

“We place everything in the unspoken”

What are the experiences in therapy of Black, gay men?

A research report by Ben Amponsah

JASON OKUNDAYE (2024, p. xiv)

“REVOLUTIONARY ACTS LOVE AND BROTHERHOOD IN BLACK GAY BRITAIN”

Background

- ▶ **Key areas in literature:**
 - ▶ BGM and mental health
 - ▶ Intersectionality
 - ▶ Minority Stress
 - ▶ Racism
 - ▶ Homophobia
 - ▶ Impact for BGM in therapy

Background: BGMs and mental health

- ▶ Engagement low amongst BGMs (Hussen et al., 2021; Moore et al., 2020)
- ▶ BGM MH worse (e.g. Baiden et al. 2020)

WHY?

- ▶ Trust? (Conner et al., 2010; Brown et al. 2010; Sirey et al. 2010)
- ▶ Representation (York, 2019)

Barriers and facilitators identified by Arora et al. (2022) study into QTBIPOC pts

- ▶ Decolonisation stance AND cultural competence/humility

Background: Intersectionality & Minority Stress

Intersectionality:

- ▶ Crenshaw (1984) pioneering study into Black women facing misogyny AND racism
- ▶ Now used for multiple identities that can be oppressed
- ▶ Crenshaw also one of founders of CRT (Crenshaw et al., 1996)

Minority Stress:

- ▶ Ilan Meyer (1995). Very influential theory and companion to Intersectionality
- ▶ Additional stress faced by people from minorities (esp sexual)

Background: Racism

- ▶ Race is a social construct used for oppression (Gannon, 2016)
- ▶ Research has found racism to predict poor outcomes for Black pops in:
 - ▶ MH and general health (Paradies et al., 2015)
 - ▶ Healthcare (Ojo-Aromokudu et al., 2023)
 - ▶ Criminalisation (Robertson and Wainwright, 2020)
 - ▶ Education (Wood et al., 2023)
 - ▶ Employment (Hussein, 2022)
 - ▶ Housing (Clare et al., 2022)
- ▶ Since George Floyd rise in antiracism (Eddo-Lodge, 2018; Kendi, 2019) - NB both acknowledge homophobia within Black culture

Background: Homophobia

- ▶ Homophobia seen by multiple reviews to produce widespread harm (e.g. trans-national review by Chard et al., 2015)
- ▶ Internalised homophobia also an aggregator (Berg et al., 2015)
- ▶ For BGM high correlation between internalised homophobia and poor Mh, higher HIV risk behaviours
- ▶ Some research also points towards high levels of homophobia within Afro-centric communities (e.g. Lewis, 2022)

Background: Impact for BGM in therapy

- ▶ White supremacy in the therapy room (turner, 2018)
- ▶ Arora (2022) study points towards cultural competence AND humility as major facilitators for QTBIPOC clients
- ▶ Both APA (2017) and BPS (2021) support this

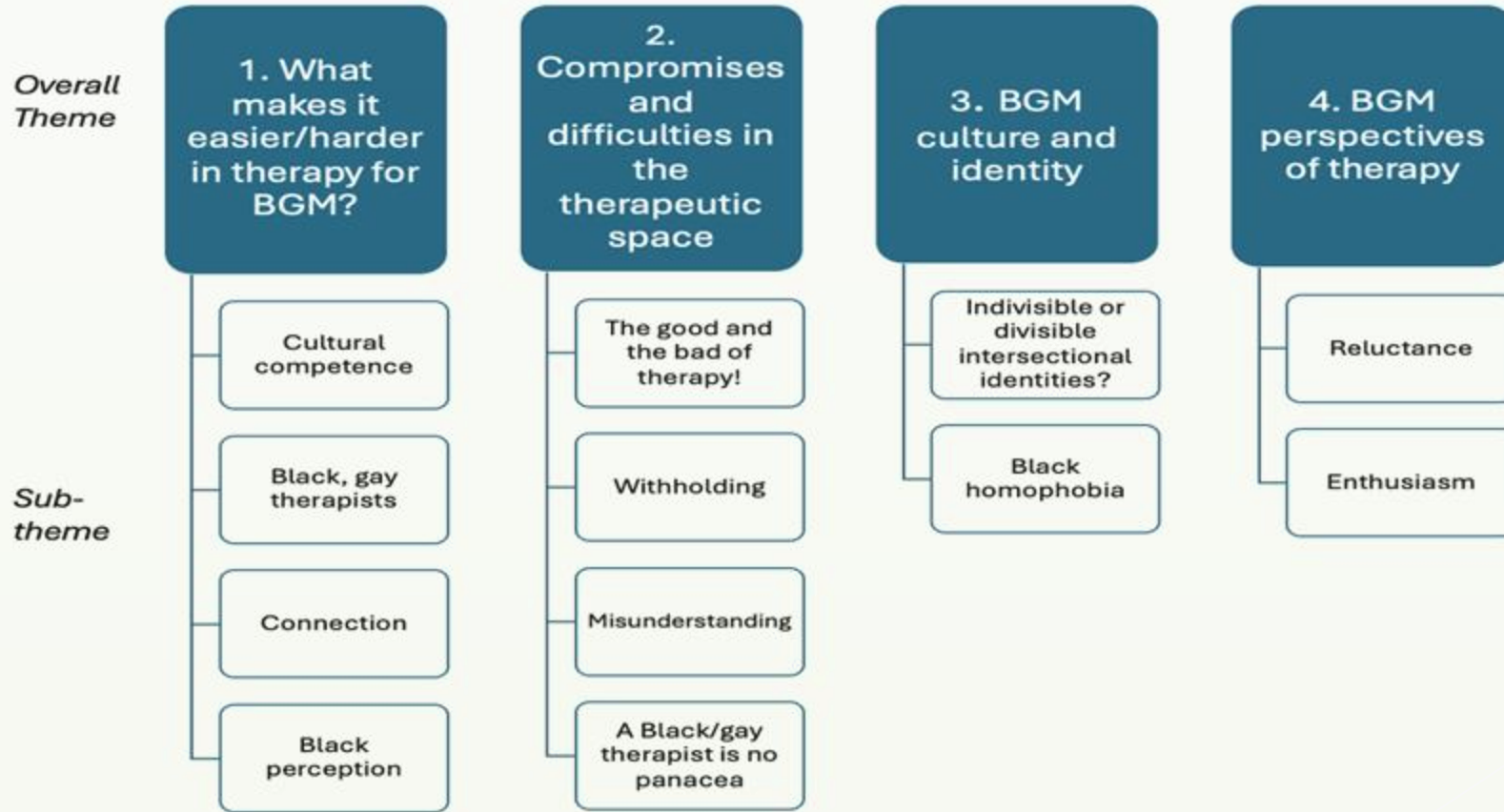
Research Question

what are the experiences in therapy of Black, gay men?

Methodology

- ▶ Qualitative research design
- ▶ Thematic Analysis (TA) was used (Braun and Clarke, 2006)
- ▶ Participants recruited through organisations that host BGM or provide therapy and also by word of mouth
- ▶ Semi - structured interviews conducted with 11 participants
- ▶ Participant ages ranged from 20s to 60s
- ▶ Participants were based UK wide with 8 British born
- ▶ Interviews conducted on Zoom

Results



What makes it easier/harder for BGM in therapy?

Cultural Competence

All ppts spoke about how aligned and curious to their cultural context the therapist was & its importance

[...] to give the white Scottish gay therapist his credit [...] he had read a lot of papers in the interim. He'd read a lot of papers on privilege. *Zeus*

Black, gay therapists

Most ppts spoke about the ease or difficulty of finding BG therapists & how it helped therapy

the first time I've been with a black gay male therapist. First time gay, first-time black therapist at all and that's been really, really helpful as well. *Ares*

Connection

Many ppts spoke about connection and appreciation of therapist's queer ID

I was really fortunate, so my therapist was gay. He was white but he was gay so that helped a lot. *Cronus*

Black perception

Some ppts spoke about the importance of having a Black therapist who would understand them culturally

I think it is easier to sometimes describe some of those frustrations, as it relates to race, with someone who is also black. *Eros*

Compromises and difficulties in the therapy space

The good and the bad of therapy

Most ppts spoke about how therapy could be good or bad depending on difficulty or facility or consent

I didn't want to see one. [...] - I think it was kind of like forced, which is why it only happened like three times and I wasn't comfortable sharing information.

Ares

I found it's been really, really positive. *Helios*

Withholding

Many ppts spoke about how they had to withhold some aspects of their IDs or simplify language for fear of misinterpretation

So that's that. I'd probably say that there's just certain maybe cultural things or [...] sexual or attractional things I didn't feel I could talk about...*Cronus*

Misunderstanding

Some ppts spoke about not being heard or understood because of race

They couldn't see my Blackness, they couldn't see my personhood. *Hades*

Being a Black therapist is not necessarily a panacea

A few ppts spoke about how having a Black therapist would not necessarily benefit them

I don't want to exist in an echo chamber so like having a queer black therapist. [...] wouldn't necessarily [...] actually benefit me. *Janus*

BGM culture and identity

How divisible or indivisible are intersectional identities

Ppts spoke about how integrated or separate they felt their intersectional identities were

No, I can't separate [...] them out. I probably can suppress them. But I can't separate them.
No...*Cronus*

I think it's because I'm not super comfortable with being a black male that makes it really easy for me to separate. *Janus*

Black homophobia

Several ppts spoke about their fear of homophobia from straight Black therapists

Although [...] black women [...] when it comes to counselling you, depending on if they're gay or heterosexual. [...] because [...] if it is a heterosexual female, if she's Christian [...] would they be homophobic? *Poseidon*

BGM's perspectives of therapy

Enthusiasm

A few ppts spoke about how enthusiastic some BGM they knew were to access therapy

[...] black, gay men now are much more open to therapy. Aware of it, period, and are taking advantage of it, and are going. *Cronus*

Reluctance

Most of the ppts spoke about the reluctance to access therapy because it isn't for BGM

I came from a very troubled background. [...] I think my main issue when it comes to therapy was around belonging. *Hermes*

[...] culturally, we don't like talking. We sort of like hide. [...] Hide is a strong word. Perhaps we sort of deal with everything in the subconscious (laughing)
[...] We sort of [...] place everything in the unspoken...*Apollo*

Principle findings

- ▶ Importance of ‘cultural competence’ and ‘cultural humility’
- ▶ The facility of seeing a Black, gay therapist and the lack of visibility of it.
- ▶ Connection through the therapist's queerness also very important to most and not dependent on therapist being Black
- ▶ The importance of Black perception and therefore not having to translate and that the Black therapist would ‘get’ them
- ▶ Bad experiences predicated on issues of consent (being done to rather than with) and
- ▶ Withholding as a defence against misunderstanding
- ▶ Not all ppts felt that a Black, gay therapist would be beneficial (individual experiencing)

Principle findings

- ▶ Good experiences centred on the affirmative stance of the therapist
- ▶ Worries about rising levels of homophobia amongst Black communities linked to situation across Africa and religion
- ▶ Intersectional identities for BGM can be seen as both divisible and indivisible...adaptive?
- ▶ Though some ppts described enthusiasm amongst BGMs for therapy most were more likely to see reluctance to access it

Practice implications/Recommendations

- ▶ Demonstrable practice of and education in cultural competence and humility
- ▶ BGM therapists to be more visible
- ▶ Therapy courses to be more relevant and accommodate BGM applicants (through teaching different paradigms such as Afro-centricity)
- ▶ Cross cultural therapy organisations to be replicated UK wide
- ▶ Black, heterosexual therapists to address homophobia within communities and also be more present for BGMs
- ▶ All therapists engaging BGMs to promote psychological safety (per sessional OMs?)
- ▶ Surface systemic oppression from outset (Arora, 2022)
- ▶ Social media as a tool for further engagement of BGMs

Final message

the world of psychotherapy has remained largely immune to the impact of these oppressions within the therapeutic dyad, failing to recognise how the position of the therapist, be it that they hold the privileged position of being heterosexual, or male, or white, or able-bodied, for example, might be consciously or unconsciously oppressive for the others they will undoubtedly encounter.

Turner (2021,p. 6)

My Process

- ▶ Has been difficult as I have wanted to very much do justice to the participants who to a man expressed real enthusiasm that someone wanted to capture their experiences
- ▶ As someone who has also experienced some of the barriers and the facilitators described here doing this study has particularly resonated especially a recent experience of therapy where I signed up to a Black male therapist who said he was LGBT friendly but was anything but...
- ▶ So, the findings are important to me as are the recommendations/practice implications. I hope that this study can be used as a template for further engaging and assisting BGM and others carrying intersectional identities in the the therapy space.

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