

CHAPTER 16

A CLINICAL DECONSTRUCTION OF THE NEGATIVE ARCHETYPES AND COMPLEXES OF AFRICAN AMERICAN MASCULINITY

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Over the past decade, the vast majority of social science research focused on African American males and Black males throughout the diaspora has emphasized pathology, exploring topics ranging from persistent academic underachievement, participation in illicit activities (e.g., drug trade, gangs, crime), depression and mental health wellness, parenting, and participation in child rearing (Kohl, Gross, Harrison, & Richards, 2015; Murry, Simons, Simons, & Gibbons, 2013; Warren, Chiricos, & Bales, 2012). Social science research studies have largely focused on crisis and deviant behaviors, and have provided little insight into the ways in which African American/Black¹ males are thriving and existing in a chronically hostile and racist world. Consequently, such research has not only contributed to but also reified

misnomers and one-dimensional representations that have positioned African American/Black males as “endangered species” (Gibbs, 1988) and being in a state of “crisis” (Allen & Correspondent, 2013). These representations have often been stereotypical, presenting African American males as homogenous, violent, or otherwise unable to function in healthy and responsible ways (Powell-Hammond & Mattis, 2005; Laubscher, 1995). Even more, their lives are often framed as being expendable and of little value, and requiring militarized policing and control. Coupled with racial and racialized gender stereotypes that persist in society, as observed in social and mass media (Adams-Bass, Stevenson, & Kotzin, 2014; Jackson, 2006), the expendability of Black males’ lives facilitates a normalcy and unaffected response to the loss of African American/Black males’ lives.²

This is evident in the tragic deaths of Trayvon Martin,³ Michael Brown,⁴ Jordan Davis,⁵ Eric Garner,⁶ John Crawford,⁷ Ezell Ford,⁸ Sean Bell,⁹ Amodou Diallo,¹⁰ and countless others, whose lives were ended at the hands of White male police or White male vigilantes who refused to recognize their humanity and worth. Much has been written and debated in popular media and academic research journals regarding these criminal cases and the related deaths of unarmed African American males (e.g., Ifill, 2015). Many have wrestled with both the morality and legality of these cases, filtering these experiences through the lens of their own culture-laden lived experiences. Experiences influence our opinions regarding whether or not the deaths of these unarmed African American males were examples of justifiable self-defense or blatantly brutal killings. For example, during the investigation, arrest, trial, and acquittal of George Zimmerman, many drew attention to how fallacies and stereotypes regarding African American masculinity are mobilized in ways that criminalize and literally kill African American males. In addition, these high-profile cases highlight the ways unconscious internalization of negative stereotypes about African American masculinity undergirds how men of African American descent are both perceived and subsequently treated, resulting in microaggressions, harassment, microassaults, physical assaults, and other forms of violence.

The characterization of African American/Black males as criminal, suspect, and dangerous has not only impacted society at large, but has significantly influenced African American males’ sense of self (Bryant, 2011). The internalization of negative messages and suppositions about their sense of self are believed to contribute to the onset of depression, suicidal ideation, substance use, hypermasculinity, and other attributes and behaviors that negatively impact the health and thriving of African American males (Corprew & Cunningham, 2012; Hammond, 2012; Matthews, Hammond, Nuru-Jeter, Cole-Lewis, & Melvin, 2013).

The implication of such characterizations has also been associated with negative life outcomes. For example, research has consistently shown

African American/Black males have high rates of mortality, incarceration, and discontinuity in educational pursuits (Long, 2012; Warren, Chiricos, & Bales, 2012). Additionally, inequities in hiring, and a series of recessions have removed a number of African American males from the urban employment sector (Bennett, 2014). Based on these factors and dominant assumptions (or stereotypes) about African American males, interventions that interrupt internalization of such misnomers seem warranted. Therefore, this chapter attempts to deconstruct the prevailing negative archetypes and complexes of African American/Black masculinity. We begin by briefly summarizing the predominant organizing discourse on racial identity development and socialization as it pertains to African American/Black males. The discourse provides a basis for understanding the process of identity development and socialization. Next, Jungian personality theory is explicated with particular attention to personality constructs that facilitate an understanding of the production and internalization of negative racial stereotypes, archetypes, and complexes of African American/Black masculinity. Finally, we conclude by positing clinical strategies informed by Jungian theory for supporting positive racial identity development among African American/Black males, as mediated through the development and praxis of mental health therapists or counselors.

RACIAL IDENTITY DEVELOPMENT AND SOCIALIZATION

Black males have long encountered racism and discrimination, as evident in their lynching, unequal prosecution, and exclusion from employment, for example. The vilification and subjugation of Black males has been documented and researched extensively and continues to occur, as witnessed in the tragic deaths of the aforementioned males. In response, African American/Black parents have been active and intentional in their efforts to prepare their sons and daughters for racial and gender discrimination and acts of prejudice they will likely encounter during the course of their life. Researchers have noted parenting practices and messaging focused on race and gender occurring during early development through late adolescence/early adulthood (Howard, Rose, & Barbarin, 2013; Hughes et al., 2006). Empirical research has established the importance of racial identity development and socialization, and the protective roles these practices serve in fostering a strong sense of self, identity, and wellness (i.e., socio-emotional) among African Americans and Blacks in general and males in particular (Howard et al., 2013; Neblett, Banks, Cooper, & Smalls-Glover, 2013). For example, Howard et al. (2013) found African American parents of very young boys (ages 3 to 8) provide developmentally age-appropriate race socialization messages associated with “building pride, acknowledging

diversity, and [fostering a] spiritual and religio[us]" foundation (p. 227). Such messages reflect parents' purposeful efforts to establish a strong and positive racial identity within their sons, which would, presumably, facilitate adaptive functioning when encountering and having to navigate racist and discriminatory contexts.

African American/Black parents' racial socialization and identity development practices are consistent across the developmental spectrum; parents offer different age-appropriate messages, but the end goals are the same (building racial pride, etc.). Seminal research studies on racial and ethnic socialization (see Hughes et al., 2006 for a review of this research) illustrate the continuity in messaging, especially the importance of cultural socialization (i.e., teaching of African American history, culture, and heritage), preparation for bias, and promotion of mistrust. These socialization messages are communicated through direct age-appropriate conversation, as well as exposure and interaction with significant individuals (in their lives) and within various environments and contexts with the expressed purpose of countering stereotypes about African Americans and Blacks.

Race socialization is also mediated through social context and parents' own race socialization experiences. Thornton, Chatters, Taylor, and Allen (1990) argue that "the content and nature of objectives deemed important and appropriate for one's children" varies by parents and in accordance to their social context (e.g., socioeconomic status, urbanicity, and gender; p. 402). Thus, racial socialization can be further defined as "messages and practices that relate to the development of consciousness of personal and group identity, intergroup and individual relationships, and a sensitivity to one's position in the social hierarchy" (Howard, Rose, & Barbarin, 2013, p. 219). Ultimately, racial socialization is intended to support the development of a healthy racial identity.

Yet, despite African American parents' efforts to buffer their sons from the effect of racism and prejudice, the preponderance of negative social messaging and stereotyping can still adversely impact African American youth development. For example, Bryant (2011) found internalized racism to be predictive of aggressive behavior, above and beyond the effect of impulsive behavior, delinquent friends, aggressive response to shame, and drug use, all of which are most often theorized to be associated with such behavior. Bryant posits, "Negative self-concepts and characteristics inherent to internalized racism can become deeply rooted in the minds of African American youth" (p. 701). Similarly, in a review of empirical research focused on the effect of racism on the health of nondominant racial populations, Williams and Mohammed (2013) reported substantial evidence indicating that experiences of racial discrimination can contribute to adverse health conditions and alter behavioral patterns that increase health risk. Further, Williams and Williams-Morris (2000) outline three pathways by

which racism can affect mental health: (a) through institutional discrimination, which restricts socioeconomic mobility; (b) experiences of discrimination as a source of stress; and (c) acceptance of the stigma of inferiority, which can lead to impaired psychological functioning. Arguably, the effects of racism may be even more pronounced among African American males, especially those males experiencing higher levels of discrimination and who internalize anti-Black attitudes.

JUNGIAN THEORY: THE INTERPLAY OF INTERNALIZATION AND SOCIETAL PERCEPTION

Carl Jung's (1913/1928/1933) theory of personality development, also referred to as *analytical psychology*, provides a robust framework for understanding how historical trends that contribute to the demonization and devaluing of African American masculinity are internalized by African American/Black males and enacted through both micro and macro structures and systems (e.g., employment, laws and policies). Jung's theory bridges the individual and collective experience of phenomena, allowing for a psychological and sociological understanding of human behavior and condition. Accordingly, the theory posits that one's personality or psyche is comprised of three components: the *ego*, the *personal unconscious*, and the *collective unconscious*. The ego is defined as all that is within our awareness or consciousness, the part of our personality that is concerned with thinking, feeling, memory, and perception. The ego is responsible for ensuring that the functions and activities of life are carried out consistently. Additionally, it is responsible for our sense of identity as well as our sense of continuity in time.

The second component, the personal unconscious, concerns temporarily repressed or forgotten memories and experiences that give rise to *complexes*. Jung defines complexes as clusters of emotionally loaded (i.e., highly valued) thoughts, feelings, attitudes, and memories that focus on a common feeling tone. The greater the internalization of memories and experiences or emotional charge attached to the said complex, the greater the valence and influence on the individual—both cognitively and behaviorally. These complexes are organized as themes and recur over and over again within that individual's life. For example, if a White individual has a racist complex toward African American males, it will create a tone of suspicion, anger, and perhaps fear (depending on the emotional charge and valence) toward all African American males, and will impact that individual's perception and treatment toward African American males, both unconsciously and consciously. These complexes are often exhibited in the form of microaggressions, microassaults, and explicit/blatant forms of discrimination and violence toward African American males.

The third component and perhaps the deepest layer of the psyche is the collective unconscious. Concerned with humanity's collective experience of the evolutionary past, Jung (1928) posited the collective unconscious is the "deposit of ancestral experience from untold millions of years, the echo of prehistoric world events to which each century adds an infinitesimally small amount of variation and differentiation" (p. 162). Jung further posited that these ancestral experiences are internalized into the psyche, and are often characterized as racial memories, primordial images, or more commonly, *archetypes*. Accordingly, an archetype is conceptualized as an inherited predisposition to respond to certain aspects of the world. Our primitive past becomes the basis of human personality/psyche, and often leads and influences behavior (Jung, 1947). Archetypes are significant in determining our day-to-day reactions, attitudes, and values. Further, they have universal meanings across cultures and may manifest through and in dreams, literature, art, and religion.

Jung (1947) posited that archetypes are exhibited through the *persona*, which he defines as the social masks individuals present to the external world. These social masks are often quite juxtaposed from who people actually see and understand themselves to be. Personas are created consciously, integrated into the collective psyche, and developed through socialization, acculturation, and life experience. The persona is a complex system that houses both individual consciousness and the perceived needs and power of one's social community. As such, the "persona-mask" has a two-fold purpose: to make explicit impressions to others, while hiding the true nature of the self from both the self and others.

JUNGIAN THEORY: UNDERSTANDING THE IMPACT OF RACISM AND DISCRIMINATION

Application of Jung's psychoanalytic theory to understand the racialized experiences of African American/Black males affords an opportunity to more deeply interrogate the insidious nature of racism and discrimination and the implications for both White individuals and African American/Black males. Specifically, the theory provides a framework for understanding how the *collective unconsciousness* regarding African American males becomes internalized by White individuals over generations, as well as how African American/Black males have come to understand their own identity and masculinity. For African American/Black males, the collective unconsciousness includes the negative internalization of ancestral and contemporary experiences such as slavery, group discrimination, racism, and White privilege, which mediates behavior and ascription to specific archetypes. For White Americans, the collective unconsciousness presents as racialized

archetypes that are informed by generational transmission of racial stereotypes, racialized values, and discriminatory beliefs. Jung refers to these types of archetypes as a “racial memory,” which he defines as a memory regarding race and culture that influences our values and response to the world.

According to Jung, racialized archetypes play an important role in determining White individuals’ day-to-day reactions, attitudes, and values toward African American males. For example, White individuals who hold a negative African American male archetype will hold negative perceptions of African American males, such as being dangerous, deviant, and spiritually and intellectually inferior. Collective unconsciousness is also evident in the ways in which popular and social media construct and display images of African American males; they often perpetuate and reify racialized archetypes, typically at the sociopolitical and physical expense of African American males. African American males have also developed their own distinct racial memories or racialized archetypes as a consequence of distinct historical and current life experiences, which affect their sense of self. It can be argued that such effects manifest as internalized racism, low racial identity, affinity toward Whiteness, hypermasculine attitudes and behaviors, and a host of negative psychological compensatory symptoms and behaviors.

In addition to the collective unconscious, attention to the *personal unconscious* affords an understanding of how acts of racism, discrimination, and inhumane conceptualization and treatment of African American/Black males by White individuals operates at the unconscious and subconscious realms of reality. Repressed or forgotten memories that operate on the unconscious level are reified through intergenerational transmission and exhibited through the development of complexes. Emotionally loaded feelings and attitudes, complexes, create an emotionally charged valence toward African American males that influence how White individuals treat African American males. They also inform White individuals’ perceptions of African American males, reifying such archetypes as being lazy, dangerous, morally bankrupt, intellectually inferior, and socially limited. African American males are also affected by the intergenerational transmission of the effects of slavery, discrimination (past and present), micro-assaults, microaggressions, and limited mobility, contributing to the development of their own set of complexes. Such complexes include feeling hopeless, a positionality of deference toward Whites (often White males), cultural mistrust, fear and mistrust of the police, and difficulty establishing and maintaining healthy intimate relationships.

Finally, Jung’s persona construct (i.e., social mask) provides insight into the effects of racism and discrimination on African American/Black males. The social masks that African American males present to the external world are often done so at the expense of their true selves and authentic feelings. They have a tremendous impact on African American/Black males’

identity development and how well they are able to negotiate the stressors (i.e., racism, discrimination, White privilege) found in their external world (i.e., everyday life). Further, persona advances an understanding of why African American males choose maladaptive coping responses/strategies when attempting to make sense of and navigate the social norms of racism, discrimination, and poverty. Singer (1973) stated, “The process of adapting to society requires some compromises between authentic ‘being’ or natural desires, and social norms. This necessitates the construction of ‘personas,’ the masks which signify the roles we play in society” (p. 215). For many African American males, personas are taken on as an attempt to maintain some semblance of control, power, relevance, and humanity. Jung warns that individuals, who employ social masks, often equate them as their entire psyche. In other words, individuals actually believe who they are pretending to be and, therefore, are deceiving themselves. Embodiment or ascription to such personas can be interpreted as a form of spiritual and cultural dissociation.

When applied to the historic and contemporary context of African American males’ lives, Jung’s psychoanalytic theory affords us an opportunity for a deeper examination and discussion of the cognitive, emotional, and identity dissonance experienced as a consequence of taking on these social masks. Such dissonance often presents as the inability of African American males to know and understand themselves in deep and healthy ways; to develop and engage in healthy relationships with other African American males, their children, lovers/partners, and society as a whole; and to experience a full range of emotions. Similar to Dubois’s construct of “double consciousness,” personas may be enacted in response to racialized archetypes held by White individuals about African Americans, in general, and African American males in particular. Persona concerns both the psychological and interpersonal, and may reflect African American males’ need to construct public faces—potentially at the expense of their physical and psychological well-being. Given the implications for African American males’ wellness, broadly conceptualized, it is prudent to consider strategies for addressing in clinical practice.

JUNGIAN THEORY: IMPLICATIONS FOR THERAPISTS AND COUNSELORS

As discussed previously, Jung’s psychoanalytic theory of personality provides a robust framework for understanding the internalization and implication of African American/Black males’ racialized experiences. While the framework allows us to understand the experiences of African American/Black males, it is equally important to consider how the framework might

be: (a) used by mental health therapists/counselors to treat African American/Black male clients, and (b) used within their own professional clinical training and development. It can be argued that the mental health field has a responsibility to explore more deeply the clinical implications of racialized archetypes and complexes and how they are projected and acted out through clinical conceptualizations, diagnosis, and treatment interventions. Such projection and acting out is true for both White clinicians and clinicians of color. Accordingly, a concerted effort must be taken to mitigate such practices. These practices might include but are not limited to participation in training programs that emphasize socioculturally relevant treatment, and continuous self-development and reflexive praxis. Such practices must be considered in concert, as they are mutually reinforcing.

Socioculturally Relevant Training Programs and Treatment

It is imperative that training programs of White clinicians make an explicit commitment to begin to utilize their theoretical underpinnings and clinical skills to assist them in working toward gaining voluntary control (i.e., the healthy management of acts or behaviors by intentional action) of their archetypes and complexes, which often manifest as confirmatory biases, discriminatory and oppressive conceptualizations, diagnoses, and treatment interventions. Training programs can raise an awareness of such practices and the implications for treatment in their cultural diversity or multicultural counseling courses. Such courses should include a strong experimental component that challenges students to explore and begin to work through distorted archetypes and complexes regarding patients of differences (African American males in particular). The objectives of the experimental activities should be to promote serious inquiry and curiosity about one's positionality (i.e., beliefs, value, and attitudes) and potential bias, with the end result of making the racialized archetypes and complexes conscious. This process of inquiry and reflection would promote a more fluid understanding of an *observing ego* by assisting students (White students in particular) to develop a racial observing ego that equips them to relate to African American males (and other underserved and oppressed populations) from a position of self-examination, and not a stance of hostility and/or judgment.

Self-Development and Reflexive Praxis

White mental health therapists and counselors must take an affirmative stance to commit to utilizing and expanding their understanding of what

it means for themselves individually (dimension of self-awareness) and their systems of practice (i.e., clinical paradigms, treatment plans) to more deeply understand the clinical implications of maintaining their archetypes and complexes. In order for this to occur, therapists/counselors must be open to the process of *working it through* their racialized archetypes and complexes. The psychoanalytic concept, *working it through*, is the process of repeating, elaborating, and amplifying interpretations made by the clinician. These interpretations are typically made about materials (e.g., written document, created art, music) patients offered as a connection or window into their unconscious mind. Thus, it is important for individuals to confront their resistance to accepting the unconscious tendencies, feelings, and cognitions that have developed into themes and pathological behaviors (Sundberg, 2001). It is believed that such working through is critical toward the success of therapy because it allows patients and organizations to involve themselves in the process of experiencing an emotional reaction without suppression. Often, when individuals and systems feel strong negative emotions about something, they will attempt to block experiencing those emotions through a number of defenses like denial, intellectualization, projection, and displacement, to name a few. It is important for therapists and counselors to begin to challenge themselves and the systems in which they work to process the emotional aspect of exploring how their negative archetypes and complexes impact the complex process of identity development, and individual, intercultural, and vocational functioning with African American males.

First, such exploration would require that the clinician's transference and countertransference related to the emotional charge of race/ethnicity be examined with his or her supervisor and/or colleagues so that these feelings and thoughts can be challenged and reified. It is only then that therapists/counselors would be equipped to assist patients, colleagues, and multileveled systems to deconstruct their own negative archetypes and complexes. This type of working through can be accomplished through specialized workshops and seminars facilitated by experts who integrate experimental elements into their curriculum, group supervision, and group consultation groups. This will allow clinicians to safely share their transferences and obtain feedback and suggestions from colleagues and teaching therapists/counselors. As a result of this working through, clinicians will be able to have direct conversations with patients of color (particularly African American male patients) about the dynamic and their feelings about working with a clinician who represents a privileged identity. The penultimate goal is the resolution and/or minimization of the power and impact of these archetypes and complexes on how underserved populations (particularly, African American males) are conceptualized, diagnosed, and treated.

CONCLUSION

The pervasiveness of racism, discrimination, and race-related fear and hostility brought to light by the recent high-profile cases involving African American males has tremendous psychological, interpersonal, and clinical implications. Therapists and counselors of all races/ethnicities (particularly White clinicians) have the responsibility to think more deeply about how their racialized archetypes and complexes negatively impact the psychological and developmental functioning of African American male patients. It is imperative that White clinicians begin to work clinically from an informed and nuanced sociohistorical and sociocultural understanding of the impact that racism, discrimination, and criminalization has on the identity development, wellness, and the self-agency of African American male patients. Mental health practitioners, in general, and White clinicians, in particular, are urged to shake off the tendency (as a consequence of racialized archetypes and complexes) to shrink away from self-evaluation and begin to shift the dialogue around issues of race and racism, on both an unconscious and conscious level. As a field, we can no longer mimic popular culture and the larger society and remain complicit by maintaining theories and clinical practices that are marred by culturally obsolete and incompetent ways of understanding and treating African American male patients. We must move beyond rhetoric to culturally competent clinical praxis. Ase!

NOTES

1. For the purposes of this chapter African American and Black will be used interchangeably. African American males refer to all males within the Black diaspora.
2. While racialized and gendered violence happens for African America/Black females (as well as Black queer and trans bodies) this chapter specifically focuses on the particularities of state and vigilante violence against Black male bodies.
3. In 2012, 17-year-old Trayvon Martin was unarmed and fatally shot in the community where he lived by mixed-race Hispanic man who claimed to be part of the neighborhood watch.
4. In 2014, 18-year-old Michael Brown was fatally shot six times by a police officer, who alleged Michael assaulted him.
5. In 2012, 17-year-old Jordan Davis was fatally shot by a White civilian male, after refusing to lower the music playing in his vehicle.
6. In 2014, 43-year-old Erick Garner, father of six, was confronted and killed by police for allegedly selling untaxed cigarettes. Police used illegal force, choke hold.
7. In 2014, 22-year-old John Crawford was fatally shot in the chest by police inside a Walmart for failing to disarm.

8. In 2014, 25-year-old Ezell Ford was killed during an “investigative stop” by police. He was shot in the back while lying on the ground.
9. In 2006, 23-year-old Sean Bell was unarmed and killed by police who fired more than 50 bullets into his car on the day of his wedding.
10. In 1999, 23-year-old, West African immigrant, Amadou Diallo was unarmed and killed by policed who fired 41 times, striking him 19 times. His wallet was mistaken for a gun.

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