clinical model of the effects of racism on African-American males](#). *American journal of Orthopsychiatry*, 70(1), 33-41.
- Gaston, G. B., Earl, T. R., Nisanci, A., & Glomb, B. (2016). [Perception of mental health services among Black Americans](#). *Social Work in Mental Health*, 14(6), 676-695.
- Gatwiri, K. (2020). Afrocentric ways of ‘doing’ social work. In S. Tascón & J. Ife (Eds.), *Disrupting Whiteness in social work* (pp. 58-73). Routledge.
- Gilbert, D. J., Harvey, A. R., & Belgrave, F. Z. (2009). [Advancing the Afrocentric paradigm shift discourse: Building toward evidence-based Afrocentric interventions in social work practice with African Americans](#). *Social Work*, 54(3), 243-252.
- Green, R. G., & Secret, M. (1996). [Publishing by social work scholars in social work and non-social work journals](#). *Social Work Research*, 20(1), 31-41.
- Greene, E. M. (2019). [The mental health industrial complex: A study in three cases](#). *Journal of Humanistic Psychology*, 63(1), 84-102.
- Hagler, J. (2015, March 17). [The untold narrative of Black men in the United States](#). Center for American Progress.
- Hankerson, S. H., Moise, N., Wilson, D., Waller, B. Y., Arnold, K. T., Duarte, C., Lugo-Candelas, C., Weissman, M. M., Wainberg, M., Yehuda, R., & Shim, R. (2022). [The](#)

- [intergenerational impact of structural racism and cumulative trauma on depression](#). *American Journal of Psychiatry*, 179(6), 434-440.
- Hill Collins, P., & Bilge, S. (2018). Intersectionality revisited. In M. Adams, W. J. Blumenfeld, D. J. Catalano, K. Dejong, H. Hakman, L. E. Hopkins, B. Love, M. Peters, D. Shlasko, & X. Zúñiga (Eds.), *Readings for diversity and social justice* (4th ed., pp. 59-64). Routledge.
- Jackson, B. A. (2018). [Beyond the cool pose: Black men and emotion management strategies](#). *Sociology Compass*, 12(4), 1-14.
- Jegarl, A. M., Jegede, O., Isom, J., Ciarleglio, N., & Black, C. (2023). [Psychotic misdiagnosis of racially minoritized patients: A case-based ethics, equity, and educational exploration](#). *Harvard Review of Psychiatry*, 31(1), 28-36.
- Kayode, N. (2023, March 6). [Black men and mental health: Practical solutions](#). National Alliance on Mental Illness.
- Knapp, M., & Wong, G. (2020). [Economics and mental health: The current scenario](#). *World Psychiatry*, 19(1), 3-14.
- Lee, B. A., Ogunfemi, N., Neville, H. A., & Tettegah, S. (2023). [Resistance and restoration: Healing research methodologies for the global majority](#). *Cultural Diversity & Ethnic Minority Psychology*, 29(1), 6-14.
- Lincoln, K. D., Taylor, R., Watkins, D. C., & Chatters, L. M. (2010). [Correlates of psychological distress and major depressive disorder among African American men](#). *Research on Social Work Practice*, 21(3), 278-288.
- Maiese, M. (2021). [Mindshaping, enactivism, and ideological oppression](#). *Topoi*, 41(2), 341-354.
- McTighe, J. P. (2018). [Narrative theory in clinical social work practice](#). Essential clinical social work series. Springer.
- Merritt, C. C., Halverson, T. F., Elliott, T., Jarskog, L. F., Pedersen, C. A., & Penn, D. L. (2023). [Racial disparities and predictors of functioning in schizophrenia](#). *American Journal of Orthopsychiatry*, 93(3), 177-187.
- Mitchell, E. A. (2023). [Black and African American](#). *Journal of the Early Republic* 43(1), 85-100.
- OpenAI. (2023). *ChatGPT* (Mar 14 version) [Large language model].
- Parker, A. (2022). [Black social workers matter: Using parallel narratives to discuss social work history](#). *Journal of Social Work Education*, 59(1), 255-262.
- Payne, J. (2012). [Influence of race and symptom expression on clinicians' depressive disorder identification in African American men](#). *Journal of the Society for Social Work and Research*, 3(3), 162-177.
- Payne, J. (2014). [Social determinants affecting major depressive disorder: Diagnostic accuracy for African American men](#). *Best Practice in Mental Health*, 10(2), 78-95.

- Payne, M. (2021). *Modern social work theory* (5th ed.). Oxford University Press Academic US.
- Powell, J. A. (2008). [The impact of societal systems on Black male violence](#). *Journal of Aggression, Maltreatment & Trauma*, 16(3), 311-329.
- Reigeluth, C. S., & Johnson, B. (2022). [Pragmatic applications for therapeutic engagement with marginalized men: An intersectional exploration of two emerging adult African American male clients](#). *Journal of Psychotherapy Integration*, 32(3), 342-362.
- Robinson-Dooley, V., & Skott-Myhre, H. (2021). [Double erasure under 21st century virtual capitalism](#). *Journal of Progressive Human Services*, 32(2), 150-165.
- Robinson-Dooley, V., & Wade-Berg, J. (2014). [Invisible voices: Factors associated with the subjective well-being of aging African American men](#). *Educational Gerontology*, 41(3), 167-181.
- Schiele, J. H. (1996). [Afrocentricity: An emerging paradigm in social work practice](#). *Social Work*, 41(3), 284-294.
- Schiele, J. H. (1997). [The contour and meaning of Afrocentric social work](#). *Journal of Black Studies*, 27(6), 800-819.
- Schiele, J. (2000). [Human services and the Afrocentric paradigm](#). Routledge.
- SCImago. (n.d.). [SJR — SCImago journal & country rank](#) [Portal].
- Sellers, S. L., Bonham, V., Neighbors, H. W., & McCoy, S. (2013). [Health and health-care service use among middle-class Black men](#). In W. E. Johnson Jr. (Ed.), *Social work with African American males: Health, mental health, and social policy* (1st ed., pp. 209-225). Oxford University Press.
- Simon, J., Boyd, R., & Subica, A. M. (2021). [Refocusing intersectionality in social work education: Creating a brave space to discuss oppression and privilege](#). *Journal of Social Work Education*, 58(1), 34-45.
- Singh, A. (2024, September 26). [A note on historical language: 'Negro,' 'Colored,' 'Black,' and 'African American'](#). African American Poetry: A Digital Anthology.
- Skott-Myhre, H., & Skott-Myhre, K. (2022). [The psychological colonization of Black masculinity: Decolonizing mainstream psychology for White allies working in mental health with Black men](#). In Y. D. Dyson, V. Robinson-Dooley, & J. Watson (Eds.), *Black men's health* (pp. 57-67). Springer.
- Taft, C. T., Bryant-Davis, T., Woodward, H. E., Tillman, S., & Torres, S. E. (2009). [Intimate partner violence against African American women: An examination of the socio-cultural context](#). *Aggression and Violent Behavior*, 14(1), 50-58.
- Tascón, S. M., & Ife, J. (Eds.). (2019). *Disrupting whiteness in social work*. Routledge.
- The Association of Black Psychologists. (2022). [The Black mental health workforce survey report](#). Author.

- U.S. Department of Health and Human Services, Office of Diseases Prevention and Health Promotion. (n.d.). [Social determinants of health - healthy people 2030](#). Author.
- Walton, Q. L., & Shepard Payne, J. (2016). [Missing the mark: Cultural expressions of depressive symptoms among African American women and men](#). *Social Work in Mental Health*, 14(6), 637-657.
- Watkins, D. C. (2011). [Depression over the adult life course for African American men](#). *American Journal of Men's Health*, 6(3), 194-210.
- Watkins, D. C., Hawkins, J., & Mitchell, J. A. (2014). [The discipline's escalating whisper: Social work and Black men's mental health](#). *Research on Social Work Practice*, 25(2), 240-250.
- Author note:** Gerald Myers, Adjunct Instructor, Department of Social Work, Simmons University, Boston, MA. Email: g2mjsw@outlook.com