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and Derek M. Griffith¹

Abstract

Aggregating and interpreting available qualitative data is a necessary next step to understanding the mental health needs and experiences of Black men. This study describes the findings from a meta-synthesis of qualitative research on Black men's mental health and well-being using Paterson, Thorne, Canam, and Jillings's qualitative meta-study approach. Though previous studies have reported various forms of racism as salient concerns for Black men's mental health and well-being, findings from this meta-study revealed seven themes that present an initial step toward advancing the knowledge pertaining to how Black men perceive and express their mental health and well-being. For instance, male gender socialization and economic status were found to play as large a role in Black men's mental health and well-being as racism. Additional theoretical perspectives are proposed, and implications for clinical practice and research are discussed.

Keywords

gender roles, mental health, metastudy, qualitative, stress

The intersection of race, gender, and mental health has become a considerable area of inquiry among social scientists, including psychologists (Snowden,

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2001; Whaley, 2001). For Black men, gender, race, and class interact in complex ways to increase the risk for stress-related illnesses and other psychosocial problems (Bowman, 1989). For instance, Black men are exposed to more psychosocial stressors than other racial and gender groups over the life course (Bowman, 1989; Rich, 2000; Watkins & Neighbors, 2007; Williams, 2003), increasing their vulnerability for poor mental health. Psychosocial factors such as self-esteem, mastery, and life satisfaction have been found to have innumerable effects on the psychological distress and depressive symptoms of Black men when compared with White men (Akbar, 1996; Gibbs, 1992; Watkins, Green, Rivers, & Rowell, 2006; Western & Pettit, 2005; Williams, 2003) and Black women (C. W. Franklin & Mizell, 1995; Husaini, 1991; Kohn & Hudson, 2003) at different stages over the life course. Altogether, these factors exacerbate the poor mental health outcomes of Black men. This study describes the findings from a meta-synthesis of qualitative studies on the mental health and well-being of Black men. First, we will examine the extant literature on the mental health and well-being of Black men as influenced by male gender socialization, class, and socioeconomic status. Next, we will describe a methodology for synthesizing available data as an initial step toward expanding theoretical models. Finally, we will apply this methodology to our study of Black men's mental health and well-being.

Male Gender Socialization

Impact of male gender socialization is the process by which men learn the gender and culturally ascribed behaviors that characterize masculinity in a particular society (Courtenay, 2000; Nicholas, 2000; Pleck, 1981). Men are socialized to believe that they are invulnerable to illness and that asking for help is a sign of weakness (Nicholas, 2000). Men are said to be less likely than women to seek help for a variety of mental and physical health problems, less likely to seek needed medical care in a timely manner, and also less likely to follow medical advice (Addis & Mahalik, 2003). Men's tendency to minimize pain and suppress the expression of need may also be responsible for lower rates of engagement in preventive health care visits (Courtenay, 2000; Williams, 2003). Avoidance of health care providers by men has been offered as a partial explanation for the increased mortality rates associated with cancer and heart disease among men (Nicholas, 2000).

Men's sense of identity is influenced by evaluations of how well they feel they are accomplishing social roles that are important to them (Bowman, 1989). Depression and other mental health disturbances can result from social oppression or maladaptive coping strategies (e.g., substance abuse) that are

implemented to resolve the discrepancy between desire to provide and ability to do so (Jackson & Knight, 2006). Among marginalized men, masculine power is said to be displayed in unhealthy forms because of the inaccessibility of professional and economic achievements (Courtenay, 2000; Whitehead, 1997). Payne (2006) argued that, for some Black men, "street-life," which includes illegal behavior, is adaptive in the absence of academic and economic resources. Because they are an economically and socially marginalized population and do not have access to the White male power and economic structure, Black men are reportedly more likely to exhibit forms of masculinity detrimental to their health compared with non-Black men (Courtenay, 2000; Whitehead, 1997). Directly and indirectly, the stressors associated with male gender socialization, limited economic opportunities, and social marginalization can lead to impaired sleeping patterns, decreased physical activity, increased substance use, and the consumption of more food than is usual (Williams, 2003).

Impact of Class and Socioeconomic Status

Socioeconomic status (SES) is known to be the most robust and consistent factor affecting health outcomes whether measured by income, education, or occupation or measured during childhood, adolescence, or adulthood (Geronimus, 2000; LaVeist, 2005). Largely attributable to the resource inequities associated with racial residential segregation, Black Americans have worse outcomes than White Americans in employment, criminal justice, economic resources, and education, and each of these factors is an important determinant of health (Airhihenbuwa & Liburd, 2006; Williams & Collins, 2004). Consequently, Black men face environments that are often impoverished and where few economic opportunities exist because of social inequalities and racism (Utsey, 1997). Black men have often struggled to achieve success in highly valued social roles and appropriate age-related accomplishments such as being a good provider, spouse/partner, father, or professional/employee. As a consequence, success in any one of these areas is a challenging priority that supersedes emotional and physical health (Bowman, 1989; Courtenay, 2000). Even when middle-class Black men earn similar incomes as their White counterparts, doing so does not translate to more desirable housing and neighborhood conditions, economic stability, equivalent levels of wealth, or income levels that reflect level of education (Braboy-Jackson & Williams, 2006; Williams, 2003).

Resource, opportunity, and environmental differences by race have important mental health consequences (Kessler et al., 1994; Williams & Williams-Morris, 2000). Over time, prejudice and discrimination can generate rage, anger,

frustration, bitterness, resentment, grief, despair, or any combination of these emotions, which can result in the onset of grief-related diseases among Black men, such as depression (Burke, 1984; Utsey, 1997). Threatening forces often trigger a defensive posture of violence or alcohol and substances are frequently used as a means for protecting one's physical self and one's integrity as a man and as an individual (Gaines, 2007; Jackson & Knight, 2006; Rich & Grey, 2005). Furthermore, as Black adults tend to conceal emotional health status (Baker, 2001), researchers have reported positive associations between self-concealment and indications of compromised mental health, such as depression, poor self-esteem, and lower levels of perceived social support (Cramer & Barry, 1999; Ichiyama et al., 1993; Larson & Chastain, 1990). Quantitative studies on race and gender suggest that race plays an essential role in mental health outcomes for Blacks (Williams & Williams-Morris, 2000). However, what prior research does not do is help identify which aspects of being Black and being male influences these mental health outcomes.

Rationale for Meta-Study

Given the persistence of poor mental health outcomes for Black men, there is a need for broader inquiry that expands the usual boundaries of understanding mental health and well-being. Although it is essential to advancing what we know about the mental health and well-being of Black men, quantitative research is most commonly used in a deductive process that permits the identification of given patterns of behavior and is restricted to the examination of hypothetical relationships and testing of theories. In quantitative research, the emphasis is on the measurement and analysis of causal relationships and associations, controlling variables to see how others are influenced, and reducing the social reality and ecological context of variables. Qualitative research, conversely, assumes behavior is bound to the social and cultural context, focuses on understanding variables in that context, and provides insight into the relationship between the social and cultural context and the phenomenon of interest (Banyard & Miller, 1998). Qualitative research is, therefore, useful in the inductive process of building theory and revealing the subjective meanings that give rise to behavior (Banyard & Miller, 1998).

Beyond the growing number of qualitative studies that identify the health-related concerns of Black men, several authors have suggested that qualitative methodologies are specifically helpful toward generating additional information about the meaning and experiences associated with Black male health knowledge, attitudes, and behaviors (Plowden, John, Vasquez, & Kimani, 2006; Ravenell, Johnson, & Whitaker, 2006; Royster, Richmond, Eng, &

Margolis, 2006). Both race and gender are socially constructed concepts but it is unclear how they intersect to influence men's health (Lohan, 2007). One cannot attribute Black men's mental health outcomes to them being Black only; being male plays an important part. One of the challenges in the psychology and public health literature is that racial and socioeconomic disparities in health are often attributed to social and environmental contextual factors, but gender disparities are often attributed to behavioral differences between men and women (Lohan, 2007). Relative importance of structural and individual-level factors are still debated (Lohan, 2007), particularly when examining the health outcomes of a population for which economic resources, educational opportunities, and social context do not yield the same benefits for Black men when compared with White men (Williams, 2003). The open-ended nature of qualitative research can facilitate an emic understanding of specific cultural settings and allow us to address some of the more complicated phenomena, such as intersections of race and gender in mental health and well-being of Black men, by providing vivid, dense, and full descriptions in the natural language of this phenomenon from their perspective (Banyard & Miller, 1998; Miles & Huberman, 1994).

Method

Study Design

A meta-study is a theory-building meta-synthesis (Finfgeld, 2003) and is used to push the level of theory beyond what is possible in a single study, emerging with a "seed" of new truth (Paterson, Thorne, Canam, & Jillings, 2001). Paterson et al. (2001) described a meta-study as having two parts, analysis and synthesis, and four distinctive components: the analytic components of meta-theory, meta-method, and meta-data-analysis, and the synthesis approach of meta-synthesis. The purpose of meta-theory is to analyze the implications of theory on the body of research so that the extant theory can be interpreted. Although qualitative health studies usually implement one of the four types of links between theories and research in their studies (theory-testing research, theory-generating research, theory-evaluating research, and theory-framed research), an essential outcome of meta-theorizing is the emergence of new or expanded understanding about the application of theory for an area of study. For the purposes of the meta-theory procedures outlined by Paterson et al., the quality of each study's theory was evaluated using Lenski's (1988) standards for theory construction. Via this process, the authors assessed whether the theories contained unambiguous constructs, articulated clearly

identified relationships between and among the concepts, and included theoretical propositions that were empirically testable. We also evaluated quality by testing how well the theories fit the respective studies.

Meta-method is “the study of the rigor and epistemological soundness of the research methods used in the research studies” (Paterson et al., 2001, p. 10). Meta-method contributes to theory development and generates approaches for theoretical progress. An important element of meta-method is determining the appropriateness of particular methods in the topic under investigation. Therefore, the methodological techniques used in studies under review help reveal the suitability of those methods for a specific field of study. The first step in meta-method is the “initial” appraisal of individual primary studies in search of proper “fit” with the stated research methods and their influence on the research findings. The second step is the “overall” appraisal of the themes and patterns evident within the collection of primary studies included in the meta-study (Paterson et al., 2001).

Meta-data-analysis is the analysis of “processed data” from a group of qualitative research studies to create a systematically developed, integrated body of knowledge about a specific phenomenon (Zhao, 1991). Meta-data-analysis involves the comparative analysis of individual reports with the purpose of reexamining them in the interpretive light of the conclusions that were derived. For our meta-data-analysis, the meta-ethnographic approach (Jensen & Allen, 1996; Noblit & Hare, 1988) was used to compare and analyze texts, creating new interpretations in the process. With this approach, each primary study’s data are translated into metaphors that are then compared with the metaphors of other studies to generate new interpretations of the findings. An interpretive framework is employed that involves a continuous comparative analysis of the texts until a comprehensive understanding of the phenomenon occurs (Paterson et al., 2001). Integrating the three analytical meta-study processes involves the final step, meta-synthesis. Meta-synthesis derives “a new interpretation of a phenomenon that accounts for the data, method, and theory by which the phenomenon has been studied by others” (Paterson et al., 2001, p. 13). It can help reveal the assumptions underlying specific theories and identify the strengths and limitations of assumptive contributions to an area of study.

Although other meta-synthesis strategies were considered for this study (e.g., Noblit & Hare, 1988; Sandelowski & Barroso, 2003), the authors chose Paterson et al.’s (2001) approach because it accounts for the historical and sociocultural factors that shape components of the meta-study, which are essential for research on Black men (Parham, White, & Ajamu, 2000; Whitehead, 1997). Failure to examine complex human behavior and belief systems from the context of relevant cultural groups will lead to continued disparities in

mental health. The approach by Paterson et al. (2001) confers meaning and constructs a more extensive basis for understanding the interpretation of all components of the research process, including theory, research methods, and data. Meta-synthesis has emerged as a relatively new practice for examining qualitative research (Jensen & Allen, 1996) and has been used to examine health areas such as diabetes (Campbell et al., 2003, Paterson, Thorne, & Dewis, 1998), adaptation to motherhood (Beck, 2002; Clemmens, 2003), and midwifery care (Kennedy, Rousseau, & Low, 2003). In the current study, we examined important qualitative data from the perspectives of Black men in their natural settings.

Data Collection

PsychInfo, Medline, EPSCOhost, Social Sciences Citation Index, PubMed, and Google Scholar were used to locate peer-reviewed articles for this meta-study. African American men, Black men, mental health, depression, psychological health, qualitative research, focus groups, interviews, and well-being were the keywords used to narrow the search. "African American" and "Black" were used as keywords so that we could identify studies on men of African descent who self-identified as African American and/or Black men. (We will use the term *Black men* throughout the remainder of this article except when the authors of an article included in our meta-study use the term *African American* to describe their sample.) We included all qualitative studies that were published in English and that focused on the mental health and/or well-being of Black men. For the purposes of our meta-study, mental health articles included those on depression (and its symptoms), psychological health, and psychological distress. Additionally, we located articles on how Black men operationalize well-being, or "a general sense of enjoying life and feeling happy" (Mirowsky & Ross, 2003, p. 26). Additional criteria for inclusion were evidence that the studies were conducted using qualitative methods and findings that were well-supported by raw data (i.e., participant quotes). There were no specifications regarding the type of qualitative design. Studies with quantitative data or that were conceptually focused were excluded. Books, book chapters, and reports that did not demonstrate the peer-reviewed process were also excluded. There was no date limitation on the search.

Sample

The retrieval process identified nine qualitative studies. Three studies appeared in nursing journals, two in gender-specific journals, two in medical journals, and one each in a public health and a college student journal. The two studies

by Plowden were based on the same 12 key informant interviews. However, each study focused on a different aspect of the data, such as social and structural factors that motivate African American men to seek care (Plowden & Young, 2003) and factors associated with effectively reaching African American men (Plowden et al., 2006). Since Plowden's 24 general informants were not separated by gender, we only included findings from the key informant interviews. Likewise, the two studies by Watkins were based on the same sample of 46 Black men. Each focused, however, on a different aspect of the data, such as stressful life events (Watkins, Green, Goodson, Guidry, & Stanley, 2007) and defining mental health for Black men (Watkins & Neighbors, 2007). To acquire an accurate count of Black male participants for this meta-study, the 12 men from the two studies by Plowden and the 46 men in the two studies by Watkins were each counted only once.

Data Analysis and Synthesis

The authors worked together to promote thorough and unbiased data sampling and analysis and to enhance synergistic creativity. To ensure rigor, truth value, applicability, consistency, and neutrality of the meta-synthesis approaches (Lincoln & Guba, 1985) were addressed through the appraisal of the qualitative studies as well as through documentation of methodological procedures and decisions. The first author made primary interpretations, which were calibrated and discussed until the team reached consensus. To achieve interrater reliability, the authors studied the meta-theory procedures outlined by Paterson et al. (2001) and discussed the approach over a series of conference calls. To achieve trustworthiness, the meta-syntheses were conducted by the three authors independently; the authors met to identify differences in their reviews and to arrive at an agreement; negative or disconfirming cases/incidents in the research were identified; and rival hypotheses were tested by seeking explanations other than the researchers' original hypothesis to describe the meta-study findings (Lincoln & Guba, 1985). The meta-synthesis strategies involved (a) recoding the findings from each study and gradually moving toward the analysis, synthesis, and translation of findings across studies; (b) organizing the list of codes and examining each study in isolation before synthesizing the coded data; and (c) doing little reanalyzing of the original study findings but instead focusing on synthesizing and translating the central study metaphors from the outset (Paterson et al., 2001).

Findings

Sample sizes ranged from 8 to 71, which yielded 306 participants across the nine qualitative studies. Twenty-four participants were African American general informants whose gender was not reported (Plowden et al., 2006; Plowden & Young, 2003) and three were of White British decent (Warfa, Bhui, Phillips, Nandy, & Griffiths, 2006), which left a total of 271 Black male participants appraised for this meta-study. See Table 1 for a summary of the studies' characteristics. Across all the studies, our meta-analysis revealed grounded theory as a dominant theoretical perspective, interviews as a preferred data collection method, and content and constant comparative analyses as the preferred data analysis techniques.

Meta-Theory: Grounded Theory Is the Dominant Theoretical Perspective

Meta-theory revealed that grounded theory was used for over half of the studies (see Table 2). The authors stated that their purposes were to “explore,” “identify,” or “gain an understanding,” which underscores the formative research approach presumed by grounded theory studies. Furthermore, procedures for building a conceptual framework derived from grounded theory were presented—graphically or in narrative form—and included key factors, constructs, or variables and their intersecting relationships. These frameworks are helpful in moving theory forward and can be “rudimentary or elaborate, theory-drive or commonsensical, descriptive or casual” (Miles & Huberman, 1994, p. 18). In the study by Kendrick, Anderson, and Moore (2007), for example, the authors identified perceptions and expressions of depression for Black men. The authors constructed a graphic model from their findings that outlined how their respondents' perceptions and experiences with depressive symptoms resulted from stressful life events. Similarly, using Elijah Anderson's (1999) “Code of the Street” framework, Rich and Grey (2005) proposed a model illustrating the pathways to recurrence for Black men who are victims of violent crimes. Although graphic models are useful as a visual depiction of a qualitative study's findings, oftentimes authors describe their inductive reasoning in narrative form. An example of this is the study by Watkins and Neighbors (2007), whose findings suggested that the media, masculinities, mental health literacy, and cultural context all contribute to how young Black men perceive and express their mental health.

Table 1. Qualitative Articles on Black Men's Mental Health: Study Characteristics

Author (Year)	Study Aims/Research Questions	Overall Research Design	Sample Size	Sample and Setting	Age Range (Years)	Data Analysis
Kendrick et al. (2007)	To identify perceptions and expressions of depression among young African American men	Grounded theory; ethnographic methods— participatory research	28 AA men	Community sample in Northeastern United States (urban)	18-25	Ethnographic format for the ID of frequently repeated words or phrases
Plowden and Young (2003)	To explore social structure factors that motivate urban African American men to seek care	Ethnography; in-depth semistructured interviews and participatory research	12 key informants (AA males); 24 general informants (AA males and females)	Community sample in Northeastern United States (urban)	18-25	Constant comparative analysis using Leininger's analysis model
Plowden et al. (2006)	To explore factors associated with effectively reaching African American men	Ethnography; in-depth semistructured interviews and participatory research	12 key informants (AA males); 24 general informants (AA males and females)	Community in Northeastern United States (urban)	18-25	Constant comparative analysis using Leininger's analysis model
Ravenell et al. (2006)	To identify and explore African American men's perceptions of health and health influences	Qualitative study using focus groups	71 AA men	Community in Chicago	16-75	Constant comparative analysis

(continued)

Table 1. (continued)

Author (Year)	Study Aims/Research Questions	Overall Research Design	Sample Size	Sample and Setting	Age Range (Years)	Data Analysis
Rich and Grey (2005)	To understand young Black men's experiences of violence	Semistructured interviews	49 Black men	Clinical sample in Boston	18-30	Narrative analysis and grounded theory approaches identified
Royster et al. (2006)	To explore factors associated with effectively reaching African American men	Community-based participatory action research	59 AA men	Clinical and community in NC (urban)	19-75	Code and themes identified
Warfa et al. (2006)	To present the experiences of three ethnic groups with dual diagnosis to local service development and policy representatives	Semistructured interviews	2 African Caribbean, 4 Black African, and 3 White British	Clinical sample in East London	18-35	Framework method (content analysis) using Ritchie and Spencer's model
Watkins and Neighbors (2007)	(a) What are the stressful life events of Black college men? (b) How do these stressful life events contribute to their mental health and health behaviors?	Grounded theory	46 Black men	College sample in Southeastern Texas	18-26	Content analysis modeled after Manning and Cullum-Swan
Watkins et al. (2007)	To explore the complexities of the Black male experience and capture young Black men's understanding of and comfort with discussing their mental health	Grounded theory	46 Black men	College sample in Southeastern Texas	18-26	Content analysis modeled after Manning and Cullum-Swan

NOTE: AA = African American.

Table 2. Meta-Theory of Qualitative Articles on Black Men's Mental Health

Author (Year)	Specific Major Cognitive Paradigms	Historical Evolution	Contextual Influence	Quality
Kendrick et al. (2007)	Misdiagnosis of depression from African American men's misinterpretation of culturally defined depressed feelings and expressions of despair	Fabrega, Mezzich, and Ulrich (1988)	Authors opted for a conceptual framework that connected all aspects of the empirical inquiry; grounded theory used to develop a trajectory stress to theory model	Empirically valid (or, it fits the study findings)
Plowden and Young (2003)	Culture care diversity and universality theory; sunrise model	Leininger (1988)	It is presumed that health behaviors of African American men will be culturally defined and influenced by one or more of the theory's societal dimensions	Empirically valid
Plowden et al. (2006)	Culture care diversity and universality theory; sunrise model	Leininger (1988)	It is presumed that health behaviors of African American men will be culturally defined and influenced by one or more of the theory's societal dimensions	Empirically valid
Ravenell et al. (2006)	Behavioral model of health service utilization	Aday and Andersen (1974)	Understanding the health beliefs of African American men is important in developing interventions to improve their health services utilization	Empirically valid
Rich and Grey (2005)	"Code of the Street" paradigm	Elijah Anderson (1999)	"Code of the Street" applied to recurrent injury and augmented with concepts of traumatic stress and substance use; grounded theory used to develop a pathways to recurrence model	Empirically valid

(continued)

Table 2. (continued)

Author (Year)	Specific Major Cognitive Paradigms	Historical Evolution	Contextual Influence	Quality
Royster et al. (2006)	Community-based participatory action research; gender role socialization	Israel, Schulz, Parker, and Becker (1998)	Community-based participatory research methods are essential as they ensure that research and practice incorporate the perspectives of targeted groups of African American men	Empirically valid
Warfa et al. (2006)	Qualitative study that asked open-ended and interconnected questions	Glaser and Strauss (1967)	How three different male ethnic groups make sense of dual diagnosis, collectively, and as a shared meaning	Empirically valid
Watkins and Neighbors (2007)	Naturalistic perspective and used focus groups to achieve study goals	Glaser and Strauss (1967)	Several researchers have opted to use the grounded theory approach to conduct exploratory research and process questions related to Black men's health	Empirically valid
Watkins et al. (2007)	Naturalistic perspective and used focus groups to achieve study goals	Glaser and Strauss (1967)	Several researchers have opted to use the grounded theory approach to conduct exploratory research and process questions related to Black men's health	Empirically valid

Our meta-theory revealed empirically valid use of the theories (or, that the theories “fit” the findings of the qualitative studies well) among all but one of our primary studies. We determined that there was inaccuracy in De Maynard’s (2007) use of theoretical paradigms as defined by our standards of theory construction (Lenski, 1988). That is, the study’s findings did not align with the grounded theory approach and phenomenological perspective proposed for the interview process. The author stated that grounded theory was used to “identify the key elements of the phenomenon” (p. 29), yet proposed no efforts to move theory along or build on the application of new scientific interpretations as a result of the findings. As a result of the theoretical limitations of this study, we excluded it from the final meta-study.

Meta-Method: Interviews Are Frequently Used

During our meta-method appraisals, we found that all the studies used methodologies that were aligned with their respective research questions and findings (see Table 3). Five of the nine studies used some form of an interview (i.e., structured, semistructured, unstructured, or open-ended) to collect their data. The other four studies used focus groups. The dominant sampling procedure was “snowball sampling” (Morgan & Krueger, 1998); however, purposive and theoretical sampling were also identified in selected studies. The predominance of interviews influences the research findings as well as the way we interpret Black men’s mental health. For instance, depending on the nature of the interview, the interviewers could potentially lead participants in the direction of a particular response as a result of their own study biases (Carter & Little, 2007; Polkinghorne, 2007). Also noteworthy, our meta-method revealed only one case study and no document reviews. Neglected methods such as these can result in sparse advantages of the unique contribution that these methods bring to the topic of Black men’s mental health and well-being.

Meta-Data-Analysis: Content and Constant Comparative Analyses Reveal Emerging Themes

As previously mentioned, we used the meta-ethnographic approach (Jensen & Allen, 1996; Noblit & Hare, 1988) to analyze texts and create new interpretations and found that content analysis and constant comparative analysis were frequently used to analyze the qualitative data in our studies. Classical content analysis, known simply as “content analysis,” involves identifying the frequency of codes to determine which concepts are most cited throughout the

Table 3. Meta-Method of Qualitative Articles on Black Men's Mental Health

Author (Year)	Topic	Data Collection Procedures	Sampling Procedures	Emerging Themes/Study Findings
Kendrick et al. (2007)	Perceptions and expressions of depression among African American men	Multiple interviews	"Snowball"	(a) Kinship/significant others, (b) accessibility of resources, (c) ethnohealth belief, (d) accepting caring environment
Plowden and Young (2003)	Social factors that influence health-seeking behaviors in urban African American men	Semistructured interviews	Theoretical and "Snowball"	(a) Trusted and respected community member providing the outreach, (b) perceived safe and caring environment during outreach, (c) perceived benefit from participating in outreach
Plowden et al. (2006)	Identifying the health-related concerns of African American men	Semistructured interviews	Theoretical and "Snowball"	Aspects of male gender socialization were identified as major barriers to health, influencing diet, exercise, sexual health, substance abuse
Ravenell et al. (2006)	African American men's perceptions of health and health influences	Focus groups	Purposive	Histories characterized by (a) frequent hospitalization, (b) separation from family, and (c) education problems
Rich and Grey (2005)	Black men's general perceptions of health and health influences	Multiple interviews	Purposive	Definitions of health included physical, mental, emotional, economic, spiritual, and fulfilling social roles; self-management included spirituality and self-empowerment
Royster et al. (2006)	Factors associated with effectively reaching African American men	Focus groups	Purposive	(a) Place of origin, (b) sex, (c) age, (d) family and friends, (e) education, (f) work, and (g) initial and most recent admission to hospital

(continued)

Table 3. (continued)

Author (Year)	Topic	Data Collection Procedures	Sampling Procedures	Emerging Themes/Study Findings
Warfa et al. (2006)	Concerns of men from three ethnic groups regarding "dual diagnoses" to present their narratives to those responsible for local service development and policy	Semistructured interviews	N/A	(a) Stress, (b) police, (c) difference, (d) "chilling," (e) coping, (f) depression, and (g) depression as a fact of life
Watkins and Neighbors (2007)	Stressful life events of Black college men at a PWI and an HBCU	Focus groups	"Snowball"	Black college men at the PWI: "school-related stress;" Black college men at the HBCU: "non-school-related stress"
Watkins et al. (2007)	Black men's understanding of and comfort with discussing their mental health	Focus groups	"Snowball"	(a) Stigma in the Black community, (b) the origin of stoic behaviors, (c) cultural stereotypes of Black Americans and mental health

NOTE: PWI = predominantly White institution; HBCU = historically Black college and university.

Table 4. Meta-Data-Analysis of Qualitative Articles on Black men's Mental Health

Metaphor	Source
"Cultural sensitivity needed"	Warfa et al. (2006)
"Depression is defined differently for Black men than for others"	Kendrick et al. (2007), Watkins and Neighbors (2007)
"Ethnic identity"	Kendrick et al. (2007) and Watkins et al. (2007)
"Fear of vulnerability"	Plowden and Young (2003), Rich and Grey (2005), Watkins and Neighbors (2007)
"Few positive Black male role models"	Royster et al. (2006)
"Kinship and significant others important in help-seeking and support"	Plowden and Young (2003), Plowden et al. (2006), Ravenell et al. (2006), Kendrick et al. (2007), Watkins et al. (2007), Watkins and Neighbors (2007)
"Mistrust of police and non-African Americans because of racial profiling"	Rich and Grey (2005), Kendrick et al. (2007), Watkins et al. (2007)
"Primary prevention is not a priority"	Plowden and Young (2003), Royster et al. (2006)
"Safe and caring environment is needed to be open to mental health services"	Plowden and Young (2003), Plowden et al. (2006)
"Social activities as a means of coping"	Kendrick et al. (2007), Watkins and Neighbors (2007)
"Society/media's role in creating negative images of Black men"	Watkins and Neighbors (2007), Watkins et al. (2007)
"Stoicism and self-concealment of emotions"	Plowden and Young (2003), Royster et al. (2006), Kendrick et al. (2007), Watkins et al. (2007), Watkins and Neighbors (2007)
"Stress = depression"	Kendrick et al. (2007)
"Stress as a result of lack of income"	Ravenell et al. (2006), Watkins et al. (2007)
"Stress as a result of racism/discrimination"	Ravenell et al. (2006), Watkins et al. (2007)
"Prevalence of substance use"	Kendrick et al. (2007), Rich and Grey (2005), Royster et al. (2006), Warfa et al. (2006), Watkins et al. (2007)

data (Leech & Onwuegbuzie, 2008). On the other hand, researchers use constant comparative analysis (Glaser & Strauss, 1967) to generate a theory or set of themes, and it is commonly used with any narrative or textual data (Leech & Onwuegbuzie, 2007). Table 4 presents an aggregated list of the metaphors

identified by our qualitative studies. Each study's data were translated into metaphors that were then compared with the metaphors of other studies to generate new interpretations of the findings. Although 16 metaphors emerged from our meta-study in the subsequent paragraphs, we will highlight seven themes that (a) encompass the meaning associated with each of the identified metaphors and (b) build on the application of new interpretations proposed by previous models of Black men's mental health and well-being.

Meta-Synthesis: Emerging With a Seed of New Truth

Meta-synthesis represents "the visionary and constructive outcome to an exhaustive analysis project" (Paterson et al., 2001, p. 109). In the present study, one aim was to revisit assumptions associated with Black men's mental health and well-being and emerge with what Paterson et al. refer to as a "seed of new truth," or a more comprehensive determination of the cultural context experienced by Black men with regard to their mental health and well-being. Our approach to this comprehensive understanding involved considering what we already know about Black men's mental health, or the current assumptions presented in the literature, and comparing those to new assumptions or that which was uncovered from our meta-study.

Current assumptions. Epidemiological studies that chronicle the psychological health of Black men are often geared toward psychosocial coping (Watkins et al., 2006), invisibility (A. J. Franklin, 1999), economic status/income (Broman, 1997), failure to live up to the expectations placed on their gender (Bowman, 1989; Lazur & Majors, 1995), and chronic exposures to racism (Pearson, 1994; Thompson & Neville, 1999; Utsey, 1998). Studies have identified stigmatism and self-concealment as common characteristics in the Black community (Baker, 2001), which greatly reduces the likelihood of seeking formal and informal social support, particularly for Black men. Previous research on the social support networks of Black men generally focused on the relationships of socially marginalized men, such as those entrenched in gang activity (Mac An Ghaill, 1994), the criminal justice system (Gaines, 2007), homeless men (Littrell & Beck, 2001), and low-income nonresidential fathers (Anderson, Kohler, & Letiecq, 2005).

New assumptions. Even though the diagnosis of depression is an important consideration for advancing the mental health agenda for Black men, findings from our meta-study encourage forward-thinking about the accuracy of depression diagnostic tools (particularly for depressive symptoms) and the validity and reliability of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (fourth edition, text revision;

DSM-IV-TR) criteria. As opposed to finding an increased number of depressive symptoms among Black men less than age 30, research suggests that they identify more with experiences of acute stress than depressive symptoms (Kendrick et al., 2007; Watkins et al., 2006). Symptoms of irritability and anger may be important additions to the *DSM*, and for Black men it is critical to recognize that their rates of alcohol, tobacco, and illegal substance use as well as suicide and violence may be gender-specific and alternative expressions of depression. Furthermore, our findings suggest that overall, depressive symptoms in Black men may vary with regard to factors such as their cultural norms and gender socialization.

The *cultural context of race and racism* plays a particularly important role in understanding violent behavior among Black men. Although previous studies have reported an increased likelihood for Black men to participate in violence (Pearson, 1994), new findings emphasize the role that racial profiling has in Black men's likelihood to be involved in violent acts. Likewise, an improved relationship with the police, hypervigilance, and the "code of the street" have been identified as essential topics to include in future interventions for Black men (Kendrick et al., 2007; Rich & Grey, 2005) and ones that may improve their mental health and well-being. Black men with fewer education and financial resources may have different concerns (i.e., drug infestation, economic barriers, crime, lack of affordable health insurance, perceived discrimination in health care settings) than Black men with more formal education and financial resources (i.e., managed care, chronic diseases; Royster et al., 2006). Therefore, the social and environmental context that is associated with higher SES and more educational success among Black men may buffer some of the adverse effects of racism on mental health and well-being.

Though our meta-study findings did not speak to whether Black men adopted traditional masculine ideologies, we did uncover findings that challenge the rationale for *why Black men may endorse more traditional masculine behaviors than White men*. For example, our findings suggest that the educational and economic status of Black men may shape their adherence to traditional and nontraditional masculine behaviors more than their lack of access to the White-dominated power structure (Ravenell et al., 2006; Royster et al., 2006; Warfa et al., 2006; Watkins et al., 2007). Hegemonic masculinity (Hearn, 2004)—the normative cultural and ideological beliefs about what it means to be a man in the United States—and other factors associated with gender, therefore, may be as important to understanding Black men's mental health outcomes as the role of race and cultural racism (Jones, 1997). Due to the cultural importance of the intersection of race and gender, there is a need to consider how race and the historical context influence the multiple hegemonic

masculinities that may influence Black men's mental health outcomes (Connell & Messerschmidt, 2005; Smiler, 2004). Stoic behaviors and other culturally appropriate responses to stress may be a barrier to care for Black men (Kendrick et al., 2007; Royster et al., 2006; Watkins & Neighbors, 2007; Watkins et al., 2007); and for men in general, alcohol and tobacco use, comfort food, and illegal drug use may be behavioral responses to stress that are also perceived as beneficial for helping to manage stress (Jackson & Knight, 2006). Perceived benefit from treatment is a strong indicator for Black male participation in potential interventions geared toward improving their health (Plowden et al., 2006).

The *importance of kinship and significant others in the lives of Black men* was a theme that emerged in six of nine studies. Plowden and Young (2003) identified the influence of significant others as a critical social factor in motivating their sample of urban African American men to seek health care and participate in health-related activities. The 2006 study by Plowden et al. also identified the influence of "trusted and respected individuals," or family members, political officials, and members of the media. Race was not discussed as a dominating factor with regard to outreach for Black men; rather, informants discussed men with whom they shared common characteristics—such as economic status and age—as individuals whom they considered helpful in reaching Black men and connecting them with their health needs.

Consequently, understanding the positive and negative aspects of *social support is critical to understanding Black men's mental health outcomes*. Findings from the study by Kendrick et al. (2007) included a discussion about "hanging out with friends" (p. 68) and "talking to family members" (p. 68) as effective strategies that help Black men cope with their stressors. Similarly, both studies by Watkins discussed the importance of social support in the lives of Black college men. In the first study, the topic of social support dominated focus group discussions, particularly among Black men at the predominately White educational institution (Watkins et al., 2007), while the second study identified kinship as a major influence on how young Black men define mental health and after which their health behaviors are modeled: "If a Black man's father encouraged him to express his feelings to others then he is more apt to do so" (Watkins & Neighbors, 2007, p. 277).

Our meta-study posits that *mental health literacy is a barrier for receiving quality mental health care and treatment for Black men* (Watkins & Neighbors, 2007). Moreover, culturally rich jargon may present communication barriers between the health professional and the Black male client. Other determinants for Black men seeking care that emerged from our meta-study are accessibility of resources and ethnohealth beliefs (Plowden & Young, 2003).

Stoicism and self-concealment were identified as important factors that influence the mental health of Black men in five of the studies. Participants from the Plowden and Young (2003) study defined health as “the ability to perform normal activities of life” (p. 47). Health behaviors were modeled after these abilities, as participants reported that Black men tend to seek care only when their abilities are compromised. Although primary prevention was not a priority (Plowden & Young, 2003; Royster et al., 2006), participants reported that Black men do not ignore symptoms but either fail to recognize signs and symptoms or employ cognitive strategies to minimize the effects.

Five of our studies highlighted themes related to substance use by Black men (Kendrick et al., 2007; Rich & Grey, 2005; Royster et al., 2006; Warfa et al., 2006; Watkins et al., 2007). In fact, we found that *substance abuse fits into the “risk behavior tenet” for Black men* (Royster et al., 2006). In each study, substance use was reported by study participants as a means of coping with stress or “hiding” from problems (Kendrick et al., 2007). This is consistent with Jackson and Knight’s (2006) work that argues that there are physiologic and cultural reasons that substance abuse is a common and effective coping strategy for dealing with stress and stressors, though overuse of this coping mechanism is where occasional use becomes abuse. One study discussed Black male participants’ likelihood to use substances in more social settings (Rich & Grey, 2005); but mainly, participants reported that their use of substances, such as marijuana, made them feel good, “chilled,” or relaxed, and helped them to sleep (Kendrick et al., 2007; Rich & Grey, 2005; Watkins et al., 2007). Use of substances was also mentioned as a problem among groups with low education (Royster et al., 2006) as Black men from low-income communities reported that their areas were “infested with drugs” (p. 396) and that Black men who engage in substance use are less likely to care for their physical and mental health. Meta-study findings also uncovered the variety of substances that may be abused by Black men of different ethnic origins. The range of interventions for future studies should vary as “dual diagnosis,” or both mental health and substance use disorders, may be an area of consideration among varying groups of Black men (Warfa et al., 2006). Our findings also suggest substance abuse for Black men, while influenced by a number of economic, social, and educational factors (i.e., low income, social support, and access), may also be linked to masculine socialization, culturally appropriate stress management techniques, and depressive symptoms.

Black men are not being afforded the full benefit of societal resources, including education and income. They have the lowest life expectancy and endemic incarceration leaves few Black men in the community (Lee, 1996). In addressing these issues, previous studies have noted that the most salient

concerns of Black men with regard to mental health can be interpreted within the social context, the family environment, the acculturation process, the influence of stressful life events, and health behaviors and practices. Our meta-study revealed findings that mirror these salient concerns and raise questions about approaches to future programs and policy that directly and indirectly affect Black men's mental health.

Importantly, these data highlight the need for research to consider an intersectoral approach to understanding Black men's mental health (Weber & Parra-Medina, 2003). An intersectoral approach calls for research that simultaneously addresses the intersection of multiple aspects of socially constructed identity, including race, ethnicity, gender, class, SES, and context. Although there is a tendency for research to underscore the independent effects of each of these dimensions, our meta-synthesis highlights the need to better understand the unique ways in which these factors integrate and influence the mental health and well-being of Black men. In addition, because the physical, social, economic, and cultural environment is different for Black Americans in general and Black men specifically, there is a critical need for future research to examine how social and economic factors, cultural and behavioral factors, psychosocial exposures, and life course variables influence mental health (Lohan, 2007). For example, the social and environmental indicators that influence the mental health of young Black men are not comparable to those that influence that of older Black men (who may have been raised during a time of racial oppression and tension in America). Therefore, increased knowledge of the risk and protective factors influencing the mental health of Black men at different age-linked life stages is needed to inform age-appropriate, gender-specific, and culturally sensitive research and practice.

Prior studies have implied that racial factors are a major marker for mental health, but at the conclusion of our meta-study, it appears that health and health behaviors, attitudes, and beliefs of Black men may be similar to that of other men. Based on our findings, we cannot attribute Black men's mental health outcomes to them being Black only because being male plays an important part. However, it remains unclear what part about "being Black" and "being male" influences mental health outcomes. Our study presents an illustration of the limitations in the way the field currently conceptualizes Black men's mental health, which may be due in part to an overreliance on quantitative approaches that tend not to consider processes that influence health over time or highlight how and why multiple independent variables influence mental health outcomes.

Conclusion

Meta-study is an inductive research approach involving the analysis and interpretation of theory, methods, and findings across qualitative studies and the synthesis of this work to formulate new interpretations. The purpose of this meta-study was to evaluate the qualitative research being conducted and expand theoretical frameworks on Black men's mental health and well-being. Despite the concerns of Black men that have been present in the literature for decades, our search only yielded studies between 2003 and 2007. This is a grossly understudied area of research that requires much needed attention. Researchers require integrated analysis of bodies of research that portray the state of the art in their specialty and a sense of the trends, problems, and continuing issues in the field to envision directions for their work. Practitioners need a synthesis of the vast array of individual qualitative research studies to make sense of the findings and to serve as a starting point for evidence-based practice. Even though this study is an initial step toward expanding the scientific knowledge about Black men and mental health, the ultimate evaluative criterion will be the ability of our findings to improve clinical practice, research, and health care policies for Black men's mental health.

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