



At the Barber's by Ruskin Spear, 1947. Oil on canvas
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IS HAVING A HAIRCUT GOOD FOR YOUR MENTAL HEALTH?

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Background: In general, men seek psychological help less than women do, and black men are less likely to seek psychological help than white men. It could be that men find wellbeing benefits in other activities. Barbershops have a reputation amongst the black community as enjoyable places to socialize and bond, therefore the aim of this study was to find out whether black men get wellbeing benefits from going to the barbershop.

Methods: Cross-sectional online survey; 149 white and 53 black participants completed the questionnaires.

Results: Analysis revealed that, controlling for age, black men socialised and talked at the hairstylist significantly more than white men or black or white women ($p < .01$).

Conclusions: These are the first empirical findings that black men might find wellbeing benefits from a visit to the barber. Implications for health promotion are discussed.

Keywords: gender; ethnicity; therapy; help-seeking; barber

INTRODUCTION

Although men are at almost four times higher risk of committing suicide than women (19 vs 5.1 per 100 000; Office of National Statistics, 2015), men tend to seek help for physical and emotional problems less than women do (Addis & Mahalik, 2003). This gender difference in help-seeking might be related to men's preferred ways of coping with problems, with men generally being less likely than women to want to discuss problems with a therapist or seek emotional support (Tamres et al., 2002). Indeed, there appears to be a range of ways in which men and women communicate differently in therapy, and seek help differently (Russ et al., 2015; Lemkey et al., 2016). Findings such as these have led to discussions of whether compared to women, men might be more likely to seek relief for mental health problems outside of the mental health system (Kingerlee et al., 2014).

Social interactions may have psychological benefits, such as feeling a sense of social belonging (Baumeister et al., 1995) and cognitive gains (Ybarra et al., 2008). People who are negative about psychotherapy may prefer alternative treatment options such as talking to friends (van Schaik et al., 2004), and indeed social support can benefit those who have mental health issues (Tew et al., 2001). Thus it could be that even simple socialising and talking may improve mental health or a sense of wellbeing.

ETHNICITY AND MENTAL HEALTH

Besides gender differences, there are also ethnic differences in mental health and seeking help for psychological problems. Hoskins (2008) states that compared to white men, BME (Black and Minority Ethnic) men are more likely to suffer from mental health problems, are more likely to be 'sectioned' (i.e. compulsory admission to a psychiatric hospital), and are at a higher risk of suicide. Black men are also less likely to seek help than white men (Hoskins, 2008; Powell & Barry, 2014). Barriers such as family privacy, lack of knowledge about treatments, denial of their mental ill health and stigma, may contribute to this (Ayalon & Alvidrez, 2007). So where do men, especially those from ethnic minorities, go to in order to relieve mental health issues?

THE HAIRSTYLIST AS THERAPIST

According to Boyd (2011), barbers are a trusted and respected information source which allows individuals to be themselves. Shabazz (2016) suggests that not only should a barber be a good conversationalist, but that the customer should leave with an uplifted spirit, happy,

“satisfied and feeling good about themselves” (Shabazz 2016, p.310). Indeed, a black female inner city hairdresser in the US realised that her local area lacked any interpersonal helping facilities, so she set up appointments with customers strictly for them to be able to discuss their personal problems with her (Cowen et al., 1979). Collins & Pancoast (1976) referred to this role as being a 'natural neighbor', and Weisenfeld & Weis (1979) suggest that “hairdressers are a potentially valuable source of natural caregivers” (Weisenfeld & Weis 1979, p.786).

Women’s haircare settings are recognised as a key influence on health and well-being (Mullen et al., 1995; Poland et al., 2000). According to one researcher: “hairdressers are, without question, frequently and seriously cast in the role of interpersonal helpers... The personal problems they hear about are nearly as diverse as those handled by mental health professionals” (Cowen et al., 1979, p.646). Some studies imply that hairstylists have potential as gatekeepers, linking formal mental health programs to the community. For example, Anderson et al. (2009) found that hairstylists reported themselves as being reasonably able to identify, in their older customers, symptoms of depression, dementia and self-neglect. The 40 hairstylists recruited typically were white, female, middle-aged, and fairly well-educated. Some stylists said they would be interested in receiving formal training in mental health. Milne & Mullin (1987) gave a one-day training in counselling skills to eight apprentice hairdressers. Compared to a control group (apprentices who got no training), the counselling skills group were better at giving social support to customers.

BARBERSHOPS AS PEER GROUP SUPPORT

Apart from the role of quasi therapy centre, the barbershop can also be a place for customers to talk and ventilate feelings (Mills, 2005). Barbershops have a reputation amongst the black community as enjoyable places to socialize and bond. This reputation is depicted in popular culture, for example, the book ‘*Cuttin’ Up*’ (Marberry, 2005) shows how the social interactions among black men can be therapeutic for both the barber and the customer. Indeed, barbershops have become known to health researchers as places where black men can successfully be recruited to studies (Bragg, 2011; Shabazz, 2016).

Hoskins (2008) reports a community based-initiative by NHS Birmingham (UK) which promotes a new magazine called *Barbershop* locally, aimed at young BME men. This magazine is free in barbershops in Birmingham and focusses on how these men can get help with mental health issues. An aim of the magazine is to break down the barriers of seeking help, decreasing

stigma and to start conversations about mental health in the barbershop. The initiative invites people from the BME community to contribute to the production of the magazine. This has the added benefit of developing skills in those involved.

An ethnographic study by Shabazz (2016) explored the social interactions of African American men in a barbershop in an urban part of the Southeastern US. This study found that the barbershop is not just for haircare, but to socialise and discuss issues. Social interactions were related to male bonding, culture-specific history, and argumentation. Shabazz suggests that barbershops are a place where identity is shaped as young men are initiated into manhood and African American culture.

Alexander (2003) describes how men at barbershops in the US partake in banter (“trash talking”), and engage in conversations on a range of topics including church, family, death and politics. Such talk could range from fun to deeply meaningful, but were in themselves important aspects of culture and community.

Most of the research on the benefits of the barbershop has been conducted in the US. A recent UK initiative called *Barbertalk* in Devon encourages men to open up about their issues with mental health (Lions Barber Collective, 2016). This is a community-led project, set up by Tom Chapman, a local barber, after a close male friend of his had committed suicide. *Barbertalk* trains barbers to be able to recognise when their customers might be experiencing mental health problems, and to listen and offer basic advice on where to seek help. It is being replicated in the US and Holland.

Based on findings from previous research, the purpose of the present study was to see how much participants (a) say they benefit in terms of wellbeing when they visit their hairstylist, and (b) whether there are ethnic differences and gender differences in this experience.

MATERIALS AND METHODS

This study was a cross-sectional online survey analysed using Analysis of Covariance (ANCOVA) controlling for the effect of age.

Participants

Participants were recruited from various online sources, the websites of high street hairstylists and snowball sampling. The online sources included general websites (e.g.

Psychological Research on The Net and Male Psychology website) and hairstyling-orientated sites (e.g. <http://barbershopsnearme.com>). Invitation emails were sent out to the 430 UK high street hairstylists, which were found online. Other participants were recruited through social media (e.g. the Male Psychology Twitter and Facebook). Adverts were posted on online hairstylist groups found through searching Facebook with terms such as, 'barber', 'hairstylist', 'hairdresser'. Participant characteristics are described in Table 1. Participants were excluded if they were under 18 years old, did not give key information (gender, ethnicity), or did not complete the consent form.

Ethical approval

Ethical approval for this study was granted by the University College London (UCL) Research Ethics Committee, and participants gave their informed consent prior to participation. All procedures were conducted according to the Declaration of Helsinki (WMA Declaration of Helsinki, 2008).

In this paper, the term 'barber' is used to indicate a hairstylist for men, 'hairdresser' indicates hairstylist for women, and 'hairstylist' indicates barbers or hairdressers of any kind, e.g. who have male and female customers. Because mental health can be thought of as an umbrella term for emotional, psychological, and social wellbeing (Keyes, 2005) the terms 'mental health' - which can have negative connotations for young men (Ellis et al., 2013) - and 'wellbeing' are used somewhat interchangeably below.

Variables

Dependent variables

The primary dependent variables were the *Hairstylist Visit Questionnaire* (HVQ) and the Wellbeing Benefits of Everyday Activities Scale (WBEAS).

Independent variables

The independent variables (naturally occurring) were sex and ethnicity. The categories for ethnicity were: *white, mixed, Asian or Asian British, Black or Black British, Chinese, or Other ethnic group*. For the purposes of the present study, only the white and black participants are discussed; the other participants are included in Barry & Roper (2016) in regards to the development of the HVQ and WBEAS scales (see next section).

Measures

Hairstylist Visit Questionnaire (HVQ) (Barry & Roper, 2016).

The HVQ consists of nine items, such as “*I often talk to my barber/hairdresser about personal matters*”, with responses on a 6-point Likert scale from 1 = *Strongly disagree*, to 6 = *Strongly agree*. There are three domains (*Chat with the stylist, Not here for the hair, and Booking*). The Cronbach’s alpha for this questionnaire is 0.73.

Wellbeing Benefits of Everyday Activities Scale (WBEAS) (Barry & Roper, 2016)

The WBEAS is designed to be used flexibly to measure the wellbeing benefit of a wide range of everyday activities. It consists of 17 items and three domains (*Positive outlook, Socialise & Talk, and Enjoyable Distraction*). The items are phrased so that the first part of the item is fixed (e.g. “*I feel more optimistic when...*”) and the second part of the item can be adapted to a range of situations. In the present study, items included “*I feel more optimistic when I visit the barber/hairdresser*” and “*I feel a greater sense of community when I visit the barber/hairdresser*”. Responses are on a 6-point Likert scale from 1 = *Strongly disagree*, to 6 = *Strongly agree*. The Cronbach’s alpha for the questionnaire is 0.95.

Humour

Humour was measured with a single item: “*If you partake in any humour at the barber/hairdresser, how often does it make you feel good?*” This was asked as a way of differentiating between good humour (which was an item in the HVQ) and unpleasant humour.

Control variables

Socioeconomic class (SEC)

Socioeconomic class (SEC) was identified by free text descriptions of the occupational status of the main wage earner in the participant’s home when the participant was aged 14. The responses were divided into three categories (managerial, intermediate, and manual) as described by the Office for National Statistics (Rose et al, 2005).

Positive state of mind

The Positive Mindset Index (PMI; Barry, Folkard & Ayliff, 2014). This scale consists of six items (happiness, confidence, being in control, emotional stability, motivation and optimism) on a 5-point Likert scale. This scale shows good internal reliability (Cronbach’s alpha = 0.926).

Seager et al. (2014) found that the PMI shows concurrent validity ($r = -.54$) with Paykel et al. (1974) *Suicidal Ladder* measure of suicidality, thus arguably giving a proxy measure of mental health without having to ask potentially distressing questions about suicidality.

Procedure

Participants were recruited via various online resources, (described above), which displayed an invitation to participate. Participants read an information sheet and ticked a box to indicate their informed consent. They then filled in the online survey, which took about 10 minutes to complete.

Statistical analysis

Missing data were deleted pairwise, so that where a participant gave some information but had not given responses to all items, data for the responses they gave could be included in the analysis. Means and SDs and parametric tests were used where relevant assumptions were met e.g. the Levene's test of equality of error variances was passed for ANCOVA. Where parametric assumptions were not met, data were transformed to normality, or statistical corrections were made (e.g. 'equal variances not assumed' for independent t-tests), or nonparametric tests were used. Significance values were set at $p < 0.05$, and all significance values were two-tailed. All statistical analyses were carried out using SPSS statistical software for Windows, Version 22 (Armonk, NY: IBM Corp).

RESULTS

Table 1 shows the demographic characteristics of the sample. The proportions of gender and ethnic group were significantly different to what would be expected by chance ($\chi^2 = 11.958$, $df = 2$, $p < .001$) with the largest proportion being of white women. There was no significant difference in the socioeconomic backgrounds of the black and white participants ($\chi^2 = 5.106$, $df = 2$, $p < .078$), nor between men and women ($\chi^2 = 1.453$, $df = 2$, $p < .484$; not shown in table). The white group was significantly older than the black group ($t = 2.772$, $df = 176$, $p < .01$). There was no significant difference in the mean \pm SD age of men (34.02 ± 12.07) and women (34.00 ± 12.81) ($t = 0.009$, $df = 200$, $p < .993$) (not shown in table).

Table 1. Description of the demographics of participants

		Ethnic Group		χ^2
		White (N=149)	Black (N=53)	
Sex	Male	33 (22%)	25 (47%)	11.958
	Female	116 (88%)	28 (53%)	
SEC ^a	Managerial	70 (56%)	13 (41%)	5.106
	Intermediate	35 (28%)	8 (25%)	
	Manual	21 (17%)	11 (34%)	
Age	Mean (SD)	35.09 (13.87)	30.94 (7.09)	2.772 ^b

Notes:

* = $p < 0.05$; ** = $p < 0.01$; *** = $p < 0.001$ (2-tailed), SEC = Socioeconomic class

^a 22% (44 of 202) of SEC responses were missing or uncategorisable, thus totals do not add up to Ns for each group as a whole

^b Independent groups t-test with Levene's correction for 'equal variances not assumed'.

Table 2 shows the mean (SD) differences between the groups on the outcome measures. To further test for interactions between the levels of the independent variables, ANCOVAs controlling for age were performed (Tables 3, 4, 5).

Table 3 shows the group differences for *Chat with Hairstylist*, controlling for the effect of the age of the participant. There was no main effect of Sex or Ethnicity, but there was a significant interaction between the levels of the between-groups variables ($p < .02$), indicating that white men talked significantly less with their hairstylist than did white women or black participants. This interaction is shown in Fig 1.

Table 2. Means (SDs) for the participant groups for the outcome measures

	Black		White		Mean (N=202)
	Male (N=25)	Female (N=28)	Male (N=33)	Female (N=116)	
<i>Chat with Hair stylist</i>	3.66 (1.12)	3.40 (1.42)	2.84 (1.13)	3.60 (1.27)	3.45 (1.27)
<i>Not Here for the Hair</i> *	2 (1 – 6)	1.67 (1 – 3.70)	1 (1 – 4)	1 (1 – 6)	1 (1 – 6)
<i>Booking</i> *	3.5 (1 – 6)	3.5 (1 – 6)	2 (1 – 6)	5 (1 – 6)	4.08 (1.67)
<i>Socialise and Talk</i>	3.40 (1.21)	2.78 (1.16)	2.18 (1.09)	2.78 (1.24)	2.75 (1.24)
<i>Enjoyable Distraction</i>	4.00 (1.19)	3.58 (1.30)	3.38 (1.38)	3.81 (1.38)	3.73 (1.35)
<i>Positive Outlook</i>	3.26 (1.47)	3.03 (1.08)	3.01 (1.46)	3.12 (1.29)	3.11 (1.31)
<i>Humour</i>	3.38 (1.50)	3.18 (1.52)	2.66 (1.89)	3.12 (1.50)	3.09 (1.54)
<i>Positive Mindset Index</i>	3.32 (0.68)	3.51 (0.78)	3.46 (0.76)	3.41 (0.68)	3.42 (0.70)

* Median and range

Table 3. The 2 (Sex) x 2 (Ethnicity) between-groups ANCOVA assessing the degree to which participants engaged in *Chat with Hairstylist*, controlling for the effect the age of the participant.

Source	df	F	η	p
Sex (S)	1	1.35	0.01	0.25
Ethnicity (E)	1	2.06	0.01	0.16
S x E	1	5.73	0.03	0.02*
Ss within-group error	197			

Note: Ss = subjects, * $p < 0.05$.

The distribution of the variable *Not Here for the Hair* was very positively skewed because most participants (61%) said their primary reason for visiting the hairstylist was for their hair. However, the other 39% indicated that they had, to some degree, other reasons for visiting the hairstylist. Because the skewed distribution could not be statistically transformed to normality, the data were analysed using nonparametric Mann-Whitney *U* tests. These found that men were borderline significantly more likely to be there for reasons other than hair ($U = 3619.50$, $N_1 = 58$, $N_2 = 144$, $p < .074$, 2-tailed), and that black participants were significantly more likely than white participants to be there for reasons other than hair ($U = 2450.50$, $N_1 = 149$, $N_2 = 53$, $p < .000001$, 2-tailed). Although a statistical interaction could not be assessed using this test, the medians (Table 2) indicate that black men were the most likely to be at the hairstylist for reasons other than hair.

The distribution of the variable *Booking* was positively skewed in white males (indicating they were less likely to book appointments in advance) and negatively skewed in white females. Having opposite skews in the groups makes between-groups comparison (and statistical transformations) difficult, so the data were analysed using nonparametric Mann-Whitney *U* tests. These found that men were significantly less likely to book appointments than women ($U = 2356.50$, $N_1 = 58$, $N_2 = 144$, $p < .000001$, 2-tailed), and that white participants were significantly more likely than black participants to book in advance ($U = 2819.00$, $N_1 = 149$, $N_2 = 53$, $p < .002$, 2-tailed). However, the medians (Table 2) show that the real difference was only between white men and white women, with white men were much less likely to book appointments than white women.

Table 4 shows the group differences for *Socialise and Talk*, controlling for the effect the age of the participant. There was a main effect of Ethnicity but not Sex, and there was a significant interaction between the levels of the Sex and Ethnicity ($p < .01$), indicating that

black men socialised and talked significantly more than any other group. This interaction is shown in Fig 1.

Table 4. The 2 (Sex) x 2 (Ethnicity) between-groups ANCOVA assessing the degree to which participants engaged in Socialise and Talk, controlling for the effect the age of the participant.

Source	df	F	η	p
Sex (S)	1	0.00	0.00	0.97
Ethnicity (E)	1	7.56	0.01	0.01**
S x E	1	7.71	0.04	0.01**
Ss within-group error	172			

Note: Ss = subjects, *p < 0.05; **p < 0.01

Table 5 shows the group differences for *Enjoyable Distraction*, controlling for the effect the age of the participant. There was no main effect of Sex or Ethnicity, and although there was a borderline significant interaction between Sex and Ethnicity (p < .08) - indicating that black men enjoyed the hairstylist more than any other group - this statistical interaction was not significant.

There was no significant effect of Sex or Ethnicity, nor an interaction, for the *Positive Outlook* variable (all p values ns), the *Positive Mindset Index* (all p values ns), nor the *Humour* item (all p values ns).

Figure 1. Line graph showing the interaction between the levels of the variables Sex (male, female) and Ethnicity (black, white).

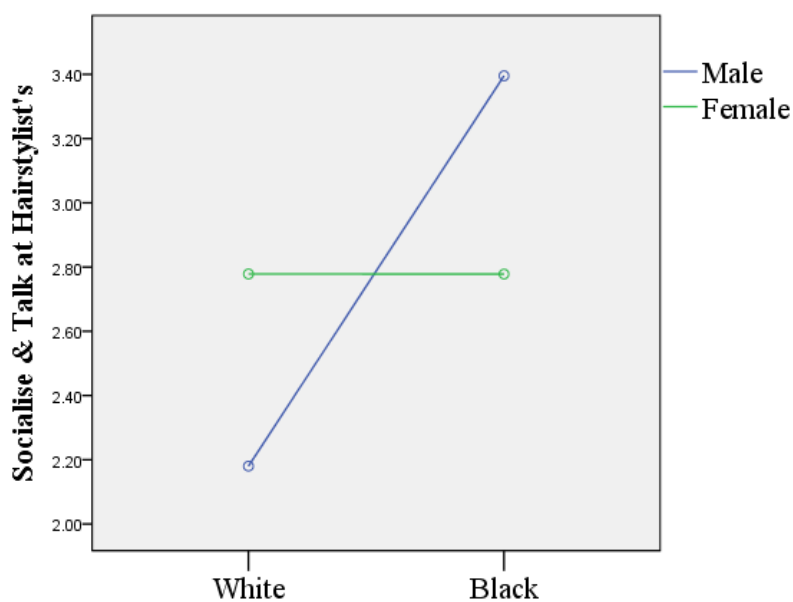


Table 5. The 2 (Sex) x 2 (Ethnicity) between-groups ANCOVA assessing the degree to which participants engaged in Enjoyable Distraction, controlling for the effect the age of the participant.

Source	df	F	η	p
Sex (S)	1	0.00	0.00	0.98
Ethnicity (E)	1	0.54	0.00	0.46
S x E	1	3.07	0.02	0.08
Ss within-group error	172			

Note: *p < 0.05, Ss = subjects

DISCUSSION

The purpose of this study was to see how much (a) customers at barbers and hairdressers report benefits related to improved wellbeing when they visit and (b) whether there are differences according to sex and ethnicity. In this study we surveyed the opinions of 202 adults and found some interesting differences in opinions and wellbeing related to sex and ethnicity.

In contrast to findings of wellbeing benefits for women at hairdressers (Mullen et al., 1995; Poland et al., 2000), the present study found no significant effects of *Positive Outlook*, *Humour*, or *Positive Mindset Index (PMI)*. The PMI scores indicate that although black males scored the lowest (indicating a less positive mindset), the means for each group were within the normal range for mental positivity.

Black participants were significantly more likely than white participants to be at the hairstylist for reasons other than hair, and Figure 1 suggests that for black men an ulterior motive is socializing and talking. The socializing and talking variable should be interesting to health professionals, because the two items with regarding talk are about “my health” and “personal issues” (see Barry & Roper, 2016). Thus, the talk is not just entertaining banter, but potentially more therapeutic. Because there is evidence that there are mental health benefits of simple socializing (Baumeister et al., 1995; Tew et al., 2001; van Schaik et al., 2004), even the everyday socialising and talking reported by black men in this study may have mental health benefits.

Ethnicity and mental health

Even though black men were the main focus of this paper, the white males were the group that stood out for some variables. Previous research suggests that men generally are less likely than women to want to discuss problems (Tamres et al., 2002), but the present study

found that this was true of white men but not of black men. Similarly, previous research has found that men and women communicate differently in therapy, and seek help differently (Russ et al., 2015; Lemkey et al., 2016), and that black men were less likely to seek help for mental health issues (Hoskins, 2008; Powell & Barry, 2014), but the present study shows that white men talk less in the barbershop than black men (or women of either ethnicity). It could be interpreted that black men prefer to talk about their personal issues at the barber shop rather than a formal mental health setting.

Barbershops as peer group support

Mills (2005) suggested that the barbershop can be a place for customers to talk and ventilate feelings, Shabazz (2016) stated that barbershops are a place for discussions and male bonding, and Alexander (2003) found that men in the barbershop partake in banter. In support of these suggestions, the present study found that black men socialised and talked significantly more than any other group. For example, one black male said that there is “Good music and camaraderie” at the barbershop, and another black male said he “Love[s] sports talk”. However, in contrast, a white male said: “Visiting the barber is a function to me - another chore that needs to get done” and another white male stated: “Since I am a male, most barbers assume that I have an interest in professional sports. I just let them drone on about whatever team has invaded their consciousness.” This indicates that there may be a difference between how black males and white males interpret the social potential of the barbershop.

So it seems that compared to white men, the black men enjoyed socialising in the barbershop. However, in this study there was one exception: one black male participant said: “A black barbershop can be seen as a hostile environment, where you are subjected to conforming in a way that is considered the norm. A very macho / testosterone driven environment where difference isn't exactly accepted, more frowned upon”. Future research should investigate individual differences in what makes a visit to the hairstylist pleasant for one person and not for another. These differences might shed light on the factors that facilitate rapport building and an enduring relationship between barber and customer.

The hairstylist as therapist

Cowen et al. (1979) described how a black female hairdresser in the US set up appointments with customers solely for them to be able to discuss their personal problems with her. In the current study the only real difference in *Booking* was that white men were

much less likely to book appointments than white women. Future studies should assess the degree to which customers who do not book in advance are more likely to be in acute distress and eagerly seeking someone to talk to.

Cowen et al (1979) stated that hairdressers often find themselves dealing with similar issues to mental health professionals. The present study doesn't provide strong evidence for this, neither in the statistics nor in the free text responses. However, the present study found that black men socialised and talked significantly more than any other group, which offers potential for the barber as community gatekeeper to mental health services, somewhat like *Barbertalk* (Lions Barber Collective, 2016), a community-led project training barbers to recognize mental health problems in customers, and offering a basic triage service. In support of this, a white female participant in our study reported, "*The hairdresser I go to is deeply involved in the community and trains vulnerable members of the community! (Mainly domestic abuse survivors). They also offer free therapy and support to those who need it*". This finding echoes the term "natural helpers" coined by Collins and Pancoast (1979) or natural caregivers (Weisenfeld & Weis, 1979).

These findings have implications for how mental health outreach might need to be sensitive to ethnicity as well as gender. Kingerlee et al. (2014) suggested that men might be more likely to seek relief for mental health problems outside of the mental health system, and in support of this suggestion, the present study found that black men socialised and talked significantly more in the hairstylist's than any other group. They also enjoyed the hairstylist more than any other group. The current study also found that men were borderline significantly more likely to be at the barbershop for reasons other than hair, and black participants were significantly more likely than white participants to be there for reasons other than hair. It could be then, that black man in particular use the social setting of the barbershop instead of the mental health system, to enhance their wellbeing. Boyd (2011) stated that barbers are a trusted and respected information source which allows individuals to be themselves. A trustworthy barber might well become a trusted gatekeeper to professional mental health resources, should a customer need them.

WEAKNESSES OF THE STUDY

Although we found that black men socialised and chatted more, this is not strong evidence of mental health benefits, partly because the measures used are not validated as

mental health measures, and also we did not measure differences in wellbeing before and after a visit to the hairstylist. On the other hand, we do have self-reported evidence of an increase in activities (socialising and talking) that previous research has linked to mental health, and some weaker evidence (statistically nonsignificant) that black men found the barbershop an 'enjoyable distraction'. Also we can see from the free text responses that the majority of black men enjoyed their visit to the barber.

In the present study, the proportions of gender and ethnic group were significantly different to what would be expected by chance, with the largest proportion being of white women. The sex difference is not surprising though, because it is known that women tend to participate in surveys more than men do e.g. in an online survey of academic staff, 36% of women answered compared to 24% of men (Smith, 2008). Also given that about 3% of the UK population is black (ONS, 2013) we would expect a smaller proportion of our participants to be black, despite the fact that our purposive sampling of specific websites would have increased the proportion of black participants. Thus the relatively large number of black participants in the present study does not support Huang & Coker's (2010) finding in an African-American sample that a lack of understanding of research studies and informed consent, and concerns around racism, might dissuade black participants from participation.

Future research should also aim to discover if there are any differences between Black Caribbean males and Black African males in regards to socialising and talking in the barbershop. Future research should investigate if ethnic similarities between barber and customer have a role to play in socialisation and talk because they are culturally more connected by life experiences, for example, language, migration and upbringing. Such a study might use a qualitative design in which participants are interviewed in order to get a deeper level of information than is generally possible with a survey.

CONCLUSIONS

So is having a haircut good for your mental health? According to the self-report of the participants in this study, there are some indicators that this is so, though this was not true for all demographics or on all variables measured. However, this study is the first to find empirical evidence that black men talk and socialise at the barber more than other people, and as such lends support to the qualitative studies and community based projects that base health promotion campaigns aimed at enhancing the mental health of black men in the barbershop.

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