# Racial Identity Attitudes, Africentrism, Self-Esteem and Psychological Wellbeing in Black Men: A Mixed Methods Study

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# Abstract

This study adopted a mixed methods approach to provide an understanding of the role and impact of racial identity attitudes, following the Cross (1971) model of Nigrescence, on self-esteem and psychological distress in a black men in the UK.

In the quantitative phase, 100 black men from a community sample completed questionnaires measuring their racial identity attitudes, African self-consciousness (ASC), self-esteem, and psychological distress. The four participants with the highest scores on the low racial identity attitudes (preencounter and postencounter) and the four with the highest scores on the high racial identity attitudes (immersion-emersion and internalisation) also participated in the qualitative phase. Interpretative phenomenological analysis (IPA) was used to gain a deeper insight into how racial identity attitudes impact upon an individual's subjective lived experience of being black.

The quantitative findings showed that black men who were less racially developed and thus endorsed low racial identity attitudes experienced more psychological distress, lower self-esteem and low levels of ASC. Black males who were more racially developed and endorsed higher racial identity attitudes reported greater self-esteem. These findings were differentially related to the four master themes revealed using IPA: racial identity attitudes, psychological effects of racial identity, internalised racism, and presentations of self to others.

The combined findings suggest that black males with low racial identity are likely to hold more negative internalised racist beliefs, devalue and are disconnected from their own racial group and cultural identity, and experience more psychological problems such as anger, anxiety and depression. They are also more likely to adopt maladaptive coping strategies to manage psychosocial stressors and an inability to acculturate. In contrast, black males with high racial identity were more likely to value their racial-self and culture and experience greater self-esteem and less psychological distress due to adopting adaptive coping strategies to manage psychosocial distress, with a better ability to acculturate.

The relevance of the findings to clinical and counselling practitioners who work with black men is discussed. Racial identity attitudes play a vital role in their overall psychological wellbeing and can aid healing when adopted within a clinical framework.

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# Chapter 1: Introduction

The purpose of this mixed methods study was to develop an understanding of the role of racial identity attitudes on level of Africentrism, self-esteem and psychological well-being amongst black males. A two-phase sequential explanatory design (Ivankova et al, 2006) was adopted to gain an initial understanding of the overarching relationships between each of the constructs of interest. The data from an initial quantitative phase and a subsequent interpretative phenomenological analysis (IPA) phase was brought together to present a holistic understanding of the role of racial identity attitudes, on Africentrism, self-esteem and psychological well-being.

This study proceeds with Chapter II which includes a review of the literature on racial identity development. Factors that have been shown to have a relationship with racial identity attitudes are presented, together with relevant research conducted in the field. This section concludes with an indication of the gaps in the literature and moves on to describe the aim of this study in attempting to fill that gap. The researcher justifies the need for this research by highlighting the importance of developing empirically based therapeutic interventions for racial identity development. The choice of design to best fill this gap is further justified in conjunction with the philosophical position, surrounding how one comes to know reality (epistemology), which underpins the research. This is followed by the reasons behind the choice of methods at each phase. This chapter culminates in a declaration of the researcher's personal interest in this topic and her awareness of the potential impact of this on the study, as well as her awareness of ensuring that ethical considerations are placed at the forefront of the research.

Chapter III details the research aims and hypotheses and methodological approach, and is followed by the quantitative methodology in Chapter IV and results in Chapter V. Chapters VI and VII describe the process and results of the IPA phase of the study. This is followed by a synthesis and discussion of the results and implications of the findings from each phase in Chapter VIII. This chapter also includes a section on the limitations of the study as well as implications for the practice of counselling psychology, and directions for future research. Finally, the thesis is summarised in the concluding Chapter IX.

# Chapter 2: Literature Review

This chapter introduces the concept of racial identity (RI), and some theoretical accounts of RI and the psychological processes involved in RI development. The psychological impact of RI attitudes is explored and is followed by a review of the extant body of theoretical and empirical literature which has addressed this topic. The chapter ends with a justification for the present study, and outlines its rationale and aims.

A literature search was conducted which included RI studies from the 1970's through to 2011. The search was performed using the EBSCOhost electronic journals service system. This system provides searchable access to all major peer-reviewed psychology journals. Search terms included keywords relating to racial identity attitudes, racial identity development amongst black males, and racial identity theories. Authors of relevant research in the field were also consulted. The literature review process identified 62,000 empirical articles examining black RI and RI theories.

## 2.1 Black British Males and Racial Identity

Demographic changes in the population of the United Kingdom (UK) mean that it has become increasingly important to understand the impact of race and culture on psychological wellbeing. Within the National Health Service (NHS) and in the provision of private services, psychologists are also likely to see increasing number of clients whose racial and cultural backgrounds are different from their own.

In the UK, black people[1] are between two to five times more likely to be diagnosed with mental health problems than their counterparts from other ethnic minorities in the UK (Fernando, 2003; King et al., 2005). In 2005, whilst only 10-12% of British residents were from black and minority ethnic groups, 19% of inpatients to psychiatric services came from these groups, (The Healthcare Commission, 2005) showing overrepresentation of black males in the mental health service (Care Quality Commission, 2011). Specifically, admission rates were particularly highest for men of black Caribbean origin (Fernando, 2010). Whilst it is unclear why black people are over-represented within mental health services, the relationship between mental ill health and socio-economic factors such as poverty, poor housing and unemployment is evident across all ethnic groups (Keating, 2011). Black men are statistically twice more likely to be unemployed (UK Commission for Employment and Skills, 2009), socially

[1] In the present study, "black" refers to people visibly of African of African-Caribbean descent.

disadvantaged and discriminated against (Nazroo, 2003). However, other minority ethnic groups in the UK also experience racial discrimination and social disadvantage but do not appear to suffer the same incidence of mental ill health or receive support from mental health services to the same levels as black people (Fernando, 2010). According to Fernando (2003), there is something unique about the experience of the black Briton, especially a black male of African or African-Caribbean descent, which is not shared by other ethnic minority groups. Some researchers have concluded that institutional racism, along with the distress, anger, destruction of identity, and internalised racism within black communities, might better explain the incidence of mental illness in black people (Mckenzie, 2003) and their RI development.

Black men in the UK are also over-represented within the coercive areas of the mental health system (Bhui, 2003; Bhui & Bhugra, 2002; Fernando, 2010). For instance, compared with other ethinic groups, black men are more likely to be diagnosed with a psychotic disorder and admitted to psychiatric hospitals instead of being referred to preventative services (i.e., counselling) (Chakraborty et al, 2002; Fernando & Keating, 2009). Moreover, black people under-utilise counselling services, with research suggesting that the availability of culturally sensitive therapists is an important determinant for potential service-users who are closely identified with their race (Bhui, 2003; NIMHE, 2003). Nevertheless, the sensitivity with which racial and cultural variables represented by this group are addressed within these services is a growing concern (Fernando, 2010).

The racial and cultural terminology used in this paper is explained in Appendix A1.

### 2.1.1 The effects of racism

In the UK, the dominant political and economic position is occupied by white Western culture (Patel et al., 2000). From this position of power and privilege, racism and discrimination against others have operated within personal relationships as well as organisational and societal structures, resulting in health inequalities (Karlsen, 2007; Nazroo, 2001, 2003). In 2010, more racially motivated incidents were reported against people from minority ethnic groups than against white people (UK Office Of National Statistics, 2010). As legislation and attitudes towards race have changed, overt forms of racism have become less commonplace, but have been replaced by more covert behaviours that may occur outside the awareness of white individuals who may never intentionally act in a racist manner towards BME people (Fernando, 2006). An expression of covert racism utilises the concept of ‘racial microaggressions’ which are

everyday verbal, behavioural or environmental indignities that are negative and demeaning towards BME people (Barn, 2001). These communications may be perceived by perpetrators as harmless and not racially motivated, but have the potential to cause psychological distress and impair relationships (Chakraborty et al., 2002). McKenzie et al (2002) also emphasises that a person from a BME background may not necessarily interpret a given situation as a racial microaggression, as this is dependent on their own past experiences, and how sensitive and racially or ethnically conscious they are.

Racial identity has become increasingly implicated in how black people perceive discrimination and also how they cope with it (Bhui et al, 2005; Culley & Dyson, 2005; Pieterse & Carter, 2010). Karlsen, Nazroo & Mckenzie et al (2005) have argued that RI may function as a buffer for black people, helping them deal with the deleterious effects of racism. It is also clear from the literature that racial oppression frequently constitutes a ongoing psychosocial stressor that can adversely impact on the social and mental adjustment the majority black Caribbean people (Ledwith, 2005; Karslen et al, 2005).

## 2.2 The role of Racial Identity and African Self-Consciousness

A broad range of theoretical frameworks and research strategies have been utilised to study and define RI. The development of the concept of differential status identity owes much to RI theory and research literature, illuminating the ways in which a person may see themselves as different from the ordinate group in their community. A key premise found in RI theory is that race as a construct in the development of identity is more salient for those who identify themselves as another racial or ethnic group (e.g., Black British) than for those who identify themselves as white (Fouad & Brown, 2000).

Racial identities emerge from a process of "racialisation" (Miles, 1989, p.73) which results whenever race is utilised to try to understand behaviour or place individuals in categories. As race cannot be construed as a biological phenomenon, the process of racialisation is of an ideological nature, with race ascribed status as a self evident truth. In the present paper, the use of RI as a concept reflects the reality that individuals inhabit societies where racial identities are assigned to them, and that this can have a real impact on their lived experience. We can speak of racial identities only because racialisation is so powerful in shaping how a person perceives their shared world. Theories of RI assume that racial groups have different experiences of oppression, rather than being different biologically (Robinson, 2000). The concept of racialisation suggests that the social construction of race is an important aspect of contemporary

identities, although we construct other social identities (i.e., age, gender, class, nationality and sexual orientation) which are often also of significance. Racial identity, however, may be most important and prominent for all ethnic groups throughout their life span (Robinson, 1998).

According to Baldwin (1984), African Self-consciousness (ASC) is a construct originating from Black Personality theory, drawn from the Africentric worldview. As such, the ASC construct is an innate collective unconscious, defined by the concept of 'spirituality' as a dynamic energy that allows the self to merge the past and present cultural and historical experiences, in order to reserve and develop one sense of self (Baldwin, 1984). The ASC model has been utilised in many research studies in a variety of ways (e.g., Brookins, 1996; Chambers et al, 1998; Cokley, 2005; Falconer & Neville, 2000; Mahalik et al, 2006; Morris, 2001; Spencer et al., 2001). The Africentric worldview importantly also includes experiences of historical trauma and collective disenfranchisement resulting from slavery and enduring social disadvantage (Gilbert, Harvey & Belgrave, 2009). The race consciousness of the dominant culture forces persons of African descent to recognise group membership, even if the individual does not consider group identity a central feature of the self (Kambon & Bowden-Reid, 2009).

## 2.3 Theoretical Influences and Concepts Related to Racial Identity and African Self Consciousness

This section will critically discuss theories of RI and Africentric concept in relation to the social environment (Kim, 2001) and interpersonal relations; whether these provide opportunities for individuals to experience difference in the salience of their RI development.

### 2.3.1 Social Identity Theory

Social Identity Theory (SIT; Tajfel, 1981) proposes that individuals' behaviours are influenced by their different social identity group memberships. In striving to achieve a positive identity, individuals categorise themselves into social identity groups and make favourable comparisons between their ingroup and outgroup members. If group members feel that their ingroup is negatively perceived by society, they will either find ways to achieve a positive distinction regarding this identity or they will disassociate from it. Recent developments in SIT include the proposal of Cameron (2004), that social identity can be represented in terms of three dimensions: centrality, ingroup affect, and ingroup ties. In this representation, cognitive centrality is defined as the

amount of time one spends thinking about being a member of the social identity group and most closely resembles the concept of RI that will be utilised in this study. An important caveat, however, is that racial minority groups need to maintain a salient subgroup identity in order to make the superordinate identity strong and stable, whilst white people prefer to discount the subgroup identity, which often manifests as a colorblind perspective on many issues (Cameron, 2004).

The early foundational theories of identity development (Erikson, 1968; Marcia, 1966) have been criticised for not being fully applicable to diverse populations (McEwen et al, 1990). They do, however, serve as a foundation for the more inclusive identity development models that have since been created, mainly US based research, including Cross' (1995) model of Nigrescence, Kim's (2001) and Sue and Sue's (1999) Racial/Cultural Identity Development model, and Hardiman's (2001) White Identity Development Theory. Identity development models all involve the psychosocial process of self definition, with some acknowledging the cognitive complexity of this process (Evans, Forney & Guido-DiBrito, 1998; Helms, 1993), and how it shapes social behaviours and interactions (Sheets, 1999). In both psychosocial and cognitive structural approaches, the traditional models are stage models where growth takes place through an incremental progression. This is in contrast to contemporary models which characterise racial identity development as a continuous lifetime process.

#### 2.3.1.1 Racial identity development models

Social identity theorists of RI development have attempted to move away from stage models. For example, Parham (1989) characterises RI development for black people as an ever-changing process which continues throughout life. He suggests that individuals move through anger about white people into a more positive frame of reference about being black. This ends hopefully with a more realistic perception of one's RI and to success within both white and black cultural settings. Parham also relates black identity directly to how blacks perceive themselves in relation to white people, from an unconscious to conscious level. One strength of this model is that it clearly shows that feelings of difference, triggered when black people encounter negative treatment within white culture, subsequently lead to a consciousness of RI. A limitation of the model is the requirement for exposure to racial difference as the principle cause for development of RI.

Other theorists have argued that the primary stimulus for development of an individual's RI is 'immersion' in their own racial culture (irrespective of colour) and

emergence of a racial self through that process. For example, Phinney (1990) developed the Multigroup Ethnic Identity Measure (MEIM) model of an ethnic identity process which she suggests is relevant to all ethnic groups. In this model, groups need to resolve two fundamental conflicts experienced because of their membership of a non-dominant group. Firstly, non-dominant group members must come to terms with stereotyping and poor treatment meted out to them by members of the dominant white population, which threatens their sense of self. Secondly, they need to come to terms with the conflicting systems of values held by the non-dominant and dominant groups and identify ways in which they can negotiate a bicultural value system. Phinney's model is useful in identifying real stimuli for development of consciousness and in suggesting what may be challenges to racial self-concept. However, one limitation of the model is that it lacks any exploration of the importance of immersion in one's own culture, something which has been addressed by developments in several other models.

#### 2.3.1.2 The Cross model of racial identity development

Cross' (1971; 1978; 1991) concept of RI and the process of nigrescence (meaning "to become Black") has gained the most attention during the last quarter century. The model has given rise to extensive research and psychometric instruments, such as the black racial identity attitude scale (RIAS-B; Helms & Cook, 1999). The RIAS-B has been used as a popular framework for understanding the complexity of the process of RI development (Brook & Pahl, 2005; Mahalik & Pierre, 2005, Robinson, 2000). This model provides a framework for understanding how Black identity may be developed, defined as a psychological connection with one's racial group, as opposed to identification with one's skin colour.

Cross suggested that the individual begins with a predominantly Eurocentric frame of reference in which Blackness is not valued, and ends by finding a sense of inner security with Blackness (Parham, White, & Ajamu, 1999). He proposed that the growth of Black identity frequently involves transition through four stages. In the first phase, *pre-encounter*, a black person attaches value to matters other than RI, and may not see themselves as having a racial affiliation (i.e., colour blindness). Cross describes the next *post-encounter* phase as the period when an individual initiates a "frantic and obsessive search for Black identity" (p.77). He or she feels confused about their previous identity in the previous phase. The *immersion-emersion* phase involves development of a pro-blackness/anti-whiteness orientation, followed by contradicting experiences which trigger emersion into a more realistic pro-blackness/pro-whiteness mindset.

*Internalisation* is the stage when the person starts to feel more settled in their new Black identity, and has jettisoned the anger present in the immersion-emersion phase. Each stage is explained in detail in Appendix A.

Parham and Helms' Black racial identity attitude model (1985) was adapted from Cross' nigrescence theory and his methodological stance of Black and White racial identity models has undergone more empirical scrutiny than any other model of RI in the therapeutic and psychological literature (Delsignore, Harper, Petrova & Stowe, 2010; Sue & Sue, 2003). Helms (1984) suggested that each RI attitude phase be seen as a discrete cognitive template that individuals can exploit to analyse information concerning themselves and other people, particularly information about race encountered in societal interactions. This adapted model conceptualises RI as a normal phase of the developmental process as black people move towards self-actualisation (Maslow, 1970). Indeed, such a phase can be seen as the result of cognitive maturation resulting from exposure to societal forces (Parham & Helms, 1985b). Helms posits that one's RI has behavioural, psychological and social implications, and is determined by one's "sense of group or collective identity based on one's perception that he/she shares a common racial heritage with a particular racial group" (1995, p3).

Most studies that have examined Cross' theory confirm its validity, and Mama (1995) argues that the theory of nigrescence is a helpful analysis of black identity development. When examining the mental distress associated with RI development, the Black racial identity model (Parham & Helms, 1985) could reveal the influential role of racial attitudes for coping cognitively with societal pressures (Helms, 1990).

Lazarus and Folkman define 'coping' as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands..." (1984, p.141). Cross' model fails to offer an account of the behavioural coping element of attributing certain racial attitudes and considering other personal identities such as age and gender (Neville et al., 1997; Phinney, 1993). This might be considered a significant oversight since there is substantial evidence that different life stressors including adverse life events and daily pressures have differing effects on the mental wellbeing of the general population (DeLongis et al., 1982). For example, individuals with high racial identity (e.g., in the immersion-emersion phase) may respond behaviourally in a more culturally-specific way to certain stressors in their life, compared with someone with lower RI, which, either way, may highlight better adaptive coping behavioural strategies to manage stress.

When applied to RI development, the African self-consciousness model aptly captures the cultural and behavioural multifaceted nature of the process, and recognises the importance of cultural identity being integrated into overall identity, and that a strong positive cultural self is a critical component to identity balance within this societal context (Spencer et al., 2001).

#### 2.3.1.3 African Self-consciousness

African self-consciousness (ASC) or cultural identity is a reflection of heritage and history (Baldwin, 1985). Social theorists in the UK similarly assert the influential role that cultural identity plays in developing a healthy psychological wellbeing for ethnic groups (Bhugra & Bhui, 2001; Bhugra, 2011). The ASC theory of Baldwin (1985) has been proposed as an alternative to stage models of conceptualising black RI through focusing on qualitative experiences of being black, culture, history and political standing. In relation to an individual's level of Africentrism, (e.g., cultural identity) studies have shown consistency with arguments that a strong cultural identity reduces the risk of interpersonal violence and promotes psychological well-being (Barn, 2001; Sen, 2006; Whaley, 1992). Indeed, research conducted in the UK by Nazroo (2003) supports Baldwin's assertion of the role of cultural identity. Nazroo concludes that this relates to identification with cultural traditions, provides guidelines for behaviour, and that both historical and immediate context influence identity.

Moreover, Greenwald et al. (2002) and Helms (1995) suggest that black people's view of the 'self', to reach internalisation phase, is finding a balance between the individualistic and collectivist worldviews and their capacity for adjusting to cultural norms within their world environment and cultural heritage (Berry, 2007; Celious & Oyserman, 2001). Dana (1997) found that a client's cultural orientation, or worldview, was as critical to the development of their psychological development as to their RI, and that both should be considered when working clinically with black people.

Both Leary (2005) and Nazroo (2003) have proposed that the legacy of trauma from slavery is part of black people's collectivist culture and is reflected in much behaviour and beliefs which were necessary for survival during slavery, yet in recent times have become detrimental to the black community and their health. The community, as well as society and family serve to reinforce both the positive and negative behaviours through the process of racial socialisation (i.e., acculturation) that can either be a struggle or fruitful depending on an individual's level of cultural identity (Bhugra, 2011). For example, in the 1940's black families frequently suppressed any signs of aggression in

their children, particularly their male children. It was acceptable and expected practice in black communities to beat unruly boys to limit their ability to assert their needs to white people in authority (Leary, 2005). However, empirical evidence of an existing relationship between the slave experience and the current social problems amongst the black male community is limited: research conducted with other oppressed groups of people reveals that 'survivor syndrome' is pervasive in the RI development of the second and third generations (Leary, 2005).

There is variation within the black population as to how much they support this idea. Whereas European British people may hold an Africentric orientation, African Caribbean British people may hold a Eurocentric orientation (Dana, 1997). Nevertheless, it has been shown that when Africentric principles form part of generic clinical interventions, they can enhance positive changes in behaviour and can help individuals regain meaning and purpose in their lives (Graham, 2005). Dana (2002) uses the phrases 'cultural and racial perspective' and 'cultural and racial identity' to refer to black people and their use of mental health services. These studies highlight the clinical importance of understanding and identifying how far enculturated a person's Africentric and Eurocentric worldviews are and the potential impact of these worldviews on RI and psychological wellbeing.

According to Helms (1990), both cognition and behaviour are integral factors for addressing the cultural and racial elements of RI development. Thus, one aim of the current study has been to extend Black racial identity theory by including a cognitive-behavioural element which measures how acculturated a person is towards their African descent (i.e., cultural identity) in other words how Africentric (e.g. ASC) one is. Helms also emphasises the important motivational role of social interaction forces in articulating the nigrescence process, although how this impacts intrinsically on black people's behaviour and psychological wellbeing needs further elaboration.

Several RI theorists have received criticism. A particular criticism lodged at Cross is that he assumes that black people are unaware of their race and that of others until they encounter discrimination (1971), which then triggers experience of RI. The notion that RI development begins away from socialisation within society but within parental racialisation in early life has been largely neglected in the UK literature (Bhugra, et al., 1999). As well, many theorists have ignored the intrapsychic elements of RI development (Bergner, 2005), which is crucial to investigating how RI might be unconsciously formed.

### 2.3.2 Psychodynamic perspectives

Psychodynamic perspectives can also be used to consider the process of racialisation (RI development) and ASC (Africentrism) underpinning the socio-historical occurrence of slavery. These include attachment theory (Bowlby, 1977), object relations theory: Winnicott's true/false self (1967, 1971); colonial object relations (Fanon, 1967/1986; Lowe, 2008), and Lacan's (1977) identity formation theory.

According to Lacan (1977), a healthy individual needs to graduate from an 'imaginary' mirror phase to acceptance of the power and function of the symbolic. Lacan adopts the term 'imaginary' to indicate the other of the individual's experience that is dominated by identification and duality. In other words, the progression of phantasies that is drawn out from a fragmented body-image to a whole sense of self (Bergner, 2005). The mirror phase is crucial as it is the state in which a unified selfhood depends upon the child's ability to identify with objects in the world as 'others'. According to Lacan (1977), the mother is the first significant other with whom the infant is united in the pre-mirror stage. However, during imaginary phase, if the infant recognises the absence of the mother, it will then transfer its desire for union with its mother to the object around it. This may result in a craving for love and satisfaction in the identified other, leading to a lowering of self-worth and annihilation of self (p.83). Here, an inability to differentiate oneself from the other can ultimately result in psychotic illness (Fletchman-Smith, 2000) and racial developmental confusion (Bergner, 2005). Portales (1986) suggests that the turning point in development of RI "is the point when we mature, when we accept the reality of the world around us and so learn to adjust to our physical and mental surroundings" (p.497). This is the point when one enters the realm of the symbolic.

One critique of Lacan's theory is that it does not take into consideration that black people tend to comprise a collective consciousness (e.g., 'I is we') and therefore being part of the other is a trait of the Africentric personality (Baldwin & Bell, 1985; Helms, 1995; Kambon, 1992; Leary, 2005; Whaley, 1992) and a collective unconscious, based on the individuals experience in the family and culture (Clarke, 2003). It could be true that reaching a state of balance between subjectivity and objectivity is crucial to developing a healthy sense of identity (Bergner, 2005). A further critique of Lacanian theory is the notion that a lack of bond with the mother somehow inhibits the identity formation process. A key assumption of attachment theory in the UK literature is that secure attachment is desirable, although Tronick and colleagues (1992) have challenged

the idea that closeness to the mother is essential for healthy attachment. In their study, they observed that ethnic children were emotionally healthy in spite of having multiple caregivers, a depiction of a typical black familial structure (Lashley, 2000). Conversely Bhugra et al. (1999) have suggested that extended separation from parents may be a factor in the development of schizophrenia and lowering of self-esteem (Smith et al., 2004) among the UK African-Caribbean population. Nevertheless, the presence of an extended family may mitigate any deleterious effects of separation or neglectful mothering, thus alleviating detrimental effects on RI development and mental ill health (Suarez-Orozco et al., 2002).

In further application of attachment theory (Bowlby, 1977), interpersonal experiences during childhood, influence "inner working models" that impact upon adult attachment and subsequent relationships throughout life (Feeney & Noller, 1996, p.91). Collins and Read (1994) have proposed that these inner working models are not rigid but are likely to change during difficult life events such as cultural rejection and that this can then negatively impact on an individual's level of RI (Fletchman-Smith, 2000). Magai et al. (2001) examined adult attachment styles between black and white participants, reporting higher scores of dismissing attachment (avoidant) and weaker security attachment scores for black participants compared with white participants. Although the sample size was very small, the authors concluded that their findings are partly connected to adverse experiences black people may have with poverty, migration and prejudice. These experiences may result in patterns of attachment involving a mistrust of close relationships, and lead to a reduced number of intimate relationships. Given the suggested importance of attachment relationships in psychological wellbeing across the lifespan, it appears from other studies (e.g., Magai et al., 2001) that adopting a healthy attachment pattern is crucial not only during early life identity formation but also during stressful social encounters in adulthood. However, despite the likelihood that race or ethnicity may influence how attachment patterns are expressed or its distribution, very little research on attachment patterns among black people has been conducted: samples are drawn from predominantly white populations (Bhugra & Bhui, 1999; Magai et al., 2001).

One prominent UK theorists, Fletchman-Smith's (2000) narratives of real case-studies explores the intrapsychic experiences within a historical and cultural context in relation to identity formation. She writes how unresolved anxieties and fears were instilled in black males during slavery and its aftermath. This then has a detrimental impact on

parental styles and relations within the triad dynamic (mother-father-child) because the trauma of slavery has been internalised (Leary, 2005). According to Fletchman-Smith these fears contribute to castration anxiety in black people's lives and has become an unspoken trauma passed down generations. Whilst this was a useful strategy during slavery for coping, it unconsciously finds its way into the next generation through parenting (Fletchman-Smith, 2000; Taub-Bynum, 1984), and can have a devastating impact on the child's developing racial-self.

Bergner (2005) also stresses the importance of looking at the "links between an individual's relational identity and group identity" (p.122), in order to fully understand the collectivist cultural element in relation to RI development. This culture comes from one's African heritage or history of slavery that is somehow embedded in the unconscious processes of black people (Lowe, 2008; Bhahba 1990). Indeed, black people's African way of life was what they attempted to adopt in order to cope and survive the atrocities of slavery (Fletchman-Smith, 2000) and sustain their racial or cultural identity (Akbar, 1984). Therefore, group identity, the "we-self", is inevitably evident and important in black people's psychic reality and because of this, the legacy of slavery continues to affect black people's identity development (Bhui & Morgan, 2007; Fernando, 2010; Fletchman-Smith, 2000; Lowe, 2008). Other authors have suggested that the consequences of slavery are not all negative. Many black people have been able to separate their subjective identity from the objects of either 'slave' or 'slave master' mentality and internalise what is positive about being black (Fletchman-Smith, 2000; Leary, 2005), and creating a healthy interdependence (Lacan, 1977).

Object relations theory suggests that how people relate to others and situations in their adult lives is shaped by experiences of the family in infancy (Greenberg & Mitchell, 1983). This framework can be a useful lens through which to view RI development. Bergner makes reference to several publications, in particular Fanon's (1967) *Black Skin, White Masks,* a "foundational text for reconfiguring psychoanalysis to account for race" (Bergner, p.3). In this text, Fanon asserts that black identity, specifically black male identity, is fashioned by a colonial culture which is seen as oppressive in its socio-political structure, and which results in neurosis and alienation for those who attempt to assimilate into the majority culture (Layton, 2002; Lowe, 2008). Lowe's (2008) work on colonial object-relations (2008) interprets the unconscious processes similarly to the 'double consciousness' described by DuBois (1989), that black people experience and psychically conflict during the process of racial development. Lowe proposes an

inherited relationship between black and white people which stems from the history of slavery. Consequently colonial object-relations are frequently present both in the psyche and in society. The psychological fallout from this history for coloniser and colonised have not been examined by mainstream psychoanalysis (Lowe, 2008). However, the impact of colonialism and neo-colonialism are of significance for the racial development and mental wellbeing of the children of the colonised (Akbar, 1984; Fanon, 1967/1983; Fletchman-Smith, 2000; Wilson, 1978; 1993).

Similarly to Fanon's formulations, an impingement from the majority culture onto black people can lead to a false-self defence among black people, in which they disown a part of their self by overlaying another racial image or forced identity (Conroy, 2008). This could lead to 'pseudo-adjustment' and a less authentic racial self that responds in compliance to societal demands (St Clair, 1986). Another object relations theorist, Winnicott (1967, 1971) has proposed that 'true self' (e.g., good-enough mothering) as opposed to 'false self' (e.g., not good-enough mothering) experiences depend on how successfully one's holding environment allowed this to develop during childhood. For instance, women from a background of slavery tend to project their fears by having to protect their children, particularly their sons, (e.g., affiliation with crime, being apprehended by the police, or even death) (Conroy, 2008). These can be seen as similar to fears about their male loved-ones that would have been experienced during slavery (Leary, 2005). Subsequently this can result in the mother and son being unable to lead separate existences, which then leads to a developing false self instead of true self, and 'splitting' (not having one's own mind and body) (Fletchman-Smith, 2000), which could eventually lead to psychosis (Winnicott, 1971).

The mechanism of splitting might also be a result of coping with the stressful negotiations of societal stereotypes (Bhugra, 2004b) by using dissonance over negative RI. This unconscious process is continuous throughout life's journey for black people, due to the lack of a holding environment (e.g., discrimination). To feel accepted and loved, black people adopt a false self to gain a sense of belonging and thus, lose their sense of identity (Layton, 2002; Lowe, 2008). Modell (1985) has suggested that the holding environment of therapy can assist black people to give up their false self and heal past developmental deficits.

Attachment theory, considered with the work of object relations theorists, represents social processes, whilst Lacan's theory represents the symbolic processes, of RI formation. In combination these theories are able to give rise to a better understanding

of the racial-cultural difference and individual agency when addressing RI development. Relationally-focused authors argue that the psychological outcomes of identity development are not solely determined by intrapsychic factors or childhood experiences, but by tangible external social variables, such as incidences of discrimination and negative stereotypes, further impacting the life-long process of RI development (Lowe, 2008; DeMaynard, 2008). The following section describes how the different stages of racial identity impact upon psychological wellbeing.

### 2.3.3 Racial Identity Attitudes

#### 2.3.3.1 Racial identity attitudes and psychological distress

Research on how RI affects psychological functioning of minorities has yielded mixed results (Karlsen & Nazroo, 2002). There are many claims in the literature that individuals with a positive black identity have a higher probability of having good mental health than those who fully identify with the dominant white culture (Bhugra, 2004a; Cokley, 2002; Helms et al., 2005; Nazroo, 2002). For example, US studies on RI development have revealed that the less developed stages (e.g., pre-encounter and post-encounter) are associated with greater numbers of depressive symptoms, paranoia and anxiety, whilst the more advanced stages, such as internalisation, are associated with fewer problems of this nature (Carter & Reynolds, 2011; Parham & Helms, 1985b; Munford, 1994; Pyant & Yanico, 1991).

A small but growing corpus of US research has examined the relationship of RI to various elements of mental health, including mental well-being (Carter, 1991), coping skills (Neville, Heppner, & Wang, 1997) and mental distress (Parham & Helms, 1985a). Empirical research has examined mental health and RI in samples drawn from black populations in the USA (e.g., Goodstein & Ponterotto, 1997; Helms, 1993), and in the UK (e.g., Bhugra, 2004a, 2005; Bhui et al, 2005; Boydell et al, 2001; Cochrane, 2001; Keating et al, 2011; Robinson, 2000). The findings have demonstrated the relationship between RI and mental health among black adolescents and young adults.

The following UK studies have found a positive relationship between racial and cultural identity and psychological distress, and Bhugra (2004a) has concluded that these factors may have a function of maintaining values within BME communities and acting as a buffer against social barriers that cause mental illness, specifically high rates of schizophrenia amongst Caribbean males. Boydell et al. (2001) found that where there is a strong racial/cultural identity and community amongst ethnic groups in London, there was better mental wellbeing than in areas with a lower density of ethnic groups. Bhugra

and Jones (2001) found that high density ethnic areas may improve social support for some individuals, yet increase distress in others, if racial/cultural confusion already exists in the individual. Other authors have supported these findings by indicating that a loss of racial/cultural identity, compounded by stressors such as racism, unemployment and a lack of opportunities, can lead to mental illness (Bhugra & Ayonrinde, 2004) and consequently produces weaker racial identity and social health inequalities (Karlsen & Nazroo, 2002). Furthermore, Karlsen and Nazroo (2002) conducted a qualitative study and concluded that black respondent's social experiences (i.e. racism) reflected the causes of most of their mental distress. However, the findings were based upon a small percentage of black males in the sample, with the majority sample being female. Conversely, having a strong racial/cultural identity might be an important personal factor in managing adversity (Bhugra & Jones, 2001) making it likely that a individual could withstand the effects of racism (Cochrane, 2001). A qualitative study consisting of twelve focus groups of BME males from the UK found that identity, as well as other factors, played an influential role in mental health, whilst a mixture of gendered and racialised experiences, including social stigma, contributed to cycles of isolation (Keating et al., 2011). The UK has a large population of people of Caribbean heritage, and, whilst some studies have found a higher rate of psychosis amongst Caribbean population (Nazroo, 2003); there is very little empirical work that develops this area (Bhui et al, 2005; Robinson, 2000). Nevertheless, although relatively little research has examined the relationship and impact of RI attitudes on overall psychological wellbeing in the UK, some professionals recognise the importance of developing further learning tools to improve how features of racial identity, its development, and its potential relationship with psychological problems can be addressed in clinical practice (Nadishaw & Goddard, 1999; Owusu-Bempah & Howitt, 2000).

When examining the intricacies of RI more closely, US research point to the attitude stages in Helms' Black racial identity model, (pre-encounter, post-encounter, and immersion-emersion) have been found to have relationships with various degrees of distress, anxiety and psychological ill health (Carter, 1991; Pyant & Yanico, 1991) although the findings are often contradictory. For instance, high post-encounter attitudes have been found to be correlated with positive mental health (e.g., increased self-actualisation) (Parham & Helms, 1985b) and higher self-esteem (Parham & Helms, 1985a), whilst in other studies these attitudes have been correlated with low self-esteem (Munford, 1994; Pyant & Yanico, 1991) and poor mental health (Pillay, 2005; Pyrant & Yanico, 1991). In the immersion-emersion stage, attitudes have been seen to be

correlated with low self-regard, feelings of inferiority, high anxiety, hypersensitivity, inadequacy and low actualising tendencies (Munford, 1994). However, the immersion-emersion racial attitude was found to be least consistent with the developmental process. Rather than inferring that these attitudes demonstrate a positive sense of self flowing from acceptance of one's black identity, Parham and Helms (1985) suggest that the immersion-emersion stage is effectively similar to pre-encounter attitudes, supported by their finding that showed a positive association between immersion-emersion attitude and outwardly directed anger. The SCL-90 hostility scale by Derogatis in 1975 was used to quantify feelings of anger in this study by Parham and Helms. This instrument enables one to assess whether the anger was inwardly directed (towards oneself as a reaction to one's prior identity resolutions) or outwardly (towards society as a reaction to discrimination). The latter is, presumably, healthier, and to the degree that outward-directed anger exemplifies immersion attitudes, it is conceivable that immersion attitudes constitute a healthier adjustment than pre-encounter attitudes.

The available research on RI and emotional states is mixed. For example, a study by Banks and Kohn-Wood (2007) found that individuals who attributed more integrative racial identities (i.e., internalisation attitudes) were more likely to experience depressive symptoms, while Sellers et al. (2006) reported lower levels of depression among black people who viewed other black people more positively. Other research (e.g., Yip et al., 2006) has found no association between internalisation attitudes and depression.

Several studies provide evidence for the hypothesised psychological health of the internalisation stage, finding that individuals with internalised attitudes have more hope and sense of well-being and lower levels of depression and higher self-esteem (Fouad & Brown, 2000; Oyserman, Grant, & Ager, 1995). More recently, Carter and Reynolds (2011) examined the relationship between RI status attitudes, stress related to race issues, and emotional states among 229 black American professionals, of whom 17% were male and 83% female. Canonical correlation analyses revealed a shared variate between emotions and RI status attitudes in which tension, depression confusion and anger were positively correlated with conformity (equivalent to pre-encounter attitudes) and inversely correlated with internalisation attitudes. In terms of within-group variation in their sample, given that only professionals were represented, it is not possible to generalise or to determine if black people from other social groups would respond similarly. Moreover, any variability due to ethnicity (e.g., Caribbean versus African) or gender could not be determined due to the small size of ethnic groups and number of

males in the sample. Whilst other studies support the findings of Carter and Reynolds (e.g., Neville & Lilly, 2000; Gilbert et al, 2006), existing research suggests that RI is not monolithic but multifaceted, and individuals react to internal racial or environmental stimuli in different manners, the nature of which depend upon external circumstances (Gilbert et al., 2006; Sellers & Shelton, 2003).

In a mixed-methods study conducted with a UK population, Bhui and colleagues (2005) explored work stress amongst ethnic groups and its impact on health. They found that RI (ethnicity) was significantly associated with psychological distress, with black males least likely to report work stress. However, these outcomes relate to work-related stress, and therefore it is unlikely that they reflect a generalised greater reactivity to stress. The qualitative phase had a low response rate, due to the need to disclose issues of racism, and the quantitative phase was restricted to one borough of London, so it is not possible to generalise to other areas in the UK. However, this study does emphasise the importance of including RI in future research and suggests that further clarification of a measurement of culture is needed, something that the present study seeks to accomplish.

#### 2.3.3.2 Racial identity attitudes and self-esteem

A strong RI is advantageous for protecting self-esteem and mental wellbeing (Carter & Reynolds, 2011) yet being overly racially or culturally oriented can also have negative effects on other-esteem (e.g., respect for other ethnic groups) (Bhugra & Jones, 2001). Supporting Parham and Helms' (1985) RI theory, Fernando (2003; 2010) has proposed three levels that form an individual's identity: community-family, individual, and societal influences, each of which will affect the self esteem of black people. Nevertheless, very few studies have explored the relationship between self-esteem and RI amongst black British people (e.g., Bhugra & Ayonrinde, 2004; Bhugra & Bhui, 2001; Bhugra & Becker, 2005; Fernando, 2003; Robinson, 2000), and only one has specifically utilised Helm's RIAS-B model with self-esteem in the UK (Robinson, 2000). Whilst a greater number of studies have utilised populations from the USA, significant differences in RI and self esteem between African Americans and black people in the UK might be expected, given the differing histories of the black communities in the two countries.

The literature on the self-esteem of black people is mixed, with some studies reporting low self-esteem and others positive self-esteem (Crocker et al., 1994). The UK studies that do exist have concluded that a loss of cultural norms and detrimental changes in RI (e.g., struggling with adjustment into mainstream society) can have a negative impact

on mental health (Holmes, 2006). Thus, if an individual feels isolated from their culture and isolated from the 'majority culture' the result is poor self-esteem (Bhugra & Becker, 2005). Others have indicated that such cultural changes in identity can be experienced as stressful and may generate difficulties with self-esteem (Bhugra & Ayonrinde, 2004). Although these studies state the importance of racial or cultural congruity and interaction patterns in the generation of mental distress (Bhugra, 2004b), the empirical evidence for this is limited (Bhui et al., 2005). Moreover, very little research has focused on RI with UK black males and general mental health, despite common mental disorders being more prevalent in this group (Foolchand, 2006).

Research from black adult populations in the USA and which have utilised Cross' (1978) process model have found that low self-esteem was associated with the pre-encounter and immersion stages, and high self-esteem with the post-encounter stage, involving events that precipitate a search or immersion (Parham & Helms, 1985a). Such findings suggest that a positive self concept is linked to identity formation, that is, the degree to which an individual has developed a comprehension and acceptance of their RI. Goodstein and Ponterotto (1997) found that internalisation was the only predictor of self-esteem in a small (n=43) sample of black men, although there was poor internal consistency in the scores generated from the RIAS. Phelps, Taylor and Gerard (2001) confirmed that internalisation attitudes are positively predictive of self-esteem, and were able to demonstrate a much greater internal consistency in their findings. Research by Munford (1994) also suggested that RI attitudes were related to self-esteem, specifically that pre-encounter attitudes were negatively correlated with self-esteem, whilst internalisation attitudes were positively correlated with self-esteem. Mahalik and colleagues (2006) reported that self-esteem was significantly negatively related with pre-encounter attitudes and positively related to internalisation attitudes amongst black males.

Other research from the USA, using adolescent samples has found that whilst adolescents can hold negative attitudes about their RI, they can also have a self-concept that is positive (Tizard & Phoenix, 1994). Mandara et al. (2009) have argued that young people have grown in maturity and objectify their racial-self, concluding that higher RI is associated with high self-esteem and a decrease in the prevalence of psychological distress. McCreary, Slavin and Berry (1996) reported that RI in the form of "positive attitudes toward black people" was a modest, positive correlate of higher self-esteem and reduced problem behaviours in a sample of 221 black teenagers. Whilst this

suggests that RI and self-concept can be viewed as independent variables, this issue has been explored only through studies involving children and adolescents, with limited research focusing on young or middle-aged adults. Banks comments that "for black adolescents being black is a significant factor in the construction of self" (1992, p.20). In a society dominated by white people, "it is likely that racial identity is self-identity [for black children] which in turn is self-concept" p.21).

Phinney and Chavira (1992) noted that when an individual has developed full black identity this can positively enhance their self-esteem and protect them against adverse experiences such as discrimination or racism. Likewise, authors such as Cross (1971) and Parham and Helms (1985) make the assumption that black people experience a change in their self-esteem as they go through the nigrescence process. The extent to which individuals can or cannot achieve an identity affects feelings about themselves (Aloise-Young et al., 2001). Failure to achieve an adequate RI may foster a sense of self-hatred in some black people (Cross & Fhagen-Smith, 2001), and a lowering of self-esteem (Spencer et al, 2001).

Boushel (1996) suggested that there is consensus among psychologists that for black young people living in a racist society, there is a correlation between positive RI and high self-esteem, concluding that "much remains to be understood about the possible influences on the identity and self-esteem of blacks" (p.309). The theoretical and empirical literature on RI has shown a tendency to examine the relationship between RI attitudes and mental well-being of predominantly black college students, with insufficient focus on self esteem issues. The importance of exploring the process and stages of RI is representative of how self-esteem and racism can shape the declaration and acceptance of oneself. British scholars such as Bhui and colleagues (2005) and Robinson (2000) claim that black people have been ill-served by current theories of self-esteem, because RI has been excluded from an analysis of self-esteem. The lack of empirical research which examines how black individuals accept or reject their racial group suggests the need for more work in this subject area.

#### 2.3.3.3 Racial identity attitudes, African self-consciousness, psychological distress and self-esteem

Several relevant studies have found that when individuals lack cultural knowledge (represented by levels of Africentric worldview), self-appreciation, and positive racial identity, and instead internalise negative views, myths and stereotypes, they develop a range of coping strategies that have a negative impact. These may include violence,

substance abuse, fatalism, an overly materialistic outlook, stress and depression (Falconer & Neville, 2000; Moore et al., 2003; Whaley, 2003). RI and Africentrism (cultural-identity) have, as concepts, been far less researched when investigating how they affect black peoples' psychological well-being or distress and self-esteem (Dana, 1997; Robinson, 2000). Only three empirical studies were identified which examined the impact of RI attitudes, using Helms' RIAS-B, on all or some of these concepts in the USA (Brook & Pahl, 2005; Mahalik & Pierre, 2005; Mahalik & Pierre, 2006). Just one study has been conducted in the UK with black adolescents based on all of these concepts (Robinson, 2000). Although, UK research has shown that the detrimental association between racism and health decreased as social collectivity increased, suggesting that that strong cultural group-relations may buffer against the detrimental impact of social inequalities on health (Bécares et al, 2009) and increasing self-esteem (Bhugra & Becker, 2005).

A study by Mahalik and Pierre (2005) found that recognising one's ASC (i.e., cultural-identity) created a healthy self RI, less psychological distress and higher self-esteem amongst black males in the USA. The findings from a correlation analysis both supported and contradicted Baldwin's (1981, 1985) encouragement of resisting anti-African/black forces. Whereas the participants in Mahalik and Pierre's study reported higher self-esteem and less mental distress as a function of identifying with their racial heritage, those (with immersion-emersion attitudes) who saw themselves as part of the black group reported low self-esteem. Attempting to explain this contradiction, the authors suggest that either black men with lower self-esteem had a tendency to identify more with black than with white people, or that black men felt worse about themselves when identifying with black people, compared to black men identifying with white people. They also proposed that "regardless of which interpretation reflects the direction of causality, both interpretations point out that identification with other blacks is connected to important feelings about oneself for black men" (p.36).

The only empirical study to be conducted in the UK (Robinson, 2000) explored the relationship between RI and self-esteem amongst 80 African-Caribbean adolescents in two balanced groups: those who lived in residential care home, and those who lived at home but attended a multiracial comprehensive school. This study found that the majority of participants in both groups endorsed internalisation attitudes, and there was no significant difference between the two groups regarding self-esteem. Nor did the two groups show differences for pre-encounter, post-encounter, immersion, or

internalisation attitudes, or differ significantly on RI attitudes. High pre-encounter attitudes correlated with low esteem, whilst internalisation attitudes were significantly positively correlated with self-esteem. Robinson reported that levels of self-esteem did not decrease at immersion status for British blacks, proving that these attitudes related to high self-esteem. These findings were consistent with earlier studies by Parham and Helms (1985a) and Munford (1994), but contradict other research from the USA in which immersion-emersion status was linked to low self-esteem (Parham & Helms, 1985b; Mahalik & Pierre, 2005). However, there is a need for caution in interpreting these results owing to the small sample size, which makes generalisation of the results more difficult. Nevertheless, this study gave a platform for further research into how black people racial attitudes affect their self-esteem. The results are consistent with an investigation of young black adolescents attending a comprehensive school in South London (Mirza, 1992). Although teachers at the school exhibited negative attitudes to, and expectations for, their students, there was little evidence that the students suffered psychologically because of this treatment.

UK studies, such as Robinson (2000) has stressed the importance of examining the RI attitudes of black people, and utilising RI theories to develop an understanding of identity confusion among black people. Her (2000) study highlights the clinical value of comprehending how a positive RI is maintained (Maxime, 1986) and how the RI development model can be of value as an assessment tool for service providers. Similarly, UK research suggest future studies are required to examine the potential causal links between the two constructs, as well the mediating effects of these constructs upon other mental health variables (Rathod et al, 2008), which this study will be the first to attempt to explore in the UK. Consequently, the present study meets a need to further empirically explore the importance of RI and African cultural identity within a RI development theory and framework.

## 2.4 Limitations of the Extant Literature

Despite the recognised importance of RI attitudes on mental distress and self-esteem (Bhugra & Bhui, 2001; Cokley, 2005), the perceived importance of considering racial attitudes and Africentrisim (Brook & Pahl, 2005), and understanding the role and strength of the types of racial attitudes in relation to psychological distress and self-esteem (Robinson, 2000; Mahalik & Pierre, 2005, 2006), few studies have examined self-esteem and the impact of RI for black males in the UK, and has remained relatively superficial (Karlsen & Nazroo, 2004). Moreover, where relevant studies have been

undertaken, most have assumed a post-positivist stance. The limited nature of questionnaires and psychometric instruments provides little room for unexpected findings or for developing a deeper understanding of the reasons for relationships, individual or contextual differences, the influence of perceptions, and the process of developing RI attitudes, all of which could be vital for a therapist planning interventions. The few studies which have explored the relationships between RI, ASC and psychological wellbeing and self-esteem were conducted with populations from the USA. The present study is the first to explore these constructs in the UK.

Although many studies have used self-report measures (e.g., Parham & Helms, 1985, Helms, 1995; Mahalik et al., 2006; Munford, 1994; Robinson, 2000), most have used a (presumably) convenience sample of students, which is not always representative of the population, and a limitation of much psychological research in general. As most of the client population seeking counselling are adults, an adult sample would enable the findings to be more meaningful, both theoretically and from an applied perspective.

The RI scale used in the present study is based on African-American ideology, and it is assumed that black British men will differ in how they perceive their RI, owing to differing social-historical factors. Nevertheless, a significant and similar factor for both USA and UK black populations is the history and impact of slavery. The generic connotations of 'being black' can be generalised to all peoples from the Diaspora (Lowe, 2008; Robinson, 2000). Megwalu (1990) has asserted that, at some point in their lives, black people throughout the world experience the world from an inferior perspective. However, despite this global assertion, the bulk of RI research on black populations has focused on black populations from the USA.

With most studies taking a quantitative approach to the study of RI, comparatively little research has examined the impact of the meaning-making process in RI development and its impact on psychological well-being (Keating et al., 2011; Syed, 2010; Syed & Azimita, 2008). To date, there has been relatively little empirical research which has explored the impact of RI attitudes alongside African self-consciousness amongst black males in the UK. Whilst some UK studies have solely addressed RI attitudes, these have not developed an understanding of the reasons behind the relationships found, influences of Africentric worldview as an indirect influence on racial identity (Owusu-Bempah & Howitt, 2000) and the direct influences on psychological wellbeing. For the practice of counselling psychology, understanding the cultural context of clients' subjective experiences, and having an awareness of black peoples' environment,

becomes as important as the individuals themselves (Keating et al., 2002). To support this need for applied practitioners, the present study attempts to break new ground in RI research by following a quantitative phase with a qualitative exploration of the experiences of individuals with low and high RI attitudes (Gosine, 2008). This mixed-method design will be the first of its kind applied to the topic and benefits from a large sample in the first quantitative phase. Mitigating the reductionist nature of questionnaires, the triangulation approach enables the researcher to develop a deeper understanding of causal trends, and the participants' perspectives, as well as allowing unexpected phenomena to arise, in the second qualitative phase.

## 2.5 Justification for and Relevance of the Present Study

Motivation for undertaking this study came from the researcher's awareness that black males are over-represented within mental health services in the UK (Nazroo, 2003), the low numbers who take up psychological therapy services, and the psychological impact that this has on black males (Keating et al, 2002). Despite the awareness of Helms' theory and the availability of instruments for measuring RI attitudes (1996), very little research has been undertaken on the cognitive appraisal process of RI status or attitudes and on related behavioural responses within the UK black male population (Keating et al., 2011). This study therefore addresses a significant gap in the literature: It is based upon the researcher's awareness of the perceived importance of the cognitive appraisal process of RI attitudes in determining the difference in level of psychological distress and self-esteem experienced, and in instigating other aspects which influence the RI process, such as cultural identity (Bhugra, 2011; Dana, 2002; Whaley, 2003). Adopting a cultural worldview to study the effects of racial attitudes has not been appropriately addressed within mental health service delivery (Bhugra, 2004a; Robinson, 2000).

### 2.5.1 Benefits of therapy

The psychological impact of racial discrimination within the black community can place pressure on psychiatric services (Nazroo, 2003) and a considerable quantity of research indicates the need for therapeutic interventions to assist black people in the UK with their racial or cultural adjustment process (Nadishaw & Goddard, 1999). Nevertheless, scant research has specifically sought to identify factors that could enable effective interventions when undertaking applied psychological work with black clients.

Models of RI development are of great value for the practice of mental health counselling (Karl & Kwong, 2001; Sue & Sue, 1999) and Parham and Helms' original Black Racial Identity model (1985) has been amended and implemented in counselling

practice with clients from Black, Asian, Latino, bi-racial and white heritage. Reporting on a single-subject case study, Hargrow (2001) describes how she conceptualised Helms' theory into her therapy work with a client. Using this model, she was able to work therapeutically with her client in a productive way that not only addressed the client's presenting difficulties but also development of their RI. Hargrow concludes that therapists need to develop a good understanding of their own RI. Karl and Kwong (2001) propose that a RI model explains how members of an ethnic group vary in their ability to confront and abandon their idealised relationship with the white majority group, develop a sense of self and develop the other components of identity that is merged, while autonomous of race. In fact, self-identity disequilibrium has been described as being at the core of most psychological problems in therapy (Carter, 1995), especially amongst black males (Satcher, 2003). Thus, when conceiving the present study, it seemed essential that further research should be conducted to address the lack of empirical knowledge that might assist the development of effective therapeutic interventions tailored specifically to black males struggling with RI issues (Mahalik & Pierre, 2005; Dana, 1997; Bergin and Garfield, 1994).

Cognitive-behavioural therapy (CBT) has been established as an effective therapeutic model for multicultural counselling (Fudge, 1996; Helms & Cook, 1999; Rathod et al, 2009). It has been suggested that CBT is beneficial for helping black people challenge unhelpful beliefs and thinking based on distorted information, by helping them to re-evaluate their circumstances and to identify with helpful perspectives to assist RI development and self-esteem (Fudge, 1996; Hargrow, 2001; Helms, 1995; 1990). However, CBT has also been accused of being too Eurocentric, and offensive for ethnic groups due to its lack of cultural sensitivity (Rathod et al, 2009), with authors recommending further research to develop a comprehensive evidence-based therapeutic model which integrates cultural or racial 'self' elements, specifically for African-Caribbean communities (Rathod et al, 2009; Greenwald, 2002; Moore et al, 2003). However, the latter concepts can be implemented within the CBT model because this framework encapsulates the behavioural principle that therapy must be tailored to the requirements of the individual (Banks, 1992). CBT includes a wide range of approaches and tools that can facilitate such adaptation (Helms, 1990), which is crucial for clients who are black, and who need a therapist to be able to address their unique situation (Bhui & Morgan, 2007). Furthermore, an integrative model, combining psychodynamic concepts to address intrapsychic conflicts of racial identity development, can enhance a purely CBT approach, as it would explore the childhood experience of relationships and

attachment styles linked to an individual's current mental distress (Fletchman-Smith, 2000).

It is hoped, therefore, that through developing a better understanding of the impact of RI attitudes and ASC on psychological well-being and self-esteem, treatment can be better tailored to this client group (Cokley, 2005). This research could encourage more favourable attitudes towards therapy and help-seeking, sparing clients further distress and facilitating positive growth.

### 2.5.2 Rationale for the study

The current study seeks to address the limitations of the extant literature by investigating the role of RI attitudes and Africentric beliefs in shaping self-esteem and psychological well-being. In other words, understanding the mechanisms that underlie self-esteem and mental well-being among black British males necessitated an examination of salient socio-cultural influences (e.g., RI attitudes, ASC) within a cultural context. The researcher adopted a pragmatic approach to the investigation, placing central focus on the research question and recognising that the greatest understanding of the role of RI attitudes on psychological well-being would be gained through a sequential mixed-methodological design, consisting of an initial quantitative phase, and followed by a qualitative phase. It was hoped that this approach would provide an understanding of the broader trends, and enable a more empathic understanding of the experiences of individual black males.

The initial quantitative phase was conducted to gain an understanding of the beneficial or detrimental roles of each of the RI attitudes measured using the RIAS-B (Helms & Parham, 1985) on psychological well-being, ASC and self-esteem, and the relative influence of RI attitudes in the process. This phase was also used to identify the four most and four least racially-developed black males to be interviewed about their life experiences, development of RI attitudes, and the psycho-social impact of these experiences. The aim of analysing the interviews using Interpretative Phenomenological Analysis (IPA) was to support and challenge the quantitative findings of both the present and prior research, and to guide a better understanding of the reasons for any relationships discovered. By drawing these findings together, it was hoped that the current study would enhance the practice of counselling psychology by providing empirical data on which to base practice with clients, as well as providing an empathic understanding of their subjective experiences.

# Chapter 3: Methodology

The present study adopts a sequential explanatory mixed-methods approach (Creswell et al., 2003). Importantly, it includes a qualitative exploration, addressing the lack of current research which examines the racial identity (RI) experiences of black men. It is hoped that this approach will provide a broader understanding of the influence of RI attitudes on psychological distress and self-esteem, with the aim of informing counselling psychology practice. A visual model of the procedures is shown in Figure 1.

## 3.1 Aims and Hypotheses

The study has two aims. The first aim was to explore the relationships between RI attitudes, African self-consciousness (ASC), psychological distress and self-esteem, including the direction, strength and potential causal nature of these influences, in the hope of informing the development of appropriate cognitive-behavioural therapeutic interventions for counselling psychologists working with black males. It was hoped to draw attention to the importance of addressing racial and cultural identity during assessment and case-conceptualisation, to know which RI schema (attitudes) to promote and which to challenge (Abrams and Trusty, 2004; Dana, 1997; Helms, 1990). This was tested in the quantitative phase of the study, which specifically addressed three hypotheses that were based upon participants' scores on a racial identity instrument, the RIAS-B (Parham & Helms, 1985):

*Hypothesis 1*

(a) Attitudes that reflect greater levels of RI status (immersion-emersion and internalisation) would be significantly positively correlated with self-esteem for black males, with higher scores on these attitudes being associated with higher self-esteem scores.

(b) Attitudes reflecting lower levels of RI status (pre-encounter and post-encounter) would be significantly positively correlated with psychological distress.

(c) Attitudes reflecting lower levels of RI status (pre-encounter and post-encounter) would be significantly negatively correlated with self-esteem.

*Hypothesis 2*

Pre-encounter and post-encounter RI attitudes will predict higher psychological distress and lower self-esteem.

*Hypothesis 3*

Pre-encounter and post-encounter RI attitudes and low self-esteem will predict low levels of African self-consciousness.

The second aim was gain a rich understanding of the subjective experience of black males adopting these RI attitudes, in order to ensure that interventions are used empathically, sensitively and flexibly for the greatest benefit to the client. This aim was addressed during the second qualitative phase, and in the subsequent discussion of both quantitative and qualitative findings.

## 3.2 Epistemological position

An extensive debate has arisen in counselling psychology research regarding the nature of knowledge and the validity of research methods, with difficulties stemming from the complexity of social and human sciences, and ethical limitations in these areas (McLeod, 2003). All theories are based on a paradigm, defined as a "basic belief system or world view that guides the investigation" (Guba & Lincoln, 1994, p.105) which is further guided by its ontological, epistemological and methodological stances (Krauss, 2005).

At one end of the paradigmatic spectrum lies positivism, which has until recently dominated the study of human behaviour and research in the field of counselling psychology. Positivists boast reliability, dualism and objectivity. The paradigm adopts a deductive approach and assumes that general cause-and-effect relationships and subsequent universal laws can be determined through the empirical testing of a large sample using controlled experiments and psychometric instruments. At the other end of spectrum, constructivists view reality as being an internal, subjective phenomenon, constructed in the mind of the individual (Schwandt, 2000) and believe that as such it cannot be generalised across time and contexts (Guba & Lincoln, 1994). This relativist stance uses qualitative methodologies such as interviews and observation to attempt to get as close to the individual's life-world as possible, recognising the hermeneutic nature of enquiry, involving co-constructing meaning between the researcher and participant (Ponterotto, 2005).

Lying between these two paradigms is post-positivism, whose ontological stance, known as critical realism, stems from the belief that there are both internal and external realities (Krauss, 2005). Within a critical realist framework, the use of quantitative

and/or qualitative approaches is acceptable as a means for understanding the subjective and objective realities of the life-world (Krauss, 2005).

The majority of the extant research into the impact of RI on psychological well-being has relied heavily on the positivist paradigm. Very few studies have gathered qualitative data to attempt to get closer to understanding the objective truth (Baldwin, Harris & Chambliss, 1997). The present study recognises that, although quantification helps to develop universal laws on which to base the structure of therapeutic interventions, its reductionist nature fails to provide an understanding of variations in the experiences of individuals that can be drawn from subjective accounts of their meaning-making process. It was felt that adopting a pragmatic approach would help draw on both objective and subjective knowledge (Cherryholmes, 1992) relating to RI, to more usefully address the research question. The pragmatic paradigm developed out of a recognition of the strengths and weaknesses of positivism and constructivism (House, 1994) and advanced an alternative approach which places the problem at the centre of focus (Creswell, et al., 2003). Pragmatists have highlighted the benefits of combining quantitative and qualitative methodologies to gain a more holistic understanding and better answer the research question.

The mixed-method design adopted for the present research also mirrors certain aspects of the profession and philosophy of counselling psychology: “to know empathically and to respect first person accounts as valid in their own terms; to elucidate, interpret and negotiate between perceptions and world views but not to assume superiority of any one way of experiencing, feeling, valuing and knowing” (British Psychological Society, 2010). On a therapeutic level, the design echoes the common use of questionnaires at the start of therapy sessions, to gain an overarching view of the client’s current strengths and difficulties, followed by the use of this information as a springboard to gain further clarification and a deeper understanding through discussion (IAPT, 2011). The use of therapeutic interventions with clients is based on the therapist’s knowledge of universal theories that are adapted and tailored according to the client’s individual needs and qualities. The multi-disciplinary nature of therapeutic services and the differing philosophical backgrounds of the professionals and organisations mean that a mixed methods study is likely to appeal to a wider range of professionals working therapeutically with black clients (McLeod, 2003).

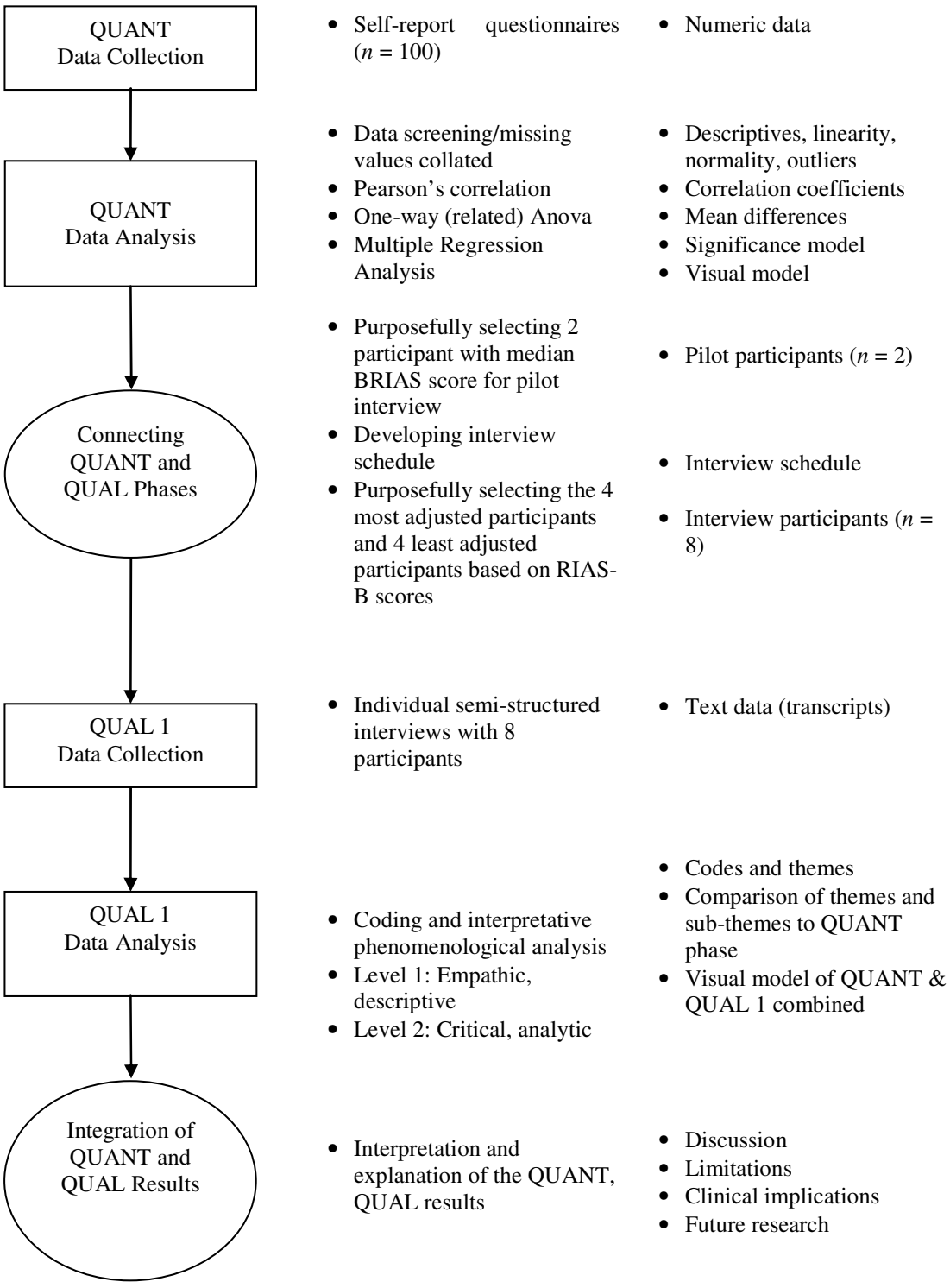


*Figure 1*: A visual model of the sequential explanatory mixed-methods design employed in the current study (Creswell et al, 2003: adapted from Ivankova et al., 2003)

### 3.3 Justification for research design and methodology

The sequential mixed methods explanatory design (Creswell et al., 2003) was expected to best illuminate the role of RI attitudes and ASC cognitions in the psychological adjustment process of black men and to illuminate both subjective and objective realities of the life-world (Krauss, 2005).

The initial quantitative phase was chosen to enable a reliable and systematic comparison of associations between all RI attitudes, ASC, and levels of psychological distress and self-esteem, across a large sample of participants, to help gain an understanding of the 'external reality' (Krauss, 2005). By identifying some of the key relationships between constructs, it was hoped to obtaining preliminary, potentially generalisable findings to help inform professionals working therapeutically with black males.

The second, qualitative phase was selected to examine the subjective lived experience of black men with regard to their RI development and to explore the impact of RI attitudes on their psychological well-being. It was felt that the richest qualitative data would be generated by exploring a range of experiences, and thus the sample for this phase would include the four most and four least racially developed participants (Syed & Azimita, 2008; Helms, 1990). Very little prior RI research has attempted to mitigate the limited nature of questionnaires by adding a qualitative element although qualitative methods provide an opportunity for unexpected phenomena to arise in the research process, as well as expand upon potential explanations for any quantitative findings (Gosine 2008; McAdams, 2001; Moore et al., 2003; Syed, 2010).

McAdams (2001) has highlighted a lack of research into the meaning of the black experience of issues of RI in relation to how black people see their 'self', 'others' and the 'world', and how this might interfere with growth and psychological well-being. The authors also state that openly discussing issues of RI can facilitate the counselling process between black clients and their therapists, which the interview process of the current study will endeavour to emulate. Syed (2010) gave credibility to the qualitative approach by highlighting the importance, yet neglect of, current qualitative analysis surrounding the RI literature. His psychosocial study explored the consequences and narratives of RI experiences and identified the value of qualitative analysis in highlighting the integral role of adults' sense-making of their 'self-identity' and the triggers or events which impact on the movement of one's RI schema. Similar findings were described in Gosine's (2008) study with highly educated black Canadians. These two studies provide a unique and rare opportunity to understand narratives of the

experience of black people, and the emotional consequences of these experiences. They also highlighted the particular significance of meaning-making on RI development and the importance of qualitative methods in capturing the depth of cognitive, affective and behavioural experiences. The present study is the first to qualitatively explore the impact RI has on psychological wellbeing for black males in the UK.

Extant quantitative studies investigating the role of RI attitudes and ASC on psychological distress lack the depth of qualitative findings and fail to identify individual or contextual differences or generate a deeper understanding of the reasons behind the relationships found, all of which could be helpful for therapists basing their interventions on this information. Consequently, it was decided that the qualitative data in the present research would be analysed using interpretative phenomenological analysis (IPA: Smith, 1996). This approach was chosen for four reasons. Firstly, IPA places considerable emphasis on the "diversity and variability of human experience" (Eatough & Smith, 2008, p.182), and therefore is seen as appropriate for idiographic analysis (Larkin et al., 2006). Secondly, IPA grew out of Husserl's phenomenological approach which saw cognition and the meaning-making process as vital to one's experience, closely mirroring this study's philosophy. It was felt that IPA would help unravel the complex concept of RI, to improve comprehension of it's role in shaping psychological well-being and self-esteem. Thirdly, IPA recognises the hermeneutic aspect of meaning-making, seeing it as constructed through the interaction of "social actors" (Willig, 2001). Thus, whilst IPA intends to understand the participant's experience from their point of view as best as possible, it also recognises and accounts for the inseparable role of the researcher's assumptions and preconceptions in this process, resultantly concluding that understandings are collaboratively constructed (Smith et al., 1999). Finally, IPA can also be conducted on two distinct levels (Eatough & Smith, 2008). On one level IPA involves a deep examination of the individual's lived experience, developing an experiential descriptive and empathic account of the participant's experience. The approach also enables a move to a deeper, more critical level involving a more interpretative stance, to reach a level of meaning beyond which the participant has reached (Eatough & Smith, 2008). It was hoped that this additional hermeneutic aspect of IPA would enable an additional speculative component to the research that will further the richness of the analysis and its contribution to the RI development literature.

Both quantitative and qualitative phases were deemed to have equal emphasis and value in answering the research question and were weighted equally (Morgan, 2007). The analysis of the findings involved triangulation (Patton, 1999) of both the qualitative and quantitative data. This approach has been proposed as way of supporting quantitative measures of RI development, and to better understand causation and confounding influences (Cokley, 2005; Mahalik & Pierre, 2005; Syed & Azimita, 2008). It was hoped that by integrating the findings at the final interpretation stage of the study (Tashakkori, & Teddlie, 2003) a holistic understanding of the role of RI attitudes on psychological well-being in black men could be presented to assist the development of evidence-based CBT and integrative therapy for addressing RI development.

### 3.4 Reflexivity

My motivation for carrying out this research stemmed from my personal interest in the topic which emerged from my experience of shifts in my own RI. One particularly salient experience has been working as a cognitive-behavioural therapist in primary care. Whilst seconded to a project for black men, I worked with clients who expressed issues of confusion, self-hatred and isolation in relation to their own RI. Having worked for eight years with black men experiencing psychological problems, six of those with individuals seeking employment, I began to see certain themes emerge from many clients, including questioning their self-identity, the importance of their cultural heritage and beliefs, a lack of trust in the mental health system, and lack of control or powerlessness in society. I often felt compelled to help some clients diminish their hatred of self and of other black people, whilst questioning the 'blackness' expressed by others, which seemed to make them defensive, lower their self-esteem and negatively impact on many areas of their social life. I felt the need to draw upon relevant theories such as Helms' RI attitudes (1993), and Kambon (1999) and Asante's (1980) Africentric theory, and integrate these theories within my clinical CBT practice. As a result, this work enabled better session retention, a more trusting relationship, more disclosure, and empowerment towards seeking employment as well as improved psychological and RI well-being. Through this applied experiential work, I identified a lack of empirically tested therapeutic interventions for black British males struggling psychologically with their RI. Without studies such as the current one being introduced into the psychological literature, new or potential counselling psychology trainees may believe that psychologists have not investigated the importance of RI with Africentric theory. This belief could discourage black students, especially black males, from

pursuing careers in psychology, and also handicap therapists working with these populations when seeking to identify empirically grounded interventions to help their clients.

I have been aware of the potential influence that my own experience and assumptions about the role of RI attitudes on psychological well-being could have on the qualitative phase of this study. I was also aware of the potentially greater influence that the initial quantitative phase might have, for example on shaping the interviews or influencing the analysis of them. Whilst the hermeneutic aspect of IPA recognises the influence of the researcher's interpretation on the analysis (Eatough & Smith, 2008), this awareness also helped me try to "bracket off" (Giorgi, 1997, p.103) these influences when collecting and analysing the data, and to leave my "own world behind and to enter fully…into the situations of the participants…join[ing] with the participants in their lived situation[s]" (Wertz, 2005, p172).

### 3.5 Ethical Approval

Ethical approval was gained from the University of East London Ethics Committee prior to advertising for participants (Appendix B). Participants were asked to sign a consent form (Appendix C) to be returned with their questionnaires, and interviewees in phase two were asked to sign a second consent form (Appendix D) prior to the interview agreeing to it being audio-recorded. At both stages subjects were made aware that they could withdraw from the study at any point and were given debriefing information (Appendix E).

# Chapter 4: Method for Phase 1 (Quantitative Phase)

## 4.1 Aims of Phase 1

The aim of the quantitative phase was to explore the relationships between racial identity (RI) attitudes, African self-consciousness (ASC), psychological distress and self-esteem, in the hope of informing the development of psychological interventions for counselling psychologists working with black males.

## 4.2 Participants

### 4.2.1 Recruitment

Participants were recruited randomly through several sources. Posters (Appendix F) were placed in several public spaces including two sports clubs, further education colleges, churches, betting shops, three academic libraries, and two public libraries. These posters flyer were published in an NHS newsletter serving the North London area and the reception desks at two London libraries were used as a direct solicitation point for the researcher to give out flyers. Participants were also recruited at the University of East London, through direct solicitation within the library and cafeterias. Finally, contacts at two community centres running social clubs for young men in multicultural low income neighbourhoods in London, were asked to find potential participants.

### 4.2.2 Inclusion and exclusion criteria

The inclusion criteria for participation in this study were for male adults (18 years or above) of Black British, African or Caribbean ethnicity, living in the UK. This was further refined to include those who identified themselves as black, were British citizens, and were either born in Britain or had lived in Britain since the age of 12 or earlier. This criterion was added following previous research by Gosine (2008) which indicated that the lived bicultural experiences of these people are more immersed and developed towards an affiliated RI.

### 4.2.3 Final sample characteristics

A total of 139 questionnaire packs were distributed, of which 100 were completed accurately, a return rate of 80%. The 100 black males who completed measures for the study had an average age of 26.08 ($SD$ = 1.03), with ages ranging from 18 to 55. The demographic and other information relating to experiences of racism, and therapist and counselling services preferences for this sample is shown in Table 1.

Table 1

*Demographic, racism experience, therapist and counselling service preference characteristics of participants by age group % (N=100)*

| Demographic | Age Group | | | Total |
|---|---|---|---|---|
| | 18-25 | 26-35 | 36-55 | |
| Ethnicity | | | | |
| African | 18 % | 14% | 26% | 58% |
| Caribbean | 15 % | 16% | 5% | 36% |
| Other | 3% | 3% | 0% | 6% |
| Employment | | | | |
| Unemployed | 21% | 18% | 17% | 56% |
| Employed | 15% | 15% | 14% | 44% |
| Qualifications | | | | |
| GCSE's | 11% | 9% | 1% | 21% |
| NVQ/GNVQ's | 9% | 5% | 8% | 22% |
| A-levels | 12% | 4% | 3% | 19% |
| Degree | 4% | 13% | 17% | 34% |
| None | 0% | 2% | 2% | 4% |
| Marital Status | | | | |
| Single | 35% | 26% | 18% | 79% |
| Married | 0% | 3% | 10% | 13% |
| Co-habiting | 0% | 2% | 1% | 5% |
| Divorced | 1% | 2% | 2% | 3% |
| Have you experienced racial discrimination? | | | | |
| Yes | 20% | 24% | 25% | 69% |
| No | 16% | 9% | 6% | 31% |
| *From those who have encountered racial discrimination:* Would you talk about racial issues/discrimination to a therapist who is | | | | |
| Black | 6% | 10% | 10% | 26% |
| White | 3% | 0% | 2% | 5% |
| Either | 7% | 11% | 12% | 30% |
| Don't know | 4% | 3% | 1% | 8% |
| If you decided to seek professional help would you use | | | | |
| Black service (with black staff) | 14% | 13% | 14% | 41% |
| NHS service | 4% | 13% | 10% | 27% |
| Voluntary service | 18% | 7% | 7% | 32% |
| Would you prefer to speak to someone who is also Black? | | | | |
| Yes | 11% | 8% | 14% | 33% |
| No | 2% | 3% | 1% | 6% |
| Doesn't Matter | 23% | 22% | 16% | 61% |
| Total | 36% | 33% | 31% | 100% |

## 4.3 Instruments

A demographic questionnaire was prepared to gather categorical information on the participants' age, ethnicity, marital status, employment status, and education level (Appendix G). All participants were assigned a number to keep their demographic information and survey responses confidential. Other quantitative or psychometric instruments used were the Black Racial Identity Attitude Scale (RIAS-B) (Appendix H), The Coopersmith Self-Esteem Inventory (SEI) (Appendix I), the African Self-Consciousness Scale (ASC) (Appendix J) and the revised Symptom Checklist-90 (SCL-90) (Appendix K). Permissions to use copyright instruments were sought from the authors for the RIAS-B, SEI and SCL inventories (Appendix L). No copyright statement was found for the ASC scale, which was obtained via the internet.

### 4.3.1 Black Racial Identity Attitude Scale

The Racial Identify Attitude Scale (RIAS-B; Parham & Helms, 1981, 1985) is a 60-item questionnaire used to measure RI attitudes. The instrument is based upon Cross' (1971, 1978, 1991) five stage model of nigrescence (i.e., the Negro-to-Black conversion experience). Cross' hypothesis postulates that in the process of encountering his or her own blackness under conditions of oppression, an individual goes through a series of well-defined stages, each of which has a characteristic set of cognitive, behavioural, and affective elements. The scale consists of five subscales that correspond to Cross' stages: pre-encounter, post-encounter, immersion-emersion, and internalisation, which were defined in Chapter II (section 1.3.1.2).

Participants are asked to rate their agreement with how certain statements describe their own attitudes, on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) with a neutral midpoint (uncertain). Examples of scale items on each subscale include: 'I believe that White people are intellectually superior to Blacks' (pre-encounter); 'I am determined to find my Black identity' (post-encounter); 'I believe that everything Black is good, and consequently, I limit myself to Black activities' (immersion-emersion); and 'People, regardless of their race, have strengths and limitations' (internalisation). A score for each of the five subscales is obtained by summing the items on that scale. In the present study a number of items were rephrased to ensure a British rather than American focus which mostly involved a simple rewording from "American" to "British".

This instrument was selected for the present study because it is the most used scale for practical and research applications (Vandiver et al., 2001) and has been widely used in

the UK. Some studies include investigation of vulnerability factors in black adolescents in residential care (Robinson, 2000), and the relationships between RI and psychological well-being (Mahalik & Pierre, 2005; 2006), anxiety (Carter, 1991; Parham & Helms, 1985a, 1985b), and self-esteem (Munford, 1994; Parham & Helms, 1985b; Pyant & Yanico, 1991). The instrument has been used to examine African self-consciousness (Mahalik & Pierre, 2005; Helms & Cook, 1999), racialised body image disturbance (DeMaynard, 2008), and black men's perceived sensitivity to the race of a therapist (Richardson & Helms, 1994; Pomales, et al., 1986).

Internal consistency of the RIAS-B has been shown to be fair, with Cronbach alpha reliabilities of the subscales ranging from .51 to .80 (Helms & Parham, 1996). Test-retest reliabilities of the subscales were adequate to good with values ranging between .52 and .66 (Lemon & Waehler, 1996). The Cronbach's alpha reliabilities for each of the RIAS-B subscales in the present study were consistent with previous data: pre-encounter, .79; post-encounter, .75; immersion, .75; emersion, .65, and internalisation, .66.

### 4.3.2 The Coopersmith Self-Esteem Inventory

The Coopersmith Self-Esteem Inventory (SEI; Coopersmith, 1967) is a 25-item self-report questionnaire which measures an individual adult's self-assessment in personal, family, academic, and social areas. Each item consists of a trait description, to which the participants respond on a dichotomous scale ('like me' or 'not like me'). The scale also provides a global measure of self-esteem. The reliability and validity of this instrument have been established with internal consistency reliabilities ranging from .87 to .92 (Peterson & Austin, 1985; Wood, Hillman & Sawilowsky, 1996). There is also considerable data indicating construct, concurrent, and predictive validity (Mahalik & Pierre, 2005; Peterson & Austin, 1985). The scale has been widely used with British samples and has achieved a satisfactory validity in a number of ethnic groups (Bagley et al., 1979). In the present study the Cronbach's alpha for the SEI was .82.

### 4.3.3 African Self-Consciousness Scale

The African Self-Consciousness Scale (ASC; Baldwin & Bell, 1985) is a 42-item self-report questionnaire which measures an individual's level of African cultural centeredness. This scale grew out of a need to base psychological instruments assessing black personality and behaviour on more culturally-specific conceptual paradigms and assesses four basic components of African self-consciousness. These are (i) awareness/recognition of one's African identity and cultural heritage (e.g., "Regardless

of their educational interest, educational background, and social achievements, I would prefer to associate with Black people than non-blacks"); (ii) general ideological and activity priorities places in African/black survival, liberation and development (e.g., "It's not within the best interest of Blacks to depend on Whites for anything..."); (iii) self-knowledge and self-affirmation related to Africentric values, customs (e.g., "It is good for Black husbands and wives to help each other develop racial consciousness and cultural awareness and in their children"); and (iv) resolute resistance against anti-African/black forces (e.g., "I have difficulty identifying with the culture of African people"). In the present study items were reworded so that 'America' or 'American' were replaced with 'Britain' or 'British'. Responses are collected using an eight-point Likert-type scale from 1 (very strongly disagree) to 8 (very strongly agree) with a neutral option (4=uncertain). Higher scores indicate greater African consciousness and a more Africentric personality, an awareness of an African cultural heritage, recognition of a need for black survival, and a proactive approach to black issues.

The ASC scale has predominantly been used in studies examining trends between ASC and body mass, body image and skin satisfaction (Neville, et al., 2000) or ASC associations within social cultural settings (Baldwin, Bell & Duncan, 1987). The scale has also been used to determine the relationship between RI attitudes and level of ASC and to reinforce the psychological well-being of black males (Mahalik & Pierre, 2005, Mahalik et al, 2006). The validity of the scale has been examined in several studies with results indicating that ASC scores relate to black personality (Baldwin & Bell, 1985), more positive evaluations of African facial features (Chambers, Clark, Dantzler, & Baldwin, 1998), and scores on the African Behaviour Checklist (Stokes, Murray, Peacock, & Kaiser, 1994). Stokes and colleagues (1994) supported a four factor structure of the ASC, labelling the factors personal identification with the group; self-reinforcement against racism; racial and cultural awareness; and value for African culture. The scale has been reported to have a strong test-retest reliability (.90) and internal consistency (.90) (Baldwin & Bell, 1985; Stokes, Murray, Peacock & Kaiser, 1994). In the present study the Cronbach's alpha reliability for the ASC was .82.

The RIAS-B and ASC scales have not been widely used with a UK population, and yet there is also a lack of alternative reliable instruments to measure these constructs with a UK population (Robinson, 2000). Consequently, these instruments were used in the present study to evaluate whether they might be of use for UK research.

### 4.3.4 The Symptom Checklist-90 Revised

The Symptom Checklist-90 Revised (SCL-90-R; Derogatis, 1994) is a 90-item self-report symptom inventory that measures psychological symptom patterns and can be used as an outcome measure to assess treatment effectiveness, measures of change with treatment, and psychopharmacology outcomes, as well as for research. The SCL-90-R contains a list of 90 symptoms each described briefly and simply (e.g., 'pains in heart or chest' or 'blaming yourself for things'), and participants are asked to score how much discomfort each symptom has caused them within the last seven days by rating it on a five-point Likert-type scale ranging from 0 (not at all) to 4 (extremely). Scores are obtained on nine factors: somatisation, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Scores are also obtained for several additional factors: the Global Severity Index (GSI), The Positive Symptom Distress Index, (PSDI), and the Positive Symptom Total (PST). The Global Severity Index (GSI) was used in the present study to assess general psychological distress and is the average rating given to all 90 items. The instrument is suitable for use with adults and children over the age of 13 and takes between 12-15 minutes for most individuals to complete.

Over a thousand studies have utilised this instrument and supported its reliability and validity as an indicator of psychological distress (Carter et al., 2005; Wester et al., 2006). Validity studies of the SCL-90-R demonstrate levels of concurrent, convergent, discrimination (e.g., Robinson, 2000; Bhui et al., 2005) ant, and construct validity comparable to other self-report inventories (Derogatis, 1994). Prior research has reported internal consistency coefficient alphas for the nine symptom factors ranging from .77 to .90, and in the present study the Cronbach's alpha for the GSI was .99.

## 4.4 Procedure

All participants who met the inclusion criteria received a participant pack which included an introductory information sheet explaining the general nature and purpose of the study (Appendix C). Participants were informed that they would answer questions about their experiences and their social attitudes toward self and culture, to better understand how black men cope with and manage distress. To avoid confounding the results with a response bias, the specific hypotheses were not disclosed. The participant pack included an informed consent form (Appendix C), outlining right to withdraw from the study and standard information about confidentiality and data protection. The pack also included the demographic questionnaire and the four instruments detailed

above. Different procedures were followed for distributing participant packs and gathering data depending on whether participants were seen face to face or requested questionnaires by post. The same debriefing information was provided to all participants (Appendix E)

### 4.4.1 Postal questionnaires

The recruitment posters and flyers asked interested participants to email or telephone the researcher to arrange a convenient time and location to complete the questionnaires. Participants who made contact with the researcher were provided more information about the study background and asked questions to ascertain whether they met the selection criteria. Although this was the original method of recruitment, this activity did not procure an adequate sample. Only 18 participant packs were sent out following this process, with a stamped self-addressed envelope to return the questionnaires, of which 12 packs were returned completed. The debriefing information was sent to participants after they had returned their questionnaires.

### 4.4.2 Libraries, community clubs and UEL

The researcher promoted and recruited participants directly for one day a week for five months at two libraries. Here, potential participants were directly approached and given a brief outline of the study whilst also being screened according to the selection criteria. Participants could complete their questionnaires at the time of recruitment, or take them away to complete and return later. The debriefing information was given or posted to participants after they had completed or returned their questionnaires. From this process 77 questionnaires were distributed. Of those distributed, 36 were returned incomplete, of which 28 had not provided contact details and so collection of missing data for those participants was not possible. Overall, 49 completed questionnaires were generated by the library recruitment.

Two community centres were also contacted to help to recruit people using the same direct method as the libraries. Of 49 questionnaires returned, only 24 were completed fully for inclusion in the study. The researcher also directly solicited University of East London students to participate in the study and gave a brief outline of the study at first contact. Students who agreed to participate and met the selection criteria received the relevant information and consent form, and were provided the pack to complete at the time of recruitment. Each participant was debriefed after completing the questionnaires. From this process 15 participants were obtained with no missing data.

# Chapter 5: Results for Phase 1 (Quantitative Phase)

The data from all the questionnaires was collated and analysed using PAWS/SPSS 18.0 for Windows. A series of statistical tests were conducted to establish whether data met the normality requirements for parametric tests and to explore the relationships between racial identity (RI) attitudes, self-esteem, African self-consciousness (ASC) and psychological well-being. Further tests were performed to examine each of the research hypotheses in turn. Finally, the RIAS-B scores were used to identify the four participants with the highest and four with the lowest RIAS-B scores to include in the qualitative phase of data collection.

## 5.1 Scale Reliability

Scale reliability was calculated for each of the instruments used, each of which fell within acceptable limits and are shown in Table 2.

Table 2

*Reliability Coefficients for RIAS-B Subscales, the ASC, SEI and GSI*

| Scale/Subscale | Cronbach's α |
|---|---|
| RIAS-B | |
| Pre-encounter | .79 |
| Post-encounter | .75 |
| Immersion | .75 |
| Emersion | .65 |
| Internalisation | .66 |
| Coopersmith Self Esteem (SEI) | .82 |
| African Self Consciousness (ASC) | .82 |
| Psychological Distress (GSI) | .99 |

## 5.2 Assumption Checking

The two recommendations of Helms and Parham (1996) were followed on the RIAS-B data. First, the immersion and emersion subscales were combined and an average taken to form a single immersion-emersion variable, as both are part of one schema (see section 4.3.1). Second, the RIAS-B scores were standardised by first creating z-scores, multiplying these by 10, and adding 50. The standardised scores for each of the RIAS-B subscales (pre-encounter, post-encounter, immersion-emersion, internalisation) and the ASC, SEI and GSI scales were then checked for normality using the Kolmogorov-Smirnov test. This revealed that the pre-encounter and immersion-emersion scores were

normally distributed, whilst post-encounter, internalisation, ASC, GSI and SEI scores violated the assumption of normality.

Helms and Parham (1996) have suggested that it would not be unusual to find skewed non-normal distributions of RIAS-B subscales, given that people of similar RI tend to gravitate toward the same settings. Helms has also suggested that it is not necessary to have normal distribution on the RIAS-B, and that transforming the data would violate the basic tenets of RI theory (1990). Consequently, the post-encounter and internalisation scores were not transformed. To ensure that the data on the other scales met the requirements for normality so that parametric tests could be used, transformations were performed on the data from the SEI, ASC and GSI, using several methods. Unfortunately the SEI scores were still not normally distributed, and the standardised z-scores were inspected to identify outliers. Four participants with outlying data were found, but as this was not a data-entry error, the SEI data was left untransformed. This decision was taken for two reasons: first, in a sample of 100, it might be expected to see a few participants with either extremely high or low on self-esteem scores. Second, in line with the recommendation of Gibbons (1994), and in the spirit of the later qualitative phase, it was considered that conducting research is about discovering empirical reality and thus, if a participant chose to respond with that value, then that data is a reflection of their reality. Table 3 shows the results of the normality tests before and after transformation. Some subscales showed a greater degree of normality when analysed by age group. Thus, although the data was pooled for the remainder of the analyses, age was inputted as a step in regression analyses, consistent with the approach adopted in prior research (Townes et al., 2004).

Table 3
*Normality Statistics and Significance for Scores on RIAS-B, ASC, SEI and GSI*

| | Before transformation | | After transformation | |
|---|---|---|---|---|
| Scale/Subscale | K-S (*D*) | K-S (*p*) | K-S (*D*) | K-S (*p*) |
| RIAS-B | | | | |
| Pre-encounter | .088 | .052 | - | - |
| Post-encounter | .093 | .033 | - | - |
| Immersion-emersion | .088 | .053 | - | - |
| Internalisation | .094 | .028 | - | - |
| Self Esteem (SEI) | .107 | .006 | - | - |
| African Self Consciousness | .100 | .015 | .074 | .196 |
| Psychological Distress (GSI) | .174 | <.001 | .076 | .159 |

## 5.3 Descriptive Statistics

The descriptive statistics and Pearson correlation coefficients for the entire data set using the transformed scores are shown in Table 4.

Table 4
*Means, Standard Deviations, and Correlations Between the Untransformed RIAS-B and SEI scores, and Transformed ASC and GSI scores (N=100)*

| | Self-esteem (SEI) | Psychological distress (GSI) | African self-consciousness (ASC) | *M* | *SD* |
|---|---|---|---|---|---|
| RIAS-B | | | | | |
| Pre-encounter | -.388** | .388** | -.213* | 38.90 | 10.20 |
| Post-encounter | -.522** | .361** | -.265** | 17.94 | 6.29 |
| Immersion-emersion | .299** | -.073 | .046 | 25.55 | 5.62 |
| Internalisation | .339** | -.130 | .140 | 36.28 | 5.92 |
| Self esteem | - | -.411** | .118 | 65.54 | 18.37 |
| Psychological distress | - | - | -.192 | 3.96 | 0.90 |
| African self-consciousness | | - | - | 1.60 | 0.14 |

* $p < .05$, ** $p < .01$. (2-tailed)

The descriptive data indicate that the sample primarily endorsed pre-encounter attitudes, with internalisation being the second most common racial attitude expressed. Post-encounter attitudes were the least endorsed attitude of the group. This makes the present sample relatively original in the extant literature examining the RIAS-B because prior research has often had samples who endorse the internalisation attitude most strongly (Lalonde et al., 2008; Mahalik & Pierre, Mahalik et al., 2005; 2006).

## 5.4 Hypotheses Testing

Statistical tests using the transformed data were conducted to examine the aim of the quantitative phase. This was addressed by several hypotheses, which shall be described in turn.

### 5.4.1 Hypothesis 1: Relationship between racial identity status and psychological distress and self-esteem

There were three components to the first hypothesis (see Table 4). It was predicted (H1a) that attitudes that reflected greater levels of racial-identity status (immersion-emersion and internalisation) would be significantly positively correlated with self-esteem for black males, with higher racial-identity status being associated with higher self-esteem. This hypothesis was fully supported, and there was a significant, moderate

positive correlation between both internalisation ($r$ =.339) and immersion-emersion ($r$ =.299) and self esteem.

The second part of the initial hypothesis (H1b) predicted that attitudes reflecting lower levels of racial-identity status (pre-encounter and post-encounter) would be significantly positively correlated with psychological distress for black males, with higher scores on these attitudes being associated with greater psychological distress. This hypothesis was fully supported, and there was a significant moderate positive correlation between both pre-encounter ($r$=.388) and post-encounter ($r$=.361) and psychological distress.

Finally, it was predicted (H1c) that attitudes reflecting lower levels of racial-identity status (pre-encounter and post-encounter) would be significantly negatively correlated with self esteem, with higher scores on these attitudes being associated with lower self esteem scores. This hypothesis was fully supported, and there was a significant moderate negative correlation between pre-encounter and self-esteem ($r$=-.388), and a significant large negative correlation between post-encounter and self esteem ($r$=-.522).

Other significant relationships that were indicated by the correlation analysis include a large significant negative correlation between self esteem and psychological distress ($r$=-.411). Thus, the more self esteem a person had, the lower their psychological distress as measured by the GSI. African self consciousness was also significantly negatively correlated with pre-encounter ($r$=-.213) and post-encounter ($r$=-.265): the higher an individual's score on attitudes reflecting lower levels of racial-identity status, the lower their African self consciousness.

### 5.4.2 Hypothesis 2: Predicting psychological distress and self-esteem

The second hypothesis of the quantitative phase was that pre-encounter and post-encounter attitudes will predict higher psychological distress and lower self-esteem. Two hierarchical regression analyses were conducted to determine whether both self-esteem and psychological distress could be predicted from participants' racial identity attitudes. Age was entered into the equation in Step 1 and the racial identity variables were entered in Step 2 (using the stepwise method). This approach, and the inclusion of age at Step 1 is consistent with prior research by Mahalik and colleagues (2006) that included a demographic variable which had been shown to relate to some significant differences between participants. The results of these analyses for self-esteem and psychological distress as the dependent variable are presented in Table 5 and Table 6, respectively.

Table 5
*Hierarchical Regression Analysis of Racial Identity Attitudes Predicting Self-Esteem in Black men (N=100)*

| | Self Esteem | | |
|---|---|---|---|
| Step and variable | *B* | *SE B* | *B* |
| Step 1 | | | |
| Constant | 113.45 | 8.07 | |
| Post-encounter | -0.96 | .16 | -.52*** |
| Step 2 | | | |
| Constant | 86.64 | 10.88 | |
| Post-encounter | -0.94 | .15 | -.51*** |
| Immersion-emersion | 0.52 | .15 | .28*** |

Note. * $p < .05$, ** $p < .01$, ***$p < .001$. (2-tailed).

In the regression onto self-esteem, the final model to emerge from the stepwise analysis contained two significant predictor variables, post-encounter and immersion-emersion $F(2,97) = 26.37$, $p<.001$ which together accounted for 34% of the variation in self esteem scores (Adj. $R^2 = .34$). At Step 1, post-encounter accounted for 27% of the variation in self esteem scores (Adj. $R^2 = .27$). The addition of immersion-emersion at Step 2 explained an additional 7% of the variation in self-esteem scores ($\Delta R^2 = .08$). Age did not significantly strengthen the model.

Table 6
*Hierarchical Regression Analysis of Racial Identity Attitudes Predicting Psychological Distress in Black men (N=100)*

| | Psychological Distress | | |
|---|---|---|---|
| Step and variable | *B* | *SE B* | *B* |
| Step 1 | | | |
| Constant | 2.21 | .43 | |
| Pre-encounter | 0.04 | 0.01 | .39*** |

Note. * $p < .05$, ** $p < .01$, ***$p < .001$. (2-tailed).

In the regression onto psychological distress, the final model to emerge from the stepwise analysis contained only one significant predictor variable, pre-encounter, $F(1,98) = 17.37$, $p<.001$ which was able to account for 14% of the variation in psychological distress scores (Adj. $R^2 = .14$).

### 5.4.3 Hypothesis 3: Predicting African self-consciousness and self-esteem

The third hypothesis was that higher pre-encounter and post-encounter scores would predict lower self-esteem and ASC scores. Following an approach taken in prior research (Spencer, Noll, Stoltzfus, & Harpalani, 2001), a hierarchical regression

analysis was conducted with ASC as the dependent variable. Age was entered into the equation in Step 1, and the four racial identity variables and self-esteem scores were entered in Step 2 using the stepwise method. The final model to emerge from the Stepwise analysis contained only one significant predictor variable, post-encounter, $F(1,98) = 7.43$, $p=.008$ which was able to explain only 6% of the variation in ASC scores (Adj. $R^2 = .06$). Age did not significantly strengthen the model. The results are presented in Table 7.

Table 7
*Hierarchical Regression Analysis of Racial Identity Attitudes and Self-Esteem Predicting African Self-Consciousness in Black men (N=100)*

| | African self-consciousness | | |
|---|---|---|---|
| Step and variable | *B* | *SE B* | *B* |
| Step 1 | | | |
| Constant | 1.788 | 0.070 | |
| Post-encounter | -0.004 | 0.001 | -.27** |

Note. * $p < .05$, ** $p < .01$, ***$p < .001$. (2-tailed).

The regression analyses used to explore the second and third hypotheses were examined against the recommended sample size requirements of Tabachnick and Fidel (2007), expressed as N>50+8*m*, where *m* is the number of predictor variables entered into the model. Thus, with a sample of 100, the regression analyses performed in the present study, containing a maximum of five predictor variables met this guideline.

### 5.5 Exploratory Analyses

A series of exploratory analyses were conducted to examine other individual factors and their interaction with racial identity attitudes that might be of interest when offering and delivering counselling services to black men: age, preference for therapist, and help-seeking behaviours. A summary of the literature relating to these concepts, as well as the results of the analysis and a discussion of the findings are presented in Appendix M.

### 5.6 Selection of participants for qualitative analysis

The untransformed RIAS-B scores were used to identify the four most and four least racially developed participants (e.g. highest low racial attitudes scores and highest high racial attitudes scores) to approach for interview for the qualitative phase. A profile of the participants selected for this phase is shown in Table 8.

Table 8

*Scores (Untransformed) and Demographic Variables of Participants Selected for Qualitative Phase (N=8)*

| | RIAS-B | | | | Self-Esteem | Distress | ASC | Preference for black therapist | Help seeking choice | Experience of racism | Age range |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Pre-encounter | Post-encounter | Immersion/ Emmersion | Internalisation | | | | | | | |
| High racial identity | | | | | | | | | | | |
| Participant 1 | 17 | 18 | 34 | 38 | 72.00 | 0.12 | 6.50 | Black | Black service | Yes | 18-25 |
| Participant 2 | 25 | 8 | 29 | 43 | 60.00 | 1.86 | 5.17 | Doesn't matter | Voluntary | Yes | 26-35 |
| Participant 3 | 22 | 10 | 24 | 40 | 74.00 | 0.21 | 4.71 | Doesn't matter | Black service | No | 26-35 |
| Participant 4 | 26 | 13 | 28 | 42 | 84.00 | 0.74 | 4.95 | Doesn't matter | Voluntary | Yes | 36-55 |
| Low racial identity | | | | | | | | | | | |
| Participant 5 | 63 | 29 | 11 | 20 | 48.00 | 0.23 | 3.93 | White | NHS | No | 26-35 |
| Participant 6 | 42 | 19 | 16 | 24 | 44.00 | 0.55 | 3.67 | Doesn't matter | NHS | Yes | 18-25 |
| Participant 7 | 46 | 32 | 29 | 25 | 30.00 | 0.52 | 3.90 | Black | Black service | Yes | 26-35 |
| Participant 8 | 62 | 31 | 28 | 23 | 30.00 | 1.71 | 4.21 | Doesn't matter | NHS | Yes | 26-35 |

# Chapter 6: Method for Phase 2 (Qualitative Phase)

## 6.1 Aims of Phase 2

The aim of the qualitative phase was to further explore the findings of the quantitative phase to gain a richer understanding of the role of racial identity attitudes in shaping psychological wellbeing.

## 6.2 Participants

Participants were selected through extreme case purposive sampling (Teddlie & Yu, 2007) based upon the scores from the RIAS-B in phase one. A total of eight black males were selected, four with the highest low-racial identity (RI) score (i.e., those who scored highest on pre-encounter and post-encounter attitudes) and four with the highest high-RI score (i.e., those who scored highest on immersion-emersion and internalisation attitudes). It was hoped that interviews with the most and least racially-developed black males would yield qualitative data that might provide a rich view of the process of RI development. In the quantitative phase, participants were asked to tick a box and provide contact details if they were willing to be interviewed (Appendix C). Of those who agreed, those with the four lowest and four highest scores on RIAS-B were selected and re-contacted to arrange the longer qualitative interview. Table 9 provides a summary of their key characteristics.

Table 9

*Demographic Characteristics of Phase 2 Participants*

| Name* | RIAS-B group | Age range | Place of origin |
|---|---|---|---|
| Peter | Low | 18-25 | Caribbean |
| Irvin | Low | 26-35 | African |
| Edward | Low | 26-35 | Caribbean |
| Dennis | Low | 26-35 | Caribbean |
| Adam | High | 26-35 | Caribbean |
| Henry | High | 18-25 | Caribbean |
| Sam | High | 26-35 | Caribbean |
| Del | High | 36-55 | Caribbean |

*Note.* *pseudonyms are used throughout

## 6.3 Interview content and procedure

The semi-structured interview schedule was developed to explore participants' thoughts and feelings about their development and experience of racial identity attitudes and their attempts to manage its psycho-social impact (Appendix N). Revisions were made during the pilot phase of the study (Appendix O). By adopting a semi-structured design, it was hoped that there would be enough flexibility within the interview to facilitate development of rapport with the participant, allowing unanticipated phenomena to emerge. It might also allow the researcher to enter the social and psychological world of participants whilst also maintaining some control over the interview focus, thereby obtaining a rich data set (Smith, 2003). The intention was to gather data that would either support or challenge the quantitative findings, as well as allow elaboration of these findings with regard to causality and how racial attitudes impact on psychological adjustment processes.

Participants provided written informed consent (Appendix D) and the interviews were conducted at a private location within 10 months of the original contact with the participant. The interviews lasted between 45 minutes and one hour, and were digitally recorded. Two pilot interviews were conducted, one with a participant with low RIAS-B score and one with a high score, to ensure that the recordings were audible, and that the interview schedule flowed suitably and elicited responses relevant to the research questions. Participants were given a debrief letter at the end of the interview and invited to ask any questions they had (Appendix E). The interviews were transcribed verbatim by the author and transcripts include questions asked, most speech errors, pauses, and changes in volume and emphasis (Potter & Wetherell, 1995). Names and other identifiers were obscured to ensure confidentiality.

## 6.4 Analysis

### 6.4.1 Reflexivity

The potential influence of the researcher on the outcome of qualitative research has been widely discussed (e.g., Jootun et al., 2009). In particular, proponents of the interpretative phenomenological approach (IPA) acknowledge that whilst the aim is to get as close as possible to the participant's life-world, it would never be possible to gain direct access to this information. Instead IPA emphasises the double hermeneutic involved in the analysis whereby "the participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of

their world" (Smith & Osborn, 2003, p.51). As a result IPA suggests that the data collection and interpretation process is influenced by the researcher's view of the world, their experiences and their interaction with the participant, and to minimise this impact requires a reflexive attitude of the researcher (Willig, 2008). Parahoo's definition of reflexivity (cited in Jootun et al., 2009, p.42) is "the continuous process of reflection by the researcher on his or her values, preconceptions, behaviour or presence and those of the participants, which can affect the interpretation of responses". It is suggested that through recognising and declaring one's implicit assumptions and biases, or 'bracketing' (Giorgi, 1997), the researcher is able to create a transparent and more accurate understanding of the participant's perspective, contributing to the rigour and credibility of the qualitative research and analysis process.

The researcher was aware of the potential influence of her own views and experiences, her knowledge of prior research through connecting with the literature to produce Chapter II, and what was revealed in the earlier quantitative phase (Chapter X) on her later IPA analysis. She attempted to 'bracket off' these assumptions, trying to immerse herself in the interviewee's world as best as possible. She also maintained a reflexive journal throughout the research process (Appendix P) to bring into view any potential influences upon her IPA process. This will be discussed in more detail in Chapter VIII (Section 8.3).

### 6.4.2 Method of analysis

The interviews were analysed using the IPA approach (Smith, 1996). The analysis was undertaken using two distinct levels of interpretation as advocated by Eatough and Smith (2008). Smith and Osborn's (2003) step-by-step approach to IPA was adopted as a guide for the first level. This encourages the researcher to generate an empathic description of the participant's experience by entering their world (Willig & Stainton-Rogers, 2008). Following this, the analysis entered a second, more speculative, hermeneutic level, involving a critical appraisal of each participant's account to gain a greater understanding of possible underlying sources and meanings (Willig & Stainton-Rogers, 2008).

Analysis began at the interview stage, at which point the importance of RI attitudes to participants' experiences began to emerge. Subsequent transcribing of the interviews verbatim enhanced the researcher's familiarity with the text and provided the material for the next level of analysis. Following this, the text was read and listened to repeatedly, in order to engage with it in an interpretative relationship. Initial responses

and thoughts were noted in the right-hand column. The text was then reread and emerging theme titles were noted in the left-hand column, each time ensuring that it was grounded in the specifics of what was said by the participant (Smith & Osborn, 2003). These themes were then listed in the order they arose accompanied by the supporting material or phases from the transcript and then clustered together into more analytical or theoretical groups, labelled to ensure that the meaning was retained by reference to the transcript (Smith & Osborn, 2003). An example of an audit trail of the IPA processes for the participant named Edward is shown in Appendix Q. This stage was followed by the initial development of tables of clusters and superordinate themes, including exemplar quotes and their text locations to illustrate participants' experiences and the meaning they ascribed to them. Critical appraisal was undertaken at the end, hypothesising about possible underlying meanings of extracts, using quotes to support these tentative interpretations. This four stage process was undertaken for each individual transcript before a cross-case analysis was carried out to integrate themes into a list of master themes, reflecting common themes and shared experiences across the group of participants.

While the four stage process was repeated for each transcript, the list of themes drawn from the first transcript was used as a reference to inform the themes generated from subsequent transcripts. This involved a cyclical process of moving between the transcript and summary table, adding to and elaborating the hierarchy of themes, and checking with the evidence and interpretation of participants' accounts. Themes were prioritised and data reduced, based on how the themes and supporting accounts represented the meanings and experiences of participants. This resulted in a table of integrated master themes (Appendix R), which represented the meanings and experiences of the phenomena within individual accounts and across the group of participants. The analysis will be expanded into a narrative account in the following chapter, in which the themes will be explained and illustrated with supporting quotes.

# Chapter 7: Results for Phase 2 (Qualitative Phase)

The aim of the qualitative phase was to build upon the findings of the quantitative phase and increase our understanding of the ways in which racial identity (RI) attitudes impact on psychological wellbeing. To balance the richness of data provided with the limitations on space for presenting the findings, a decision was taken to allow a theme and subordinate theme to remain in the results when it was represented by 75% or more of the participants, or was felt to show distinction between high and low sub-themes (Smith et al., 1999). Using this criteria, four superordinate themes emerged from the analysis: racial identity attitudes, psychological effects of racial identity, internalised racism, and presentation of self to others. A summary of the superordinate themes, subordinate themes and exemplar quotes is presented in (Table 10) and the frequency of themes and how they were represented by both high and low RI participants are shown in (Appendix S, Table 12).

## 7.1 THEME ONE: Racial Identity Attitudes

The first superordinate theme describes how participants see themselves in terms of their RI and the deep, strenuous and complex emotional work that many have to engage in to manage their experiences. For all participants, certain predisposing racialised messages from significant others in their early life experiences seemed to condition them to hold beliefs about their own racial identity, their racial group and that of others. These messages seem to endure through their adolescence and adulthood in either a beneficial or detrimental way, and could be exacerbated by critical events along the way, such as affiliation with their family cultural practices and heritage, or interactions with their own racial group and other racial groups. For many, being black was associated with their cultural background and the first recognition of racial difference towards their racial self felt acutely isolating. There then emerged a strong need to connect with their cultural heritage, and though this connection they felt confident and positive about their black identity, which resonates with Cross' theory of how RI is triggered. For low RI participants, the status of being black or experiencing themselves as different seemed to provoke feelings of anxiety, leading to ambivalence and colour-blindness. This evoked reactions of defensiveness and denial, and feeling torn between their attempts to disconnect from their own racial group and feelings of shame and anger with the social status of their racial group.

Table 10

*Thematic IPA Table Identifying the Themes and Sub-themes to Illustrate the Role of Racial Identity Attitudes on Self-esteem & Psychological Distress*

| Superordinate/Subordinate Themes | Exemplar quotes |
|---|---|
| **1. Racial Identity Attitudes** | |
| Recognising black identity as a source of difference and struggle | " it is a struggle being black" 111: (30 – 112) (hri) |
| Positive sense of blackness | "because I like being a black man. I feel I know what it is to be a black man and I'm happy about it" 1: (28-30) (hri) |
| Values connection to black cultural identity: heritage, practices and religion | "I suppose church did, going to black church every week, that had a big impact.." 47: (20-26) (hri) |
| Black identity shaped through early racial socialisation messages | "I think its my upbringing really, all to do with my parents…their culture they've tried to put on me" 287: (15-19) (lri) |
| Disorientation and confusion about ones own racial identity | "..so it is a bit difficult, it makes me really have to think like how do you see yourself as a black man" 186: (3-6) (lri) |
| Disconnectedness from own racial group | "I don't give a [sic] about none of them" 153: (9-12) (lri) |
| **2. Psychological effects of Racial Identity** | |
| Psychological impact of racism and discrimination | "I am depressed, pissed off but mostly very angry.." 177: (5-6:) (lri) |
| The psychological impact of negative stereotypes | "I find that this can have a very hard effect on me…with my white friends I have to prove that I am not being as the black stereotype..." 285: (10-15 ) (lri) |
| Ways of coping with experiences of racism and related-stress | "I get a sheet and throw it over my head…I don't want to bother with no one" 182: (4-7) (lri) |
| Awareness of Transgenerational psychological effects (e.g., slavery/racism) | "In any culture, if you oppress a culture it will last for generations…"115: (9-11) (hri) |

| Superordinate/Subordinate Themes | Exemplar quotes |
|---|---|
| **3. Internalised Racism** | |
| Idealisation of other race | "..sometimes they need to sit down and look at how these white people function" 156: (1-3) (lri) |
| Internalised negative stereotypes | "..it kind of made me stereotype every black person that I saw, my thoughts were that they were rude people.." 196: (20-24) (lri) |
| Internalising traditional white beliefs about race and racism | "Most of the places the ghettos…they are killing each other…where can I go where I can see there are white people killing each other?" 224: (21-27) (lri) |
| Challenging internalised beliefs: racial stereotypes | "The majority I would say are good guys…who have just been given a hard time" 120: (28–121) (hri) |
| **4. Presentation of self to others** | |
| Struggle to conform or not | "Obviously if you are wearing glasses…working in a science office then you are a positive black man, that's how they see it, I don't want to be like that" 226: (8-14) (lri) |
| Anxiety over presenting a false self to others | "..you have to start acting in a different kind of way, you have to be a fake somebody, you can not be yourself….I like to be myself.." 146: (21-25) (lri) |
| Inhibition during social interactions: fear of negative evaluation. | "I'm the token black there and you've got to check yourself…because you are looked at or ridiculed" 80: (5-8) (hri) |
| Adjustment of behaviour to ensure acceptance from others. | "I speak to people on a need to know basis" 25: (30 – 26) (hri) |

*Notes*. Lri = low racial identity. Hri = high racial identity

### 7.1.1 Recognising black identity as a source of difference and struggle

This theme captures the shock of isolation and pride in 'Blackness' that was present for all of the high RI participants.

> I considered myself as English, British and I didn't realise there was a difference until I actually got into the workplace, because then it was actually highlighted, people make comments, derogatory comments…I feel good coming from a culture that is spiritual, colourful, vibrant…. I love a lot of things about our culture. (Adam) (hri): 110: (17-25).

Adam initially identified with British culture, until he was discriminated against, which evoked an internal struggle, leaving him feeling a sense of betrayal and rejection by a society he felt part of. He then acknowledges a sense of pride in his cultural and religious background, and the cultural ideologies he was brought up with. It seemed as though Adam's recognition of standing out as different was positively reinforced by validating his cultural heritage.

The low RI participants echoed the permanence of this difference:

> …well I don't think there are a lot of opportunities out there for black people…you always start at the bottom of the scale…I've been in jobs where I have actually been racially bullied…I feel very unfairly treated. That's by white people and my own damned kind (Irvin, (lri): 146: 8-10).

Irvin's experience and struggle with being black invokes a sense of how hard this was for him. He did not expect or want to fit in with the host culture, because he expected to be singled out on the basis of colour by his colleagues, and people in general. This discourages him to the extent he feels others are not open to difference, and he questions what he needs to do in order to fit in. His views of his racial identity, like the other black males with low racial attitudes, were solely negative, ambivalent and discarded of anything positive coming from being black.

Most of the low RI participants expressed denials of their blackness, and did not experience their black identities as a source of difference or struggle. Despite this stance, these individuals experienced agitation if they were to stand out as different in social situations, depicting a lack of self-esteem and inability to acculturate.

### 7.1.2 Positive sense of blackness

All four high RI participants benefited from focusing on positive aspects of their racial identity, through the study of black history and culture. This seemed to improve their racial-self image, whilst the low RI participants had a much more negative sense of their

racial identity. Feeling positive about one's racial identity was a source of strength for the four high RI participants, increasing self worth and inculcating an optimistic outlook. The positive sense of blackness came from an acknowledgment of ones' cultural identity, but also a general openness that every culture has something good to give, as is illustrated by Adam: "I love a lot of things about our culture and where we're from, and thats a major part of me" (hri: 111: 18-21 ). "I embrace all cultures…every culture has something to bring to the table…blacks have a lot to offer" (Adam, (hri: 112: 26-39, 113: 1).

Compared to the optimism and sense of pride felt by high RI participants, the low RI participants expressed a sense of inferiority or negativity associated with being black. Dennis, for example, felt uncomfortable identifying himself as black, and seemed to express a sense of alienation from black identity:

> It is ridiculous, I can't answer for being a black man, do you know what I mean, I can't answer…as a black man I am not really…these questions are for people who belong to a group who are together and do everything together and they are black. (lri: 202 :17-25).

Peter also expresses a sense of pride in being black. However, he seems to be ambivalent about what it means to him, and thus is unable to expand on why he is proud because of this:

> I'm not really sure…I look at people in America and how they've got it and the way they are black…obviously we are proud to be black, you can never be too proud to be who you are and how you are. lri: 213: 10-19.

### 7.1.3 Values connection to black cultural identity: heritage, practices and religion

Participants described the complex and hard work they had engaged in to negotiate their multiple identities. All had been influenced by Western British culture as well as their culture of origin, the latter being more important for the high RI participants. Cultural identity was experienced as complex and contextual in nature, depending upon where and with whom the participants were with, and experiences of indoctrination such as religion. This was a significant factor in all participants' level of RI, whether high or low, although it was more prominent for black men with high racial attitudes. Participants' attempts to trace their cultural heritage were also hugely important in how they developed their sense of racial identity. As Sam remarked: "I don't mean oh your parents are from Guyana so you have got to know about Guyana, take it back further…you might come from a continent called Africa, but no, take it further back

than that" (Sam, (hri): 8: 23-26). There is a sense here that understanding his heritage is an important part of Sam's racial identity, as is understanding his religion: "I know where I fit, if you are a religious person, where I fit in this story of the Bible" (Sam, 8, (hri): 12: 9-17).

High RI participants identified the positive impact of knowing one's cultural history, as Sam also explains:

> …because I know these things it gives me a certain strength I would say and a certain confidence and this strength and confidence enables me to I would say handle things better so as I go through life and I hit certain obstacles… (hri): 12: 17-24).

In contrast, low RI participants held detached attitudes towards their cultural identity and history. They expressed a dismissive attitude towards black culture and history and an immersion within British society. This was, perhaps, their way of communicating the strong influence of having grown up in Britain and their consequent loyalties, but also perhaps a way of decreasing the distance between them and white society, in order to minimise feelings of inferiority of being black. For instance, Dennis placed no value on his cultural heritage and identified as British rather than black:

> I would put Caribbean or British…my parents didn't come from Africa...but if I see UK black or Black British I would usually put Black British because I think British is a new race…and a lot of good positive creativity comes out of the British nation (Dennis, (lri):_196: 5-14).

### 7.1.4 Black identity shaped through early racial socialisation messages

Participants referred to a range of early life experiences that probably affected their racial attitudes and cultural identification, but also how they interact with their own or other racial groups and respond to racial discrimination. All of the low RI participants referred to earlier negative racial socialisation experiences from family members or significant others. Based on their accounts, these early experiences seem to have shaped racial confusion, and a tendency to start to label both black and white races as good or bad.

Both Peter and Edward reflect on the negative psychological impact these kinds of early life experiences had for them. For Peter, having a darker complexion made him feel "insignificant" from an early age. For example:

> Most of the neighbours are like light skinned and my father was light skinned…we always judge who is better, and who is more light skinned and

> blacker so when you say those things it makes you feel like less significant than light skinned person so that's why I say, like I'm confused" (Peter, 2(lri): 215: 19 – 216:1).

In contrast to the above experiences, the accounts of the high RI participants described parents who conveyed relevant socio-political messages about racial discrimination against black people in Britain in the past, and who offered strong moral guidance. Adam, for example, explains:

> I was lucky to have my parents, good parents…my dad even told me stories about when he first came to the country how he was treated, and it's shocking to hear how your own father was treated. He had ambitions of getting property, buying property and they weren't able to get loans, a lot of black people weren't able to get loans at that time, so they stopped his progression, which hinders me because if my father doesn't have, I have to work double hard to achieve what I have to achieve... (Adam, (hri): 114: 10-22).

Adam describes this experience of early conditioning to the realities of racial separatism and what he needs to do which his father could not. This may have instilled motivation for progress and also a pressure to reach high expectations.

Del describes how his parents taught him about his racial identity and the importance of knowing his culture, and of extreme difference between blacks and whites at an early age:

> You're taught at home to acknowledge your own self as a black person, the community you are brought up within, the church, you are black…so they would have things like…white people they don't wash every day and things like that…so those are the foundations…once you get older its difficult to get those thoughts out of your head (Del, (hri): 83: 25 – 84: 14).

### 7.1.5 Disorientation and confusion about one's own racial identity

The analysis demonstrated the negative impact of feeling disorientation and confusion about one's racial identity, particularly for the low RI participants. Irvin was left in a position where he identified neither with the host culture nor his own racial group, causing him to feel uncertainty about how both black and white people perceive him. He identified a recognisable and seemingly bounded black identity of which he was not a part, leaving him with an inability to trust others and a solely negative focus of his racial-self. For example, Irvin describes this point:

> A lot of people talk about the system this and the system that, this and that, at the end of the day you work for black people, yeah, you have trouble getting your money. You work for white people, you get your money but you have to deal with the emotional head fuck (Irvin, 3(lri):_151: 10-17).

Moreover, the low RI participants tended to express uncertainty and lack of knowledge of what it means to be black:

> "I've never looked at it as a racial thing; I've always just looked at myself as just a human so it is a bit difficult, it makes me really have to think like how do you see yourself as a black man and why. I don't really…I see the colour of my skin everyday but it doesn't bother me, you know" (Dennis, (lri): 186: 1-8).

For Peter, the self-doubt that he experiences about being black seems to affect him emotionally. He describes being in search of his racial identity and feeling uncertain about what he has been told it represents:

> Well I see myself as black but you know there is so much confusion how to be black…when I see views about people about how blackness is godliness and they worship themselves, and sometimes I get confused and stuff like that… (Peter, 1(lri): 213: 9-23).

In contrast, all four high RI participants reported strong certainty and knowledge about their racial identity, expressing the value of knowing their black history and acknowledging a uniqueness of being different and thus, constructing supportive beliefs about themselves.

### 7.1.6 Disconnectedness from own racial group

A marked contrast emerged between the low and high RI participants relating to their connectedness, and disconnectedness from their own racial group. All of the low RI individuals had, on some occasion, attempted to disengage from other black people, and their cultural views and actions. High RI participants, in contrast reported experiencing close relations with black people in either a practical or mental sense. For example, Del says:

> I think it is very important to know who I am racially, it's important, er, that I'm aware of my background…yes, it's very important, very important to me that I recognise that I have an identity, that I have a racial identity…(Del, 1 ,(hri) 75: 7-27).

In contrast, those with low racial attitudes described the agency they have exercised over the course of their lives in setting themselves apart from the black culture. Irvin remarks: "My own racial group, yeah, to be honest, this sounds harsh as a black man but I don't give a fuck about none of them because they don't give a fuck about me" (Irvin, (lri): 153: 10-14).

For Peter and Edward, the manner in which they attempt to disconnect from black people and culture is described as somewhat of an internal and external struggle. For

example, Edward describes a sense of paranoia, as he has tried to distance his racial identity from being a 'bad' black person, which perhaps separates him from being in the present moment when among his peers; "I'm paranoid because as a black person, I feel as a black person it makes me feel paranoid because I forever feel I am looked at as being a certain type of black person" (Edward, 12,(lri): 273: 20-24). A consequence of this is that they have been alienated from their true self in order to fulfil the needs of their black and white peers.

## 7.2 THEME TWO: Psychological effects of racial identity

The second superordinate theme describes the impact racial attitudes have on psychological wellbeing, and the range of psychological problems experienced by all participants. The interpretive analysis revealed that low RI participants displayed maladaptive ways of coping with their psychological difficulties (e.g., anger, depression and anxiety), whilst high RI participants (with one exception) experienced no major issues in this area, and thus showed less psychological effects from the impact of negative stereotyping and more adaptive ways of coping. It seems as though low RI participants struggled more intensely with psychosocial problems and adopted unhelpful ways of coping because of their internalised negative racial self-image. Thus, the negative stereotypical images of black males tended to have more of a psychological affect on for black males with low racial attitudes. The analysis seems to reveal how, although high RI participants held an awareness of the transgenerational effects of slavery on their wellbeing, to counteract any psychological effects, they were concerned with preventing passing any residual psychological issues onto their offspring for fear of perpetuating the problem.

### 7.2.1 Psychological impact of racism and discrimination

All participants experienced a similar range of psychological effects in response to racism and discrimination: depression, anxiety, anger, suicidal ideation and low esteem. However, whilst most high RI participants expressed their feelings openly, the low RI participants seemed to exhibit anxiety from talking about their experiences of traumatic racial incidence, in order to protect their psychological wellbeing and self-esteem. Since this was invoked defensively it became maladaptive, resulting in heightened anxiety. This can be seen as Irvin remarks "what it done is open my eyes even more…you have to expect it anywhere you go, anywhere you go" (Irvin, 12(lri): 166: 9-14).

Del described an accumulation of racial incidents which conditioned him to expect racism in certain situations. He expressed a sense of pessimism and hopelessness about the likelihood of racism in the future, which perhaps protects him from experiencing disappointment if he were to experience it again:

> ...there's still institutional racism, you still have to be performing a lot better than your counterparts in order to succeed…and that's not going to change for my generation, I don't even know if it will for the next generation (Del, (hri): 92: 11-16).

Adam and Henry both described experiences of depression, anger and anxiety as effects of racism although both seem to have developed racially from low to high racial identity phases by identifying their talents and skills, and acknowledging the inevitable lack of external control they have over societal constraints. For instance Adam remarks:

> I just felt like I didn't fit in anywhere and I felt like I wasn't good at anything and I wasn't capable…it took me a long time to realise that I have a lot to offer for society and for myself (Adam, 21(hri):_111: 1-12).

Dennis seemed to have struggled with his reactive feelings from an extremist aggressive to passive nature, from the experience of racism. This perhaps reflected his feelings of powerlessness and shame without knowing its root cause, perhaps subconsciously as way of protecting himself emotionally from the aftermath effects of the racial incident:

> The first time I heard a Caucasian man call me a [nigger] I didn't feel honoured, I didn't feel well we come from a very educated and successful race. The feeling I actually felt was anger with no explanation... (Dennis, (lri): 205: 20-26).

### 7.2.2 The psychological impact of negative stereotypes

The IPA analysis revealed three factors underpinning the psychological effects of negative stereotypes: ideals of masculinity; racial stereotypes as expectations from other races; and media stereotypes/images. Reverberating throughout participants' accounts are a sense of frustration, upset and a struggle with the disciplining effects of discourses on their self-image, which threatened to objectify them. Several participants did not want to be pigeonholed by racial stereotypes or expectations. Two with low RI have somewhat adopted their own racial stereotypes of other blacks or have been influenced by what they have perceived in the media. In contrast, those with high RI exhibit little influence from such images.

Low RI participants talked about expectations from their racial-group on how to be a 'man' and describe their sometimes fraught attempts to present their masculinity. They

discuss the objectifying effects of stereotypes, for instance; hyper vigilance and social anxiety, and struggles experienced in conforming to expected macho behaviour. Peter remarks: “they are quick to call you gay or quick to call you feminine…when you have got tendencies, you might do something like cross your leg…you always have to be conscious about what you say" (Peter, 4(lri):_219: 12-19). They also described their concerns with the impact of negative media images of black culture and stereotypes. Irvin explains a sense of feeling humiliated and angered by media stereotypes:

> They look at us and laugh at us….switch on the TV…… most of the time you hear the news all you hear about is white people and how much money they have..... that’s all you hear, knife-on-knife, gun-on-gun crime…but at the end of the day we only have ourselves to blame (Irvin, 9(lri):_159: 10 – 161: 11).

All low RI accounts are similar in that they carry a sense of other-blame of black people, and a belief in what they observe from media images. This has had strong psychological effects on their wellbeing. In contrast, high RI participants challenged the validity of media stereotypes, and acknowledge the psychological affects, which contradicts these stereotypes:

> Negativity printed in the media, talked about by certain groups who say negative things about, you know, the black community and this doesn’t help your mind, especially if you are up against this…..so you start feeling negative about yourself and your own culture… as if you’re useless. So visiting my own background.... is actually an eye-opener... that we can actually do this.... (Adam, (hri): 130: 14 – 131: 2).

### 7.2.3 Ways of coping with experiences of racism and race-related stress

The methods used by participants to cope with the experiences of racism fall into two categories defined here as maladaptive and adaptive cognitive and behavioural strategies. Maladaptive cognitive strategies include: catastrophising, cognitive dissonance, minimisation, over-generalising, personalising and all-or-nothing thinking, all in excess contribute towards maintaining psychological vulnerability (Beck & Beck, 2011). All black males with low racial attitudes perpetuated low racial identity by adopting negative strategies having encountered racism or race-related stress. Edward, for example, employed minimisation as can be seen in his reasoning for the existence of racism, where he assigns fault to the inappropriate behaviour of some black people, rather than the (fallacious) perceptions of racists:

> If you just basically stopped being the way you were then white people would be able to understand you more…obviously some of them can be ignorant as black people but in general the reason why they are racist is because they don't understand us… (Edward, (lri): 286: 11-17).

Other participants used all-or-nothing thinking and overgeneralisations to gain an understanding of their interpersonal difficulties with their own and other racial groups. Peter, for example, suggests that a critical attitude is entrenched in black peoples' psyches (subconscious), even built in their mentality over the generations: "Because we are black people, we are like…we are quick to point that out, we are very quick to do that…we have it inbred in us to make others feel a bit more down or something like that" (Peter, (lri): 220: 6-17).

Three out of the four low RI participants adopted the strategy of personalisation, holding an amalgamation of internal and external dynamics that fuelled their difficulties and increased psychological distress. After describing how he coped with being a victim of racial abuse whilst working previously in a school, Irvin reiterates internalised beliefs he holds about himself and how others perceive him:

> ….they hired me when they had a lot of problems, they needed a black man to sort out their problems…no problems there, we don't need you no more…we don't need you no more because black people don't exactly look good and our image is as a white school…I feel like a useless bum…(Irvin, (lri): 173: 13 – 176: 4).

The other low-RI participants adopted the strategy of cognitive dissonance, that is, defending a fragile racial-self (Helms, 1990). This strategy was perhaps adopted to prevent self-depreciation and to thereby assume a different racial identity that enables them to function adequately within the context of their daily lives. However, the consistent use of this strategy over time caused all of them psychological vulnerability, identity insecurity and low self-esteem. Edward exhibits use of this strategy during a race-related incident with his peers, and speaks of after the event:

> I shrugged it off because at the end of the day she probably thinks I'm one of those kind of undesirable black people… I shrugged it off because at the end of the day I'm one of the boys but it hurt me… I didn't show that because I want to fit in… (Edward, (lri):_276: 1-7).

Helpful cognitive coping strategies were utilised by all participants, but more particularly by the high RI participants. These included: normalising, self-reflection, rationalising, positive refocusing, depersonalisation, positive reappraisal, challenging validity and acceptance (Garnefski et al, 2004). All promoted psychological robustness.

The analysis found that the nature and control of the content of one's racial identity attitudes had a beneficial or detrimental impact over psychological wellbeing and insight to their racial identity development. Five participants used the strategy of normalising (i.e., putting their situation into perspective in comparison with others). As Sam illustrates: "All different people are under different types of pressure, I can't say my pressure is any more worse than a white person living down the road" (Sam, 8(hri):_12: 29 – 13: 3). Focusing inwardly on oneself (i.e., self reflection) seemed to highlight regret, but also helped them to focus on identifying their psycho-racial issues, and is illustrated by Peter's description: "I'm never really sure…if I knew that, that would be the first step into me changing because there is some quandary all the time…that's my personal struggle within me…" (Peter, 7(lri):_223: 13-17).

All high RI participants were able to detach blame from themselves when evaluating an occurrence of racism and looking at the bigger picture of why such events occur (i.e., depersonalisation). Del illustrates "I can see these people haven't been… they still have a problem here…" (Del, 15(hri):_96: 6-9). Although both Peter and Irvin use this strategy at times, it seems to arise when they described their experience of inequality with societal systems, which perhaps may at times be an unnecessary portrayal of events and resulting in their inability to be self reflective, thus, turns into 'other-blame' influencing a sense of powerlessness to overcome difficult situations. For example: "I've had to struggle with the stinking government system because I wouldn't accept a job to be a road sweeper, I had to come out and sell drugs…I done that as a means to live, a means to eat" (Irvin, 10(lri):_162: 7-18).

However high RI black males were able to perceive their experience of difficulties as a normal aspect of life (e.g. rationalisation), for instance Sam illustrates: "even in Chinese culture…people assume they're smart and that's a pressure for them…each race and culture has a certain pressure they have to deal with… " (Sam, 17(hri): 28: 6-16).

Moreover, others found that thinking about their experiences of racism enabled them to process and learn from them (i.e., positive refocusing), as Henry explains: "you were pushed out a bit because you knew that you had to be better…or else you weren't going to be able to get on. So I suppose that is a benefit of self-pushing, pushing yourself to say, no, I can do better…I suppose that is a beneficial side" (Henry, 12(hri):_51: 11-21). Indeed, another cognitive strategy of challenging the validity of potentially critical

realities for black people enabled them to distinguish between objective and subjective reality. For example:

> …..oh black men are aggressive, I have been one of those but there is a reason why…they weren't born with aggression…..the majority I would say are good guys…who have been given a hard time…In any culture there is a very small percentage who are actually bad……it could be in family life, in work, in society… " (Adam, (hri): 87: 15-14).

Three of the high RI participants were able to interpret a difficult situation into something positive for themselves (i.e., positive reappraisal). As Henry describes:

> "Why am I thinking about this? It's happened, that's it, it's gone…I suppose because I've been held back as well… it has had an effect on me…so it is like 'get a grip'…get back to that 'I can' sort of attitude… " (Henry, 19(hri):_61: 2-12).

The other coping strategies utilised by all low RI and two of the high RI participants, were use of maladaptive behaviours including unassertiveness, smoking cannabis, and isolation from others. Three of the four low RI participants smoked cannabis as a way to relive their psychological distresses including anger, anxiety and stress.

For example Irvin explains how he copes with race-related incidences: "Sometimes I might smoke a little spliff….it definitely relaxes you, it might make you hungry. Sometimes I need a little spliff because there are days I can't sleep, days I need to unwind, days I feel so tense" (Irvin, 20(lri):_180: 4-16). In contrast, Adam seems to reflect on this behaviour being an issue in his past, although he has now desisted due to his developed racial-self: "Which is why over the past few years I hardly ever drink or smoke, I have tried to refrain from going to these places" (Adam, 22(hri):_142: 11-14).

High RI black males seemed to use other adaptive behaviour strategies such as; conveying with friends, involvement in religious practices, sports, finding a talent, and researching and learning about black history.

### 7.2.4 Awareness of transgenerational psychological effects (e.g., slavery, racism)

Participants with high RI often acknowledged the historical struggle of their ancestors and its relevance to their dilemma and those of future generations. Two low RI participants also seemed to experience the transition of their thoughts concerning the event of past slavery from unconsciousness to consciousness, thus, associating past slavery with their current problems, which resulted in fuelling further psychological distress.

A low RI participant regresses back to the experiences of slavery and relates his situation, with his feelings of inferiority, (e.g., similar to regressing back as if he were present during slavery): "at the end of the day it has helped me quite a bit because at least I know what is what, I know about the slavery" (Irvin, 12, (lri):_ 166: 1-3).

However, Sam referred to a sense of frustration and distress, but also acceptance of his experiences whilst acknowledging the relevant cultural history, which is in conflict with his ability to project his blackness at times in society:

> What people have to realise is that we didn't ask to be in this position. After your people have been taken from their natural homeland, and stripped of their culture and their religion and then they are given so-called freedom or given independence after being colonised, you have still got the upper hand…I get angry, I get angry, I get frustrated, I don't like it, but I understand that these are the cards that I've been dealt … I don't want to get frustrated where it's going to upset me and I can't function, it just makes me strive harder to conquer and overcome it" (Sam, (hri): 21: 6 – 23: 3).

## 7.3 THEME THREE: Internalised Racism

The third superordinate theme describes how some participants have adopted anti-black beliefs and values, and thus have internalised racist conceptions of their intrinsic worth and abilities held by the oppressor. The analysis revealed that participants with high RI were less likely to have such beliefs, had less intense internalised negative stereotypes and less associated psychological distress. Low RI participants had stronger beliefs in stereotypes about their racial group and higher levels of psychological distress, exhibiting traits of depression, anxiety and low self-esteem.

### 7.3.1 Idealisation of other race

All low RI participants described their idealisation of white people or host society, and their desire to adopt a white racial identity. Dennis and Edward both reported a lack of racial-self image, perhaps showing an estrangement from their true culture, as depicted in the master theme, 'racial identity attitudes', and illustrated by the more intense and frequent accounts of their idealised beliefs: "The majority? White people? I think they are lovely people to see" (Dennis, (lri): 188: 25-26).

### 7.3.2 Internalised negative stereotypes

Internalised negative stereotypes occur frequently in participants' accounts, with the majority coming from low RI black males. Although high RI participants held feelings of shame but also feelings of empathy for black people. Henry, for example, talks

hesitantly of his disappointment and empathy at what he perceives as a lack of aspiration by West Indian people:

> I'd say, I'll say it first because it comes into my head first, but a lot of our racial group let ourselves down…we embarrass ourselves…a lot of our people don't aspire particularly from the West Indies, you'd probably see it different on the African side…disappointed but then I think there must be things I can do to probably help that, and so it gives me a push to see what I can do (Henry, 5-6,(hri): 40: 28 – 41: 19).

In contrast, the low RI participants reported feelings of anger and shame of being victimised by assumptions made about the behaviour of black people. For example:

> At the end of the day, if I go to a cash point and I've worked hard for my one little twenty pound, no black man is going to hold up no white man at the [fucking] cash point…but that black boy will look to hold me up… that's how it is" (Irvin,(lri): 153: 14-19).

### 7.3.3 Internalised traditional white beliefs about race and racism

Similarly, internalised traditional racist beliefs were endorsed by all low RI participants. In their accounts they seemed to disrespect members of their racial group or themselves, whilst identifying with the majority race. Running through Edward's account, for example, were negative and discriminatory descriptions of other black people. There is a sense of shame, low self-esteem and confusion in his beliefs about black people, as though he also held these feelings about himself: "I think that white people are more intelligent, really" (Edward, (lri): 18, 5-15). Similarly, Irvin remarks: "You live in England, take a walk… what do you see? White people's businesses…Turkish people, they have got their shops, they have got their community, what do black people have? We're too busy either trying to kill each other…" (Irvin, 5,(lri): 111: 19 – 112: 3).

### 7.3.4 Challenging internalised beliefs: racial stereotypes

Despite feelings of anger, shame and disappointment, low RI participants did not report any attempts to challenge their own internalised beliefs, perhaps associated with mature psychological defences in managing stimuli that produced negative emotions, and anger control. High RI participants, however, held a strong positive sense of racial-self and cultural knowledge, which enabled them to refute external stereotypical images and internalised negative beliefs as 'untrue' or 'questionable' to them. As Adam illustrates:

> I find there are a lot of cultures that do stereotype the black man, via what the media has presented to us, it's all been negative. They haven't highlighted the

positives, there are a lot of black professional men and this is not being highlighted at all… blacks have a lot to offer… (Adam, (hri): 112: 1-28).

## 7.4 THEME FOUR: Presentation of self to others

The fourth superordinate theme describes the complex emotional struggles many of the participants experienced when using a racial 'lens' to help them make sense of interactions, although at times doing so meant that they felt they had to change their projection of self due to existing dysfunctional assumptions and beliefs held about the majority race. It was apparent that a fear of being negatively evaluated during social interactions made it harder to connect with people, although those with high RI showed less inhibition than low RI. Although, at times being black and a professional at work left them feeling powerless to speak out or having to become forthright in asserting their needs. Additionally, there was a certainty to their anticipation of being discriminated against on the basis of colour. Thus, adjusting their behaviour to fit in with their own or other racial group automatically put them in a position of feeling unequal to the majority racial group that they felt that they needed to work harder to prove themselves better than others in order to be accepted, although without expressing a false self. Thus, for high RI participants, holding onto their positive sense of racial and cultural identity, whilst perceiving others in terms of their characteristics as opposed to solely their race, in doing so, lessened social anxiety and created psychological equilibrium. However, for low RI participant's, adjustment, produced disharmony in their objectification of self.

### 7.4.1 Struggle to conform or not

This theme, characterised by the hard emotional work involved around conforming to society's norms (e.g., Edward and Dennis) was a theme shared by six of the participants; and two of the participants placing importance on their struggle not to conform (e.g., Irvin and Peter). The theme is illustrated by the following description, implying that there are significant compromises to selfhood that need to be made in order to fit in: "it is meeting that organisation's culture…sometimes it is like acting in a way, I suppose…you can't really express yourself." (Henry, 13(hri): 52:2-6). High RI participants describe that adopting a work persona involves presenting himself in a certain way by repressing his true thoughts and feelings, and presenting a false self to others by conforming to the host culture. Henry later describes the effects on him psychologically:

> …that has led to a lot of emotional trauma and anger because it was a constant fight to be accepted…so that constant fight all time, doing that everyday, literally every day, it does have an emotional factor on yourself… it built an in-depth anger within myself which I didn't know really that I had… so I was eating humble pie but the humble pie was still creating internal anger (Henry, (hri): 111: 14 – 112: 3).

Another high RI black male similarly describes his experience:

> I have to adjust my behaviour for the circumstances, so for example, if I amongst my own culture, in order to communicate with them effectively, I have to adjust my behaviour… again if I go into a predominantly white situation, again I have to adjust my behaviour… where some of us fail is that we are unable to do that…and if it is difficult for you to communicate, it is going to be difficult for you to progress…Initially it was demoralising (Del, 13-14, hri):_93: 5 – 94: 18).

It seems that social adjustment or acculturation is a learning process which once understood can be less psychologically distressing.

Low RI participants; however, seemed to sway in their position from being at extreme ends of the spectrum: of individualist to collectivist views, highlighting their struggle to conform. Irvin, for example, was initially clearly at the extreme collectivist point, experiencing the dilemma of sacrificing his black identity in order to conform. He placed emphasis on what happens to black people once they have conformed: "...they virtually get put in a little position, and they change, they change. They do not see it…that is very upsetting" (Irvin, (lri):13, 168: 4-8), and then moved to a extreme individualistic point: "dog eat dog" (Irvin,(lri), 242: 1-2).

### 7.4.2 Anxiety over presenting a false self to others

Most participants described discomfort at presenting an 'inauthentic self' that did not resemble their true beliefs and values. It could be argued that high RI black males held strong positive affiliations with their racial and cultural identity such that they felt it to be a betrayal to go against their beliefs, resultantly, showed attempts to regulate their anxiety around this issue. However, the low RI participants, presentation of an inauthentic self appeared maladaptive, resulting in low self-esteem. Irvin, for example, referred to his struggle with remaining true to his identity and beliefs, and its consequences:

> …unless you are one of those black people that pretend that they are actually white yourself and you make a lot of enemies…you have to start acting in a different kind of way, you have to be a fake somebody, you cannot be yourself. Me as a black man I like to be myself… (Irvin, (lri): 146: 17-25).

Participants with high RI displayed similar anxieties, despite their better sense of identity, however they were able to relinquish their anxieties by reminding themselves of the benefits to them when remaining true to their racial identity.

As Adam displays: "…maybe they want me to be this certain type of black man who has no culture and no tradition, and I thought, well I don't care, I'm not going to sell myself or my culture…I'm English, they should also accept" (Adam, 18(hri):_136: 10-16).

### 7.4.3 Inhibition during social interactions: fear of negative evaluation

This theme describes the intense anxiety, worry and paranoia all eight participants experienced within social interactions, due to fear of either being associated with negative racial stereotypes or being marginalised by their own racial and majority group. However, low RI black males seem to experience more difficulty. As Peter, for example, reveals how he reciprocally interacted with his own racial group, whilst also being alert to what white people think of him and the emotional stress and fear he felt to being perceived negatively:

> I think they are always looking at me funny, or something…when I am with my black friends I am more like… I won't say act appropriately but I will be all loud and doing anything I feel like doing… but my friends, most of them are black…somehow I feel embarrassed, at the same I think why do I care what these people think about us… at the same time that's still not going to let me loose to do what I really wanted to do (Peter, 2(lri): 214: 23 – 215: 5).

Henry similarly described his experiences of feeling powerless to speak his mind whilst at work with the fear of being perceived negatively, although he seems to display confidence in his presentation as a way to positively cope with the anxiety:

> There are things that are happening within an organisation that you are not particularly happy about, but you don't say anything because you don't want to put your one black head out on the parapet…and then there are times or positions that you get into where actually, no, I've got the decision now…Sometimes that gives you drive for getting into the position, where you are not so much the subservient any more (Henry, 13(hri): 52: 13 – 53:1).

Both Henry and Peter seem to illustrate the idea that they are not free to think or act without considering the implications of their thoughts or actions where prevailing racial stereotypes or some essentialist notion of blackness are concerned. Although, it appears that with self-belief, the high RI black males are better able to assert their needs.

Similarly, most participants described experiences of feeling inhibited by expectations of racism, and hence the possibility of interpersonal rejection. All referred to their difficulties in forming secure attachments with those who could help them gain mastery over the world, when these individuals are seen as a threat for potential discrimination. As Henry describes:

> I suppose one of the biggest coping strategies is before you react is just to have a think of what the consequences…It is not something that I do the best at…In different situations I've thought about it, but I have to make my voice heard (Henry, 23(hri): 66: 27 – 67: 12).

### 7.4.4 Adjustment of behaviour to ensure acceptance from others

The analysis revealed that the majority of participants felt they had to adjust their behaviour in order to be accepted by others. Indeed, all high RI participants reported the need to prove themselves better than their counterparts in order to progress in life and be accepted. Two of the four high RI participants described occasions when they had conformed to traditional British dress code, but were still perceived in a negative way. For example: "I'm a professional and I've got a suit on, maybe they'll see me differently but it still wasn't the case" (Adam, 19(Hri): 137: 16-18).

Edward used the phrase 'put on an act', implying that he has to construct different images of himself for different people (i.e., both white and black peers). Social interaction, for him, is performance rather than pleasure based, which has a severe negative effects on him psychologically:

> It affects me because it takes a strain and I shouldn't have to do that, I should be able to be just accepted for who I am and because of the black cloud that we as black people put on each other, this is what makes it harder for me to feel accepted in the country of my birth…so all this has an emotional toll on me… I play the game…I don't know who I am sometimes, I'm like in a sea of emotion, I don't know who I am because I'm trying to fit in both so much… when I'm by myself I can't be by myself sometimes. I feel who do I relate to? (Edward, 16(lri): 281:20 – 283:16).

In line with this, Del illustrates:

> You have to play at their own game, if you are not part of the crowd you are never going to get anywhere, so you have to be part of that crowd in order to succeed. That's the game you have to play (Del, 12(hri):_90: 29 – 91: 3).

## 7.5 Conclusion

This qualitative phase was conducted to lend support to, or to challenge, the quantitative findings, as well as build on our understanding of how racial identity attitudes influence psychological wellbeing and self-esteem in Black British, African or Caribbean men, living in the United Kingdom. The aim of the study was to contribute to the field of counselling psychology by providing an innovative clinical framework that would enable practitioners to work culturally specifically and competently with black males.

Figure 2 provides a visual model of the combined quantitative and qualitative findings. Whilst the quantitative findings could not suggest causal influences, the causal factors indicated by the IPA analysis are detailed in Figure 2 with the use of directional arrows. This makes it clear that racial identity development is influenced by one's racial attitudes, the value ascribed to cultural identity (e.g. level of African self-consciousness), levels of self esteem, psychological distress, internalised racism stemming from early racial-socialisation messages, impact upon presentations of self to others, and ways of coping, shows the potential mediating influences in these relationships.

Whilst the quantitative results inform us about overarching trends and relationships between RI attitudes and psychological distress and self-esteem, the qualitative results not only supported these findings, but also provided a deeper understanding of the greater complexities involved in RI attitudes, and the impact made upon role they psychological wellbeing.

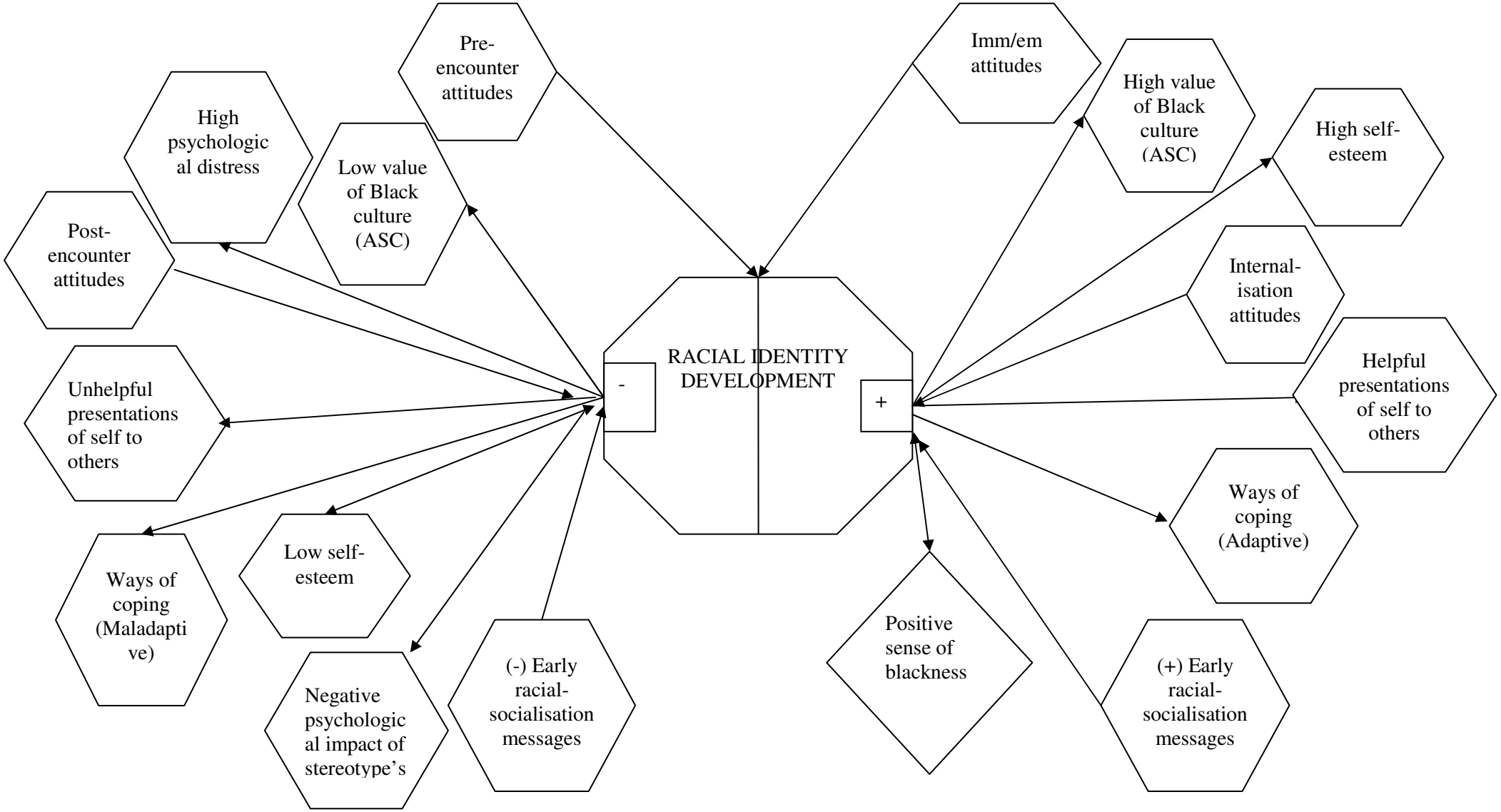


*Figure 2*: A visual model to show the combined quantitative and IPA findings of the influence (and inferred direction of influence where mentioned) of racial identity attitudes and mediating components on racial identity development

# Chapter 8: Discussion

## 8.1 Discussion of the results with respect to other research

The results of this study supported previous research that has identified a relationship or influential role of racial identity (RI) attitudes, with all or some of the following: African self-consciousness (ASC), self-esteem, and psychological distress (Bhugra & Becker, 2005; Bhui et al, 2005; Brook & Pahl, 2005; Keating et al, 2011, 2004; Mahalik & Pierre, 2005, Mahalik et al, 2006; Robinson, 2000). These findings reinforce the need for effective therapeutic interventions to assist black males in identity crisis. The results also partially support prior research which has indicated that psychological distress and self-esteem can be predicted from certain RI attitudes (Belgrave et al., 1994; Mahalik & Pierre, 2006; Parham & Helms, 1985a). The qualitative research exploring the lived experiences of black males at both ends of the RI scale lends further support to the quantitative findings, indicating that RI attitudes are likely to contribute to psychological distress, self-esteem and ASC. The interpretative phenomenological analysis (IPA) also enabled a deeper understanding of the more complex interactions between racial attitudes and psychological wellbeing.

Both the quantitative and qualitative findings have been drawn together and considered with respect to other research in this area. Separate discussions relate to the relationships investigated, such as psychological distress, self-esteem and coping mechanisms.

### 8.1.1 Racial identity attitudes and psychological distress

Partial support was found for the first hypothesised relationship, that those with a weaker racial-self (e.g. pre-encounter and post-encounter attitudes) would experience greater psychological distress (Brook & Pahl, 2005; Mahalik & Pierre, 2005, Mahalik et al, 2006; Parham & Helms, 1985b). The study also added to the extant research by utilising a qualitative component which found that these attitudes possibly create racial confusion, stemming from negative parental racialisation, which deters black men from coping effectively with social stressors, thus resulting in poor social adjustment leading to high psychological distress. The IPA phase of the study supports Parham and Helms (1985) theory of what contributes to high and low racial attitudes, reflected in the themes ‘positive sense of blackness’ and ‘disorientation and confusion about one’s own racial group’. This phase also found that racial incidents erupt and begin the process of

nigrescence amongst black males, illustrated in the narratives relating to the sub-theme 'recognising black identity as a source of difference and struggle'. Moreover, this phase of the study added to the literature and supported Cross's theory that an individual's identification with their blackness starts from the parental racialisation process, depicted in the subtheme early racial socialisation messages.

Also consistent with the original hypotheses, those who experience internal confusion about their race (post-encounter attitudes) were significantly positively correlated with psychological distress (Pillay, 2005). There are two possible explanations for this finding. The first is that the relatively short-lived RI phase may make it difficult to measure any relationship between social anxiety and post-encounter attitudes. Secondly, it might be postulated that, following recent emergence from an identity where one is self-deprecating and striving to be like the majority culture, perhaps having 'moved on' due to a negative encounter experience, the black male in the post-encounter phase finds himself 'without a home', so to speak, as a person in this position may be increasingly vulnerable to the fear of negative evaluation and internal anger (Carter, et al., 2005). The qualitative findings elaborate upon this latter interpretation, and appeared to confirm the findings by Parham and Helms (1981; 1985a, 1985b) and other studies (Bhugra & Bhui, 2001; Fernando, 2009; Lowe, 2008) that pre-encounter and post-encounter attitudes seem to hinder psychological well-being, as depicted in the sub-themes 'psychological impact of racism and discrimination' and 'the psychological impact of negative stereotypes'. These themes highlighted narratives concerning a sense of participants' confusion about their identity and internal conflict relating to how they felt they were perceived by others, which created emotional distress and reduced self-esteem.

The qualitative findings also offered a potentially deeper understanding of the various stages of racial attitude development. Helms' (1993) work indicates that individuals can show traits of other racial attitudes within their positioned racial phase. The qualitative analysis highlighted an overlap between pre-encounter and post-encounter attitudes, with two post-encounter participants (according to their RIAS-B score) attributing pre-encounter traits. One participant appeared to hold internalised traditional negative views of black people, but did not display the pre-encounter trait of pursuing a British cultural identity, which the two other pre-encounter participants showed in their accounts. This supports the argument that RI stages are not linear but cyclical (Parham, 1989) and

could be one explanation for why previous studies have formed no consistent profile for the post-encounter phase (Cross & Vandiver, 2001). The theoretical and methodological limitations of the RIAS-B instrument to accurately and fully describe the distinct experiences of black people in their RI development, led to a redefinition by Worrell and colleagues (2001). Their CRIS model was the first to distinguished anti-black (i.e., pre-encounter) attitudes as an independent factor. The model also includes more discrete descriptions of experiences and sub-levels within each stage of RI development and appears to allow for a more thorough examination of the experiences of black people in RI development (Cross & Vandiver, 2001). The qualitative findings in the present study appear to support the revised CRIS model, although it has not been empirically tested sufficiently to confirm the validity of its results (Vandiver, 2001).

However, the quantitative results of the current study revealed a non-significant relationship between high RI scores (immersion-emersion and internalisation phases) and psychological distress. Nevertheless, the findings of more recent studies by Yip et al. (2006) and Mahalik et al (2006) are consistent with those of the current study, and found that high racial attitudes did not relate to better psychological wellbeing.

Low RI participants in the qualitative phase demonstrated significantly more incidences of low self-actualisation, low self-acceptance, increased anxiety and inferiority, personal inadequacy and more general psychological distress, compared to accounts by high RI black males, findings which support prior research (Mahalik & Pierre, 2005, Mahalik et al, 2006; Parham & Helms, 1985a).

Results from the IPA phase summarised by the theme ‘racial identity attitudes’ also lend support for Helms characterised racial-identity stages (Helms, 1981; 1985, 1990), and prior quantitative research. Moreover, the IPA findings support Cross theory that low RI black males displayed more of a Eurocentric or non-Africentric worldview with no cultural connections with their racial group, also corroborated in the significant relationship between low RI attitudes with low ASC and consequently tend to feel more self-conscious of their blackness amongst others and are more likely to feel anxious or withdrawn (Helms, 1990), thus, inhibiting low RI participants' ability to assert their needs, consequently prevented movement towards social mobility (e.g., improving employment type), and struggle to maintain a ‘true self’, inevitably lowering their self-esteem, experiencing higher psychological distress due to disregard of their racial self-image.

### 8.1.2 Racial identity attitudes and self-esteem

The findings from the present study confirm the hypothesis, predicted by the prior literature, that pre-encounter and post-encounter attitudes would be negatively associated with self-esteem, and that immersion-emersion and internalisation attitudes would be positively associated with self-esteem (Mahalik & Pierre, 2005, Mahalik et al, 2006; Munford, 1994; Robinson, 2000). However, the work of Robinson (2000) only identified a significant relationship between high RI attitudes and self-esteem. The present study added new findings to the RI literature, by also identifying significant relationships between low RI attitudes and low self-esteem, showing a significant difference in self-esteem amongst all four RI attitudes, which Robinson's study failed to find. This might be explained by the smaller sample size (n=80) and the relatively narrow age range (13-16 years) in Robinson's work. The quantitative phase of the current study included a study broader age range (e.g. 18-55) which may have produced a broader spectrum of RI attitudes. The IPA phase further expanded on these findings, revealing how black males with low RI, who had a negative sense of their racial-self, seemed to associate their racial experiences with shame, discarding their needs to fit in with others, resulting in low self-esteem. This is congruent with findings from other studies conducted with a black sample (Goodstein & Ponterotto, 1997; Munford, 1994; Parham & Helms, 1985b; Poindexter-Cameron & Robinson, 1997). Such feelings of shame threaten the individual's relationships in the black community (Leary, 2005), as reported in the low RI participants' stories in the IPA phase, with accounts of isolation and avoidance of other blacks.

Support was also found for the hypothesis that individuals with post-encounter attitudes (internal confusion and challenge) would be likely to have lower self-esteem (Munford, 1994; Pyant & Yanico, 1991), and a racial-incident is more likely to trigger exacerbated low esteem (Robinson, 2000; Bhugra & Ayonrinde, 2004). This reinforces the validity for the Coopersmith Self-Esteem Index (SEI) as one part of a measure for RI development and could be a useful measure for measuring a relationship between low/high RI attitudes and low/high self-esteem.

The role of positive self-regard in maintaining psychological health, irrespective of race, has been well documented in the literature (e.g., Goodstein & Ponterotto, 1997; Mahalik & Pierre, 2005; Munford, 1994; Poindexter-Cameron & Robinson, 1997; 2000). Full support was found for the hypothesis that individuals with high racial attitudes in phases

one and two of the present study would exhibit greater self-esteem. This is consistent with the findings by Robinson (2000) and Mahalik & Pierre (2005) that high racial attitudes, characterised by positive views towards oneself, acceptance of the black preference group, and a decline in anti-white feelings, resulted in high self-esteem amongst black participants. The findings were also able to add to the literature by drawing on the qualitative component and concluding that high RI attitudes seems to stem from black males positive parental racialisation messages conveyed at an early age (Lalonde et al., 2008; Peters, 2002). Indeed, displayed in their accounts was their knowledge of their racial-self, along with a foundation of their cultural heritage, buffered them from social stressors (Bhugra & Bhui, 2001). It seems that this also helps them to feel more positive of and optimistic for their racial-identity. Similarly, the study added to the racial-identity literature by finding the theme of 'early racialisation messages' as a significant integral impact on the relationship between racial identity and self-esteem. Supporting previous research that different socio-cultural influences matter at different times in a person's life: during childhood, parents and significant others are most important (Fletchman-Smith, 2000; Marcia, 1980). Here, what makes RI development different from other aspects of identity is that most of the focus of socio-cultural communications from the environment to the person is about group-related appearance rather than the individual's own abilities and interests (Murrell, 1999). In support of this, those with low RI attitudes, displayed accounts in the IPA phase of parental racialisation messages which created feelings of inferiority to the majority race and the belief that white people were superior. This was also communicated within the black racial group, where there was an implication that those with darker skin complexions were inferior to those with lighter ones (Lowe, 2008). These experiences created underlying feelings of "insignificance" for Peter, and internal confusion, leading to a fragmentation of the self, for both Edward and Dennis. These findings are supported by prior research that identified black people who know the good and bad aspects of their identity are less likely to experience low self-esteem or mental ill health (Janssen et al, 2003; DeMaynard, 2008). The findings also support research conclusions that negative stereotypes and internalised inferiority can be transferred by parental racial socialisation messages (Lalonde et al., 2008; Leary, 2005).

In line with psychoanalytic theory, the IPA analysis found that low RI black males expressed the belief that there are "good" and "bad" black people. For instance, Edward

perceived himself as a “good” black person. This seemed to stem from his early life paranoid-schizoid position of all light skinned black people being good and darker skinned people being bad. This aligned with Klein’s (1987) theory of infant development in which the adult returns to deal with innate destructive impulses by splitting. Failure to leave the paranoid-schizoid position is responsible, in Klein’s view, not only for many psychiatric disorders, but also for obsessional preoccupation (Snowden & Pingatore, 2002). This is illustrated in Edward’s experience of obsessively attempting to keep his lived two worlds apart. Irvin’s early racial development began when he was in primary school, where he felt ostracised by significant others, who he perceived were supposed to support and nurture him through his difficulties with dyslexia. Their perceived failure to do this exacerbated Irvin's existing low self-worth (Fletchman-Smith, 2000), being failed by parental figures. The IPA findings have provided a unique insight to the role of RI in childhood. The study’s findings also complement the findings of Neblett et al. (2009) who suggested that parental messages about the meaning of black people and race provide important information for black adolescents to construct their racial identities and adapt in the world.

The study also added to the current literature by providing insight into the mental effects of slavery (Fletchman-Smith, 2000; Leary, 2005) and supporting existing findings (Lalonde et al., 2008). High RI participants were socialised by their parents with clear realistic messages about the past and current oppression which they had experienced in society, with the 'work harder than your counterparts' ethic instilled into their consciousness. They also learned about their cultural heritage and religious practices which gave them views that their race was a normal and desirable part of themselves as well as others, and enabled them to develop a positive and pluralist RI (Fernando, 2010). This assisted their recovery from internal struggles (Brook & Pahl, 2005; Fletchman-Smith, 2000; Neblett et al, 2009).

The IPA phase also illustrated how all low RI participants seemed to have transferred similar early life experiences into in their adult lives. As a consequence, they lacked interpersonal relatedness and the ability to manage racism (Brook & Pahl, 2005; Fletchman-Smith, 2000). Past research (DeMaynard, 2008) has shown that conflict is greatest in situations in which one has to juggle contradictory attributes associated with different social roles. This is represented in the theme ‘presentation of self to others’ where we see Edward and Peter's accounts of an internal struggle with presenting a 'true

self' and a 'false self' (Harter et al., 1997). Reflecting on this important concept of RI, Winnicott (1958) distinguishes between the true and false self, viewing the latter as a defensive structure, a false adaptation to an environment which has not met the needs of the true self during the formative months of infancy.

These findings also support psychoanalytic theory, revealing how many of participants carried residual internalised beliefs, depicted in the theme 'internalised racism' stemming from their early life experiences, into adulthood (Fletchman-Smith, 2000). The IPA analysis uncovered limitations in the quantitative findings by identifying a distinct difference in application of the concept of internalised racism, depicted in the RIAS-B (Parham & Helms, 1985). In Helms' model, low RI attitudes were associated with strong internalisation of racist views against other black people, as explained by Cross' theory. However, the IPA phase revealed that some of the high RI participants also endorsed such views, although to a lesser degree.

The IPA analysis also demonstrated that internalised racism was not challenged by low RI participants, but in fact adopted by some as a form of protecting themselves from racism, despite the apparent unresolved difficult emotions this created. This elaborated on the quantitative finding that low RI attitudes were significantly negatively related to self-esteem, indicating that these unresolved emotions prevented healthy RI development.

This might be one explanation for why most high RI black males experienced higher self-esteem than low RI individuals. The IPA phase identified that most black males, specifically high RI individuals, gave accounts of attempts of cognitively coping by challenging societal stereotypical messages, images and racism, depicted in the subtheme 'challenging internalised beliefs: racial stereotypes'. This often drove them to react to the attacks on their sense of self by using strategies of dissociation, splitting, or withdrawal (Layton 2006). This supports existing literature (e.g., Taylor & Grundy, 1996), although Akhtar (1999) argues that splitting may be an indispensible regressive process that provides the black male with the time and space to adjust and adapt to their host culture. The finding is also congruent with other research, which has indicated that challenging internalised negative beliefs seems to provide high RI black males with a sense of control and connectedness to their existing 'true' racial-self (DeMaynard, 2008; Fletchman-Smith, 2000; Fanon, 1967/1986), thus influencing better utilisation adaptive cognitive coping strategies. Prior research has found that when an individual operates in

an unobstructed fashion, they can reach optimal self-esteem, (Kernis, 1993). The relationship observed between high RI participants and self-esteem in both phases confirms this. Authenticity is related to adaptive psychological functioning (Tesser, 2002), and is perhaps illustrated in Henry's description of it "being easier to be himself" and depicted in the subtheme 'anxiety over presenting a false sense of self'. This phenomenon could provide insights into the contents of the black archetype and its tendency to organise towards healing (Lowe, 2008). In contrast, the low RI participants tended to internalise traditional views of racism towards other black people, and built upon a 'false self' in order to be accepted into society and this seemed to exacerbate low self-esteem (Parham & Helms, 1985a), and feelings of estrangement from their black culture (Morland et al., 2001; Nghe & Mahalik, 2001). The findings also added to the existing research by identifying that low RI black males reported using more maladaptive cognitive and behavioural coping strategies to deal with social stressors, which are typical of the ways of thinking (i.e., over-generalising, cognitive inflexibility) (Beck, 1975) and unhelpful behaviours shown in the literature to influence or depict traits of depression and anxiety and more severe psychological disorders (Carter, 1991; Helms, 1995). It could be argued that the low RI black males in the current study were coping maladaptively, using withdrawal, self-criticism, and aggression as a way of coping with their psychosocial problems. This would corroborate the quantitative findings of strong correlations between pre-encounter and post-encounter attitudes and psychological distress, due to the prominent use of maladaptive coping strategies used by low RI participants. This is also highlighted in the 'ways of coping' theme in the qualitative phase, which seems to be supported by research that has identified black people with low RI being more likely to be effected by perceived racial stressors (Pieterse & Carter, 2010).

The present research also highlights that, for black men, identification with other black people is connected with important feelings about oneself (Mahalik & Pierre, 2005) and Mahalik et al, (2006). The most promising results by far were found in the relationships between low RI attitudes, ASC, psychological distress, and self-esteem. For those with lower RI attitudes, the findings confirmed the results of prior research by Mahalik and Pierre (2005) and Mahalik et al (2006) Bhui et al (2005), that those black men whose attitudes devalue other black people and view white people as superior are more likely to have lower levels of ASC or cultural identity.

Furthermore, prior research has found that, as members of a stigmatised ethnic group, some black people may be expectant and anxious about race-related perceptions held by white people about them (Downey & Feldman, 1996). Here, Object Relations theory (Greenberg & Mitchell, 1983) might be a useful theoretical orientation that can guide an understanding of how individuals construct mental representations of their self system, and that these mental representations reflect the development of a racial identity (Bergner, 2005; Lowe, 2008). The findings of phase two of the present study confirmed previous research, such that those participants with positive racial-selves were able to compromise and form alliances with the majority group (Bhui et al., 2005) and were therefore better able to adapt to the majority culture. In comparison, the findings revealed that black males with a sense of low racial self-worth and inferiority reported difficulties with relatedness through a fear of not being accepted by the majority group can be supported by the work of Bhugra (2004a), and displayed in the theme: 'presentation of self to others'. In support of Lowe (2008) and Bhugra and Becker (2005), all four high RI participants described how they over-compensate by adopting the cultural dress of their host (e.g., wearing a suit) as a way of gaining acceptance. Conversely, the low RI participants were more likely to re-enact the 'other' that they assume the white majority want them to be. Edward and Dennis tried not to behave like stereotypical black people, but attempted to present their self as being of the preferred (white) race, in order to be accepted, defy the assumptions of the majority group, and contain their anxieties. This finding aligns with the original nigrescence theory put forth by Cross (1971), which describes nigrescence as a component part of one's re-socialising process. Similarly, Pope (1998) reported that internalisation attitudes strengthened individuals in the psychosocial developmental tasks of establishing and clarifying self-purpose and developing mature interpersonal relationships and better management of stress.

The IPA findings also highlighted how participants with low RI scores struggled with both wanting to be accepted yet not wanting to conform to white people's expectations or ideations of them. This finding provides support for Berry (2007) and Bhugra (2011) also revealed in the theme 'presentation of self to others', that how one adapts in the majority culture affects self-esteem and psychological wellbeing. This finding maybe important to explore in future research to understand the interaction between levels of ability of acculturate, RI and psychological distress in black men.

The participants' accounts of their experiences represented by the sub-theme ‘awareness of transgenerational psychological effects’ support the findings of prior research that has identified generational psychological effects of slavery, when internalised oppressive traits brought from their knowledge of slavery are passed from generation to generation (Alleyne, 2004). Participants in the present study seemed determined to avoid this process, in order to prevent internally oppressing themselves and their loved ones. However, black males with a weaker racial-self appeared to do just that by projecting an 'internalised oppressor' when dealing with experiences of racism, which seemed to cause further depressive traits and low esteem, oblivious of their internalised views. Other studies have confirmed this process (Fletchman-Smith, 2000; Lowe, 2008) and this finding supports the proposition that low RI individuals need to reach a healthy sense of conscious racial-identity in order to heal past trauma (Helms et al., 2005). Nevertheless, it could also be argued that the low RI participants endorsed a strong internalisation of traditional racist views towards blacks as a way of protecting themselves from racism. So, remaining in the oppressor mode and being detached from their true selves (Lowe, 2008) reduced their confidence and ability to move forward in racial development. It seems that placing total blame on other black people shatters an individual’s assumptions and beliefs about their own self-worth and control of their worldview (Helms, 1990).

### 8.1.3 Racial identity attitudes and coping mechanisms

Cross argued that acceptance of one’s blackness alone does not guarantee a positive change in a black person’s level of psychological functioning, and does not insulate black people from psychological problems such as depression, nor does it change fundamental personality characteristics (Cross, 1991; 1995). However, the combined findings in the present research suggest that the less anxious one is about race, and the more one becomes comfortable with one’s identity and focuses on things other than one’s racial group, the more likely one is to have higher self-esteem and less psychological distress. This may be partly achieved through utilising adaptive coping strategies for both internal and psycho-social stressors. The findings of the present study contradict those of Mahalik and Pierre (2005) who found immersion-emersion to be negatively associated with low self-esteem. These contrasting findings might reveal how participants with low esteem attribute their immersion with their racial background and values, as struggles and constraints, whilst those with high esteem attribute their

immersion with black culture as a resilience and fortune, as identified in the current study. Perhaps the differing geographical contexts of black history and current cultural status produced different patterns of response between UK and American participants. Moreover, and supporting Cross' (1995) theory of a 'watered down' attitude, the sample of immersion-emersion participants used by Mahalik and Pierre (2005) might have had overall lower immersion-emersion scores than those recorded in the present study.

The non-significant relationships observed between immersion-emersion and internalisation attitudes with psychological distress, do support the findings of prior research (Mahalik & Pierre, 2005; Mahalik et al., 2006). The qualitative phase might reveal possible explanations for this finding by highlighting a difference between the ability of low and high RI participants to cope with distressing situations, represented by the subordinate theme 'ways of coping with racism and race-related stress'. It illuminated how the stronger values and beliefs held by high RI participants regarding their cultural identity, such as religious involvement and visiting their place of origin, and having experienced early positive racial socialisation messages, were able to buffer them from psychological distress and enable them to better utilise adaptive coping strategies in later life. This would support the work of Whaley (2003) who found that black men who had knowledge of their cultural heritage were more likely to have a stronger sense of identity and less psychological and behavioural problems, and of Karlsen, Nazroo and McKenzie, et al (2005) reported that higher RI act as a buffer in response to racism and maladaptive behaviour.

The findings are also supported by Helms's (1990) conclusion, that individuals who hold pre-encounter attitudes accept negative stereotypes of black people and are often positive about whites. Therefore, for low RI participants, conscious and unconscious pre-occupation with the 'White Other' produced feelings of ambivalence as powerful as one might experience toward a sibling or parent. These feelings can manifest in a longing for the other in ways which might be felt, such as Edward's and Dennis's envy for the ease with which whites are accorded opportunity in society (Fletchman-Smith, 2000). Alongside these feelings are opposing feelings of denigration, anger and hate, as revealed in Irvin's account. It could be argued that such emotional conflict experienced by low RI black males would inhibit them from coping effectively with their dichotomous expectations of white society and the negative sense of self which they embrace (Lowe, 2008).

Findings from the IPA analysis supported the work of Nazroo (2003) that indicated that all participants experienced social disadvantage (i.e., unemployment, financial constraints, or barriers in employment and racism), as represented by the subtheme 'psychological impact of racism and discrimination'. However, there was a clear distinction between those with high or low RI attitudes and feelings of relative deprivation and their actual situation, as well as how they managed their perceptions of their in-groups. Previous research can confirm the findings that showed low RI black males interpreted most stressful situations negatively, in comparison with high RI black males who took a more optimistic perspective on life stressors (Cameron, 2004; Keating et al, 2011; McKenzie et al 2002). In support of the latter, Sharpley et al (2001) found that the association between black people and psychosis was mediated by cognitive factors. These findings could be explained by the IPA accounts in the theme: 'ways of coping', revealing the reasons for the lack of helpful cognitive coping mechanisms used, were mostly from those who had experienced insecure attachment and poor parental racialisation, (as shown particularly by Peter and Edward). Resultantly, these oedipal issues are then reactivated during adult social acculturation related to the narcissistic wounding due to social rejection experienced (Bhugra, 2011).

In terms of adaptive and maladaptive coping strategies, the qualitative component of the present research identified how low RI participants tended to use cannabis and alcohol to alleviate their psychological distress, depicted in the subtheme 'ways of coping', as opposed to using more helpful behaviours like sports, social support or religious practices, which high RI participants were more involved with. These results are consistent with previous research on RI attitudes mediating other factors in drug use (Brook & Pahl, 2005) and support the findings of Wallace and Bergemen (2002), that individuals use religion and spirituality to help them cope with problems of daily life, and to develop a healthy RI. Although some of the high RI participants had previously used drugs to manage their distress, they were able to develop in their RI, perhaps due to their existing strong cultural affiliation and adaptive coping strategies that helped to change their behaviour by becoming abstinent from drugs. The IPA findings furthers expands on the latter, as despite high RI participants experiencing similar social pressures to low RI men, they were able to cognitively deflect these external pressures by having an ability to refute negative stereotypes of black people because of their positive sense of racial and cultural self (Leary, 2005). This corroborates the findings of

Goodstein and Ponterotto (1997) who reported how those with higher racial attitudes tended to display protective behaviour with regard to their collective self-esteem, holding on to knowledge of past societal oppressions which had disadvantaged them socially. The high RI participants drew upon problem-solving strategies or sought information and social support (Lazarus & Folkman, 1984). This contradicts Cross's (1995) suggestion that collectivist societies may be more inclined towards managing symptoms of a problem rather than tackling the problem itself. However, Ward et al. (2001) express caution about such assumptions because of the limited amount of research exploring cross-cultural differences in coping.

The IPA accounts also lent support to prior research, in participants' accounts of struggling to conform to two divergent value systems, one black British and the other English (Berry, 2007; Bhugra, 2004a). Some low RI participants showed a total rejection of either one or both worldviews and this restricted their choices, personal growth, social interactions and economic opportunities (Berry, 2003; Bhugra & Becker, 2005). This conflict is a core issue in the identity struggle of black males, which seemed to promote feelings of anger and indignation amongst low RI participants (Bhugra & Ayonsinde, 2004). Conversely, high RI participants acknowledged the need to exist in an individualistic and competitive culture, simultaneously embracing the positive aspects of their black culture and heritage. The findings support previous research that high RI participants were more able to balance their knowledge of individualism and cultural-collective worldviews and traditions, such as travelling to their place of origin, although not without imbalance occurring on occasions (Aponte & Wohl, 2000). Furthermore, previous research supports the findings that high RI black males utilise more adaptive coping strategies during acculturation (Phinney, 2003). The current study could only confirm these findings in the IPA phase, which raises a question about the rigidity of using measurement scales to explore such a subjective concept as cultural identity.

It is hoped that the present study has expanded on Helms' minimal validation of coping (Neville et al., 1997), providing a broader understanding of the range of positive cognitive and behavioural coping strategies used by black males.

## 8.2 Summary of the Discussion of the Results

Findings from the quantitative study contradicted, supported, and extended the existing literature, depending upon the construct being considered. Whilst all major studies in the field of RI (Bhui et al., 2005; Brook & Pahl, 2005; Carter et al., 2005; Mahalik & Pierre, 2005; Mahalik & Pierre, 2006; Robinson, 2000) utilised samples with a high proportion of participants at the internalisation stage, the present study had a greater proportion of participants at the pre-encounter stage. This is useful for two reasons: firstly, it might explain some of the unexpected findings of the current study, and secondly, it complements prior research by allowing us to observe a greater breath of relationships between RI attitudes and other variables, for more generalised conclusions to be drawn.

There appear to be some common influential factors in the development of RI, ASC and self-esteem, psychological wellbeing: early racial socialisation experiences, value/non-value of cultural heritage, cognitive coping maturity, utilisation of internalised negative beliefs from early life experience, coping ability of societal stereotypes and racism or race-related stress, and ability of interpersonal relatedness or acculturation. Factors that appear to provide black males with a sense of underdeveloped RI, poor self-esteem, low ASC, and psychological distress involve internalised oppressive messages, a lack of black cultural connectiveness or religious/spiritual affiliation, maladaptive coping and an inability to acculturate with the host culture and own-culture. In contrast, a solid stance in these areas allows one to grow a healthy RI, or at least develop more adaptive ways of coping with life adversities that builds better self-esteem and fosters psychological wellbeing. This would suggest that the concept of 'self' is multidimensional. The findings of the present study support Brook and Pahl's (2005) conclusions that both racial and cultural identities are protectors of psycho-social problems. They also add to our understanding of the impact of RI attitudes on self-esteem, psychological distress and ASC in black British males.

## 8.3 Limitations of the present research

Whilst the mixed methods nature of this study mitigates a number of the limitations of the quantitative and qualitative phases, there are some methodological considerations. Whilst attempts were made to try and obtain a random sample, the majority of participants in the final sample were recruited from the regions of east and west London

and from a poorer socioeconomic group. Consequently, the findings should be interpreted with caution and not generalised to the black male population in the UK without further research. Despite Helms' (1995) assertion that the theory of RI is applicable across all races and cultures, since the sample was composed of black males, the findings can not be generalised to help us understand racial identity processes in black females or in other races and cultures.

There are some limitations in the quantitative measures selected, including the lack of research which has utilised the ASC scale (Baldwin & Bell, 1985) and the RIAS-B (Parham & Helms, 1981) in the UK, challenging the reliability of these scales for UK populations. The justification for selecting scales that have been used more widely with USA population is discussed in Chapter IV (section 4.3.3., p. 41) and whilst the wording was adapted, some meaning may have become lost in the process and affected how participants understood the questions. Although the ASC scale does allow participants to answer 'uncertain', it might have been more helpful to have included a key with the questionnaire which explained the meanings of certain words (i.e., Nguz Saba), and this is recommended for future research.

Another potential confounding factor in the quantitative phase is the phenomenon of socially desirable responding. This is a major concern for all social attitude self report measures, but especially for those such as the RIAS-B and SEI scales in which the negative and positive aspects of the responses are transparent (i.e., there are no reversed items, and it is very clear what a 'good' or a 'bad' answer are likely to be). Whilst it was considered useful that the researcher was of the same ethnic background as the participants, and it was hoped that participants would be more inclined to be open in the qualitative phase, this might also inadvertently led to greater risk for socially desirable responses. Specifically, participants might have felt that they were expected to express more racially developed attitudes or African self consciousness to another black person. However, Egharevba (2001) have agreed that the same racial experimenter can be of benefit in racial research, they also advise caution. Future research could consider selecting more neutral (or anonymous) research assistants for quantitative phases involving similar instruments.

In the qualitative phase, the interview schedule was designed to facilitate flow in participants' descriptions of their experiences, through inclusion of probes and prompts. This allowed for more detailed exploration and seemed most useful with the low RI

participants. Nevertheless, being an inexperienced interviewer, some opportunities for clarification were inevitably missed during the process of the interviews.

The researcher was also aware of several potential biasing influences upon her interpretation of the results: her own knowledge of the extant literature in this subject in advance of data collection; her knowledge and role as a trainee counselling psychologist of cognitive-behavioural and psychodynamic approaches and attachment theory; the results of the quantitative phase; and knowing the low and high RI groups the interviewees were drawn from. Maintaining a reflective diary throughout the process (Appendix P) was a useful tool to reduce the potential bias through the process of bracketing off (Giorgi, 1997). Despite this measure, a greater level of neutrality during the qualitative phase might have been achieved if the data was collected by different people in each phase, meaning they would be blind to the participant's RI status during the qualitative interviews. The researcher took measures to validate her findings from the IPA phase to further eliminate potential biases, by asking two tutors, one of whom was unaware of the quantitative study findings, to validate the themes emerging from the data.

Demographically, all but one of the qualitative participants were from a Caribbean ethnic background, and future studies might benefit from incorporating a diversity of people from the black Diaspora. The decision was made to select the four lowest and four highest racially developed participants into the qualitative phase, in order to identify any comparisons or distinctions amongst the participants discourses. In terms of applied practice it was hoped that the results could be used as a clinical tool to help those experiencing crisis with their racial identity. This decision meant that those participants who were apparently experiencing immersion-emersion phase attitudes were not included at this phase. By excluding the experiences of these men, the present study provided a more fragmented view of what is a developmental process of racial identity. Future research would benefit from obtaining rich qualitative data from participants at all stages of RI development.

Finally, developing a full understanding of the use of RI attitudes in the context of the black male participants' psychosocial circumstances was beyond the scope of this study. The range of potential mediators and moderators influencing black male's experience to racial psychological distress is extremely wide (Helms & Cook, 1999). Thus, whilst the aim of this study was to establish trends and links between RI attitudes, ASC, self-

esteem and psychological wellbeing, regardless of circumstances, the study was unable to clearly differentiate the two key influences that arose (e.g., perceived racism and racism-related stress preventing adaptation in society). The study, for example, indicated a link between racial attitudes and indices of psychological functioning but was unable to determine the amount of psychological distress the participants had endured due to direct racism or race-related stress brought on by adaptation (other than highlighting whether they had encountered these). This might suggest that psychological distress is not only strongly associated with experiences of direct racism, as suggested by Parham and Helms (1981) and Cross (1995), but also with indirect racism when adapting within society. Differentiating the types of racism is therefore important (Carter & Reynolds, 2011).

## 8.4 Clinical implications of the study

The study's findings highlight the integral role RI attitudes can play in the psychological wellbeing, self-esteem and coping strategies, of black men. It has also revealed a distinct lack of empirically supported therapeutic models for working with clients experiencing RI crisis. It is hoped, however, that this study will provide counselling psychologists with a deeper understanding of issues faced by their black male clients. The study has highlighted the beneficial and detrimental nature of the various racial attitudes and stages of racial development, and their potential impact on cultural identity, psychological wellbeing and self-esteem. This may help practitioners working with black males in their interpretation of racial identity problems and identification of suitable interventions. Moreover racial identity development is a critical aspect of multicultural counselling competence and training, for both white and black therapists, as well as clinical trainees (Holmes, 2006) in order to better identify their own internal prejudices to enable a healing process (Patel et al, 2000).

In particular, the study indicates the detrimental effects of direct and indirect racism on emotional wellbeing and self-esteem. For practitioners working with black males with identity crises, racism will often be a central theme, whether consciously or unconsciously via 'transgenerational baggage' from collective memories of slavery (Alleyne, 2004). Therefore, clinicians working with black people (not only black males) might consider the role that racial identity attitudes play in social anxiety and anger management, and tailor treatment to the racial identity needs of the individual. Rathod et al. (2010) have recommended that clinicians consider the client's reaction to

racism (e.g., social-political factors that impact their lives) and critically evaluate all references to race made by the client (Cardemil & Battle, 2003) in order to aid their formulation.

Clinicians interested in changing a client's RI attitudes will need to embark on a plan of socio-cultural reorientation (e.g., implementing social adaptation interventions), and intrapsychic mechanisms at work regarding early racialisation messages. It is suggested that a shift from a primarily intrapsychic treatment focus to one emphasising both the interpersonal connectedness and contextual cultural factors (e.g., adjustment to society of the majority, managing stereotypes) may be essential for addressing racial identity psycho-social issues (Holmes, 2006) for black males. The present study also highlighted participants' awareness of the role of system constraints. Therefore the idea of helping the client gain further internal control over external pressures (i.e., racism and social barriers) could help to maintain healthy racial identity. In doing so, therapists may be able to assist their clients in the process of developing a stable sense of identity to live life fully (Cardmil & Battle, 2003).

Based on the present findings, therapists also need to bear in mind that preference for a racially similar or dissimilar therapist may be a function of the RI attitudes of the person, rather than of race per se. Some ways that this goal might be accomplished are through open and critical processing of encounter experiences (William & Keating, 2005), and through modelling of the appropriate responses to racism. Bandura's (2002; 2006) social learning theory could provide some insight here, and is recommended when working with black people in a culturally competent manner (Pajares, 2002). In this way clients can also be taught more effective coping strategies for manoeuvring oppressive environments.

Though few studies have examined RI as a treatment option, one approach suggests potentially promising results for the clinician. The use of behaviour therapy has been used by at least one therapist to change a client's RI attitudes (Fudge, 1996). Using the cognitive behavioural therapy model (Beck, 1975; Helms, 1990) involves the therapist and client first identifying several of the client's irrational beliefs pertaining to his race. The present study highlighted that many of the black males reported that knowledge of black achievers, their cultural heritage and customs were important in buffering them from psycho-social distress. The practitioner could introduce excerpts from autobiographies written by prominent black leaders and role models, using these to aid

the client in generating alternatives to their irrational beliefs. Those participants with well-developed internalisation attitudes often still struggled with maintaining their positive racial-self position because of external pressures, such as struggles to conform and racism.

While the treatment approach utilised by the researcher has been somewhat integrative (i.e., cognitive-behavioural and psychodynamic), the model of RI is flexible enough to be implemented in other theoretical schools. A clinician with a predominantly psychodynamic perspective, for example, might conceptualise pre-encounter individuals as feeling impotent, powerless and ashamed for having internalised the aggressor (white people), something that all the low RI black males in the study reported openly. Treatment here might include helping the clients better understand these dynamics and work through the repressed rage toward the self and aggressor, and conflicting feelings of self-worth (Fletchman-Smith, 2000).

The study showed that some participants held ambivalent and negative assumptions about both black and white people, and uncertain feelings about forming satisfactory future relations with either racial group. Clinicians need to be aware of race relational difficulties on their clients' presenting problem and how that might play out in the therapy room. It is important for the practitioner to develop a safe, secure and trusting therapeutic relationship before encouraging a move towards a more objective viewpoint. The client needs to feel safe enough to explore these fears and feelings, and feel contained when these difficult areas are reached.

### 8.4.1 Assessing clients' racial identity needs

The present study highlighted the issue that few black clients present with clearly defined racial difficulties because of denial, minimisation, masking behind other presenting complaints. They can also lack insight that their personal or interpersonal problems are rooted in a negative self-image. One way of identifying these issues and their possible cause, is to take comprehensive assessments (Halperin, 2006) so that acculturation and traumatic experiences can be evaluated (Tseng & Strelzer, 2001). During the process of conducting the qualitative interviews, it seemed that participants were able to access previously unconscious thoughts and feelings (Helms et al., 2005). This seemed to be beneficial for participants, as they reported in the debrief stage. A

semi-structured interview as used in the qualitative phase might be adapted for use in clinical practice to help black clients consider their RI.

It would be of value for practitioners who are interested in working with black racial groups to familiarise themselves with the attitudes, emotions and behaviours that are most likely to be characteristic of the associated phases of racial development. Armed with this knowledge, practitioners can be more alert to listen for (and identify) types of presenting complaints related to racial identity that their clients present. The fact that RI attitudes are not static but dynamic, indicates the dynamic and non-linear nature of racial identity development and the importance of practitioners taking into account the difference and similarities in phases when assessing and working with clients. This is particularly important when there is a significant gap following referral or assessment, especially given Cross's view (1978; 1995) that only a racial incident can trigger a pre-encounter individual to transform into the post-encounter phase.

The central thesis of using RI to respond to a client's needs is one of tailoring interventions that will address their needs around identity development. Identifying these needs can only be accomplished through adequate assessment and diagnosis. Although too complex to describe here, there are several excellent texts that address diagnosis and treatment of minority populations (Grills, 2002; Dana, 1992, Helms, 1990).

### 8.5 Reflexivity

Whilst conducting the present research the researcher has maintained a reflexive journal (Appendix P), and discussed features of her own RI attitudes and development in supervision and personal therapy. These processes have enabled her to observe a shift in her own beliefs and understanding of RI development, which have also had an impact on her therapeutic work with clients. Primarily the researcher keeps in mind the role of racism and discrepancies in her clients' thoughts towards knowledge of self when working with clients struggling with their own racial identity. The researcher now attends more closely to the client's phase of RI development and understands the role of her own RI phase in the therapeutic relationship.

### 8.6 Recommendations for Future Research

Significant relationships were observed between low RI development and high psychological distress and low self-esteem, and between high RI development and high

self-esteem. Given that 69 per cent of the sample had experienced racism, it is possible that there are individual differences, dependent on one's RI developmental stage, which will affect how one perceives racism or race-related stress and its effect psychological wellbeing and, consequently how people cope with these issues. Therefore, future studies might investigate the relative influence of perceived racism versus race-related stress on psychological wellbeing in black males.

In the light of inconclusive findings regarding the relationship between those with a stronger sense of racial identity and psychological distress, future research could examine some of the key psychological problems common in the black community such as hostility, depression, anxiety and traumatic stress. Therefore, using scales to reflect these psychological problems is important.

To gain a richer understanding of the impact of RI attitudes on African-self consciousness, self-esteem and psychological wellbeing, across different social and cultural groups, further research is also needed. Specifically, it would be of benefit if similar mixed-methods research was conducted which explored impact of RI attitudes on psychological wellbeing with people from varying socio-economic backgrounds, levels of acculturation, levels of education, and with females, in order to establish whether the findings identified in this study are transferable to other groups and what other potential mediating factors might be to successful RI development. Whilst the present study provides insight for counselling psychologists working with black males, it would also be of benefit to explore the impact of counselling psychologists' RI attitudes on their clinical practice. For example, studies might explore whether their clinical work is more or less culturally sensitive according to the racial heritage of their client, or their clients' RI attitudes.

Finally, future research is recommended which examines in more detail the specific types of adaptive and maladaptive cognitive and behavioural strategies used by black men in response to their levels of acculturation and race-related stress. In a therapeutic setting, maladaptive strategies can be identified and discussed, whilst adaptive strategies can be modelled and included in cognitive behavioural counselling.

# Chapter 9: Conclusion

This mixed methods study was conducted to address gaps in the existing research and to develop a greater understanding of the role of racial identity (RI) attitudes on psychological wellbeing in black men. The initial quantitative phase produced information about the relationships between RI attitudes, African self-consciousness (ASC), self-esteem and psychological distress. Eight men were then interviewed in a qualitative phase. This provided a rich data set that was analysed using interpretative phenomenological analysis (IPA) to provide a greater understanding of the reasons behind those trends observed in the quantitative phase. The sequential design enabled the study to benefit from triangulation of the results, mitigating the limitations of the different methodologies. The integration of findings from the two phases contributed to the development of a far greater understanding of the influential mediating factors in the process of RI development.

The quantitative phase confirmed previous research findings, showing that low RI attitudes (e.g., devalued racial-self image and pro-white ideation) were associated with low ASC, poor self-esteem and more psychological distress, whilst high RI attitudes (e.g., positive racial-self image and multicultural world-view) were associated with high ASC and greater self-esteem, for black men. The integrated findings of the IPA phase confirmed that the low racial attitudes hinder psychological wellbeing, by deterring black men from developing an understanding of their racial self and instead adopting unhelpful strategies to cope with life stressors, which leaves them feeling pessimistic and hopeless about their future.

All the men in the in phase two of the study experienced relational difficulties. Lower RI individuals described apparent signs of social anxiety when interacting with black and white people (i.e., portraying a false-self with both racial groups), and were less able to socially adapt effectively. In contrast, high RI individuals showed more assertive ability and defiance for maintaining an authentic-self. Their adjustment was more easily negotiated as they could understand white culture for its strengths and weaknesses, and they experienced less psychological distress as a result. Black males with low racial attitudes resulted were also more likely to have low self-esteem. These racial attitudes appear to hinder self-esteem by instilling feelings of inferiority, low self-acceptance and lack of control in their ability to act authentically that is necessary in order to avoid

relational devaluation. Thus, negative psychological consequences resulted both from the fact that the low RI individuals perceived that they were not adequately valued for who they are, and the identified stress caused from behaving un-authentically in order to be accepted into white society, influencing a lack of ability to acculturate. Conversely, black males with high racial attitudes are likely to have higher self-esteem. These racial attitudes appear to enhance feelings of self-worth and positivity about their individual-self and racial-self. This caused fewer psychological problems and a more confident approach with dealing with racism and social constraints. As a result of a more positive sense of self, these men experienced more rewarding opportunities in life.

The study highlighted the types of adaptive and maladaptive cognitive and behavioural coping strategies used by black men, which seemed to reflect their sense of how they saw themselves and affected their self-esteem and levels of psychological distress. Cognitive coping strategies were adopted to manage racism, but thinking errors such as overgeneralising and all-or-nothing thinking caused low self-esteem by instilling feelings of powerlessness, and inhibiting cognitive and behavioural progression. The use of unhelpful coping behaviours displayed an internal anguish and masking of the problems (e.g., drug and alcohol misuse). The more adaptive strategies used by the high RI black men enabled them to come up with alternative thinking, more balanced views, and helpful behavioural coping strategies (e.g. exercise and sports) and to manage stressors more effectively.

It was also found that black males' RI attitude was likely to be influenced by their early life racial socialisation experiences from significant others, and could have a detrimental or beneficial impact in their adolescence and/or adulthood when relating to people of the same or white race. Those who had experienced internalised racist views at an early age still carried these beliefs into adulthood, to the extent that those with pre-encounter/post-encounter attitudes remained stuck in their past beliefs due to a lack of positive experiences or people to refute their internalised views. As a consequence, the low RI black males developed unhelpful cognitive strategies (i.e., cognitive dissonance) as a defence against any form of realisation of their internalised negative beliefs towards black people, used for protection from the harsh reality of potential racism. Pre-encounter and post-encounter attitudes also obstructed black males from accepting their racial-self or participating in cultural traditions and practices. This caused and maintained psychological distress, such as depression, anxiety and anger, resulting in a

debilitation of their self esteem, and inability to cope with social stressors (e.g. acculturation, negative stereotypes) and higher internalised racism. Those with immersion-emersion and internalisation attitudes were more affirmed in their value of blackness and more accepting of their racial-self. They were consequently better able to challenge internalised racism and societal stereotypes and incorporate cultural traditions and practices, which formed a foundation for higher self-esteem and provided a buffer for psychological deterioration. In turn, these high RI black men were better able to cope with social stressors and were more cognitively and behaviourally equipped to alleviate any psychological distress.

Importantly, the present study has highlighted the importance of distinguishing between the psychological distress caused by race-related stress, and direct racism, whilst revealing how experience with the former can be equally as detrimental to psychological health.

From an applied clinical perspective, the present study highlights the importance for practitioners who are in a position to help black males to understand the potential negative psychological consequences (such as anxiety and depression) and maladaptive coping behaviours that can be associated with RI development, and to promote positive RI and racial socialisation. When reviewed alongside the extant literature, the present study indicates the importance of further research which would enable the development of an empirically-tested clinical integrative model designed specifically for black people in RI crisis.

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## Appendix A1 Racial and cultural terminology

In the present paper, the term ‘Black’ will generally be used to refer to people who self identify as 'Black or Black British' (e.g., Adetimole, Afuape & Vara, 2005; Patel et al, 2000). According to the ethnic categories adopted by the Commission for Racial Equality and utilised in the 2001 National Census. It will include individuals from a Caribbean and African origin. The word Black is capitalised where it is used to refer to the concept of a ‘Black’ identity.

It is also necessary to consider here definitions of race, ethnicity and culture, in order to clarify the overlap and differences between them, so that their use within this study is clear to the reader. Race can be thought of as a dynamic system involving a range of anthropological, morphological and genetic characteristics (Durrheim et al., 2009). This study acknowledges that the legitimacy of reifying ‘race’ as a social category has been questioned by some commentators, (Darder & Torres, 2003) and agrees with the stance of Thompson and Tyagi that “race is about everything - historical, political, personal – and race is about nothing – a construct, an invention that has changed dramatically over time and historical circumstances” (cited in Best, 2000, p. 120).

Culture has been defined as the complement of values and norms that affects the ways in which a person feels, thinks and behaves. It represents the cumulative experiences of a particular group or society, and the portion of those experiences that the society or group deems worthy to transmit to future generations (Triandis & Suh, 2002).

Ethnicity is situationally based and is concerned with group identity, reflecting the degree of membership an individual feels they have to an ethnic group (Fernando, 2002). It is considered to be determined partly by choice, implying that it is not fixed, which differentiates it from the permanency assumed in the definition of racial identity (Jenkins, 1986).

## Appendix A: Parham & Helms (1981) Racial Identity Attitude Stages

**Pre-encounter phase**

An individual's culture is defined without reference to race, in the interest of preserving external or Eurocentric sources of validation. Black people in this phase are self-depreciating and often exhibit poor self-concepts (Parham & Helms, 1985a). This poor self-concept may result from the external point of reference, giving black people the idea that "White is right". Cross (1995) describes people in this phase as "sitting ducks" for an encounter that is, a traumatic social or personal event that confronts a person with a new way of viewing the African American experience. Cross has since expanded upon his model by further delineating three types of attitudes which are quintessential to the pre-encounter phase: low salience, social stigma, and anti-black (1995). Low salience attitudes are not associated with a denial of physical "blackness", but rather indicate that blackness contributes little to a person's life. Cross indicates that, when pressed, these individuals may respond that they are of the human race and just happen to be black. Social stigma attitudes are a variant of low salience attitudes, although black people who hold these attitudes view being black as a detriment, associating their blackness with social discrimination, and their interest in black issues arises principally in order to unite with those who would destroy the social stigmas. These people may know very little about the history and culture of blackness and they would likely respond to inquiry about self-reference by talking about oppression. The anti-black pre-encounter attitude occurs where the black race is seen as a negative reference group, and black people who hold this attitude buy into negative stereotypes about black people and deify Eurocentric ideals. Black people who hold this attitude tend to not seek support from the black community and are repulsed by other black people.

**Post-encounter phase**

Sometimes (although not always) precipitated by a significant single event such as experience of racial discrimination but can also occur more gradually through a series of events that combine to affect a person's identity. Parham (1989) has theorised that this phase can also be self-initiated, since it emerges from a personal perception of an event. This phase is marked by confusion about one's previous identity in the pre-encounter phase, and ends when the person decides that this new identity is worth exploring and makes an effort to "become Black". According to Cross this is a "'testing phase' during which the individual [first] cautiously tries to validate his/her new perceptions. At the end of the post-encounter phase, an individual is "not yet Black, but has made the decision to become Black" (p85).

**Immersion-emersion phase**

Continues with an individual's search for a black identity, in which they vigorously attempt to remove all vestiges of their pre-encounter identity. This phase was described by Cross as similar to a religious conversion, characterised first by rage and hostility towards whites. Individuals in this phase may exhibit dichotomous thinking, holding unrealistic expectations about the efficacy of their new found Blackness, and have a tendency to be rejecting of whites and white culture, whilst deifying their African heritage. Individuals in this phase are often preoccupied by thoughts that whites intend to harm them, often involving themselves in groups with goals directed to improving the lives of black people. This involves the opportunity to withdraw into the Black community and to engage in catharsis within a supportive environment. The person often engages in political action groups, exploration of Black and African culture, discussions of racial issues with black elders whose experiences were formerly ignored, and socialising with other Black people in a spirit of kinship. Over time, involvement in educational activities allows the person's emotions, particularly anger, to become more balanced, and their cognitive strategies to become more flexible. During this time the individual begins to evaluate the strengths and weaknesses of Black culture and being Black. It is at this time that the person enters the internalisation phase.

**Internalisation phase**

Described by Cross as a time when "tension and emotionality is replaced by a calm, secure demeanour" (1978, p.326). The individual may begin to form relationships with the majority group and there is no longer a need for the racist posturing of the previous phase. Instead, the person is now able to move toward a new perspective, and, whilst still using black people as the primary reference group, they are able to adopt a pluralistic and non-racist perspective. The person is now able to incorporate a newfound identity into his or her own value system. While this phase signifies the resolution between the old self and the new, the person has not yet "become" the new identity. As the person "practises" these new worldviews, and becomes more comfortable with this new identity, Cross theorises that the individual internalises this newfound Blackness, which is marked by a lack of anxiety about race as the person becomes more comfortable and secure with their new identity and can focus on things other than his or her racial group.

Appendix B: Ethical Approval

UNIVERSITY OF EAST LONDON

APPLICATION FOR THE APPROVAL OF AN EMPIRICAL PROGRAMME INVOLVING HUMAN PARTICIPANTS

Please read the Notes for Guidance before completing this form. If necessary, please continue your answers on a separate sheet of paper: indicate clearly which question the continuation sheet relates to and ensure that it is securely fastened to the report form.

| | |
|---|---|
| Title of the programme: DOCTORATE IN COUNSELLING PSYCHOLOGY<br><br>Title of research project (if different from above):<br><br>**The Relationship between and experience of Racial & Ethnic Identity & Psychological distress: The affects of an Africentric Approach on the therapeutic relationship.** | |
| 2. | Name of person responsible for the programme (Principal Investigator): Laura Fontaine<br>Status: TRAINEE COUNSELLING PSYCHOLOGIST<br><br>Name of supervisor (if different from above) Dr Rachel Tribe<br><br>Status: LECTURER |
| 3. | School: UNIVERSITY OF EAST LONDON Department/Unit: COUNSELLING PSCHOLOGY |
| 4. | Level of the programme (delete as Appropriate):<br><br>DOCTORAL PROGRAMME TAUGHT |
| 5. | Number of:<br><br>(a) experimenters (approximately): Two (Mixed method design)<br><br>(b) participants (approximately): 150 |
| 6. | Name of researcher (s) (including title): MISS Laura Fontaine<br><br>Nature of researcher (delete as appropriate):<br><br>STUDENT |
| 7. | Nature of participants (general characteristics, e.g University students, primary school children, etc):<br><br>Going to have use of a public library, which shares a building with my working organisation. |
| 8. | Probable duration of the programme: from (starting date): JULY 2007 to MAY 2009 |

| | | |
|---|---|---|
| 11. | **Are there potential hazards to the participant(s) in these procedures?** | **NO** |
| | **If yes: (a) what is the nature of the hazard(s)?** | |
| | **(b) what precautions will be taken?** | |
| 12. | **Is medical care or after care necessary?** | **NO** |
| | **If yes, what provision has been made for this?** | |
| 13. | **May these procedures cause discomfort or distress?** | **NO** |
| | **If yes, give details including likely duration:** | |
| 14. | **(a) Will there be administration of drugs (including alcohol)?** | **NO** |
| | **If yes, give details:** | |
| | **(b) Where the procedures involve potential hazards and/or discomfort or distress, please state what previous experience you have had in conducting this type of research:** | |
| | Discussing issues within the three meetings may open up uncomfortable material for the participant. Therefore, information of where they can get further support (i.e. counselling, support groups, leaflets/information) will be given at the end of the three meetings. Within my experience as a paid counsellor and trainee counselling psychologist, when issues have arisen, I have informed my supervisor and referred clients onto further support. All of which, I would do whilst conducting this study. Although, the chances of participants feeling severe discomfort are minimal, precautions will be taken in order to uphold and reassure Ethical Procedures are implemented. | |
| 15. | **(a) How will the participants' consent be obtained?** | |
| | The participants will sign a consent form given in an envelope with the measurement scales before participating (appendix 2 & 4). | |

(b) **What will the participants be told as to the nature of the research?**

The participants will be given an advert (poster) (appendix 2) before participating.

16. (a) **Will the participants be paid?** **YES**

(b) **If yes, please give the amount:** **£10 VOUCHER**

(c) **If yes, please give full details of the reason for the payment and how the amount given in 16 (a) above has been calculated (i.e. what expenses and time lost is it intended to cover):**

As the participants will have to travel to the venue where the interviews will be taking place, their travel expenses and time will be taken into consideration. Therefore, the £10 voucher is to compensate for this.

17. **Are the services of the University Health Service likely to be required during or after the programme?** **NO**

**If yes, give details:**

18. (a) **Where will the research take place?**

In my place of work, in a small counselling room, with safety of both the participant and researcher in mind. There will always be people around outside the room, and management staff and security will be informed that the researcher and participant are in the room.

(b) **What equipment (if any) will be used?**

Dictaphone.

(c) **If equipment is being used is there any risk of accident or injury? If so, what precautions are being taken to ensure that should any untoward event happen adequate aid can be given:**

N/A

19. **Are personal data to be obtained from any of the participants?** **YES**

**Details:** Name, Age, and telephone number (appendix five)

(b) **state what steps will be taken to protect the confidentiality of the data?**

Participants are assured in the participant information sheet and consent form that the data will be anonymised, sealed envelopes are used and only the researcher and supervisor will see them. Additionally, participants are told that all information given is treated in strictest confidence unless it may cause risk to themselves or others.

(c) **state what will happen to the data once the research has been completed and the results written-up. If the data is to be destroyed how will this be done? How will you ensure that the data will be disposed of in such a way that there is no risk of its confidentiality being compromised?**

Data will be locked in a safe cabinet, once the research is written up. There will be a Possibility of publishing the report and participants can ask for a copy.

20. **Will any part of the research take place in premises outside the University or will any members of the research team be external to the University?**

YES. Research will take place outside the university.

**If yes, please give full details of the extent to which the participating institution will indemnify the experimenters against the consequences of any untoward event:**

The participating organisation is offering a safe and quiet room within their building. The safety of both the participant and researcher will be kept in mind as there will always be people around outside the room, and staff will be informed that the researcher and participant are in the room .

21. Are there any other matters or details which you consider relevant to the consideration of this proposal? If so, please elaborate below:

NONE

22. If your programme involves contact with children or vulnerable adults, either direct or indirect (including observational), please confirm that you have the relevant clearance from the Criminal Records Bureau prior to the commencement of the study.

MY PROGRAMME INVOLVES NO CONTACT WITH CHILDREN OR VULNERABLE ADULTS.

23. DECLARATION

I undertake to abide by accepted ethical principles and appropriate code(s) of practice in carrying out this programme.

Personal data will be treated in the strictest confidence and not passed on to others without the written consent of the subject.

The nature of the investigation and any possible risks will be fully explained to intending participants, and they will be informed that:

(a) they are in no way obliged to volunteer if there is any personal reason (which they are under no obligation to divulge) why they should not participate in the programme; and

(b) they may withdraw from the programme at any time, without disadvantage to themselves and without being obliged to give any reason.

NAME OF APPLICANT:
(Person responsible)

Signed:

LAURA FONTAINE

Date: 25.4.07

NAME OF HEAD OF SCHOOL:

Signed: _____

R. Tribe

Date: 25.4.07

## RISK ASSESSMENT CHECKLIST

SUPERVISOR: Rachel Tribe ASSESSOR: Ilona Boniwell

STUDENT: Laura Fontaine DATE (sent to assessor): 09/05/2007

Proposed research topic: The relationship between and experience of racial & ethnic identity & psychological distress: the affects of an Africentric approach on the therapeutic relationship
Course: Doctorate in Counselling Psychology

Would the proposed project expose the researcher to any of the following kinds of hazard?

1 Emotional
YES / NO

2. Physical
YES / NO

3. Other
YES / NO

If you've answered 'Yes' to any of the above, please estimate the chance of the researcher being harmed as: HIGH MED LOW

**APPROVED YES / NO / WITH MINOR CONDITIONS**

**MINOR CONDITIONS**

**IF NOT APPROVED, WHY NOT?**

Initials: IB Date: 21-09-07

Please return the completed checklist by e-mail as well as the original hard copy application to Tracy Boakes within 1 week.

Appendix C: Information sheet and informed consent form

# Participant Information Sheet

My name is Laura Fontaine and I am a trainee-counselling psychologist. I am conducting research for my Doctorate in Counselling Psychology; I am interested in talking to Black Males aged 18+ about their social attitudes and its impact on your health. The study's purpose is to improve psychological health care and delivery for African/Caribbean people. As there has been a lot of research about different cultural groups however, very little about contemporary, Black males in the UK.

Your participation is voluntary, so please read this information sheet to decide whether you wish to take part.

There is no obligation to take part. So if you live in London and would define yourself as Black British either from African or Caribbean descent and Male, either born in the UK or have since lived in the UK from the age of 12 years old or younger and wish to participate, please complete the questionnaires in the envelope provided and sign the informed consent form, then place your completed forms in the envelope provided and leave in the reception box or return them back to the researcher.

The second stage of the study will involve a taped semi-structured interview lasting for one hour. Eight people will be randomly selected and invited to take part in the second part of the study by contacting you via telephone. The interview will explore how you have coped with racial-identity issues personally and interpersonally.

**Would you like to take part in the second part of the study? (Please tick a box)**

**Yes** □ **No** □

***If you ticked yes, please add your Name and Telephone Number to the Demographic questionnaire**.

Anonymous extracts may be included in the write-up, but it will not be possible to identify or trace any information. The research should be complete in September 2011 and you are welcome to contact me should you wish to read the research or a research summary.

**Please note:**

1) All information will be confidential and potentially identifying information will be removed. Your completed information will be stored in a locked cabinet to be accessed only by the research supervisor and myself. Information will be destroyed when the research is finished. Confidentiality will only be broken if the interview reveals information about potential harm to you or to others.

2) Your participation is voluntary and you are free to withdraw at any point without giving any reason.

If you have any queries, please do not hesitate to ask at any time. If you have any questions after today you can contact me through 0208 211 1656, university of East London, Romford Road.

**Many thanks for your time and cooperation.**

**Consent Form**

**'Social Attitudes and Experience living in the UK'**

I have read and understood the information sheet and I have been given a copy of this to keep. The nature and purpose of the research have been explained to me and I have had the opportunity to ask questions about it. It has been explained to me how this information will be used.

I understand that the information given is confidential, unless I reveal any potential harmful information about myself or others. I am willing to take part in this research. I understand that I am free to withdraw from the research at any time without disadvantage to myself or obligation to give any reason.

Date……

Print name……

Participant's Signature…….

Date……

Print name……

Researcher's Signature…….

Appendix D: Written informed consent for qualitative phase

**Social Attitudes and Experience living in the UK**

I have read and understood the information sheet and I have been given a copy of this to keep. The nature and purpose of the research have been explained to me and I have had the opportunity to ask questions about it. It has been explained to me how this information will be used.

I understand that the information given is confidential, unless I reveal any potential harmful information about myself or others. Should information about me be used for publications or presentation, it will be ensured that no reference to my identity is made.
I am willing to take part in this semi-structured interview and agree for it to be recorded.
I understand that I am free to withdraw from the research at any time without disadvantage to myself or obligation to give any reason.

Date……

Print name……

Participant's Signature…….

Date……

Print name……

Researcher's Signature…….

Appendix E: Debriefing information sheet

Thank you for your participation in this study.

The purpose of this research has been to investigate Black males social attitudes and personal coping behaviours and distress. It is acknowledged in the literature that black males attitudes towards the self and culture can have an impact in wellbeing. This study is particularly focused on discovering how Black males in the UK experience being Black and how any difficulties/stressors are managed. As a result, there is greater chance that psychologists will be able to implement and adapt new interventions in helping Black people with emotional health problems. It is hoped that this study will contribute to the research concerning Black male's social attitudes on wellbeing.

If whilst participating in the study causes distress and you feel you would benefit from support then please find a list of options below:

| | | |
|---|---|---|
| Saneline | 0845 767 8000 | www.sane.org.uk |
| Samaritans | 0845 790 9090 | www.samaritans.org.uk |
| Nafsiyat – Intercultural Therapy Centre 0207 263 6947 | | admin@nafsiyat.org/ nafsiyat.org.uk |
| 100 Black Men Become a Mentor or a Mentee. | 0870 121 4100 | http://www.100bmol.org.uk |

In addition, if you wish to discuss any issues relating to the project or your participation in the study, you may contact me at the address below:

Laura Fontaine
c/o School of Psychology,
University of East London,
Romford Road,
Stratford,
London
E14 4LZ

07971 267 395
Laura_Fontaine_uk@yahoo.com

Or

Stamford Hill Library
Portland Avenue
Stoke Newington
London
N16 5SB

Appendix F: Poster of advertisement

Appendix G: Demographic questionnaire

**Name: _____ Tele No: _____**

1. Age:
18 - 25 26 - 35 36 - 45 46 - 55 55+

2. Marital Status:
Single Married Divorced Cohabiting

3. Place of origin:
African Caribbean Other (please state)

_____

Are you employed?
Yes No

5. What is you highest educational qualification?
GCSE's A-Levels NVQ/GNVQ Degree
None

6. Do you have dependents? Yes No

7. Who would you first seek help if you were experiencing emotional problems?

_____

8. If you decided to seek professional help would you use a:

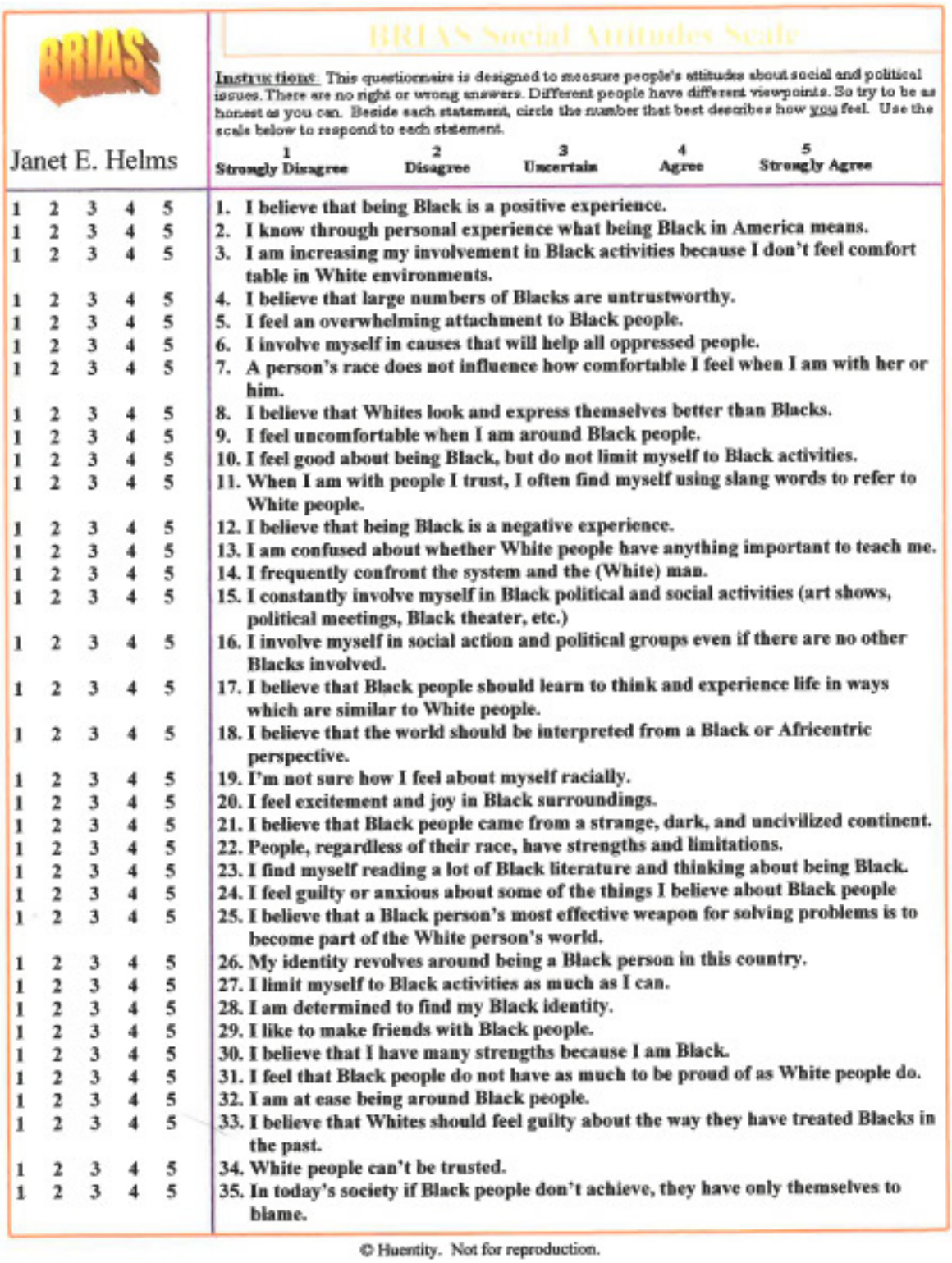
Black service Private NHS service
And why?

9. Would you prefer to speak to someone who is also Black at your chosen service provider?
Yes No either
And Why?

10. Have you encountered racism in your life? (If yes, please answer Q.11 )
Yes No

11. Would you talk about racial issues/racism you encountered with a therapist who is:
Black White Either Don't know
**Thank you.**

Appendix H: Black Racial Identity Scale (RIAS-B)



BRIAS

Janet E. Helms

## BRIAS Social Attitudes Scale

Instructions: This questionnaire is designed to measure people's attitudes about social and political issues. There are no right or wrong answers. Different people have different viewpoints. So try to be as honest as you can. Beside each statement, circle the number that best describes how you feel. Use the scale below to respond to each statement.

1 Strongly Disagree | 2 Disagree | 3 Uncertain | 4 Agree | 5 Strongly Agree

| | |
|---|---|
| 1 2 3 4 5 | 1. I believe that being Black is a positive experience. |
| 1 2 3 4 5 | 2. I know through personal experience what being Black in America means. |
| 1 2 3 4 5 | 3. I am increasing my involvement in Black activities because I don't feel comfort table in White environments. |
| 1 2 3 4 5 | 4. I believe that large numbers of Blacks are untrustworthy. |
| 1 2 3 4 5 | 5. I feel an overwhelming attachment to Black people. |
| 1 2 3 4 5 | 6. I involve myself in causes that will help all oppressed people. |
| 1 2 3 4 5 | 7. A person's race does not influence how comfortable I feel when I am with her or him. |
| 1 2 3 4 5 | 8. I believe that Whites look and express themselves better than Blacks. |
| 1 2 3 4 5 | 9. I feel uncomfortable when I am around Black people. |
| 1 2 3 4 5 | 10. I feel good about being Black, but do not limit myself to Black activities. |
| 1 2 3 4 5 | 11. When I am with people I trust, I often find myself using slang words to refer to White people. |
| 1 2 3 4 5 | 12. I believe that being Black is a negative experience. |
| 1 2 3 4 5 | 13. I am confused about whether White people have anything important to teach me. |
| 1 2 3 4 5 | 14. I frequently confront the system and the (White) man. |
| 1 2 3 4 5 | 15. I constantly involve myself in Black political and social activities (art shows, political meetings, Black theater, etc.) |
| 1 2 3 4 5 | 16. I involve myself in social action and political groups even if there are no other Blacks involved. |
| 1 2 3 4 5 | 17. I believe that Black people should learn to think and experience life in ways which are similar to White people. |
| 1 2 3 4 5 | 18. I believe that the world should be interpreted from a Black or Africentric perspective. |
| 1 2 3 4 5 | 19. I'm not sure how I feel about myself racially. |
| 1 2 3 4 5 | 20. I feel excitement and joy in Black surroundings. |
| 1 2 3 4 5 | 21. I believe that Black people came from a strange, dark, and uncivilized continent. |
| 1 2 3 4 5 | 22. People, regardless of their race, have strengths and limitations. |
| 1 2 3 4 5 | 23. I find myself reading a lot of Black literature and thinking about being Black. |
| 1 2 3 4 5 | 24. I feel guilty or anxious about some of the things I believe about Black people |
| 1 2 3 4 5 | 25. I believe that a Black person's most effective weapon for solving problems is to become part of the White person's world. |
| 1 2 3 4 5 | 26. My identity revolves around being a Black person in this country. |
| 1 2 3 4 5 | 27. I limit myself to Black activities as much as I can. |
| 1 2 3 4 5 | 28. I am determined to find my Black identity. |
| 1 2 3 4 5 | 29. I like to make friends with Black people. |
| 1 2 3 4 5 | 30. I believe that I have many strengths because I am Black. |
| 1 2 3 4 5 | 31. I feel that Black people do not have as much to be proud of as White people do. |
| 1 2 3 4 5 | 32. I am at ease being around Black people. |
| 1 2 3 4 5 | 33. I believe that Whites should feel guilty about the way they have treated Blacks in the past. |
| 1 2 3 4 5 | 34. White people can't be trusted. |
| 1 2 3 4 5 | 35. In today's society if Black people don't achieve, they have only themselves to blame. |

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Janet E. Helms

## BRIAS Social Attitudes Scale

**Instructions:** This questionnaire is designed to measure people's attitudes about social and political issues. There are no right or wrong answers. Different people have different viewpoints. So try to be as honest as you can. Beside each statement, circle the number that best describes how you feel. Use the scale below to respond to each statement.

**1** Strongly Disagree **2** Disagree **3** Uncertain **4** Agree **5** Strongly Agree

| | | | | | |
|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 36. The most important thing about me is that I am Black. |
| 1 | 2 | 3 | 4 | 5 | 37. Being Black just feels natural to me. |
| 1 | 2 | 3 | 4 | 5 | 38. Other Black people have trouble accepting me because my life experiences have been so different from their experiences. |
| 1 | 2 | 3 | 4 | 5 | 39. Black people who have any White people's blood should feel ashamed of it. |
| 1 | 2 | 3 | 4 | 5 | 40. Sometimes, I wish I belonged to the White race. |
| 1 | 2 | 3 | 4 | 5 | 41. The people I respect most are White. |
| 1 | 2 | 3 | 4 | 5 | 42. I have begun to question my beliefs about my racial group. |
| 1 | 2 | 3 | 4 | 5 | 43. I feel anxious when White people compare me to other members of my race |
| 1 | 2 | 3 | 4 | 5 | 44. I tend to bond easily with Black people. |
| 1 | 2 | 3 | 4 | 5 | 45. A person's race may be a positive aspect of who he or she is. |
| 1 | 2 | 3 | 4 | 5 | 46. When I am with Black people, I pretend to enjoy the things they enjoy |
| 1 | 2 | 3 | 4 | 5 | 47. When a stranger who is Black does something embarrassing in public, I get embarrassed. |
| 1 | 2 | 3 | 4 | 5 | 48. I believe that a Black person can be close friends with a White person. |
| 1 | 2 | 3 | 4 | 5 | 49. Sometimes I think that White people are superior and sometimes I think they're inferior to Black people. |
| 1 | 2 | 3 | 4 | 5 | 50. I have a positive attitude about myself because I am Black. |
| 1 | 2 | 3 | 4 | 5 | 51. I participate in Black culture. |
| 1 | 2 | 3 | 4 | 5 | 52. I am not sure where I really belong racially. |
| 1 | 2 | 3 | 4 | 5 | 53. I believe that White people are more intelligent than Blacks. |
| 1 | 2 | 3 | 4 | 5 | 54. I speak my mind regardless of the consequences (e.g. being kicked out of school, being imprisoned, being exposed to danger). |
| 1 | 2 | 3 | 4 | 5 | 55. I can't feel comfortable with either Black people or White people. |
| 1 | 2 | 3 | 4 | 5 | 56. I often feel that I belong to the Black racial group. |
| 1 | 2 | 3 | 4 | 5 | 57. I am embarrassed about some of the things I feel about my racial group. |
| 1 | 2 | 3 | 4 | 5 | 58. Most Blacks I know are failures. |
| 1 | 2 | 3 | 4 | 5 | 59. I am changing my style of life to fit my new beliefs about Black people. |
| 1 | 2 | 3 | 4 | 5 | 60. I am satisfied with myself. |

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Appendix I: The Coopersmith Self-esteem Inventory

For use by Laura Fontaine only. Received from Mind Garden, Inc. on December 17, 2008

# Coopersmith Inventory
# Adult Form

Name _____ Age _____

Institution _____ Gender Male ____ Female ____

Occupation _____ Date _____

**Directions**
On the other side of this form, you will find a list of statements about feelings. If a statement describes how you usually feel, put an X in the column "Like Me." If a statement does not describe how you usually feel, put an X in the column "Unlike Me." There are no right or wrong answers. Begin at the top of the page and mark all 25 statements.

| | x 4 = | |
|---|---|---|

**Published by Mind Garden, Inc.**
www.mindgarden.com

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For use by Laura Fontaine only. Received from Mind Garden, Inc. on December 17, 2008

## Coopersmith Inventory Adult Form

| Like Me | Unlike Me | | |
|---|---|---|---|
| ☐ | ☐ | 1. | Things usually don't bother me. |
| ☐ | ☐ | 2. | I find it very hard to talk in front of a group. |
| ☐ | ☐ | 3. | There are lots of things about myself I'd change if I could. |
| ☐ | ☐ | 4. | I can make up my mind without too much trouble. |
| ☐ | ☐ | 5. | I'm a lot of fun to be with. |
| ☐ | ☐ | 6. | I get upset easily at home. |
| ☐ | ☐ | 7. | It takes me a long time to get used to anything new. |
| ☐ | ☐ | 8. | I'm popular with persons my own age. |
| ☐ | ☐ | 9. | My family usually considers my feelings. |
| ☐ | ☐ | 10. | I give in very easily. |
| ☐ | ☐ | 11. | My family expects too much of me. |
| ☐ | ☐ | 12. | It's pretty tough to be me. |
| ☐ | ☐ | 13. | Things are all mixed up in my life. |
| ☐ | ☐ | 14. | People usually follow my ideas. |
| ☐ | ☐ | 15. | I have a low opinion of myself. |
| ☐ | ☐ | 16. | There are many times when I would like to leave home. |
| ☐ | ☐ | 17. | I often feel upset with my work. |
| ☐ | ☐ | 18. | I'm not as nice looking as most people. |
| ☐ | ☐ | 19. | If I have something to say, I usually say it. |
| ☐ | ☐ | 20. | My family understands me. |
| ☐ | ☐ | 21. | Most people are better liked than I am. |
| ☐ | ☐ | 22. | I usually feel as if my family is pushing me. |
| ☐ | ☐ | 23. | I often get discouraged with what I am doing. |
| ☐ | ☐ | 24. | I often wish I were someone else. |
| ☐ | ☐ | 25. | I can't be depended on. |

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Appendix J: African Self-Consciousness Scale

ASC

Please indicate your level of agreement with the items below using the following scale. Your rating for each item should be written in blank space before each statement. Your responses will remain completely anonymous. Please be open and honest when responding to the items.

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|
| Strongly Disagree | | Disagree | | Agree | | | Strongly Agree |

___ 1. I don't necessarily feel like I am also being mistreated in a situation where I see another Black person being mistreated.

___ 2. Black people should have their own independent schools, which consider their African heritage and values an important part of the curriculum.

___ 3. Blacks who trust Whites in general are basically very intelligent people.

___ 4. Blacks who are committed and prepared to uplift the (Black) race by any means necessary (including violence) are more intelligent than Blacks who are not this committed and prepared.

___ 5. Blacks in Britain should try harder to be British rather than practicing activities that link them up with their African cultural heritage.

___ 6. Regardless of their interests, educational background and social achievements, I would prefer to associate with Black people than with non-Blacks.

___ 7. It is not such a good idea for Black students to be required to learn an African language.

___ 8. It is not within the best interest of Blacks to depend on Whites for anything, no matter how religious and decent they (the Whites) purport to be.

___ 9. Blacks who place the highest value on Black life (over that of other people) are reverse racists and generally evil people.

___10. Black children should be taught that they are African People at an early age.

___11. White people, generally speaking, are not opposed to self-determination for Black people

___12. As a good index of self-respect, Blacks in Britain should consider adopting traditional African names for themselves.

___13. A White /European or Caucasian image of God and the "Holy Family" (among others considered close to God) are not such bad things for Blacks to worship.

___14. Blacks born in United Kingdom are Black or African first, rather than British or just plain people.

___15. Black people, who talk in a relatively loud manner, show a lot of emotions and feelings, and express themselves with a lot of movement and body motion, are less intelligent than Blacks who do not behave this way.

___16. Racial consciousness and cultural awareness based on traditional African values are necessary to the development of Black marriages and families that can contribute to the liberation and enhancement of Black people in Britain.

___17. In dealing with other Blacks, I consider myself quite different and unique from most of them.

___18. Blacks should form loving relationships with and marry only other Blacks.

___19. I have difficulty identifying with the culture of African people.

___20. It is intelligent for Blacks in Britain to organise to educate and liberate themselves from White-British domination.

___21. There is no such thing as African culture among Blacks in Britain.

___22. It is good for Blacks husbands and wives to help each other develop racial consciousness and cultural awareness in themselves and their children.

___23. Africa is not the ancestral homeland of all Black people throughout the world.

___24. It is good for Blacks in Britain to wear traditional African-Type clothing and hairstyles if they desire to do so.

___25. I feel little sense of commitment to Black people who are not close friends or relatives.

___26. All Black students in Africa and Britain should be expected to study African culture and history as it occurs throughout the world.

___27. Black children should be taught to love all races of people, even those races who do harm to them.

___28. Blacks in Britain who view Africa as their homeland are more intelligent than those who view Britain as their homeland.

___29. If I saw Black children fighting, I would leave them to settle it alone.

___30. White people, generally speaking, do not respect Black life.

___31. Blacks in Britain should view Blacks from other countries (e.g. Ghana, Nigeria, and other countries in Africa) as foreigners rather than as their brothers and sisters.

___32. When a Black person uses the term "Self, Me, and I" his/her reference should encompass all Black people rather than simply him/herself.

___33. Religion is dangerous for Black people when it directs and inspires them to become self-determining and independent of the White community.

___ 34. Black parents should encourage their children to respect all Black people, good and bad, and punish them when they don't show respect.

___ 35. Blacks who celebrate Kwanzas practice the "Nguzo Saba" (the Black Value System), both symbolizing African tradition, don't necessarily have better sense than Blacks who celebrate Easter, Christmas, and the Fourth of July.

___ 36. African culture is better for humanity than European culture.

___ 37. Black people's concern for self-knowledge (knowledge of one's history, philosophy, culture, etc...) and self (collective) determination makes them treat White people badly.

___ 38. The success of an individual Black person is not as important as the survival of all Black people.

___ 39. If a good/worthwhile education could be obtained at all schools (both Black and White), I would prefer for my child to attend a racially integrated school.

___ 40. It is good for Black people to refer to each other as brother and sister because such a practice is consistent with our African heritage.

___ 41. It is not necessary to require Black/African Studies courses in predominantly Black schools.

___ 42. Being involved in wholesome group activities with other Blacks lifts my spirit more so than being involved in individual oriented activities.

Appendix K: Symptom Checklist-90 Derogatis

**Hand-Scored Answer Sheet**

ADMINISTRATOR:

BE SURE THE DEMOGRAPHIC INFORMATION ON PAGE 9 IS COMPLETED.

AFTER THE QUESTIONNAIRE IS COMPLETED, DETACH PAGE 9 BY CAREFULLY TEARING ALONG THE PERFORATED LINE. THEN DISCARD PAGES 1 THROUGH 8 AS YOU WOULD OTHER CONFIDENTIAL DOCUMENTS.

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Product Number 05675

**INSTRUCTIONS**

The SCL-90-R test consists of a list of problems people sometimes have. Read each one carefully and circle the number of the response that best describes HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. Circle only one number for each problem (0 1②3 4). Do not skip any items. If you change your mind, draw an X through your original answer and then circle your new answer (0 1⊗3④). Read the example before you begin. If you have any questions, please ask them now.

**EXAMPLE**

**0 = Not at all** **1 = A little bit** **2 = Moderately** **3 = Quite a bit** **4 = Extremely**

**HOW MUCH WERE YOU DISTRESSED BY:**

**Body aches** ..... 0 1 2 ③ 4

PEARSON

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**800.627.7271 www.PsychCorp.com**

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Printed in the United States of America.

8 9 10 11 12 A B C D E

ge 2

0 = Not at all  1 = A little bit  2 = Moderately  3 = Quite a bit  4 = Extremely

**HOW MUCH WERE YOU DISTRESSED BY:**

| | | | | | |
|---|---|---|---|---|---|
| 1. Headaches | 0 | 1 | 2 | 3 | 4 |
| 2. Nervousness or shakiness inside | 0 | 1 | 2 | 3 | 4 |
| 3. Repeated unpleasant thoughts that won't leave your mind | 0 | 1 | 2 | 3 | 4 |
| 4. Faintness or dizziness | 0 | 1 | 2 | 3 | 4 |
| 5. Loss of sexual interest or pleasure | 0 | 1 | 2 | 3 | 4 |
| 6. Feeling critical of others | 0 | 1 | 2 | 3 | 4 |
| 7. The idea that someone else can control your thoughts | 0 | 1 | 2 | 3 | 4 |
| 8. Feeling others are to blame for most of your troubles | 0 | 1 | 2 | 3 | 4 |
| 9. Trouble remembering things | 0 | 1 | 2 | 3 | 4 |
| 10. Worried about sloppiness or carelessness | 0 | 1 | 2 | 3 | 4 |
| 11. Feeling easily annoyed or irritated | 0 | 1 | 2 | 3 | 4 |
| 12. Pains in heart or chest | 0 | 1 | 2 | 3 | 4 |
| 13. Feeling afraid in open spaces or on the streets | 0 | 1 | 2 | 3 | 4 |
| 14. Feeling low in energy or slowed down | 0 | 1 | 2 | 3 | 4 |
| 15. Thoughts of ending your life | 0 | 1 | 2 | 3 | 4 |
| 16. Hearing voices that other people do not hear | 0 | 1 | 2 | 3 | 4 |
| 17. Trembling | 0 | 1 | 2 | 3 | 4 |
| 18. Feeling that most people cannot be trusted | 0 | 1 | 2 | 3 | 4 |
| 19. Poor appetite | 0 | 1 | 2 | 3 | 4 |
| 20. Crying easily | 0 | 1 | 2 | 3 | 4 |
| 21. Feeling shy or uneasy with the opposite sex | 0 | 1 | 2 | 3 | 4 |
| 22. Feelings of being trapped or caught | 0 | 1 | 2 | 3 | 4 |
| 23. Suddenly scared for no reason | 0 | 1 | 2 | 3 | 4 |
| 24. Temper outbursts that you could not control | 0 | 1 | 2 | 3 | 4 |
| 25. Feeling afraid to go out of your house alone | 0 | 1 | 2 | 3 | 4 |
| 26. Blaming yourself for things | 0 | 1 | 2 | 3 | 4 |
| 27. Pains in lower back | 0 | 1 | 2 | 3 | 4 |
| 28. Feeling blocked in getting things done | 0 | 1 | 2 | 3 | 4 |
| 29. Feeling lonely | 0 | 1 | 2 | 3 | 4 |
| 30. Feeling blue | 0 | 1 | 2 | 3 | 4 |

Go on to the next page

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

**HOW MUCH WERE YOU DISTRESSED BY:**

| | | | | | | |
|---|---|---|---|---|---|---|
| 31. Worrying too much about things | 0 | 1 | 2 | 3 | 4 | |
| 32. Feeling no interest in things | 0 | 1 | 2 | 3 | 4 | |
| 33. Feeling fearful | 0 | 1 | 2 | 3 | 4 | |
| 34. Your feelings being easily hurt | 0 | 1 | 2 | 3 | 4 | |
| 35. Other people being aware of your private thoughts | 0 | 1 | 2 | 3 | 4 | |
| 36. Feeling others do not understand you or are unsympathetic | 0 | 1 | 2 | 3 | 4 | |
| 37. Feeling that people are unfriendly or dislike you | 0 | 1 | 2 | 3 | 4 | |
| 38. Having to do things very slowly to insure correctness | 0 | 1 | 2 | 3 | 4 | |
| 39. Heart pounding or racing | 0 | 1 | 2 | 3 | 4 | |
| 40. Nausea or upset stomach | 0 | 1 | 2 | 3 | 4 | |
| 41. Feeling inferior to others | 0 | 1 | 2 | 3 | 4 | |
| 42. Soreness of your muscles | 0 | 1 | 2 | 3 | 4 | |
| 43. Feeling that you are watched or talked about by others | 0 | 1 | 2 | 3 | 4 | |
| 44. Trouble falling asleep | 0 | 1 | 2 | 3 | 4 | |
| 45. Having to check and double-check what you do | 0 | 1 | 2 | 3 | 4 | |
| 46. Difficulty making decisions | 0 | 1 | 2 | 3 | 4 | |
| 47. Feeling afraid to travel on buses, subways, or trains | 0 | 1 | 2 | 3 | 4 | |
| 48. Trouble getting your breath | 0 | 1 | 2 | 3 | 4 | |
| 49. Hot or cold spells | 0 | 1 | 2 | 3 | 4 | |
| 50. Having to avoid certain things, places, or activities because they frighten you | 0 | 1 | 2 | 3 | 4 | |
| 51. Your mind going blank | 0 | 1 | 2 | 3 | 4 | |
| 52. Numbness or tingling in parts of your body | 0 | 1 | 2 | 3 | 4 | |
| 53. A lump in your throat | 0 | 1 | 2 | 3 | 4 | |
| 54. Feeling hopeless about the future | 0 | 1 | 2 | 3 | 4 | |
| 55. Trouble concentrating | 0 | 1 | 2 | 3 | 4 | |
| 56. Feeling weak in parts of your body | 0 | 1 | 2 | 3 | 4 | |
| 57. Feeling tense or keyed up | 0 | 1 | 2 | 3 | 4 | |
| 58. Heavy feelings in your arms or legs | 0 | 1 | 2 | 3 | 4 | |
| 59. Thoughts of death or dying | 0 | 1 | 2 | 3 | 4 | |
| 60. Overeating | 0 | 1 | 2 | 3 | 4 | |

Go on to the next page

0=Not at all 1=A little bit 2 = Moderately 3=Quite a bit 4=Extremely

**HOW MUCH WERE YOU DISTRESSED BY:**

| | | | | | |
|---|---|---|---|---|---|
| 61. Feeling uneasy when people are watching or talking about you | 0 | 1 | 2 | 3 | 4 |
| 62. Having thoughts that are not your own | 0 | 1 | 2 | 3 | 4 |
| 63. Having urges to beat, injure, or harm someone | 0 | 1 | 2 | 3 | 4 |
| 64. Awakening in the early morning | 0 | 1 | 2 | 3 | 4 |
| 65. Having to repeat the same actions such as touching, counting, or washing | 0 | 1 | 2 | 3 | 4 |
| 66. Sleep that is restless or disturbed | 0 | 1 | 2 | 3 | 4 |
| 67. Having urges to break or smash things | 0 | 1 | 2 | 3 | 4 |
| 68. Having ideas or beliefs that others do not share | 0 | 1 | 2 | 3 | 4 |
| 69. Feeling very self-conscious with others | 0 | 1 | 2 | 3 | 4 |
| 70. Feeling uneasy in crowds, such as shopping or at a movie | 0 | 1 | 2 | 3 | 4 |
| 71. Feeling everything is an effort | 0 | 1 | 2 | 3 | 4 |
| 72. Spells of terror or panic | 0 | 1 | 2 | 3 | 4 |
| 73. Feeling uncomfortable about eating or drinking in public | 0 | 1 | 2 | 3 | 4 |
| 74. Getting into frequent arguments | 0 | 1 | 2 | 3 | 4 |
| 75. Feeling nervous when you are left alone | 0 | 1 | 2 | 3 | 4 |
| 76. Others not giving you proper credit for your achievements | 0 | 1 | 2 | 3 | 4 |
| 77. Feeling lonely even when you are with people | 0 | 1 | 2 | 3 | 4 |
| 78. Feeling so restless you couldn't sit still | 0 | 1 | 2 | 3 | 4 |
| 79. Feelings of worthlessness | 0 | 1 | 2 | 3 | 4 |
| 80. The feeling that something bad is going to happen to you | 0 | 1 | 2 | 3 | 4 |
| 81. Shouting or throwing things | 0 | 1 | 2 | 3 | 4 |
| 82. Feeling afraid you will faint in public | 0 | 1 | 2 | 3 | 4 |
| 83. Feeling that people will take advantage of you if you let them | 0 | 1 | 2 | 3 | 4 |
| 84. Having thoughts about sex that bother you a lot | 0 | 1 | 2 | 3 | 4 |
| 85. The idea that you should be punished for your sins | 0 | 1 | 2 | 3 | 4 |
| 86. Thoughts and images of a frightening nature | 0 | 1 | 2 | 3 | 4 |
| 87. The idea that something serious is wrong with your body | 0 | 1 | 2 | 3 | 4 |
| 88. Never feeling close to another person | 0 | 1 | 2 | 3 | 4 |
| 89. Feelings of guilt | 0 | 1 | 2 | 3 | 4 |
| 90. The idea that something is wrong with your mind | 0 | 1 | 2 | 3 | 4 |

**Turn the page and follow the directions for completing the additional information.**

Page 7

**Hand-Scored Answer Sheet**

ADMINISTRATOR:
AFTER THE QUESTIONNAIRE IS COMPLETED, DETACH PAGE 9 BY CAREFULLY TEARING ALONG THE PERFORATED LINE. THEN DISCARD PAGES 1 THROUGH 8 AS YOU WOULD OTHER CONFIDENTIAL DOCUMENTS.

**DIRECTIONS**

Print your name, identification number, age, gender, and test date below.

Name

ID Number

Age Gender Test Date

| | | |
|---|---|---|
| 61. 0 1 2 3 4 | 31. 0 1 2 3 4 | 1. 0 1 2 3 4 |
| 62. 0 1 2 3 4 | 32. 0 1 2 3 4 | 2. 0 1 2 3 4 |
| 63. 0 1 2 3 4 | 33. 0 1 2 3 4 | 3. 0 1 2 3 4 |
| 64. 0 1 2 3 4 | 34. 0 1 2 3 4 | 4. 0 1 2 3 4 |
| 65. 0 1 2 3 4 | 35. 0 1 2 3 4 | 5. 0 1 2 3 4 |
| 66. 0 1 2 3 4 | 36. 0 1 2 3 4 | 6. 0 1 2 3 4 |
| 67. 0 1 2 3 4 | 37. 0 1 2 3 4 | 7. 0 1 2 3 4 |
| 68. 0 1 2 3 4 | 38. 0 1 2 3 4 | 8. 0 1 2 3 4 |
| 69. 0 1 2 3 4 | 39. 0 1 2 3 4 | 9. 0 1 2 3 4 |
| 70. 0 1 2 3 4 | 40. 0 1 2 3 4 | 10. 0 1 2 3 4 |
| 71. 0 1 2 3 4 | 41. 0 1 2 3 4 | 11. 0 1 2 3 4 |
| 72. 0 1 2 3 4 | 42. 0 1 2 3 4 | 12. 0 1 2 3 4 |
| 73. 0 1 2 3 4 | 43. 0 1 2 3 4 | 13. 0 1 2 3 4 |
| 74. 0 1 2 3 4 | 44. 0 1 2 3 4 | 14. 0 1 2 3 4 |
| 75. 0 1 2 3 4 | 45. 0 1 2 3 4 | 15. 0 1 2 3 4 |
| 76. 0 1 2 3 4 | 46. 0 1 2 3 4 | 16. 0 1 2 3 4 |
| 77. 0 1 2 3 4 | 47. 0 1 2 3 4 | 17. 0 1 2 3 4 |
| 78. 0 1 2 3 4 | 48. 0 1 2 3 4 | 18. 0 1 2 3 4 |
| 79. 0 1 2 3 4 | 49. 0 1 2 3 4 | 19. 0 1 2 3 4 |
| 80. 0 1 2 3 4 | 50. 0 1 2 3 4 | 20. 0 1 2 3 4 |
| 81. 0 1 2 3 4 | 51. 0 1 2 3 4 | 21. 0 1 2 3 4 |
| 82. 0 1 2 3 4 | 52. 0 1 2 3 4 | 22. 0 1 2 3 4 |
| 83. 0 1 2 3 4 | 53. 0 1 2 3 4 | 23. 0 1 2 3 4 |
| 84. 0 1 2 3 4 | 54. 0 1 2 3 4 | 24. 0 1 2 3 4 |
| 85. 0 1 2 3 4 | 55. 0 1 2 3 4 | 25. 0 1 2 3 4 |
| 86. 0 1 2 3 4 | 56. 0 1 2 3 4 | 26. 0 1 2 3 4 |
| 87. 0 1 2 3 4 | 57. 0 1 2 3 4 | 27. 0 1 2 3 4 |
| 88. 0 1 2 3 4 | 58. 0 1 2 3 4 | 28. 0 1 2 3 4 |
| 89. 0 1 2 3 4 | 59. 0 1 2 3 4 | 29. 0 1 2 3 4 |
| 90. 0 1 2 3 4 | 60. 0 1 2 3 4 | 30. 0 1 2 3 4 |

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Product Number 05675

Appendix L: Permission obtained to use questionnaires (others inserted behind this page)

## requesting the permission to use the symptom Checklist-90-revised - laura fontaine

TO: You 1 recipients
CC: 2 recipientsYou 2 More
Show Details
FROM:

- Schryver, William (HAS-SAT)

TO:

- laura_fontaine_uk@yahoo.com

CC:

- Information (PAS-UK)
- Murphy, Linda (HAS-SAT)

Message flagged
Tuesday, 9 December 2008, 17:33

### Message Body

Dear Ms Fontaine,

Your request has been forwarded to me for response.

You certainly have our permission to use the SCL-90-R for your research project. Permission is inherent in the qualified purchase of the product in sufficient quantity to meet your research goals.

To qualify for and purchase the products please visit our UK catalog website at http://www.pearson-uk.com/index.aspx or contact our Customer Service Department at 01865 888188 (Monday to Friday, 8.00am to 5.00pm) or email to info@pearson-uk.com. I have included them as an addressee to this response. The direct link to the SDL-90-R catalog page is: http://www.psychcorp.co.uk/product.aspx?n=1316&skey=4368

Many of our clinical assessment products require specific qualification to purchase and use. If you do not yet qualify, your faculty adviser should be able to assist you with qualification. **As a student you are eligible for a discount on our products**.

Please also be advised that the inherent purchase permission will not allow publication of any actual assessment test items, discussion of any actual test items or inclusion of the actual product(s) in the body or appendix of your research results. You would be permitted to discuss your analysis, summary statistics and the results.

I wish you success with your research project.


Bill Schryver

William (Bill) Schryver

Permissions Specialist

Clinical Assessment

Pearson

19500 Bulverde Rd

San Antonio, TX 78259-3701

Tel. 210-339-5345 or 800-228-0752 ext 5345

Fax. 210-339-5601

pas.licensing@pearson.com


## Re: Requesting the Scoring and interpretation required of the BRIAS] *1*

1 recipients
CC: recipientsYou More
Show Details
FROM:

- Huentity LLC

TO:

- laura_fontaine_uk@yahoo.com

Message flagged
Wednesday, 13 October 2010, 22:57

### Message Body

Attached is Dr. Janet Helms unpublished chapter "What do I do with these scores?", which is the subject of the Non-Disclosure Agreement. You are granted permission to use it.

Hope this helps.

On Wed, Oct 13, 2010 at 5:41 PM, <laura_fontaine_uk@yahoo.com> wrote:
Apologies if my signing was not clear. The disclosure form was signed by myself: Laura Fontaine and I confirm to adhere to the agreement stated.

Regards,

Laura

Sent using BlackBerry® from Orange

---

**From:** Huentity LLC <huentityllc@gmail.com>
**Date:** Wed, 13 Oct 2010 17:37:06 -0400
**To:** <laura_fontaine_uk@yahoo.com>
**Subject:** Re: [Fwd: Re: Requesting the Scoring and interpretation required of the BRIAS]

Ms. Fontaine:

I have received a Non-Disclosure Form, which I need you to confirm was signed by you as your name does not appear on the form and I cannot read the signature. After I receive your affirmative response I will e-mail you the Helms unpublished chapter referenced in the Non-Disclosure Agreement.

Thank you.

## Permission to use the SEI Coopersmith Self-esteem scale.

## re: requesting the permission to use the SEI Coopersmith Self-esteem Inventory - laura fontaine

1 recipients
CC: recipientsYou More
Show Details
FROM:

- info@mindgarden.com

TO:

- laura_fontaine_uk@yahoo.com

Message flagged
Tuesday, 9 December 2008, 20:41

### Message Body

Hello Laura,
Our minimum order is $100 for 1-100 permissions. There would be no shipping or handling charges.

Since this is a non-standard quantity, you'll need to use our order form rather than ordering online through the shopping cart.

Here is a link to the order form -- if you choose the MS Word form you can type into it and email it to us as an attachment.
http://www.mindgarden.com/ordering.htm#orderformna

Best,
Valorie
Mind Garden, Inc.
tronic form, you will receive just one
>> copy and written permission to reproduce/administer the
>> purchased number. The PDF format will save time and allow
>> you to avoid shipping charges. Usually you can get the PDF
>> within a couple of hours, barring any technical problems.
>>
>> Here is the link to the CSEI page:
>> http://www.mindgarden.com/products/cseis.htm
>>
>> Best,
>> Valorie
>> Mind Garden, Inc.

Appendix M: Exploratory analysis and findings - Preference of therapist, help-seeking behaviour, and racial identity attitudes

## Literature Review

Empirical research, as well as reports from practising counselling psychologists and other clinical practitioners, have identified that black people under-utilise counselling services (Bhui et al., 2003) and have a greater chance of prematurely terminating counselling (Fernando, 2010; Keating et al., 2011; Rathod et al., 2009; Want et al, 2004). With four decades of psychology research suggesting that black clients prefer black therapists (Wintersteen et al, 2005), there remains a public health concern that black people are still under-represented within mental health professions but over-represented within mental health services (Fernando, 2010). Black people often have no choice but to be seen by providers they might not have chosen (Thompson-Sanders et al, 2004; Ziguras et al, 2003).

Parham and Helms' (1981) found that individuals with negative self-conceptions may thwart the attempts of their therapists to promote therapeutic change. The authors identified relationships between clients' racial identity attitudes and their preferences for therapists. Stage I (pre-encounter) individuals preferred white therapists, whereas stage II individuals (post-encounter) are confused in their identity, feel anxious and guilty because of rejecting their black culture, and are likely to prefer black therapists. Stage III individuals (immersion-emersion) tend to prefer a black clinician, but not as vehemently as stage II individuals. Finally, individuals in stage IV (equivalent to internalisation attitudes) are the most unlikely to enter therapy, but it is frustration in making changes that leads them to do so. They usually have no particular preference regarding the race of their therapist, choosing them on the basis of their racial attitudes, clinical skill or other personal characteristics (Parham & Helms, 1981). However, the very experience of being in therapy may itself lead some individuals to consider reassessment of their self views, though this is unlikely to be so if their involvement in therapy was not voluntary (Collins and Stukas, 2006).

Want et al. (2004) found that strong pre-encounter attitudes were associated with low favourability toward a black therapist who was high in racial consciousness, whereas high post-encounter attitudes were generally associated with lower favourability ratings of white therapists. These findings are consistent with Cross' proposition that black

people with strong pre-encounter attitudes may reject their own racial culture whilst identifying with white culture (Cross, 1995). However, Gardner's (2006) findings did not support these findings, with participants showing no relationship between racial attitudes and preference for therapist.

The literature suggests that ethnic minorities with strong cultural affiliations, particularly black people, prefer culturally similar therapists over dissimilar therapists (Rathod et al., 2010). However, when asked to rank preferences for multiple therapist characteristics or when given open-ended questions on client preference, they typically place ethnic similarity below other characteristics such as attitude, sex, professional credentials, or personality (Bhui & Morgan, 2007).

It is perhaps more appropriate to view therapist racial/ethnicity preference as a function of multiple interactive variables such as client cultural/racial values, rather than as a function of client racial/ethnicity alone (Helms, 1990), which the present study will investigate. Thus, when counselling centre staff assign clients to therapists, they need to be culturally sensitive enough to consider the client's therapist preferences (Bhui & Morgan, 2007). Based on current empirical evidence, no firm conclusions can be reached regarding the relationship between black people's racial attitudes and their therapist preferences (Richardson & Helms, 1994). This view is offered by Richardson and Helms (1994) who have proposed that it is racial identity attitudes, and not race or race-relevant content per se, that are key factors. Thus, it is the client's attitude which determines how they perceive themselves, others and the world, and this is one of the reasons why this study will focus on attitudes towards racial identity.

Very little empirical data was found in this review which addresses help-seeking behaviour amongst black people. What does exist suggests a relationship between racial identity attitudes and usage of counselling services. Townes et al. (2004) reported preferences for black therapists were more likely in individual's high Africentric scores. The above findings perhaps imply that those individuals with higher racial attitudes may be more reluctant to seek psychological assistance. Moreover, individuals with immersion attitudes who have high Africentric and anti-white scores may develop a productive therapeutic relationship alliance with greater ease with a therapist who is black.

These findings do not indicate the necessity for racial matching between client and clinician for effective mental health interventions. The literature does not conclude that black people do better with a black therapist or when receiving help from similar racial/cultural services, though it does reveal their greater consistency with treatment when sharing a racial/cultural background with their therapist (Rathod et al, 2010). One implication, however, is that therapists need to be sensitive to cultural and racial differences if they are from a different racial background to their client, so to minimise possible barriers to treatment (Davies & Bhugra, 2004). The great majority of black clients will end up with a therapist from a different ethnic background (Holmes, 2006) and so this is an important issue. Although 25% of mental health services users are Black British, just over 7% of qualified psychologists in England are from BME backgrounds (Department of Health, 2004). Whilst the proportion of black professionals delivering cognitive behavioural style psychological services is unknown, it is likely that CBT is similarly dominated by Eurocentric perspectives (Snowden & Pingatore, 2002).

**Exploratory Analysis**

Additional analyses were performed to examine the second aim of the quantitative phase, to investigate whether there are any relationships between racial identity, age, and help-seeking preferences. It was hoped that this aspect of the research would support those who deliver counselling services to black men.

***Age***

A one-way ANOVA was performed to examine whether there were any differences between racial identity attitude scores, using age as the dependent variable with three categories (18-25, 26-35, 36-55). There was a significant effect of age on pre-encounter ($F$ (2, 97) = 5.05, $p$ =.008) and post-encounter scores ($F$ (2, 97) = 5.67, $p$ =.005). There was no effect for age on internalisation and immersion-emersion. Tukey post-hoc comparisons indicated that the significant differences on pre-encounter scores were between the 18-25 age group ($M$=54.07) who scored significantly higher than the 26-35 ($M$=47.73) and 36-55 group (M=57.69). The significant differences in the post-encounter scores were between the 18-25 ($M$=53.72) and the 36-55 age groups ($M$=45.84), again with the younger age group having higher scores.

***Preference for therapist***

Two one-way ANOVAs were performed to examine whether there were any differences between racial identity scores and the dependent variables of general preference for a therapist (i.e., who is black, not black, no preference) and preference for a therapist to discuss racial issues with (i.e., who is black, white, either, don't know).

The results of the first ANOVA indicated that there was a significant effect of preference for therapist on post-encounter $F(2,97)=3.56$, $p=.032$, internalisation $F(2,97)=4.49$, $p=.014$, and immersion-emersion $F(2,97)=3.39$, $p=.038$. There was no effect for preference for therapist on pre-encounter scores.

Tukey post-hoc comparisons indicated that those participants who would prefer a black therapist ($n=33$, $M=50.86$) and those who didn't mind what type of therapist they saw ($n=61$, $M=50.66$) had significantly higher internalisation scores than those who would prefer a white therapist ($n=6$, $M=38.54$). Participants who preferred a black therapist had higher immersion-emersion scores ($M=53.56$) than those who didn't mind what ethnicity of therapist they would prefer ($M=48.43$). Those who would prefer to see a white therapist had higher post-encounter scores ($M=59.37$) than those who had no preference ($M=48.58$).

The results of the second ANOVA indicated that there was no significant effect of preference for therapist to discuss racial issues with on any of the racial identity scores. The sample included in this analysis ($n=67$) only included those participants who had previously experienced racism.

***Help-seeking behaviour***

A one-way ANOVA was used to examine whether there were any differences between racial identity scores and help-seeking behaviour, which was measured via the item "If you decided to seek professional help would you use a…" with three possible answers (Black service, voluntary service, NHS service). The results indicated that there was a significant effect immersion-emersion on help-seeking behaviour, $F(2,97) = 5.89$, $p = .004$. Turkey post-hoc comparisons indicated that the those who would select a NHS service had lower immersion-emersion scores ($n=32$, $M=45.33$) than those who would select a Black service ($n=41$, $M=52.87$) and those who would select a voluntary service ($n=27$, $M=51.17$).

**Discussion of the findings**

Both phases of the present paper have helped to develop a better understanding of the distribution of RI attitudes according to age. Whilst the quantitative findings support some existing research that identified significant age differences for racial identity attitudes, showing younger black males (e.g. 18-25) endorsing low racial identity attitudes than older black males (Cross & Fhagen-Smith, 2001; Alston, 2003; Worrell & Gardner-Kitt, 2006; Plummer, 1996). The current study's findings also contradict and support Parham's (1989) theory that RI development progresses in a cyclical fashion through the life-cycle. Specifically, the present findings suggest that, in response to social and psychological racial events, younger black males tended to adopt both pre-encounter and post-encounter attitudes, far more than did older participants. That no significant differences were found for immersion-emersion and internalisation attitudes in relation to age also contradicts the work of Plummer (1996) who reported that adolescents and middle-aged people exhibit immersion-emersion and internalisation attitudes. This seems to support the view that identity is constantly negotiated and reassessed during the life-cycle (McAdam, 2001). The qualitative findings did not reveal any clear differences between participants' RI attitudes according to their age which appears to confirm Parham's (1989) findings that age was not a strong factor in RI development. The study also provided some additional understanding about RI and age. For instance, adolescence was described by the older men as a period of their life when they identified their racial difference as a form of their identity. The two youngest males in the IPA phase reported underlying feelings of being compelled to identify with a collective in-group and also feeling isolated from the out-group, something that the older men did not mention. Whilst the present study was unable to develop a complete understanding of age-related differences in racial identity development, it is possible that this was a result of the small sample size which did not allow for age variation to enable a valid analysis in this area.

The current study also found that immersion-emersion and internalisation attitudes were significantly related to preference for therapist, showing that those with higher immersion-emersion attitudes preferred a black therapist, and those with internalisation attitudes preferring either a black or white therapist. Adding to the literature, the study also showed that those with high post-encounter attitudes had strong preferences for a white therapist. These findings support those of Parham and Helms (1981) and Want et

al. (2004), that black people with low RI attitudes are more likely to prefer white therapists, due to their racial-denial, racial-confusion and greater identification with white culture (Cross, 1995). Moreover, high RI participants' preference for a black therapist could be explained by their pro-black, enculturation of their culture and racial group. Although, the study's findings did not confirm those of Parham and Helms (1981), that pre-encounter attitudes related to a preference for a white therapist, it was able to confirm that post-encounter, another form of low RI, related to a preference for white therapist. This might be explained by post-encounter individuals wanting to find evidence for their underlying conflicting assumptions of white people: seeing a white therapist may enable the healing process by elevating internal racial self-others distress (Carter, 1995). Those with pre-encounter attitudes did not show a significant preference for therapist, perhaps reflecting their internal conflict between both black and white racial groups.

Whilst differences were observed between participants' general preference for therapist according to racial identity attitudes, no significant differences were observed for preference for therapists to specifically discuss racial issues with. It should be noted that the sample used in this part of the analysis was smaller than the full sample (only consisting of those participants who had experienced racism). However, this might also suggest that all black clients, despite their positioned RI, would expect all therapists of all races to be open to discussing race and racial issues along with other aspects of their lives (Fletchman-Smith, 2000; Sue & Zane, 1987).

The findings of the present study also support previous findings (Helms & Parham, 1981) that those with higher immersion-emersion attitudes are more likely to chose a counselling service specifically for black people (in parallel with these black males reporting a preference to see a black therapist) and voluntary service. These findings might be a reflection of the lack of trust that black people reportedly have for NHS services (Fernando, 2003; Keating et al., 2005). That those who endorsed lower RI attitudes indicated they would be more likely to select an NHS service may also be a reflection of their own lack of racial/cultural affiliation (Bhui et al, 2003). This is consistent with Cross's findings that immersion-emersion attitudes involve an individual having a strong affiliation with their own cultural/racial group with the result that they may perhaps feel more comfortable going to a black service. Whilst the present study failed to examine the relative contribution of other socio-demographic

factors to participants' help-seeking choices (e.g. financial status, previous experiences of counselling) it was able to add to the minimal literature regarding help-seeking behaviour by offering a specific quantitative investigation into the influence of RI attitudes on help-seeking behaviour amongst black males. The findings are unique, yet partially consistent with previous research in this area (e.g., Townes, 2004). Indeed the findings of Parham and Helms (1981) confirm the current study's conclusions that black males with immersion-emersion attitudes are more likely to seek a black therapist within a black institution, therefore, are less likely to attend mainstream counselling service. This was fully supported in the first phase of the study.

The study also indicates that there are possible age differences in the expression of racial identity attitudes, such that the younger the client presenting for counselling the more likely they are to have low racial identity attitudes, or to be struggling with transitional issues through the racial identity stages. Thus, it is important that practitioners are sensitive to these issues when working with younger people in terms of the timing and suitability of strategies adopted with clients. With those clients in the earlier stages of development (i.e., pre-encounter or post-encounter phase), it might be more helpful to increase adaptiveness and self-esteem.

The present study showed a greater use of weaker racial identity at an early age (18-25 years) and stronger sense of racial identity at a later age (>26 years). A longitudinal mixed methods approach, using qualitative methods to examine interview data across the lifespan of black males, would help both applied and theoretical psychologists better understand the transitions between racial identity phases and the particular problems experienced during these transitions.

Appendix N: Original Interview Schedule

## INTERVIEW SCHEDULE

### A) Experience and development of racial identity

1. How do you see yourself in terms of your racial identity?
Prompt: how you feel as a black man & **why?**

Prompt: What are your attitudes and beliefs about your own racial group? & **why?**
Prompt: What are your attitudes/beliefs about the majority group? & **why?**
And how they see you as a black man?

2. What aspects of your life have impacted on your identity development?
Prompt: **how?**
Prompt: early childhood (first noticed his race), school, peers, society and culture.
Prompt: What was beneficial and detrimental in developing your racial identity?

3. Generally what impact has your experience of being black had on your emotional well-being and How?
Prompt: how does your experience contribute to your self esteem?

**********

### B) Cognitive responses they make to their experiences in society

4. Can you give me an example of a situation in your experience which may have impacted on your emotional well-being?
Prompt: What thoughts and feelings did you have about yourself?
Prompt: How did this impact upon your: thoughts, feelings and behaviours?

5. How did you cope with this?
Prompt: At the time, what coping strategies were helpful/unhelpful and why?

6. What are the most important things a therapist needs to be aware of when counselling black males and why?

Appendix O: Revised Interview Schedule

**A) Experience and development of racial identity – This was added after pilot study in order to create clarity for the researcher and during analysis stage.**

3. How important is it for you to acknowledge your racial identity in your life?
**Found during pilot run to be - too directive and closed question – also complex to understand. The participants both gave a closed answer and asked the researcher to elaborate on the meaning of the word 'acknowledge' (e.g. recognise).**

1. How do you see yourself in terms of your racial identity? **(Kept this question very open to be able to explore meaning-making)**

Prompt: how do you see and feel as a black man & why?
**Two questions in one caused confusion and did not enable the participant in the pilot to answer regarding his feelings, and one part was deleted as to keep in the 'feel' part of the question.**
Prompt: how you feel as a black man & **why?**

Prompt: What are your attitudes and beliefs about your own racial group? & **why?**
**Kept same prompt but added WHY? – As too enable elaboration and a delving into one's personal life experience. This prompt related to one's thoughts as the prior prompt related to feelings.**

Prompt: What are your attitudes/beliefs about the majority group? & **why?** And how they see you as a black man?
**Kept same prompt but added WHY? – As too enable elaboration and a delving into one's personal life experience. This prompt was chosen to illuminate participant's views as an objective self – and awareness of self from others.**

4. What aspects of your life have impacted on your identity development?
Prompt: **how?**
Prompt: early childhood (first noticed his race), school, peers, society and culture.
Prompt: What was beneficial and detrimental in developing your racial identity?
**The last two prompts were re-ordered (as above) as the pilot stage highlighted that when the second prompt was implemented they thought it was in relation to what parts of their life was beneficial or detrimental, which complicated the question and allowed for less depth in their answers. Therefore, the aim of Q2 was to find out at what times in their lifespan had an impact; and what was helpful or unhelpful in the way their racial identity had been shaped, thus re-ordering of the prompts was required.**

5. What impact has your experience of being black had on your psychological well-being?
**During the pilot stage one of the participants (Low RI) responded with a closed question of 'NO IMPACT' and questioned what I meant by 'psychologically and whether I meant to ask if he has Mental health issues. For these reasons, I amended this question to make it more open-ended and less clinical for this sample group. Therefore, adding the word 'generally' and 'emotional' (SEE BELOW) had deemed more productive and created a rich response from all participants in the study. This question was asked as to stimulate dialogue regarding psychological well-being and self-esteem, which was measured in the QUANT phase of the study.**

3. Generally what impact has your experience of being black had on your emotional well-being and How?

**Under this question were initially three prompts: (1) thoughts, feelings and behaviours – this seemed to distract the participants in their flow when answering Q3, and was suggested that this be omitted in the schedule by the pilot participant. It seemed to not enable a flow between the questioning. The next prompt was: (2) how does it contribute to your self-esteem? This remained as it blended well with the main question; however the use of the word 'it' was replaced with: "your experience", as during the pilot stage, participants diverted to talk about something other than their initial disclosed experience (SEE BELOW). The third prompt: (3) what coping strategies were helpful/not helpful? – was highlighted in the pilot stage that the question implied that they had used coping strategies in the first place and did not flow with the prior prompt. Therefore, as it was seen to be a factor for investigation, it remained in the interview schedule and was moved to later on in the schedule.**

Prompt: how does your experience contribute to your self esteem? **This created a stronger link with their initial response and allowed participants to delve deeper in their thinking and experiences.**

**********

**B) Cognitive responses they make to their experiences in society (this was added after pilot study in order to create clarity for the researcher and during analysis stage).**

4. Can you tell me about a time where you felt discriminated against?

**The pilot stage found this question solely allowed participants to either not be able to respond because they have not been discriminated against of were asking for clarification of the type of discrimination the question was referring too. This question was deemed to leading and somehow biasing the data. In relation to the aims of the interview, the study embarked of discovering whether social factors play a role on their emotional well-being and therefore the revised question illuminated external factors using such wording as (e.g. situation and experience) which they believe to have played a part in their well being.**

4. Can you give me an example of a situation in your experience which may have impacted on your emotional well-being?

**Under the initial question was one prompt, the first was (1) have you ever felt that this impacted on your mental well-being? – This prompt was omitted, as it observed participants responses to be closed and perhaps underlying directive implying that it could be a problem on their mental health. Therefore, the question was changed to be less leading and more open-ended, as to allow the respondent to create free-flow in their thinking.**

What thoughts and feelings did you experience during this event? **This question was re-worded and made more specific, so to link with respondents responses at the time of the experience. It also seemed to fragment the initial question and so was added as an elaborative prompt (e.g. see first prompt below for final stage interview schedule).**

Prompt: What thoughts and feelings did you have about yourself?
Prompt: How did this impact upon your: thoughts, feelings and behaviours?

**The second prompt was added to the final interview schedule as the pilot stage identified that some people often verbalised their thoughts as feelings or only disclosed the context of the experience as opposed to their general views. Therefore, for this reason and in relation to the RI literature outlining close relations between**

**thoughts/feelings/behaviour, it seemed appropriate to add such a prompt in this order of questioning.**

"How do you feel you have coped with this?"
**This was initially a prompt: This question evoked responses in participants' thoughts/beliefs that were quite closed in response. About what they could have done better or done well, however did not highlight the study's aims as to in action what they actually did in action to manage the life event which caused them distress or satisfaction. It was also felt to not connect with the latter question as the participants at this stage were already on another topic or had completed their dialogue about the impacting event. Therefore, due to the latter reasons and it being an important factor in the study it was created as a stand alone question and was re-word.**

5. How did you cope with this?
**This enabled better focus on the initial main question and the use of the word 'did' implies a 'doing' connotation and therefore enabled participants to talk of types of ways in which they managed the situation.**

Prompt: At the time, what coping strategies were helpful/unhelpful and why?

**This prompt was added to the final stage of the schedule as it better reflected Helms notion of cognitive and affective impact on their ability to manage and tap into their level of awareness for which coping mechanisms are useful or not. Additionally, in the pilot phase the participants spoke of regretfully adopting certain coping strategies and ones which they in hindsight could have used, which was a trigger for adding this prompt in the final stage interview.**

6. What are the most important things a therapist needs to be aware of when counselling black males and why?

**In the pilot phase this question seemed to open up many ideas from the participants, and was observed to be a beneficial question and placed at a good stage of the interview. However, the part of asking 'why' was added for the final stage, as many people spoke objectively about their views BUT the link with their internal experiences was missing in the data. Therefore, asking why did allow participants to elaborate and go deeper in their thinking.**

Appendix P: Excerpts from reflexive diary

DIARY ENTRY 1.

This example is taken from an early stage in the research process following after the pilot interviews. The last pilot interview was conducted in July 2010. The entry was written shortly after the interview, having received feedback from the interviewee, while I was sitting in the library, listening to the audio tape. The example can be interpreted as having an impact on two areas: the interview style, and the questions/ordering of questions and the challenge at being a researcher. (The impact of each example is then considered)

*Listening to the tape, I notice that I find it difficult to "switch" from my role as a trainee counselling psychologist into the role of the researcher. It was only this morning when I saw four clients in my role as a trainee. That is perhaps why this interview was so difficult, as though I am seeing simultaneous reflections in multiple mirrors. As I dwell with the transcripts of conversations between participants and myself, the images become blurred and identities converge. I have passed empathic comments on a few occasions and I also found myself rephrasing the participant's word and probing far too often. The participant I am interviewing becomes my client. The 'I' who is both researcher and therapist divides and I slide inadvertently into my therapist body. As therapist I feel a familiar sensation in my belly - a stirring of excitement as emotional empathy expands. I experience a sense of 'humble-power'. I feel honoured as the participant opens himself, discloses secrets, shares his fears, thus some of the interview questions have worked well. Listening to the interview, I am hearing "my therapist presence" on several occasions, which is mainly captured in the tone of my voice. I also notice that my interview lacks "flow". The interview started by me asking the participant about his importance of acknowledging his racial identity. The participant gave me quite a brief answer and instead of asking him to elaborate, I followed my interview schedule and asked him my next question. I can't believe how badly I have ordered and worded some of my questions! Listening to the tape helps me to remember the confusion and fragmentation of the participant's story at this point. Yet, simultaneously, I feel powerless and helpless. What can I do in the face of his disclosed distress? I am not his therapist. Then, as I witness his strength, wisdom, I am reminded that he has the capacity and his own ways to cope. Then a point of interest captures my professional attention. The axis spins, and I find myself being the researcher. I can stand back now and draw a cloak of power around me once more as I select what to hear, what to report. I decide how to represent my participants and which stories I tell based upon using the appropriate questioning and schedule style.*

At the time this example highlighted to me how difficult it was for me to become a researcher. This example demonstrates how complex layers of inter-subjective understanding emerge out of moments of empathy. I have learned that empathy can be used to my advantage during the interview. However, reflecting helped me to gain a higher level of awareness and my interview style improved as a result of this. Also, as important engaged in understanding my participant, I am also engaged in self-understanding. In addition to this, this reflection helped me to re-visit my interview schedule and make some changes. One change concerned re-wording some questions so they could be made clearer to the participants. I also changed the ordering of some of the prompts and two questions, to ensure a better flow of the interview.

After this interview I became more mindful about the importance of timing when conducting the interviews. I have learned that it might be useful not to conduct my interviews shortly after I see my clients in my role as a trainee counselling psychologist. However, due to time constraints I was not always able to follow this plan. In reference to this it is important to mention the tension between the "perfect" bracketing and the pragmatic reality of doing interviews. Although, I have aspired to "perfect" bracketing, this process has been challenging and I have learned that the most important aspect is to remain reflexive, and to modify subsequent behaviour where possible.

DIARY ENTRY 2.

(Brief contextual details are given before presenting the comments as recorded in the research diary).

This entry was made after the interview with Irvin, who participated in this research. The interview was conducted in September 2010 and the entry was written in the evening immediately after the interview, whilst listening to the audio tape of Irvin's story and reflecting on the memory of the interview process. The example illustrates the influence of my own knowledge of the racial identity literature, my own experience as a black woman and my attempt to bracket off my preconceptions during the process of the interview.

*Irvin's story of his views in relation to his racial identity was very different from my first two interviews (that were with one low and one high racial identity participant). From the first minute of the interview, Irvin detailed a very negative account of being a black man and immediately degraded other people from the same racial group. He then went on to describe his dislike and mistrust of other black people and his belief that as a racial group, that all black people are genetically disadvantaged. I was left shell shocked. My earlier interviews indicated either moderately negative attitudes of their racial identity or a positive perspective of being black. However, Irvin's account was very explicit and directive which made it more powerful*

*than my earlier interviews. He spoke about the great sense of hardship and anger that he'd experienced whilst in and out of employment and during interrelations with both white and black people. As we progressed further, and our relationship strengthened, Irvin began to disclose more personal experiences of racism he had encountered and influential social and psychological barriers it brings in his life to progress towards a career.*

*I became drawn to Irvin's world and began to feel very sorry for him. I was not prepared to hear such powerful statements and I had never thought that someone could have so much rage and pessimism about his own racial group in such a way. Irvin described that he felt like he had to tell me how it really is for him and to tell the truth throughout. At one point, I remember drifting off into my own world, thinking about how Irvin's story was partially confirming some of my thoughts about how I have witnessed ill treatment from black people to other black people and my experiential experiences of having worked with Black males struggling to retain employment due to discrimination, all seem to resonate with me. I attempted to tune back into Irvin's world being close enough to the immediacy of the interview process itself to experience what is happening, but yet also distance oneself from such immediacy in order to remain empathic and attentive in our interaction. I heard that Irvin often felt humiliated and alone in his struggle to attain social mobility but also sadness that his perception of his own racial group was seen by the world in relation to crime and social failings. I felt excited that I had captured Irvin's experiences resembling the racial identity literature but then reminded myself to solely focus on the interviewee's material throughout as though I had never heard or read any documentation in relation to this topic. I found myself feel a huge gulp of sadness and helplessness, I immediately reflected on my feelings and sensed that there was some countertransference in the process of the interview and my need to want to help him. I also recognised my own sensitivity as a black woman, witnessing someone with derogatory views of a black woman. As I carried on being as open and structured to the interview schedule, I could feel all his anger pouring onto me, as my body felt tight. He then began to use expletives frequently and I then began to revert to feeling cautious, nervous, although I knew I was safe in his presence, his anger began to unease me and I had to recognise my identification with Irvin and remind myself to withstand these feelings and remain focused on my researcher duty. Once I recognised my bodily responses, I was better able to detect the bodily responses from Irvin. I could then sense that he was experiencing similar identifications as with the black people he spoke of, and that perhaps he was showing his concerns and anxieties for himself and black community, which I then knew was a new discovery of my knowledge of the literature. Thus, by bracketing out my own assumptions of the literature and world-views and attempting to remain objective in the interview process, I was able to better understand and acknowledge his story. I then felt privileged that he felt comfortable and trusting enough to be as emotionally*

*expressive and open about his life. I remembered that it was the phenomena being explored could trigger explosive emotional reactions which I had to be prepared for.*

*At the latter end of the interview Irvin seemed to have calmed down and disclosed that he had never spoken in such a way about his personal beliefs and that it has made him realise his need to be less socially withdrawn from others of his same racial group and to not affiliate all black people in a negative light. His unconscious processes seemed to have become conscious, as he became more self reflective.*

This example shows at least two things. First, it suggests that in order to understand something in another I needed to link it to something familiar to my own knowledge and experience – Stein's notion of identification (Stein 1916/1989), in order to best bracket off my preconceptions and stance of 'knowing' the truth. Second, the example reveals how the world (i.e. Irvin's story) discloses itself through unconscious bodily subjectivity and that being attentive to Irvin's internal experience as well as the language he uses can tell a much richer story, as opposed to going on solely language or internal experiences spoken about, it encompasses one's body language response or non-verbal expression that can open up rich understanding and new discoveries. Therefore, after the interview with Irvin, I felt that I had to incorporate a new slate in my mind as to gage into a new beginning.

Appendix Q: Example of early analytic process: (Excerpt from Edward)

| | | |
|---|---|---|
| | Can you tell me a bit more about this experience? | **Pages 263-267** |
| **Black children learn to associate dark skin with problems – Internalised transgenerational oppression/racism.**<br>**Black identity shaped in early life socialisation regarding racial difference.**<br>**Low self esteem, frustration and anger (psychological effects of his early life experience of internalised racism.**<br>**Disorientation and confusion with his racial identity.** | **Basically if you were quite light skinned, from what I've heard in the West Indies it basically affects you from what you see your parents go through because growing up, you know, they have an identity crisis which gets passed on to me. It is like look at my beautiful light skin, look at your horrible dark skin, this is the kind of problems that cause us to have low self-esteem and get frustrated and angry with the world. It's not helping us advance as black people.** | Identity crisis of parents passed into him as a child.<br>**He suggests that his parents had gone though an identity crisis which he has internalised. Perhaps reasons why he does not understand his black peers who may acknowledge their 'self', as he seems to struggle with his acknowledgment of racial-identity.**<br>***'….passed on to me….'* Does this show a transgenerational psyche happening here? He implies that he has internalised the identity crisis experienced as a child which has had a negative impact on him psychologically.**<br>**Again he acknowledges his membership of black nation'** ***(e.g.…."helping us advance as black people"), as though he shifts cognitively between acknowledging his racial identity and then discarding it.***<br>**But he doesn't accept blackness as a significant part of his identity, and is somehow replaying his early life experiences with his parents. He portrays contradiction here, which is the psychological effect, as he mentions feeling angry and having low esteem. Does he seem to struggle to express his unconscious feelings?** |
| | Any other events in your life that have impacted on your identity development? | |
| | **What, my dark skin?** | **He seems to highlight having dark skin as having a major impact on his identity development, as though in a negative sense.** |
| | Well anything, anything at all… | |
| **Black people are arrogant and macho.**<br>**Internalised traditional white beliefs about race and racism.**<br><br>**White people are more intelligent, focused and industrious.**<br>**Idealisation of other race.** | **Well I find that with black people they tend to have this macho arrogant attitude, you know. They feel that they have to prove their manhood, that their manhood is in their loins, you know but your manhood is in your mind. You know, they have this attitude that they want to go around with big muscles and showing off all the time when they should be using their mind as well. I find that white people tend to be … I think white people are more intelligent** | Black people: arrogant attitude, machismo attitude, 'big muscles', manhood is in their loins'<br><br>White people: More intelligent, more focused/oriented/goal-directed, more straight forward.<br>**He begins with derogatory stereotypical views of black people, as though he becomes racist towards blacks.**<br>**Yet he idealises white people. Could this be a reflection of the reasons for his low self-esteem and striving to be accepted (i.e. he stated on p.1) in** |

| | | |
|---|---|---|
| | **really, they have a bit more focus on what they're doing and they're not caught up in all this identity crisis. They know what they're about, they know what they want to do and they get on with it. The good ones, the majority.** | **society.**<br>***"White people know what they're about" – does he imply that they have a good understanding of how they are (i.e. sense of self) and do not suffer with the identity crisis as do black people?*** |
| | What was beneficial and detrimental in developing your racial identity? | |
| **Interaction with white people is easy ('fitting in them').**<br><br>**Early assimilation.** | **I think I found it easy to get along with white people because they are very straightforward. There wasn't much … there wasn't much problems dealing with them. In school days I found it was easier to fit in with them and play along, you know, play with them and I thought they were okay, easy to relate to.** | Easier to fit in with white people.<br>**Does use of this phrase show a very early need to conform?** ***(e.g., '…play along… you know….')***<br><br>Found it difficult to understand his peers racial identity crises at secondary school. **Was this because he trying to avoid experiencing the feelings of separatism he felt as a child?** |
| **Confusion about ones racial identity.** | **Primary school was okay, you had a mixture of different nationalities and in primary school you muck around, like all kids do but I found in secondary school people started to, as they got older they started to develop this identity crisis about colour and race and all this which I didn't quite understand. Not everybody, but I didn't quite understand the problem with all this, you know, it seemed to be an issue.** | **He appeared to be going through his own identity crisis at a young age and at present. Thus, he shows that he does not understand black people's problems now as an adult (similar to when he was a child). Could derogatory names to black people be a defence mechanism to protect himself from his reality and past experiences?** |
| | Do you know why that was? | |
| **Black identity shaped through early life experience.**<br>**Parental differences in skin tone reflected inequality.**<br>**Conflict and hierarchy between lighter and darker skinned people.** | **As I said before, it goes back to my upbringing, maybe my upbringing with my dad being dark skinned and my mum being light skinned, maybe this could be a thing that other people that I grew up with had the same issues and maybe that's why when they went to school they had this hang up or identity problem, you know. Other friends have said the same thing, that they had this thing about fitting in and what kind of job they're going to get when they leave school but they muck around and they don't apply themselves to the lessons. I never understood that how you can muck around in the lesson when you've got a lesson to do. Do the history lesson, do** | **He seems to be suggesting that other black people may have identity crisis because of their parent's skin tones differing and affecting their progress in school; however, it sounds as though he quickly dismisses this fact and blames his peers for not progressing, on their misbehaviour. Is this how he coped with his psychological problems with his racial identity by being a good citizen?**<br>***(e.g….. do what you have to do and you'll be okay')*** **This somehow suggests that he has a lack of sense of self, and ability to self reflect. Showing that when he is 'doing what he has to do', is a way of not addressing his own internal difficulties.** |
| **Black children do not apply themselves in school.**<br>**Internalisation of traditional** | | Didn't understand misbehaviour in school.<br>**He suggests that a subservient, passive and conformant personality is a way to be accepted or fit in within society. Is this also a way in which he** |

| | | |
|---|---|---|
| **white beliefs about race.**<br>**Conforming to the host culture in order to accepted.** | **the maths, just get on with it, don't muck around. Do what you have to do and you'll be okay.**<br><br>So it sounds that what was beneficial for you was doing what you had to do, not mucking about. | **<u>avoids conflict of opinions, and thus, is certain of acceptance at all times.</u>** |
| **Educational achievement is key to a good life.**<br>**Ways of coping.** | **Keep your head down, get good grades and you get a good job and then the future, then the world's yours.** | Focusing on educational achievement.<br>***Suggests concentration,(e.g., keep your head down) is perhaps also avoiding conflict and trouble in form of things flying around.*** |

Appendix R: Master table of One Master theme (excerpt)

| **Superordinate Theme: Racial identity attitudes**: | |
|---|---|
| *Subordinate Theme: Black identity shaped by early racial socialisation messages:* | **Page: Line no** |
| Sam: | |
| **Early life experience shaped racial identity via knowledge.** | **7:19-21** |
| **The influence of key individuals was crucial in development of racial identity.** | **9:25-29** |
| Henry: | |
| **Attending black church as a child maintained his black identity in a white environment** | **47:23-28** |
| **Being around black people in church and at conventions maintained his blackness.** | **49:10-21** |
| Del: | |
| **Racial position within society drummed into him from early age by parents.** | **75:14-16** |
| **Family and community key in developing racial identity.** | **77:15-16** |
| Adam: | |
| **At school & university saw himself as English/British – didn't consider he had a black identity.** | **110:6-10** |
| **Father told him stories of the racial discrimination he faced.** | **114:17-19** |
| Irvin: | |
| **Was a difficult black child that teachers didn't want to deal with.** | **161:18-26** |
| Dennis: | |
| **Early life experience and development of racial identity.** | **192:10-15** |
| **Inadequate moral guidance from black community.** | **192:20-27** |
| Edward: | |
| **He grew up here so feels just as British as anybody else.** | **252:12-14** |
| **Black children learn to associate dark skin with problems.** | **263:4-6** |
| Peter: | |
| **Black identity shaped through early racial socialisation messages from parents.** | **215:17-30** |
| **Early life relationship with father was beneficial.** | **229: 3-30** |

Appendix S: Recurrence of themes

| Themes | High racial identity | | | | Low racial identity | | | |
|---|---|---|---|---|---|---|---|---|
| | Sam | Henry | Del | Adam | Irvin | Dennis | Edward | Peter |
| **Racial Identity attitudes** | | | | | | | | |
| Recognising black identity is a source of difference and struggle | X | X | X | X | X | - | - | - |
| Positive sense of blackness | X | X | X | X | - | - | - | - |
| Values connection to black cultural identity: heritage, practices and religion | X | X | X | X | - | - | - | - |
| Black identity shaped through early racial socialisation messages | X | X | X | X | X | X | X | X |
| Disorientation and confusion about ones own racial identity | - | - | - | - | X | X | X | X |
| Disconnectedness from own racial group | - | - | - | - | X | X | X | X |
| **Psychological and Social effects of Racial Identity** | | | | | | | | |
| Psychological impact of racism and discrimination | X | X | X | X | X | X | X | X |
| The psychological impact of negative stereotypes | - | X | - | X | X | X | X | X |
| Ways of coping with experiences of racism and race related stress | - | - | - | - | X | X | X | X |
| Awareness of trans-generational psychological effects (e.g. slavery/racism) | X | X | - | X | X | - | - | X |

| Themes | High racial identity | | | | Low racial identity | | | |
|---|---|---|---|---|---|---|---|---|
| | Sam | Henry | Del | Adam | Irvin | Dennis | Edward | Peter |
| **Internalised Racism** | | | | | | | | |
| Idealisation of other race | - | - | - | - | **X** | **X** | **X** | **X** |
| Internalising traditional white beliefs about race and racism | - | - | - | - | **X** | **X** | **X** | **X** |
| Internalised negative stereotypes | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| Challenging internalised beliefs: racial stereotypes | **X** | **X** | **X** | **X** | **-** | - | - | **-** |
| **Presentation of self to others** | | | | | | | | |
| Struggle to conform or not | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| Anxiety over presenting a false self to others | **X** | **X** | **X** | **X** | **X** | **-** | **X** | **X** |
| Inhibition during social interactions: fear of negative evaluation | **X** | **X** | **X** | **X** | **X** | **X** | **X** | **X** |
| Adjustment of behaviour to ensure acceptance from others | **X** | **X** | **X** | **X** | **-** | **X** | **X** | **X** |

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Racial Identity Attitudes, Africentrism, Self-Esteem and Psychological Wellbeing in Black Men: A Mixed Methods Study Laura Fontaine A thesis submitted in partial fulfilment of the requirements of the University of East London for the degree of Doctor of Psychology December 2012 Word count: 32,699, (excluding tables, figures, headings, references and appendices). i Abstract The present study adopted a mixed methods approach to provide a unique understanding of the role and impact of racial identity attitudes, following the Cross (1971) model of Nigrescence, on self-esteem and psychological distress in black men in the UK. It was hoped that the combined findings would contribute to the field...

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Appendix U: Qualitative raw data attached in separate file

Appendix V: Quantitative raw data attached in separate file