1. **#396 v2 "*Should I really be here?"* Exploring the relationship between Black men's conceptions of wellbeing, subject positions and help-seeking behaviour.**

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What is known

- Despite efforts to improve the situation, Black people, and Black men in particular, continue to be over-represented in the mental health system.
- Black men have particularly negative experiences in the mental health system.
- Previous research suggests that the relationship between Black male identity and wellbeing needs further exploration.

What this paper adds

- Assumed positions of hyper-masculinity may help Black men to cope with experiences of oppression and disadvantage but simultaneously discourage help-seeking in periods of distress.
- Community rules discouraged help-seeking and distress was normalised within the experience of being a Black man.
- The bio-medical perspective of distress as 'illness' may discourage Black men from seeking help from their General Practitioner.

Abstract

In the UK, Black men are over-represented at the coercive end of the mental health system but under-represented in terms of seeking help voluntarily. This situation reflects longstanding inequalities that arise from multiple sources. Amongst these are the conceptions of wellbeing and help-seeking that would enable Black men to access appropriate help at an early stage and the ways in which mental health service providers could adapt practice to meet the needs of Black clients.

The objectives of this study were to investigate the discourses Black men draw upon in talking about themselves and their psychological wellbeing and in help- seeking

1

for psychological distress. Nine Black men were recruited via community centres in London, interviewed and the transcripts analysed employing Foucauldian discourse analysis. Four discourses were identified; oppression and discrimination, Black masculinities, communities and professional systems. The discourses demonstrate ways in which Black men are discouraged from seeking help for psychological distress. The findings have implications for policy, service delivery, clinical practice and research.

Introduction

Statutory and non-statutory organisations in the UK have highlighted the need to address the inequalities in mental health service provision for Black people compared to their white counterparts (see, for example, Care Quality Commission, 2009, Department of Health (DH) 2009, DH 2005, Keating *et al.* 2002, DH 2003, Box 1). There is no doubt that Black individuals appear to have particularly negative experiences of the mental health system. Black service users express dissatisfaction with mental health services (Sandamas and Hogman, 2000), they are more likely to be subject to over-diagnosis of schizophrenia (Fearon *et al.* 2006), be admitted to medium and high security mental health services (Jones and Berry, 1986) and are less likely to be offered psychologically-based interventions (McKenzie *et al.,* 2001; Francis *et al.*, 1989). Black people are less likely to seek professional help than their white counterparts (Ayalon and Young, 2005) and it appears that expectations of *racist mistreatment within mental health services act as a barrier (Mclean, Campbell et al.* 2003). There is evidence that attitudes towards help-seeking for psychological distress become more negative as levels of distress increase for Black populations (Obasi and Leong, 2009).

The picture for Black men in the UK, in regards to mental health care appears the bleakest. Black Caribbean men are most likely to experience coercive care in the form of detention under mental health legislation (Morgan *et al.* 2005a) and are more likely to arrive at mental health services via the criminal justice system (Morgan *et al.*, 2005b). Black men are less likely than other groups to seek professional help for psychological distress (Neighbors and Howard, 1987; Snowden, 2001).

Broad gender differences in health service utilisation have been recognised for some time. Men are less likely than women to attend their GP, more likely to engage in risky and harmful behaviours (e.g. Griffiths, 1996) and less likely to seek professional help for psychological support than women (e.g. Addis and Mahalik, 2003). The term *hegemonic masculinity* has been applied to a particular, culturally powerful, way of being a man, which entails, among other things, emotional reticence and physical toughness (e.g. Courtenay, 2000). A related concept of *hyper-masculinity* described by Mosher and Tomkins (1988p69) is characterised as stemming from the ideology of *machismo* and as *rejecting characteristics such as showing fear, being distressed or 'displays of emotionality'*. Studies in the US have examined the attitudes of Black men towards help-seeking for mental health difficulties. Duncan (2003) examined attitudes towards help-seeking in Black male college students and found that younger Black men had more negative attitudes than their White counterparts towards seeking help for psychological distress. Watkins and Neighbors (2007), in conducting a series of focus groups with Black men in colleges, found that participants felt experiences of psychological distress were different for Black men as they already had experiences of marginalisation to contend with. It is possible that the way in which Black men construct their identities, as men and as members of minority groups, influences their conceptions of how to look after their psychological wellbeing. This position is also suggested in research conducted by Galdas *et al.* (2005) on men's lack of help-seeking for physical health problems.

Watkins *et al*. (2010) conducted a meta-study of qualitative research which focused on Black men and their conceptions of mental health and *wellbeing*. They identified male gender socialization as being as important in Black men's mental health and well-being as experiences of racism. They also noted the absence of research in this area with only nine studies meeting their inclusion criteria. It is noteworthy that all these studies were from the US and that, to date in the UK the only studies which examine Black men's views focused solely on their experiences as in-patients (e.g. De Maynard, 2007) and not on their conceptualisations of help-seeking. There are important differences between the US and the UK in terms of culture and the delivery of healthcare, which means that extrapolation from the US context to the UK is problematic.

Lent (2004) situates *wellbeing* as an essential but often neglected area within psychological health. Diener *et al.* (1999) acknowledge that the wide variety of factors which affect *wellbeing* makes it difficult to distinguish the crucial elements of this concept and thus impede the construction of a robust theoretical model. Therefore, in an investigation of the construction of *wellbeing*, it is important to employ a method that is exploratory, rather than beginning from a preconceived notion of what *wellbeing* is. Research into conceptions of *wellbeing* and help-seeking practices is required in order to elucidate the relationship that Black men have with mental health services. This paper presents the findings of a study based on a social constructionist approach. Our aim was to contribute to current understanding of how Black men in the UK talk about the experience of being a Black man and the interaction between this and their conceptions of wellbeing and help-seeking behaviours. The study aimed to address the following questions:

1.   What discourses do Black men draw upon in talking about themselves?

2.   What discourses do Black men draw upon in discussing psychological wellbeing and help- seeking for psychological distress?

Methodology

Theoretical basis of the study

A social constructionist approach allows an exploration of the historical and social influences on Black men's understandings of wellbeing and help-seeking. From this perspective a qualitative research methodology is most suited to the aims of the research. Foucauldian discourse analysis (FDA) was chosen as the method of data analysis. FDA posits that the way objects are discussed has implications for how those objects are seen by society, what actions are afforded or denied and for the relationships between groups of people and social structures or society (Harper, 2006; Willig, 2008). Succinctly put, *'Foucauldian discourse analysis asks questions about the relationship between discourse and how people think or feel (subjectivity), what they may do (practices) and the material conditions within which such experiences may take place'* (Willig, 2008, p113). Although there is no typical format for carrying out FDA, Parker's (1992) seven criteria for identifying discourses (plus three supplemental criteria) were employed in this study.

Box 2 here

Ethical issues

Ethical approval to conduct the study was granted by the University of East London Ethics Committee. An information sheet was provided to individuals who expressed an interest in participating in order to enable them make an informed decision as to whether or not to take part. Written consent was obtained from each person who took part.

Participants and recruitment

To be eligible to participate in the study individuals had to self-identify as being either Black African or Black Caribbean, male, and aged between 18 and 35 years. The participants recruited were aged between 23 and 34 years. Ethnicity was self-defined by participants (Patel, 1999) and, consequently, they used a variety of terminology (see Table 1). Participants were offered a £5 gift voucher for taking part in the study.

Table 1 about here

A range of approaches was used during the recruitment process. Community centres in East and North London were contacted by telephone and requested to display a poster containing details of the study; 10 community centres agreed. Posters were also displayed at the University of East London with a contact email address for individuals interested in taking part in the study. Eligibility for taking part in the study was verified by email and a variety of time slots offered for interviews to take place. Participants were asked to inform others they thought might also be interested in taking part of the study, a process known as snowballing (Faugier and Sargeant, 1997). Nine men were interviewed.

Data collection

The interviews took place in a variety of settings, including rooms at the University of East London and community centres in various locations in London. Interviews lasted between 45 and 88 minutes, with a mean duration of 63 minutes. All interviews were audio-recorded and transcribed. At the time of the interview participants were asked to re-read the information sheet and sign a consent form. A semi-structured interview schedule was employed which focused on three main areas: identity as a Black man, conceptions of *wellbeing* and conceptions of help-seeking. On completion of the interview, participants were debriefed and encouraged to reflect on the experience of taking part in the study and ask questions. They were given a list of services that offered psychological support, including NHS services and services specifically for BME groups.

Findings

The analysis identified four main discourses; *oppression and discrimination*, *Black masculinity*, *community* and *professional systems*. It is important to highlight that the four discourses identified do not represent all the discourses employed by participants, but rather are a subsection that is relevant to the research questions. In addition, the term *discourses* rather than *discourse* has been employed as FDA highlights that only parts of discourses are ever seen in texts, and that discourses change over time and social context (Willig, 2008). As such, it is not assumed that these *discourses* are definitive of the constructs they name. Pseudonyms have been used throughout in presenting the findings below.

Oppression, discrimination and Black men

All nine men interviewed spoke of oppression and discrimination and the effect that these have on the lives of Black men. In the extract below Theo constructs oppression as a multi modal system, not just affecting Black men but also those with mental health problems. His description of stigma embedded in attitudes towards mental health difficulties constructs this type of oppression as the socially accepted, dominant position:

> *Theo: 'There's a stigma attached to mental health, which everyone seems to know, so why would you then present as someone who needs help*
>
> *Interviewer: umm*
>
> *Theo: from services, and not only that, there's also this thing about being Black, so you're already oppressed in society /I: umm/ why would you want to go and double your stigma attached to you*
>
> *Interviewer: umm indeed*
>
> *Theo: or even triple it, cos you may be homosexual or have a disability or anything like that, so anyone who has (…) a social factor attached to them which is frowned upon*
>
> *Interviewer: yeah*
>
> *Theo: wouldn't want to relate to another group of people who have a similar situation'.*

6

For Theo, a combination of *Black men as oppressed* and *people with mental health problems as stigmatised* positions Black men who seek help as being doubly stigmatised and thus restricting help seeking.

Black masculinity

Black men drew upon a variety of constructions to talk about how they saw themselves as Black men. This and highlighted how these constructions interacted with their wellbeing and help-seeking behaviour. The construction of Black men as *hyper-masculine*, that is, embodying, in a heightened form, qualities that are typically associated with masculinity, was a salient theme within many participants' accounts. This construct expands traditional conceptions of *hegemonic masculinities* in order to cope with experiences of oppression. In the excerpt below Kwame frames it as a strategy to manage life's challenges as a Black man:

> Kwame: 'Blacks we view things differently, honestly anything *psychological is stigmatised in the Black community*
>
> *Interviewer: yeah*
>
> *Kwame: you see it's very macho community and I guess when sudden, changes or upheavals happen, from a very young age I think Black men are, you're trained to let more or less to carry on*
>
> *Interviewer: yeah*
>
> *Kwame: no matter what, you're meant to be for a better word a soldier*
>
> *Interviewer: a soldier, OK*
>
> *Kwame: you get accustomed to so many things, so stuff like poverty, there's not really much going to, it's not going to shake a Black man as much as a White person*
>
> *Interviewer: OK*
>
> *Kwame: 'you've seen this, you're used to it, you can handle it'*

.
The construction of hyper-masculinity is developed by Kwame's statement that Black men are *'trained'* to be *'a soldier'*, thereby invoking concepts associated with a culturally potent form of masculinity whilst also drawing on and extending attributes of stoicism and physical toughness that are associated with conventional *hegemonic masculinity*. In this construction, life is framed as a battle and Black men are positioned as both battling and embattled. Kwame's mention of *'upheavals'* and

'poverty' may mean that the hyper-masculine construction allows Black men to equip themselves to resist or fight against disadvantage and thus *'handle it'*.

Jamie also highlights this as he explores talking about psychological difficulties:

> *Jamie:' (...) it's harder to talk about that type of thing because even as I say for us it's, it's a bit of a trust issue and it's (…) a sign of weakness because*
>
> *Interviewer: umm hmm*
>
> *Jamie: from what I see, it's you know being tough and you have to have the tough exterior*
>
> *Interviewer: umm hmm*
>
> *Jamie: what is your way to show that you ... have this tough exterior if you share your feelings?*
>
> *Interviewer: yeah*
>
> *Jamie: you know feelings, feelings are very feminine really aren't they?*
>
> *Interviewer: umm*
>
> *Jamie: they're a (laughs) feminine thing, you know, have a chat about how I'm feeling today'*

Jamie constructs talking about feelings not only as a sign of weakness but also as a feminine quality which it is undesirable for Black men to have. The dichotomy of the construction of gender roles with masculinity associated with toughness and femininity as weakness and emotionality suggests that more power is afforded if a man positions himself as hyper-masculine by having a *'tough exterior'*. As a result, help-seeking, particularly help-seeking from professionals which involves having to talk about feelings and possibly acknowledging weakness, could be seen as a practice that challenges this power. It also leaves Black men, to continue Kwame's metaphor, *'unarmoured'* in their battle against the disadvantages of their social position. The hyper-masculine construction has been employed by Kwame and Jamie not just as a way-of-being but as a performance. Black men may feel that they do not have any other choice because the implications for any other type of behaviour are too damaging or dangerous.

Community

While constructions of Black masculinity render it difficult for them to seek help for psychological distress, other discourses were also relevant. In the extract below Omari highlights community and belonging as involved in the negotiation of whether he is able to engage in the practice of talking about difficulties and who to discuss these with.

> *Omari: It goes back to my point about community and belonging and so, less likely to say amongst your group of friends 'oh, I'm having a problem with this erm, any advice or who can I go to', and equally that aspect of community and family of how you deal with stuff within the family*

> *Interviewer: umm hmm/*

> *Omari: you don't go outside, to someone else, to sort of talk about your problems, not airing your dirty washing (…), so there's that constant built in thing of like, 'well that's not what we do'.*

Omari constructs '*dealing with stuff within the family*' as a rule inherent in Black communities by use of the idiomatic '*not airing your dirty washing*' i.e. not going outside of the family to talk about problems. In stating '*that's not what we do*,' Omari is constructing Black communities as unlikely to seek help from beyond either the family or the wider Black community and implying that the benefit of the sense of belonging within a community or the fear of potentially stigmatising a whole community by acknowledging distress outweigh any benefits to the individual seeking help.

In the excerpt below Sean extends the construction of 'communities as governed by rules' when asked about Black men and help-seeking:

> *Sean: I mean I guess this relates to the whole ability of men to open up*

> *Interviewer : umm hmm*

> *Sean: and maybe deal with things much earlier*

> *Interviewer : yeah*

> *Sean: before they get to that point, and it doesn't I can't think of many of my Black male friends or even the idea of a Black male who would book themselves into the GP and have a chat because they're just not feeling great*

> *Interviewer: yeah yeah*

> *Sean: you know they just don't think things are going well, erm they wouldn't. Maybe again the Black community doesn't, their idea of mental health*
>
> *Interviewer: umm*
> *as well plays into that, in that there isn't really such a thing sort of thing*
>
> *Interviewer: yeah*
>
> *Sean: it's just feelings and get on with it and pick yourself up until if it gets to the extreme end where you're obviously got problems so I think maybe the idea of things generally you've either got problems, which is like (laughs) there is something wrong with the person, or you're just going through stuff that everyone goes through, just get on with it! (laughs)*

The implicit rule for Black people is simply that life is hard and problems are something that everyone goes through. Sean's talk portrays difficulties as not being out of the ordinary and the dominant response to such experiences is to *'get on with it'* and manage problems without additional support. Viewing difficulties as part of life may support a construction of mental health issues as non-existent within the Black community as in '*there really isn't such a thing'* and as unimportant and insubstantial reactions to events, being *'just feelings'*. Mental health is positioned in binary terms as manageable challenges *'get on with it' versus* something clearly being wrong '*it gets to the extreme end and you've obviously got problems'.* Framing difficult experiences as integral to being a Black person implicitly problematises seeking help from professionals and in doing this implicitly draws upon the discourse of an embattled Black masculinity. This discourse defines psychological difficulties in a way that makes it almost impossible for Black men to recognise or acknowledge a need for support, much less seek help. This might help illuminate why Black men enter the mental health system at a later stage when it is 'obvious' that there is a problem that lies outside the boundaries of 'everyday' distress.

Professional systems

Many participants were not aware that their GP is intended to be the first point of contact for professional help-seeking or that psychological therapy is available free of charge in the UK NHS. Riley explains some of the difficulties for a Black man in seeking help from GPs:

> *Riley: '(…) to be honest it may even be better if you had somewhere specifically to go as a young Black male*

Interviewer : yeah

Riley: you know what I mean? So you would feel like this is somewhere for me /I: yeah/ so you might not go into that situation and feel like erm, 'should I really be here?'

Interviewer : yeah

like you know that other people would have come here for the same reason, speak to someone that's, you know, that's what they do, yeah a doctor may be able to give you advice on wellbeing and what not but you're still sitting there thinking 'this is a doctor', and you know that obviously you can't just, just say 'all he knows about is medicine, medicating me' but that's how you're going to feel, you're going to feel like this isn't this isn't what you do

Interviewer : umm hmm

Riley: every time I come to see you I get, medicine and you tell me about my leg how's my knee or, you know what I'm saying (laughs) it's not somewhere it's not somewhere I mean obviously I know that if I went to my GP to ask for help someone I need to speak to, he would put me onto someone else

Interviewer : yeah

Riley: but I still wouldn't be confident

Interviewer : yeah

Riley: that he's the person to even make first point of contact with'.

Riley presents Black men as asking '*should I really be here?',* serving to identify a disparity between the accepted practices of Black men and professional help-seeking. By suggesting the establishment of services specifically for Black men he introduces a material condition that would have different implications for Black men's way-of-being in the world; for Black men to feel that they are able to engage in the practice of professional help-seeking. However, the discursive construction of *'the professional system as inaccessible'* for Riley is also related to the medical system that GPs represent. The idea of seeing a GP for Riley implicitly means receiving medicine or having a physical problem and by saying '*this isn't what you do'*, Riley constructs psychological distress as something different to a physical illness, that requires something that a medical doctor cannot offer, such as talking therapies.

Making GPs the first point of contact serves to reaffirm psychological distress as an 'illness' and positions Black men who seek help as 'ill'. This has implications for subjectivity – where else is there to go for a Black man who seeks help, but does not believe he is 'ill'?

Discussion

The discourses identified in the analysis demonstrate ways in which help-seeking for psychological distress is subjugated as a way of being for Black men. Participants spoke in detail about the need for Black men to be seen as tough and not show weakness. The concept of hyper-masculinity has similarities with Majors and Billson's (1992) concept of the '*cool pose'*, in which they describe Black men adopting a persona of being in control and able to manage pressures and distress at all times. Majors and Billson see this construction as functioning as a defence mechanism, protecting against the societal stressors and negative perceptions that Black men face. Although the construct of hyper-masculinity is culturally relative, it appears that this way of being may undermine or prevent help-seeking as a possible behaviour for Black men.

Central to both Mosher and Tomkins' (1988) and Majors and Billson's(1992) accounts is the role of '*performance*'. Gender is constructed as a series of performances in accordance with particular '*gender scripts'*, which Butler (1990) has termed '*performativity'.* In our research, for example, when Jamie talks of having to '*have the tough exterior'*, hyper-masculinity is constructed as an active and necessary performance. This is socially constructed in accordance with a social and historical context, explicitly named by Hall (2009, p533) as '*.the management of self-presentation skills that are necessarily acquired in a racist Western social environment'*. In this way, the discourses of Black masculinities and experiences of oppression and discrimination are intimately bound. It is possible that Black men are unable to realise (that is, *make real*) other ways of being due to the dominance of these discourses.

Participants drew upon a discourse of oppression and discrimination in discussing *wellbeing* which is consistent with other research carried out in this area (e.g. Pierre *et al*., 2002). Research has highlighted the negative impact of racism on wellbeing of Black populations (Tovar-Murray and Munley, 2007) but the socially oppressive forces that Black men face are manifested in a variety of other forms, such as poverty, unemployment, and educational disadvantage. Communities were

represented by participants as providing a means of safeguarding *wellbeing*, which is consistent with research highlighting that being part of an established community has positive benefits for psychological wellbeing (McMahon *et al.,* 2004). Black communities can also be seen as source of empowerment against oppression (Graham, 2002). However, although participants spoke of communities as sources of support, this support was dependant on adherence to the '*rules'* of the community, for example, that Black people should not approach professional services for psychological support. In this way communities can be likened to institutions enforcing what Foucault calls '*regulatory power'* (McNay, 2009), endorsing and limiting actions and ways-of-being. Participants identified Black communities as constructing help-seeking as a practice that '*Black people don't do'.* Much literature has discussed the stigmatising aspect of psychological distress (e.g. Wahl, 1999) and the negative effect that stigma can have on help-seeking practices (Corrigan, 2004). However, it is important to understand that an already-stigmatised community may be acting to protect itself from further stigmatisation by the wider society by attempting to conceal psychological distress.

Participants generally were not aware that visiting their GP could be the first step in terms of accessing professional help and felt their GP was only for there for medical problems. The participants' understandings highlighted conceptual differences regarding distress and, in particular, with the bio-medical perception of distress as 'illness', which can be '*treated*' with medication. The construction of mental illness from the bio-medical perspective has been critiqued by many researchers for reducing experiences of distress resulting from social experiences to symptomatology, genetic predispositions or chemical imbalances (e.g. Rogers and Pilgram, 2005; Szasz, 1994). Participants positioned distress as being related to the everyday struggles of being a Black man. As a result, discourses of oppression and discrimination appear more useful than discourses of illness in reflecting on their conceptions of wellbeing and help-seeking. The toll of the everyday struggles faced by Black people, referred to by Essed (1991) as '*everyday racism'*, means that psychological distress shifts from a problem that needs professional help to something that requires continuous adaption in order to survive. In this way it is entirely reasonable that Black men do not seek professional help for something that they do not conceive of as an illness but rather has a social cause and is thus beyond the control of both professionals and Black men.

As Willig (2008) notes, qualitative research, in accepting the subjective role of the researcher and the effects this may have on the results, means that judgements about the validity of the research should be different from that of quantitative methods. Yardley (2000) outlines four criteria by which to evaluate qualitative research which I have adhered to in undertaking this study. These include *sensitivity to context, commitment and rigour, transparency and coherence, and impact and importance.* In addition, in accordance with Patel (1999), I have ensured that participants have both viewed and were able to comment on the research analysis, certifying that there is commonality between my findings and the views the participants expressed.

Conclusion

Participants highlighted the difficult history of the relationship between Black people and mental health services. The notion that professional systems care for Black people in a manner which is actually detrimental to their wellbeing has been highlighted by the phrase '*institutional racism'*. The Macpherson Report (1999 Chapter 6.34) defines institutional racism as '*The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people'*. Behaviours of Black men aimed at resisting oppression and discrimination may be met with further acts of oppression by mental health care services, forming a vicious circle. It is possible that Black men would feel less pressure to engage in constructions of hyper-masculinity and '*act tough'* if the need to protect themselves from oppression and discrimination was reduced. In addition, greater emphasis on early intervention and public health approaches to mental health, such as psycho-education within churches, schools and community centres, may provide a model for talking about issues such as psychological distress and highlight the subjugated narrative of distress of Black communities. Such an approach would also help to frame mental health issues as consequences of negative experiences such as oppression and discrimination rather than as the result of individual pathology.

Black men may not view primary care as an appropriate place to seek support for psychological distress and outreach initiatives may be more appropriate. Clinicians

should use systemic and community approaches to service provision that allow challenges to pre-existing conceptions of mental health and mental health services within the Black community. Such approaches should be interactive, encouraging open and honest dialogue about the attitudes Black communities have towards mental health services, the realities of current service provision and what professionals need to learn in order to better support Black men. Clinicians should ensure that therapy does not replicate experiences of discrimination outside of the therapeutic relationship for Black men and pay particular attention to the social factors that affect wellbeing. Finally, clinicians should be aware that the illness model of distress may be seen by Black men as another way of disempowering an already subjugated group.

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Box 1

The term Black can be used as a political concept as well as to denote ethnicity. In terms of ethnicity, it is generally used to describe people from African / Caribbean descent, which is the definition applied in this study.

Box 2. Criteria for identifying discourses, taken from Parker (1992) p6-19

1) **A discourse is realised in texts**

2) **A discourse is about objects**

3) **A discourse contains subjects**

4) **A discourse is a coherent system of meanings**

5) **A discourse refers to other discourses**

6) **A discourse reflects on its own way of speaking**

7) **A discourse is historically located**

8) **Discourses support institutions**

9) **Discourses reproduce power relations**

10) **Discourses have ideological effects**

Table 1. Demographic characteristics of participants

Name	Age	Ethnicity	Country of birth	Occupation
Mark	23	Black African	Nigeria	Student
Omari	34	Black Caribbean	United Kingdom	Senior Manager
Henry	25	African and	England	Student

		Caribbean		
Jason	29	Caribbean British	St Lucia	Lawyer
Riley	23	Black British Caribbean	England	Office worker
Andre	29	Black Caribbean	United Kingdom	Unemployed
Theo	23	African and Caribbean	England	Project worker (mental health)
Kwame	25	Black African	Nigeria	Student
Sean	29	Black British	Nigeria	Teacher