Decolonising integrative practice with Black queer men who experienced trauma: A thematic analysis

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Abstract

Aim: Black queer men in the UK are increasingly at risk of mental health problems related to anxiety and depression, often triggered by traumatic experiences. This study explored the efficacy of integrative practice with Black queer men who experienced trauma from a decolonised, intersectional and queer-affirming perspective.

Method: One-to-one semi-structured interviews with nine integrative practitioners were completed. Data collected from these interviews were analysed using Braun and Clarke's six stages of reflexive thematic analysis (RTA).

Findings: RTA identified four subordinate themes: (1) understanding the experience of Black queer men, (2) developing the working alliance and use of self in practice, (3) effective integrative practice and (4) intersectional differences and considerations. Findings discussed the varying forms of trauma Black queer male clients experienced that impacted their mental health and how developing a strong working alliance with Black queer men was crucial when supporting them to recover from trauma. Additionally, the participants described a breadth of trauma-informed integrative counselling and coaching practice. A decolonised approach utilising the intersection of race, gender and sexuality of Black queer men was successfully integrated into the approach used by practitioners in this study.

Conclusion: Overall, this study evidenced that a decolonised perspective to integrative practice effectively supports Black queer men to recover from trauma. Future research should focus on an integrated approach with Black queer men and other gender and sexual ethnic minority clients who experienced trauma.

KEYWORDS
Black queer men, coaching, counselling, decolonisation, thematic analysis, trauma

1 | INTRODUCTION

The mental health of the Black (African and Caribbean) LGBTQ+ community in the UK has gained increasing attention. For example, a report completed by Bachmann and Gooch (2018), on behalf of Stonewall, on the mental health of over 5000 LGBTQ+ people across the UK, found that over 60% of Black and minority ethnic participants experienced anxiety and depression. Specific research on the mental health of queer men has gleaned how this population are at greater risk of mental health challenges positing that gay and bisexual men are twice as likely to be either depressed or anxious than heterosexual men (Guasp, 2013). Mental health is exacerbated among Black queer men, with research exploring how discrimination and stigmatisation within some Black communities by families, peers and community leaders are
associated with traumatic experiences in their lives (Balaji et al., 2012; Bogart et al., 2017; Lassiter et al., 2020; Meyer, 2012).

1.1 Psychological trauma and PTSD among Black queer men

Psychological trauma develops when direct or observed traumatic events severely impact an individual’s sense of self or understanding of the world (Ringel & Brandell, 2012; Thompson & Walsh, 2010). Psychological trauma can present as post-traumatic stress disorder (PTSD), with symptoms including somatisation, relationship difficulties, emotional dysregulation and dissociation (Ringel & Brandell, 2012; Thompson & Walsh, 2010). Traumatic events and stressors among Black queer men are subjective and can be isolated or repetitive (Hart et al., 2018). Three noteworthy areas that manifest trauma in this population are anti-gay bullying, childhood abuse and racial discrimination.

1.1.1 Anti-gay bullying and trauma

Anti-gay bullying is strongly associated with childhood trauma and exacerbates the mental health of LGBTQ+ individuals (Burton et al., 2013; Mustanski et al., 2016; Patrick et al., 2013). Anti-gay bullying frequently occurs among boys and results in experienced psychological distress (Roberts et al., 2013; Russell et al., 2011; Stapinski et al., 2014). Black queer boys are at a higher risk of developing anxiety and mood disorders when they experience anti-gay bullying, which impacts their sense of self, relationship development and acceptance of their sexuality (Wade & Harper, 2017).

1.1.2 Childhood abuse and trauma

Research has found a prevalence of physical, sexual and psychological childhood abuse in the LGBTQ+ community (Balsam et al., 2010; Friedman et al., 2011), with queer boys experiencing threats or physical violence from family members or caregivers (Hart et al., 2018; James et al., 2012). For Black queer boys, experiences of childhood abuse primarily consist of emotional and psychological abuse resulting from homophobia experienced by their parents and the broader Black community (Balsam et al., 2010; Chae et al., 2010; Cook et al., 2017).

1.1.3 Racial discrimination and trauma

Direct or indirect exposure to racial discrimination can be traumatic for Black and minority ethnic individuals (Abdullah et al., 2021; Carter et al., 2019; Kirkinis et al., 2018). Among Black queer men in the UK, the intersection of trauma from adverse childhood experiences, homophobia and racial discrimination could worsen their psychological distress (McKeown et al., 2010).

Implications for Policy and Practice

1. The findings in this qualitative study suggest establishing a strong working alliance emphasising building safety, trust and authentic rapport, which was identified as crucial for trauma recovery with Black queer men.
2. The study underscores the importance of integrating intersectional perspectives into counselling and coaching practice. Practitioners need to consider how factors such as sexual orientation, race, and gender intersect in shaping trauma experiences and recovery pathways for Black queer men.
3. Participants highlighted the limitations of European and White-centred therapeutic models in addressing the needs of Black queer men. It is suggested that integrative practitioners adopt an African-centred therapeutic framework and consider the use of race models that acknowledge and validate diverse cultural and racial identities.
4. A final implication for practice is using a relational anti-oppressive model within counselling and coaching for trauma, which is suggested as a way of reflecting upon the positions of power and privilege in the therapeutic space.

1.2 Barriers to seeking support for Black queer men who experienced trauma

Considering the emotional and psychological distress among Black queer men who experienced trauma, seeking help for their mental health would arguably be imperative. However, a body of research exists theorising how endorsing masculine ideologies could lead to less help-seeking and mental health difficulties (e.g., Booth et al., 2019; Mahalik & Di Bianca, 2021; Robertson & Baker, 2017; Yousaf et al., 2015). Accounting for the moderating effect of ethnic identity and gender in the development of masculinity among Black men, Black masculinity is a multidimensional social concept influenced by race, gender, social class, sexuality and religion, with ideologies adhering to hypersexualinity, physical strength and misogyny (Strayhorn & Tillman-Kelly, 2013). When Black men adhere to notions of Black masculinity, there is often a reluctance to seek help (particularly from White-centred institutions), maladaptive coping and not communicating emotions when confronted with adverse life events (Pelzer, 2016; Young, 2021).

Homosexuality is stigmatised in the Black community as it is seen to reject Black masculine heteronormative ideologies and contradicts religious or moral views around marriage and the nuclear family (Balaji et al., 2012; Garrett-Walker & Torres, 2017; Lassiter et al., 2018; Meyer, 2012). Among Black queer men, adherence to Black masculinity often conflicts with their sexuality. This inner conflict is presented as internalised homophobia, which is related to stress and maladaptive coping, often the result of discrimination, harassment and maltreatment from a hostile or homophobic culture (Antebi-Gruszka & Schrimshaw, 2018; Chard et al., 2015; Quinn & Dickson-Gomez, 2016; Watt & Elliot, 2019). Consequently, Black
queer men may suppress their sexual identity, values and feelings to adapt to the masculine ideologies in the Black community and develop reluctance to seek help for psychological challenges.

1.3 | Could a decolonised integrative counselling and coaching approach support Black queer men who experienced trauma?

Traditionally, counselling has been used to support individuals who experienced trauma. Research on practice with clients from the African diaspora has explored the concept of decolonised therapy to minimise the focus on White, Eurocentric approaches that may not fully address the cultural and racial identities of these clients (Leopeng, 2019; Taylor, 2022; Tummala-Narra, 2022; Turner, 2018, 2021). Decolonisation entails the process of dismantling and deconstructing the superiority of colonial and White Eurocentric ideologies, values and ethics that imply the status quo, and acknowledging the power and importance of marginalised groups who are excluded from this privilege (Akinwale, 2002; Betts, 2012). The intersectional differences Black queer men present around race, gender and sexuality demonstrate a need for tailored support.

A decolonised approach incorporates cultural competence, power dynamics and the importance of healing and recovery, both at the individual and collective level (Leopeng, 2019; Taylor, 2022; Tummala-Narra, 2022; Turner, 2018, 2021). Of importance when working with Black queer men is that counsellors are queer-affirming in that they hold a positive and accepting view of same-sex orientation and account for the stressful experiences of LGBTQ+ clients (Czyzselska, 2022; Neves & Davies, 2023). Czyzselska (2022) and Neves and Davies (2023) emphasise that this unconditional acceptance of a client’s sexual orientation or gender identity helps counsellors to accept their client’s sexual identity, dismantle heteronormative ideologies and enables counsellors to focus on the psychological challenges their clients present.

Trauma-informed coaching that recognises trauma symptoms and how trauma can impact an individual’s life can also provide significant benefits to clients who have experienced trauma. For men in the UK who have experienced trauma and endorse traditional masculine gender role norms, coaching could be a preferred intervention to facilitate recovery from trauma (Kennedy & Moorhead, 2021; McKelley & Rochlen, 2010; Patrick & Robertson, 2016).

When working with Black queer men, decolonisation in coaching is recommended as it entails a process in which coaching practices, approaches and frameworks (i.e., intercultural and cross-cultural coaching) are examined and adapted to be more inclusive, culturally sensitive and equitable, focusing on the intersectional differences around race and sexual orientation (Cox et al., 2018; Roche & Passmore, 2021; Rosinski & Abbott, 2010).

Given the benefits of counselling and coaching to support trauma recovery, it may be that integrating counselling and coaching offers a holistic approach for clients (e.g., Cox & Patrick, 2012; Hall, 2015; Popovic & Jinks, 2013). Recent research has further investigated the effectiveness of integrating counselling and coaching to develop insight and awareness, address daily life challenges and support clients’ behavioural and personal growth (Grant & Green, 2018; Spaten, 2018).

1.3.1 | Aims of the study

The intersectionality of masculinity, race and sexual orientation must be considered when working with Black queer men. However, research on queer-affirming, trauma-informed, intersectional counselling and coaching is limited at the time of writing. This study attempted to address some of this gap by seeking to understand how integrative counsellors and coaches work with Black queer men as clients. The aim of the study was to explore how integrative practitioners using counselling and coaching with Black queer men understood and described their approach.

2 | METHODOLOGY

2.1 | Ontological and epistemological framework

We held a critical realist position in this study, which enabled us to focus on participants’ nuanced experiences of working with Black queer men who experienced trauma (Breakwell et al., 2012; Willig, 2013). The epistemological framework we incorporated was an interpretivism paradigm to understand further the subjective experiences of the participants (Mackenzie & Knipe, 2006). As intersectional differences were considered in our study around race, gender and sexual orientation, we further held a transformative paradigm in interviews and the development of themes around participants’ experiences (Mackenzie & Knipe, 2006).

2.1.1 | Reflexivity

Holding a critical realist position in the study prompted AD to acknowledge how his personal and professional biases, identity, expectations and fantasies might influence the research process (Breakwell et al., 2012; McLeod, 2015; Thurairajah, 2018; Willig, 2013). As a Black gay integrative counsellor-coach working with this population, AD recognised how his personal and clinical experience affected how he facilitated the interviews. He engaged in peer discussion and supervision to explore his biases and assumptions about the information gathered during interviews and the analytic process. MM acknowledged her role as a research supervisor and a therapist who had some experience of working with Black queer men, particularly during her years as a university counsellor. As a White Western woman, she regards her values as an ‘ally’ to the research.

2.2 | Participant sampling and recruitment

The following inclusion criteria had to be met by participants: (1) qualified and registered with a UK counselling and coaching
accrediting organisation (e.g., British Association for Counselling and Psychotherapy [BACP]); (2) practice using both talking therapies and coaching approaches; (3) practice in the UK and currently or previously had clients who were British Black queer men who presented with trauma. This sampling of participants ensured they could provide relevant and detailed information regarding the research aim.

AD recruited participants through multiple means, such as the BACP research noticeboard and the Black, African and Asian Therapy Network, Counselling Directory and Life Coaching Directory newsletters. AD also posted an advert for recruitment on the professional pages of social media sites such as LinkedIn, Instagram and Facebook. Participants contacted AD by email and received an information sheet, consent form and details of interview arrangements.

AD recruited nine participants for the study. They ranged in age from 31 to 60 years, gender (eight cisgender men and one cisgender woman), sexual orientation (five heterosexual men, one heterosexual woman, one gay man, one heterosexual/bisexual man and one bisexual man) and years in practice (1–37 years); seven participants worked in private practice and two worked both in private practice and for an agency, and two participants saw clients solely online while seven saw clients both online and in person.

See Table 1 below for details of participant demographic information.

### 2.3 Ethical and risk considerations

We received ethics approval for this research from the University of East London Ethics Committee. Throughout the research, we abided by the BPS’s (2021a) Code of Ethics and BPS’s (2021b) Code of Human Research Ethics to ensure safe and ethical research practice.

Confidentiality was maintained in the interviews and clearly outlined in the information sheet. In addition to oral consent to participate, all participants had to read the participant information sheet sent before the interview and complete and sign a consent form. The participants were advised they could withdraw from the study at any time, without explanation or consequence, at any point up to 3 weeks after the interview was conducted. Finally, to maintain participant confidentiality, pseudonyms were used; names of locations, colleagues and organisations were omitted from interview transcripts, and all identifiable information was removed when storing participant data.

Participants were informed of their ethical responsibility to maintain the confidentiality of client material. Furthermore, identified risks for participants of triggered emotional or psychological distress were acknowledged as they would be discussing material about trauma experienced by their clients. Potential risks were mentioned in the information sheet and debrief sheet, and details of mental health services to contact should they need support with their mental health were provided. In this study, no issues with maintaining the ethical safety and confidentiality of participants and the clients they discussed were identified.

### 2.4 Data collection

AD employed a qualitative research design with integrative practitioners to investigate their experiences and efficacious practice with Black queer men who presented with trauma. The literature highlights how a qualitative approach is most appropriate for capturing meaning attributed to participants’ experiences (Breakwell et al., 2012; Creswell, 2014; Willig, 2013).

Information was gathered from participants using online, individual, semi-structured interviews, as semi-structured interviews are routinely used in qualitative research (Breakwell et al., 2012; Creswell, 2014; McLeod, 2015; Willig, 2013). Qualitative surveys and focus groups were considered, but it was felt that interviews enabled a dialogue between AD and the participants, allowing more depth to be explored. As a Black gay man working in this area, AD could use this experience to probe for clarification of participants’ counselling and coaching approaches.

AD designed a semi-structured interview schedule (Appendix 1) based on idiographic questions from three focus areas pertinent to the research: experience of using integrative counselling and coaching with Black queer men, the relationship and use of self as an integrative practitioner and intersectional differences when working with Black queer men.

AD completed online semi-structured interviews on a pre-arranged date and time using the Teams software, established by the University of East London, or Zoom. The participants chose their favoured video conference medium, and interviews were held in a confidential location. Eight participants conducted the interviews on Zoom, and one participant used Teams. The duration of interviews was between 30 and 45 minutes, and all participants consented to the interview being recorded and transcribed verbatim. Participants were advised in the information sheet that they could review and correct transcripts upon request up to 3 weeks after their interview. A debrief sheet was emailed to the participants when the interviews were completed.

### 2.5 Data analysis

#### 2.5.1 Reflexive thematic analysis

The method of data analysis in this qualitative approach was thematic analysis (TA; Braun & Clarke, 2006). A specific approach to the TA described by Braun and Clarke (2006, 2013, 2019) called reflexive thematic analysis (RTA) was used to organise and identify meaningful patterns and themes from the data. Additionally, and aligned with the critical realist position we adopted in our study, AD was able to situate himself in the research process whilst also immersing himself in the experiences of his participants.
2.5.2 | Braun and Clarke's six-stage approach to analysis

When analysing data and developing codes and themes from the semi-structured interviews, AD used the NVivo software and followed Braun and Clarke's six stages of RTA (2006). The six stages were included as follows: ‘Familiarising yourself with your data, Generating initial codes, Searching for themes, Reviewing themes, Defining and naming themes, and Producing a report’ (Braun & Clarke, 2006, p. 12).

Interviews were transcribed to develop initial patterns and themes. AD also took notes of his reflections on the interviews as part of his reflexive approach to the research. The coding process in this study was ‘theory-driven’ based on focus areas and sets of questions identified in the semi-structured interview schedule. One hundred fifty-four codes were identified from the interview transcripts. AD attached the identified codes to theme piles using Braun and Clarke’s mind map process. Codes were compared across all the focus areas for similarity and overlap (code clusters). Four superordinate themes were identified as follows: (1) understanding the experience of Black queer men; (2) developing the working alliance and use of self in practice; (3) effective integrative practice; and (4) intersectional differences and considerations. Subthemes were created to correspond to the themes outlined in Table 2.

3 | RESULTS

3.1 | Theme 1: Understanding the experience of Black queer men

3.1.1 | Various forms of trauma and impact on Black queer men

Participants discussed a variety of traumatic experiences their Black queer male clients presented, such as anti-gay bullying and physical and sexual abuse in childhood, particularly from family and in the community. Participant 7 noted, ‘with a lot of my clients, a lot of their experiences are rooted in abuse, rather than just coming to terms with identity’ (see Table 3). Additionally, Participants 1 and 8 discussed how Black queer men experienced trauma associated with isolation in their families and lack of representation and fetishising in the gay community (see Table 3).

3.1.2 | Mental health and social issues as a symptom of trauma

As a result of experiencing these instances of abuse, Black queer male clients presented with mental health and social challenges in the form of anxiety, depression, hypervigilance, lack of trust, stunted identity development and difficulty forming healthy relationships, as highlighted by Participant 3 (see Table 3). Additionally, participants noted how their clients engaged in substance misuse to manage their trauma and isolation in their families and communities.

Internalised homophobia and body image issues were further noted by some participants to be experienced by Black queer men because of trauma and the internal conflict associated with masculine identity. Participant 9 shared an insightful account of her Black queer male client expressing internalised homophobia (see Table 3).

3.2 | Theme 2: Developing the working alliance and use of self in practice

3.2.1 | Fostering a strong working alliance

All participants expressed that developing a strong and positive relationship with Black queer men who experienced trauma was essential
to progress in counselling and coaching practice. As discussed by Participant 6, ‘Well, the relationship itself is all…’ (see Table 3).

3.2.2 | The use of self when working with Black queer men

When establishing a strong working alliance, the participants noted how being themselves, engaging in self-disclosure about their sexuality, not colluding with certain stereotypes of Blackness and valuing their clients by using the core conditions were essential elements of how they used themselves to develop the relationship. Participant 3 reiterated, ‘it’s important to be really aware of ourselves in that relationship, not colluding with Blackness or Black maleness…’ (see Table 3).

3.2.3 | Transference issues

Transference was essential to consider when understanding the development of relationships. All participants noted how transference in the relationship was identified when their Black queer male clients positioned them as family members or those who previously victimised them. Reflected by Participant 8 were several areas of transference his Black queer male clients presented (see Table 3).

3.2.4 | Countertransference issues

Participants regularly experienced countertransference through emotions of frustration, confusion and feeling they needed to do more to help their clients. Additionally, participants noted the countertransference of seeing their clients as family members or friends whom they wanted to help in the past. An insightful maternal transference was experienced by Participant 9 with her clients (see Table 3).

3.3 | Theme 3: Effective integrative practice

3.3.1 | Providing a safe space to explore

A fundamental aspect of integrative practice discussed by the participants was creating a safe space for Black queer men to tell their stories and process their trauma. Ways to create this safe space included helping clients to feel heard, being curious and questioning, and challenging and accessing repressed traumatic memories, as explored by Participant 5 (see Table 3).

3.3.2 | Trauma-informed integrative counselling and coaching approaches

Most participants discussed using a trauma-informed approach in their integrative practice, with person-centred therapy (PCT) as a core counselling approach. From a PCT perspective, Participants 2 and 4 discussed how they were able to explore the experiences of Black queer men, continue to establish a strong working alliance and provide a safe space for their clients to process and understand their trauma (see Table 3).

Other counselling approaches participants integrated included psychodynamic, Gestalt, existential, EMDR and cognitive therapies (trauma-focused cognitive behavioural therapy [TF-CBT], acceptance and commitment therapy [ACT] and compassion-focused therapy [CFT]). Participant 7 detailed several approaches incorporated in his practice including psychodynamic, ACT and CFT (see Table 3).

Participants 6 and 8 discussed how they found the therapeutic interventions learned in their training to be European or White-centred approaches that did not allow them to fully explore their Black queer male clients’ race and sexuality. This disclosure highlighted the importance of considering a decolonised approach when working with Black queer men. The participants consequently learned African-centred therapies and race models (i.e., William

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<th>Themes</th>
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<td>T1—Understanding the experience of Black queer men</td>
<td>T1: Various forms of trauma and impact on Black queer men</td>
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<td>T1: Mental health and social issues as a symptom of trauma</td>
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<td>T2—Developing the working alliance and use of self in practice</td>
<td>T2: Fostering a strong working alliance</td>
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<td>T2: The use of self when working with Black queer men</td>
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<td>T3: Challenges when working with Black queer men who presented with trauma</td>
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<td>T3: Reflections on what could be done differently in practice</td>
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<td>T4—Intersectional differences and considerations</td>
<td>T4: The influences of masculinity, sexual orientation and ethnicity when working with Black queer men who experienced trauma</td>
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<td>T4: Addressing differences with clients</td>
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### Table 3 Themes, subthemes and corresponding participant quotes.

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<tr>
<td>Theme 1: Understanding the experience of Black queer men</td>
<td>Various forms of trauma and impact on Black queer men</td>
<td>Participant 7: ‘…with a lot of my clients a lot of their experiences are rooted in abuse, rather than just coming to terms with identity. Its usually been quite a challenge experiencing this through childhood, which has kind of let them acquire a bit of cognitive dissonance’. Participant 8: ‘So, I think feeling in one sense objectified, fetishised and desired. I think the trauma has often been in the fact that people have used them and built them up to various levels but then wanted to try to diminish them, and disempower them as well’. Participant 3: ‘Anxiety. It sort of comes up, as you know, finding it hard to maybe sort of sleep or be calm and sort of having real sort of intrusive and kind of racing thoughts which they feel able to or tend not to feel able to take to their nearest and dearest’. Participant 1: ‘…I think one of the other challenges as well is isolation. And also, I think there are too few spaces, social spaces for black queer men to meet and network’. Participant 8: ‘So I think feeling in one sense objectified and fetishised and desired. But then in the other side, one from the intellectual and emotional capacity being diminished, I think the trauma has often been in the fact that people have used them and built them up to various different levels, but then wanted to try to diminish them, and disempower them as well’. Participant 9: ‘And then there's the internalised homophobia, which is like, I wish I wasn't gay… because if I could take a pill, if I could have an operation, if I could do anything so that I wouldn't have to experience this because the community ostracises me. Also, I guess a lot of the African and Afro-Caribbean communities are steeped in Christianity, which also has its own very voracious views on gayness’.</td>
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<td>Theme 2: Developing the working alliance and use of self in practice</td>
<td>Fostering a strong working alliance</td>
<td>Participant 6: ‘Well, the relationship itself is all. It’s the only thing we have to work with…. It’s a privilege to draw alongside people who will trust you to share with you their struggle with life and that you have, through the building of that relationship with an opportunity to support people to grapple with their difficulties’. Participant 3: ‘So, it's important to be really aware of ourselves in that relationship, not colluding with Blackness or Black maleness... just be ourselves, you know’. Participant 8: ‘A client could potentially look at me as being the enemy. It’s about a person who may have judged them, especially from the Caribbean community. Where I was the client’s brother, who they found it difficult to speak about their lives in that relationship’. Participant 9: ‘Oh, because you know what, it’s that little kid who’s sitting in front of me…it’s that little kid that was abandoned, was neglected, was shut down, who didn’t have a voice, and became that chameleon that has to constantly change themselves to fit in, to be good enough. And I see that little kid. So that is the countertransference. It’s that maternal part of me is like, oh, my gosh! I see you as that little tiny kid who grazed his knees. But no one picked him up…’</td>
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<td>Theme 3: Effective integrative practice</td>
<td>Providing a safe space to explore Trauma-informed integrative counselling and coaching approaches</td>
<td>Participant 5: ‘For me, I think everybody wants to be heard. I think that first and primary is allowing them a space to feel safe to talk their absolute full and unadulterated truth’. Participant 2: ‘So, it’s really kind of being trauma-informed and understanding and also trying to help them to contextualise some of the legacy of the trauma in their lives…’ Participant 4: ‘I would say person-centred would be the one that I would always reach for first, primarily because I would want to establish a good working relationship so that they and I are on a similar footing…’ Participant 7: ‘I do find that the psychodynamic approach really helps as well. So, kind of really good to go back and start to look at their relationships, their childhood experiences…One I really like using is ACT... I think when it comes to ACT and self-compassion and compassion-focused approaches, it’s a way of choosing the path that helps you live with your values in a healthy way’. Participant 6: ‘I have not found a great deal that has been helpful in European models of psychology, therapy, in helping me engage with or work with Black queer men. Some of the race models that I was looking at, which looked particularly at identity and people's ability to, uh… explore their own identity and to self-identify, is Nigrescence… and so this model I saw as useful with queer men…’ Participant 8: ‘So, my training was like a kind of white therapy really, If I would be brutally honest, or it was a therapy that didn’t talk too much about blackness, which is a shame’. Participant 7: ‘So, there’s a lot of work, especially in coaching. It’s a lot of work around building habits for life. So that whenever you go through the bad or difficult times, you fall back onto the foundation habits that you've created’.</td>
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<td>Challenges when working with Black queer men who experienced with trauma</td>
<td>Reflections on what could be done differently in practice</td>
<td>Participant 1: ‘I guess one thing I do find challenging sometimes is that I could be working with the client for quite some time, and then they just end. And I never hear anything again...because I often think, oh, I want to know what went on with them’. Participant 3: ‘I think, sort of staying with them firmly where they are...Maybe that’s what they need is to have the space, and for as long as it takes for them to develop their own sort of internal ways to make decisions one way or any other way...And actually, maybe I’m too quick to respond to what to do. I’m not staying with the conflict enough’.</td>
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Cross’ Nigrescence Model, (Cross, 1994), which they found beneficial for their clients (see Table 3).

Participants did not identify specific coaching approaches used in their practice (e.g., GROW, Egan’s Skilled Helper Model and Dexter & Dexter’s Atheoretical Sequential Model). Instead, Participant 7 suggested coaching techniques he used to help clients, such as modelling, role play, developing good habits and psychoeducation to foster coping and behavioural strategies to manage their mental health (see Table 3).

3.3.3 | Challenges when working with Black queer men who experienced trauma

All the participants discussed challenges which impacted their practice with Black queer men who experienced trauma. Some of these included abrupt endings, not assuming, lack of adequate training to support this population, working with colleagues who were not queer-affirming, developing trust with clients, knowing when to self-disclose and saying the ‘right’ thing. Participant 1 reflected on the challenges he experienced when supporting his clients (see Table 3).

3.3.4 | Reflections on what could be done differently in practice

Each participant reflected on what they would have done differently when working with Black queer men who experienced trauma. Areas of reflection, particularly by Participant 3 (see Table 3), focused on earlier endings, gaining more experience working with this population, meeting clients where they were, taking more time, doing more face-to-face work, calling out organisations that were not queer-affirming and asking clients for feedback.

3.4 | Theme 4: Intersectional differences and considerations

3.4.1 | The influences of masculinity, sexual orientation and ethnicity when working with Black queer men who experienced trauma

Interesting observations were discussed by participants relating to intersectional differences their Black queer male clients presented. Differences and internal conflicts clients presented regarding gender, ethnicity, sexual orientation, age, cultural background, and family dynamics were reflected upon and explored. Participant 5 expressed, ‘I accept the diversity in the room’ (see Table 3), further iterating the importance of considering a decolonised perspective when working with Black queer men who experienced trauma to allow them to be understood by the integrative practitioner and enabling progress in trauma recovery.

3.4.2 | Addressing differences with clients

Agreed by all participants was that intersectional differences should be addressed with their Black queer male clients, further affirming a decolonised approach to practice. Directly noted by Participant 9 was the need to address differences as crucial to maintaining the working alliance and her clients’ willingness to continue receiving support (see Table 3).

4 | DISCUSSION

4.1 | Summary of findings

This qualitative study aimed to understand the nuanced and reflective experiences of how integrative practitioners support Black queer men who experienced trauma and if a decolonised perspective impacts the efficacy of integrative counselling and coaching practice with Black queer men.

Participants explored the types of trauma Black queer men presented. All participants noted their clients experienced traumatic instances related to anti-gay bullying, childhood abuse and racial discrimination. These findings were consistent with the literature on the areas of trauma Black queer men in the UK often experienced (e.g., Carter et al., 2019; Hart et al., 2018; Wade & Harper, 2017; Watt & Elliot, 2019). Notably, two participants discussed how trauma among their Black queer male clients was also identified as relating to isolation in their families and lack of representation and fetishising in the gay community. These areas were described in qualitative research completed by McKeown et al. (2010) as discriminatory experiences of Black and South Asian gay men in Britain; however, a novel contribution to the literature was identifying these experiences specifically as traumatic. All participants expressed how the trauma their clients experienced resulted in significant mental health and social challenges.
Participants openly discussed the relational aspects of integrative practice and its importance in trauma recovery. All participants agreed that developing a strong working alliance with their clients was a vital aspect of their work to ensure clients could withstand processing and healing from their trauma. The importance of establishing a strong working alliance has been evidenced in the literature as a core aspect of beneficial therapeutic work (Ardito & Rabellino, 2011; Flückiger & Wampold, 2020; Zilcha-Mano, 2017). Additionally, exploring the use of self through authenticity around sexuality, race, gender and appropriate self-disclosure further developed a relationship with clients. Several Black male participants discussed how they presented themselves as not conforming to traditional masculine gender role norms or stereotypes around Blackness in their relationship with their clients. As traditional Black masculine gender role norms are a barrier to engaging in help-seeking (Pelzer, 2016; Young, 2021), this finding is a valuable contribution to the literature on how to effectively develop the working alliance when working with Black queer men who experienced trauma.

Of note were how participants experienced transference from clients around being seen as family members or others who discriminated against their clients. Openly identifying this transference with clients was used to foster repair in the relationship. Also, the countertransference experienced by participants indicated the challenges experienced in managing transference.

All participants agreed that providing a safe space for clients to explore their trauma was essential early in their work. The development of this safe space was reinforced by the relationship developed with clients and the practitioners’ use of self. Many participants used PCT as a core approach to being present with their clients, solidifying the working alliance and fully understanding the emotional, psychological and physical experiences of trauma their clients explored.

Other therapeutic approaches discussed were psychodynamic, Gestalt, existential, EMDR, TF-CBT, CFT and ACT. The breadth of therapeutic approaches participants used was illuminating and consistent with the literature on the variety of approaches used to support trauma recovery (Corey, 2017; McLeod, 2019; van der Kolk, 2014). Participants also endorsed a queer- affirming approach, enabling them to fully accept their client’s sexual identity and explore psychological difficulties, as further evidenced in the literature (Czyzselska, 2022; Neves & Davies, 2023). These findings highlight the nuances of integrative practice with Black queer men and the importance of affirming their queer identity to foster engagement and progress in therapy.

Two participants explicitly discussed how they felt European and White-centred therapeutic approaches did not consider, and at times pathologised, the intersectional needs and experiences of their Black queer male clients. This finding directly relates to the literature which suggests how a decolonised approach to counselling with clients from the African diaspora provides a holistic perspective to practice outside the confines of traditional and White Eurocentric therapeutic approaches (Leopeng, 2019; Taylor, 2022; Tummala-Narra, 2022; Turner, 2018, 2021). These two participants identified the usefulness of training in African-centred psychology and race models for clients. This suggestion of approaches from African-centred psychology and race models for practitioners was felt to help explore racial identity, understand social and cultural stigmas, and navigate a client’s sexuality and gender identity.

Participants did not use specific coaching approaches, but some discussed integrating coaching techniques with clients. These techniques appeared general and not specifically tailored to the gender, sexuality and racial intersectional differences clients presented. However, these findings mirrored the literature on how integrating coaching with counselling could be beneficial for managing emotional distress associated with traumatic experiences and developing positive behavioural strategies to manage re-triggered trauma among men (Grant & Green, 2018; Kennedy & Moorhead, 2021; Spaten, 2018).

The participants explored and reflected on the impact of intersectional differences when working with Black queer men who experienced trauma. Participants discussed how their clients often struggled to navigate their gender identity, sexuality and race, and this internal conflict triggered traumatic experiences in familial and romantic relationships. This hampered the help-seeking behaviours of Black queer men, which aligned with other literature noting similar barriers to help-seeking among this client group (Czyzselska, 2022; Neves & Davies, 2023; Watt & Elliot, 2019; Young, 2021). All participants agreed that honestly and openly addressing intersectional differences with their Black queer male clients was vital to progress in counselling and coaching. These findings further emphasise the need for decolonisation in counselling and coaching practice when supporting Black queer male clients.

4.2 | Implications for practice and policy

The findings in this qualitative study have several implications for practice and policy concerning integrative counselling and coaching with Black queer men who have experienced trauma. Firstly, establishing a strong working alliance, emphasising building safety, trust and authentic rapport, was identified as crucial for trauma recovery with Black queer men. Secondly, the study underscores the importance of integrating intersectional perspectives into counselling and coaching practice. Practitioners need to consider how factors such as sexual orientation, race, and gender intersect in shaping trauma experiences and recovery pathways for Black queer men. Thirdly, participants highlighted the limitations of European and White-centred therapeutic models in addressing the needs of Black queer men. It is suggested that integrative practitioners adopt an African-centred therapeutic framework and consider the use of race models that acknowledge and validate diverse cultural and racial identities. A final implication for practice is acknowledging power alongside the therapeutic use of self as practitioner. Using a relational anti-oppressive model within counselling and coaching for trauma (Khan, 2023) is suggested as a way of reflecting upon the positions of power and privilege in the therapeutic space.
4.3 | Directions for further research

This research has added to the body of qualitative work on the effectiveness of how practitioners work with specific populations. It is hoped that future research will examine how clients’ intersectional identities can be part of practice and used therapeutically to repair rupture and transference within the therapeutic space.

4.4 | Study limitations

Some limitations arising from our research are essential to consider. Firstly, there was only one cisgender female participant out of the nine participants in this study. Although the eight Black cisgender men interviewed ranged in sexual orientation and cultural background, the data and findings cannot represent larger integrative practitioner groups. A more diverse sampling of participants would have provided more varied insights. Secondly, the clients discussed by participants were British Black queer men, and the trauma they presented may not represent the experiences of Black queer men in other countries. Further research with Black queer men in other countries is recommended to understand their experiences of trauma and integrative approaches with these clients.

5 | CONCLUSION

This research aimed to identify how integrative counselling and coaching practice could support Black queer men who experienced trauma. Based on data analysis of interviews with nine integrative practitioners who shared their experiences of working with this population, insights were gathered around best practice.

Firstly, whilst the traumatic experiences discussed were consistent with the literature associated with trauma from childhood abuse, anti-gay bullying and racial discrimination, the participants further discussed the overlooked trauma developed from isolation and a lack of representation and fetishising in the gay community.

Secondly, the relationship with Black queer men was paramount in supporting them to recover from trauma. Participants highlighted how providing a safe space and being authentic in their gender and racial identity was crucial to foster a strong working alliance. Reflections on the transference and countertransference participants experienced illuminated how to address and repair transference reactions from their clients and strategies to manage countertransferring responses.

Thirdly, participants discussed a breadth of trauma-informed and queer-affirming counselling approaches and coaching techniques to use with Black queer men who experienced trauma. African-centred therapeutic approaches and race models were recommended to fully understand the intersectional differences.

Finally, and aligned with a decolonised perspective, participants highlighted how unchallenged masculine gender role norms contributed to their clients’ internal conflicts and lack of help-seeking. Openly addressing intersectional differences and the internal conflicts their Black queer male clients experienced was vital to progress in trauma recovery. It is our hope that the results from this study will promote further research on counselling and coaching with queer ethnic minority clients.

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CONFLICT OF INTEREST STATEMENT

The authors declare that there are no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are stored in accordance with the Research Data Policy of the University of East London. The data, available upon request from Anthony Jay Davis, are not publicly available due to their containing information that could compromise the privacy of research participants.

PATIENT CONSENT STATEMENT

The authors obtained written consent to participate and consent to publish from all research participants.

PERMISSION TO REPRODUCE MATERIAL FROM OTHER SOURCES STATEMENT

The authors confirm that their article does not make use of any previously published material.

CLINICAL TRIAL REGISTRATION STATEMENT

The authors confirm that this work did not involve a clinical trial. Therefore, clinical trial registration was not required.

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ENDNOTE

1 Throughout this study, ‘queer’ was used to define gay, bisexual and men who have sex with men. Queer has been used in the literature as an all-inclusive term to describe sexual orientations and gender identities that are not solely heterosexual or cisgender (Jagose, 1996).
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## APPENDIX 1

### SEMI-STRUCTURED INTERVIEW SCHEDULE

<table>
<thead>
<tr>
<th>Interview schedule questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
</tr>
<tr>
<td>• Participant will be welcomed and thanked for participating in the research.</td>
</tr>
<tr>
<td>• The research will be introduced along with the aims of the study.</td>
</tr>
<tr>
<td>• The format of the interview will be explained, for example, semi-structured interviews that will be video and audio recorded on Microsoft Teams or Zoom. The confidentiality of data collection will be explained as per the participation letter (see other attachments).</td>
</tr>
<tr>
<td>• Verbal and written consent (see other attachments) will be confirmed.</td>
</tr>
<tr>
<td>• The nature of the subjective importance of the interview will be emphasised; for example, there are no right or wrong answers.</td>
</tr>
<tr>
<td>• The researcher will outline that the interview will be between 30 and 45 minutes.</td>
</tr>
<tr>
<td>• The participant will be reminded of their own ethical obligations particularly with regard to confidentiality of their clients.</td>
</tr>
<tr>
<td><strong>Participant demographic information</strong></td>
</tr>
<tr>
<td>• What is your age, nationality, race/ethnicity and sexual orientation?</td>
</tr>
<tr>
<td>• How long have you been practising as an integrative counsellor and coach?</td>
</tr>
<tr>
<td>• In what setting do you see your Black queer male clients?</td>
</tr>
<tr>
<td>• Do you work with these clients online or face to face?</td>
</tr>
<tr>
<td><strong>Focus areas based on the aims of the research</strong></td>
</tr>
<tr>
<td>• Can you describe your experience of using integrative counselling and coaching with Black queer men?</td>
</tr>
<tr>
<td>• What forms of trauma do your Black queer male clients present with?</td>
</tr>
<tr>
<td>• What integrative counselling and/or coaching approaches have been beneficial in your practice?</td>
</tr>
<tr>
<td>• What has been challenging for you in your practice?</td>
</tr>
<tr>
<td>• What would you do differently?</td>
</tr>
<tr>
<td><strong>The relationship and use of self as an integrative practitioner</strong></td>
</tr>
<tr>
<td>• How important is the relationship when working with Black queer men who experienced trauma?</td>
</tr>
<tr>
<td>• What has been helpful for you in establishing a relationship?</td>
</tr>
<tr>
<td>• What are transference and countertransference issues you experience when working with Black queer men?</td>
</tr>
<tr>
<td><strong>Intersectional differences when working with Black queer men</strong></td>
</tr>
<tr>
<td>• How are you and your client's differences addressed in the relationship and how do these differences impact the relationship?</td>
</tr>
<tr>
<td><strong>Closing the interview and debrief</strong></td>
</tr>
<tr>
<td>• Thank you for your time. Are there any questions you would like to ask me?</td>
</tr>
<tr>
<td>• I will review the debrief letter with contact details and if they have further queries about the research.</td>
</tr>
</tbody>
</table>

## AUTHOR BIOGRAPHIES

**Anthony Jay Davis (AD)** completed an MSc in Integrative Counselling and Coaching at the University of East London. He is a BACP-accredited integrative psychotherapist and coach who works with individual adults and couples in private practice. Anthony works primarily with gender, sexuality, and relationship diverse (GSRD) and ethnic minority clients. His research interests include LGBTQ+ and ethnic minority issues in counselling and coaching, men’s mental health, and trauma.

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