Contextualizing Behaviors Associated With Paranoia: Perspectives of Black Men

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The sociocultural context of racism influences the behaviors of Black men and may reflect healthy paranoia (Sue, Capodilupo, & Holder, 2008). No published studies however, have directly examined the sociocultural experiences that influence Black men’s endorsement of paranoid-like behaviors. An online study was conducted with a nonclinical sample of Black men (N = 104) who completed the Millon Clinical Multiaxial Inventory–III (MCMI-III) Paranoid scale (Millon, Millon, Davis, & Grossman, 1994) and reported why they endorsed certain items. Responses to weighted items on this scale were analyzed using modified consensual qualitative research (CQR) procedures (Spangler, Liu, & Hill, 2012). The results indicated that this sample of Black men endorsed items reflective of clinical paranoia because they have life experiences that make them mistrustful. Their item responses were systematically categorized into the following categories: (a) life lessons learned in close relationships, (b) negative experiences at work or school, and (c) experiences living in oppressive contexts. Participant responses also reflected coping strategies categorized as: (d) personal coping (through awareness, acceptance, and meaning-making), (e) relational coping (through analysis and boundary enforcement), and (f) coping with systemic oppression. These results suggest that adaptive coping with life experiences may be misinterpreted as paranoia when the sociocultural context is not carefully considered.

Keywords: MCMI, paranoia, cultural mistrust, African American men, psychopolitical well-being

From abolition, to the civil rights movement of the 1960s, to the current Black Lives Matter (BLM) movement, Black Americans have been resisting systemic oppression for centuries. BLM was created in response to the 2012 killing of unarmed Black teen Trayvon Martin and has evolved into a network of people and organizations advocating against Black racial oppression (Garza, 2014). Prilleltensky (2003) defines oppression as:

A state of asymmetric power relations characterized by domination, subordination, and resistance, whereby the controlling person or group exercise its power by processes of political exclusion and violence and by psychological dynamics of deprecation. (p. 195)

Given this definition, most Black Americans exist in this state of oppression and experience its associated processes. However, the intersection of Blackness and masculinity represents a unique experience requiring specific coping strategies, including increasing vigilance and cultural mistrust (Whaley, 2001).

Using a nationally recruited sample of Black men, the current study aimed to uncover the sociocultural and contextual factors at the source of this vigilance and mistrust, which might be misdiagnosed as paranoia. Given the BLM founders’ cultural mistrust-laden assertion that “Black lives are systematically and intentionally targeted for demise” (Garza, 2014), this manuscript also highlights salient connections between BLM and our study of Black men’s paranoid-like behaviors.

Barriers to Psychopolitical Well-Being for Black Men

There are several barriers to psychopolitical well-being that Black men must cope with and/or resist. The term psychopolitical emphasizes the “inseparable nature” of psychological and political aspects of wellness (Prilleltensky, Prilleltensky, & Voorhees, 2007, p. 106). This framework seeks to remedy deficits commonly found in psychological literature on well-being that privileges individualistic, decontextualized approaches to functioning that are found to be less effective for theorizing about Black people and their concerns (Bonilla-Silva, 1997). This more holistic approach considers how oppression, experienced as structural sociopolitical exclusion with biopsychosocial costs, relates to the inequitable distribution of wellness; and is therefore problematic across personal, relational, and collective realms (Prilleltensky & Fox, 2007).

Moreover, implicit racial bias, or the tendency to unconsciously make racial associations, uniquely influences Black men’s psychopolitical well-being at the personal, relational, and collective level (Goff, Eberhardt, Williams, & Jackson, 2008). For example, in a series of studies related to implicit crime-related bias toward Black Americans, it was found that police officers and undergraduate students made bidirectional associations between Blackness and crime (Eberhardt, Goff, Purdie, & Davies, 2004). Personal aspects
of Black masculinity were crucial as it was Black male faces that were found to be more quickly associated with crime-related objects. Additionally, more stereotypical Black male faces and features were more often falsely identified by police in a lineup task (Eberhardt et al., 2004).

Implicit racial biases related to criminality are prevalent for Black men. For example, outcome data on New York City’s “Stop and Frisk” policy indicated that “685,724 stops were made in New York City in 2011; 88% of those stopped were not charged with any crime; 84% of those stopped were African-American or Latino” (Center for Constitutional Rights, 2012). Black men also account for the largest percentage of inmates (37%; Office of Justice Programs, Bureau of Justice, 2014), despite comprising only 6% of the United States population (United States Census Bureau, 2012). These data suggest that stereotypes and implicit biases against Black men lead to oppressive relational interactions (e.g., lack of police support when in need, dehumanization) and collective level costs (e.g., mass incarceration, economic disadvantage). Black men can become mistrustful due to these proximal experiences at the personal or relational level, or due to their awareness of Black men’s collective struggle and more distal outcomes.

Other common stereotypes of Black men involve either their superhuman strength or inhumanity. For example, in the case of Black teenager Michael Brown, killed by police officer Darren Wilson, superhuman attributions were made. Wilson’s testimony included biases, such as “When I grabbed him the only way I can describe it is I felt like a 5-year-old holding onto Hulk Hogan,” despite noted similarities in size, and “it looked like he was almost bulking up to run through the shots,” (as cited in CNN, 2014). Additionally, implicit bias studies have shown a clear link between the dehumanization and killing of Black men (Goff et al., 2008). Black defendants in these studies were more apt “to be portrayed as apelike in news coverage than White defendants and . . . this portrayal [was] associated with a higher probability of state-sanctioned executions” (Goff et al., 2008, p. 294). These life-endangering social contexts increase Black men’s suspiciousness (Whaley, 2001).

Black men are often aware of the biases held against them. They report being followed in stores, questioned regarding their intentions, and kept under constant surveillance (Bowleg, Teti, Malbranche, & Tschann, 2013; Sue, Capodilupo et al., 2008). When implicit biases are enacted at this relational level, they are often called microaggressions. Microaggressions are “the brief, commonplace, and daily verbal, behavioral, and environmental slights and indignities directed toward Black Americans’” (Sue, Capodilupo et al., 2008, p. 329), such as race-related invalidations (i.e., invisibility and misrepresentations), assaults (overt degradation), and insults (Sue et al., 2007). More than other men of color, Black men have been found to experience certain microaggressions, including publicly negative portrayals of their racial group and messages of second-class citizenship (Forrest-Bank & Jenson, 2015). Black men faced with this social reality have to use a coping response that, if accessible to them, will help them to survive (Franklin & Boyd-Franklin, 2000; Hall & Pizarro, 2010).

Adaptive Coping in the Context of Black Masculinity

The ubiquitous nature of racism against Black individuals has necessitated a particular line of theorizing about Black masculinity and coping. Franklin and Boyd-Franklin’s (2000) model of the invisibility syndrome describes the dissonance that Black men experience intrapersonally when seeking visibility as a Black person in America, while reconciling the discomfort that dominant society may have with that visibility. In this framework, Black men develop self-consciousness about the ways in which others view them, and they cope by altering their racialized behaviors at the relational level (e.g., avoiding eye contact, minimizing physical presence; Franklin & Boyd-Franklin, 2000), which is often at odds with biases of Black masculinity related to physicality and strength.

Other models of masculinity that address coping with racism include John Henryism (James, Hartnett, & Kalsbeek, 1983; Matthews, Hammond, Nuru-Jeter, Cole-Lewis, & Melvin, 2013) and “cool pose” (Hall & Pizarro, 2010; Majors & Billson, 1993). John Henryism is the engagement in effortful, highly active coping (James, 1994) that relies on the traditional masculine norm of self-reliance (James et al., 1983; Matthews et al., 2013). John Henryism suggests Black men cope with their stressful contexts by working hard to overcome them, despite psychopolitical barriers to wellness (James et al., 1983; Matthews et al., 2013). Cool pose differs from John Henryism in that instead of working to overcome barriers to achieving dominant ideals of manhood, men create and live out new norms based on their own cultural assets (Majors & Billson, 1993). Often this includes assertions of “strength, pride, courage, and manhood” in a stereotypically masculine and “cool” manner (Hall & Pizarro, 2010, p. 89). Both of these theories reflect an independent, self-reliant style of coping that requires personal vigilance.

Qualitative research with diverse samples of Black men has explored the relational components of Black masculinity (Hammond & Mattis, 2005; Hunter & Davis, 1992; Roberts-Douglass & Curtis-Boles, 2013). For example, participants in Hammond and Mattis’ (2005) sample of 152 urban African American men highly valued their relationships with God, self, family, and society and privileged responsibility-accountability in their constructions of manhood. Relatedly, Roberts-Douglass and Curtis Boles (2013) found that relationships, particularly with fathers as well as peers and male teachers, were key factors in developing a positive Black masculinity. Thus, experiences with family, peers, and community are key to coping with oppression.

Tyler (2014) has argued that privilege in other social identities may offer additional resources for coping with oppression, but does not overcome it. Therefore, even Black men who hold class, educational, or even age related privilege, have had to be vigilant in order to withstand racial slights and hostile social environments (Bowleg et al., 2013; Franklin & Boyd-Franklin, 2000). While class status and degree attainment are associated with positive indicators of well-being for Black men (Watts, Walker, & Griffith, 2010), BLM activists are aware that it does not protect against psychopolitical consequences of oppression (Tesfamariam, 2015). Black men in BLM are encouraged to be authentic and express their indignation or protest their mistreatment (Mosley, Crowell, & Stevens-Watkins, 2015), regardless of biases associating Black men with aggression. This display of masculinity combines aspects of both the personal and relational approaches by encouraging all Black men to be alert to harmful systemic practices, build community with other Black people, and collectively practice vigilance as a matter of survival (Mosley et al., 2015).
Cultural Mistrust Versus Psychopathology

The chronicity and degree of oppression Black men face facilitates cultural mistrust. Cultural mistrust refers to an avoidance of interacting with or disclosing information (particularly to White Americans) due to fear of betrayal or exploitation (Terrell, Taylor, Menzsei, & Barrett, 2009; Terrell & Terrell, 1981). Cultural mistrust is a key component to African American consciousness, and its roots developed during slavery when distrust of Whites was equated with survival (Terrell et al., 2009).

Cultural mistrust and its subsequent vigilance have been critical to Black men’s survival for centuries (Franklin & Boyd-Franklin, 2000; Sue, Capodilupo et al., 2008; Whaley, 2001). Black masculinity is therefore largely constructed around coping with cultural mistrust. Grier and Cobbs’ work in 1968 is cited as the first to explore the link between paranoid-like actions and systemic oppression of Black Americans (Whaley, 2001). In a more recent qualitative study on microaggressions, Black adult participants reported adopting a level of “healthy paranoia” out of necessity (Sue, Capodilupo et al., 2008, p. 330). This “paranoia” reflects the heightened, yet appropriate level of awareness Blacks have regarding how they are perceived by others and the consequences of their actions given their marginalized identity (Sue, Capodilupo et al., 2008). Models of Black masculinity suggest that Black men may cope with mistrust in ways that are consistent with these concepts.

The Current Study

Given the prevalence of oppression impacting Black men and conceptual links between cultural mistrust and paranoia, our research team anticipated that Black men would disclose perceptions and experiences of vigilance and mistrust in a manner aligned with gender norms and current clinical conceptualizations of paranoia. Therefore, the MCMI-III Paranoid scale (Millon, Millon, Davis, & Grossman, 1994) was used as a proxy to explore these ideas. The MCMI-III Paranoid scale was selected because the MCMI-III is a professionally prominent self-report measure used to facilitate clinical diagnoses (Groth-Marnat, 2009). Specifically, the paranoid items were designed to be consistent with the nomenclature of paranoid personality disorder as defined by the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM–IV; American Psychiatric Association [APA], 1994) that persists in the DSM–5 (APA, 2013). The DSM–5 defines paranoid personality disorder as a “perpetual, and enduring mistrust of others, and a profoundly cynical view of others and the world” (APA, 2013). Despite criticism that African Americans score higher on multiple scales, including the Paranoid scale (Urgelles, 2015), the MCMI-III continues to be used widely as a diagnostic tool. Therefore, we believed the items on the MCMI-III Paranoid scale may evidence different, including functional, attributes with a nonclinical sample of African American men.

We used qualitative methods to discover the sociocultural and contextual factors that influence vigilance and mistrust. Although previous literature has examined the influences of racism on the behaviors of Blacks and studies suggest a correlation between race-related stress and healthy paranoia, no published study has inquired about the contextual factors and experiences that may influence Black men’s interpretations and responses to commonly used Paranoia scale items. Thus, the research questions guiding the current study are: what specific life experiences and perceptions underlie Black men’s endorsement of items on a commonly used measure of clinical paranoia? And, as the previously reviewed literature suggests, how do Black men cope with experiences of mistrust?

Method

Participant Characteristics

All participants (N = 104) self-identified as Black men. Five men further identified as Biracial, two as Black and American Indian and three as Black and White. The study participants ranged in age from 18 to 64 (M = 35.05; SD = 12.7). The majority of the sample identified as straight (88.5%). The sample was well-educated with 21.9% of participants having a bachelor’s degree, 4.8% having some graduate school, and another 21.9% having a graduate degree. Another 30% had some college experience, and 2.9% completed trade school. Only 10.6% of participants reported a high school degree or less (the remaining 16% did not report their education status). Over 60% were employed full-time, and 21.2% were in school or training programs. Regarding income, 73% of participants made less than $61,500 per year, and less than 5% of participants endorsed an annual income above $100,000. Seventy percent of participants reported their geographic location. Twenty-seven percent were from the Midwest region of the United States, 26% were from the Southeast region, 12% were from the Mid-Atlantic region, and 6% from the western United States.

Survey Instrument

In addition to the demographic information described above, participants provided true/false responses to each of the 17 items on the Paranoid scale of the MCMI-III (Millon et al., 1994). When the participant endorsed an item as “true,” then an open-ended prompt immediately appeared that said, “You indicated that [item the participant just endorsed appears here]. Please share what came to mind leading you to indicate that this was true. Feel free to use experiences from your personal life as examples.” Participants typed their responses to this prompt in the textbox that was provided before moving on to the next true/false scale item.

Procedures

Since the purpose of the study was to discover the experiences and subjective meanings that led participants to endorse scale items created to assess paranoia, rather than to directly assess clinical paranoia, a nonclinical, nonrandom sample was recruited. Announcements about the study were sent to social networking sites and listservs of public universities, historically Black colleges and universities, and social interest groups catering to Black men. Participants and others who saw the announcement were also invited to forward the announcement of the study to anyone they thought might be interested and who met the criteria for participation. The announcement asked for volunteers who were over 18 and who identified as African American men to complete a survey about how social, cultural, and environmental factors influence responses on personality tests.

The survey announcement included a link to the Qualtrics survey. The first page provided information about the survey for
the purposes of informed consent. Once participants acknowledged reading and consenting to participating in the study, they entered the survey. The survey completion rate was 78.2%, which approaches a high level of retention (80%). Of the small level of attrition, 19 participants dropped out during various demographic questions at the beginning of the survey. Only 10 participants dropped out after completing demographic items. All participants who completed the online survey were entered into a drawing for a $100 gift card to a discount retailer. All study procedures were approved by the university’s institutional review board.

Data Analysis

For the purpose of this paper, the qualitative responses that were prompted by the nine weighted items of the MCMI-III Paranoia scale were used to create the dataset for analysis (Table 1). These nine weighted items are given 2 points instead of 1, signaling a stronger indicator of paranoia. Of the 104 participants who completed the survey, a subset of 86 participants endorsed at least one of the nine weighted items and then wrote an explanation for the endorsement in the textbox that was provided. These participants’ median and modal number of endorsements of weighted items was two (range = 1–9). Of the 18 participants not included in this subset, 17 participants did not endorse any weighted items and thus were not prompted to provide explanations. One participant declined to provide explanation for his endorsement of weighted items.

The data were analyzed by a coding team using a modification of CQR for simple qualitative data (Spangler et al., 2012). The first two authors initiated this research study following a class discussion about culturally responsive assessment in a doctoral-level personality assessment course taught by the fourth author. The first author identifies as a Black, queer cisgender woman. She is a counseling psychology doctoral candidate and scholar activist in the movement for Black lives. The second author identifies as a White, straight cisgender man. He is a professor in a counseling psychology program that emphasizes social justice and is consistent with his values. All of the members of the coding team acknowledged their expectations that they would find evidence that the Paranoia scale items might be assessing an unhealthy environment instead of an unhealthy personality. To combat this bias, the authors openly acknowledged this bias, bracketed their biases, and held each other accountable for staying open to unexpected findings that might emerge as they coded the responses.

For the first step of analysis, all of the qualitative responses to the five most frequently endorsed weighted items were combined (see Table 1). The remaining four items were analyzed during a stability check discussed below. Written responses to an endorsed item ranged in length from a phrase to several sentences. The first and second author independently read all of the combined responses to the five weighted items and divided each response into meaning units that expressed a single thought or idea (Giorgi, 1985).

The two primary coders then met to discuss their impressions of the categories that emerged from their reading. They agreed on a set of categories and then independently coded each meaning unit before meeting again to discuss their coding and discrepancies in coding decisions. They made modifications to the categories and coding until they reached consensus. The auditor reviewed the coding and made further suggestions for modifying the categories (Hill, Thompson, & Williams, 1997). The three team members discussed and reached consensus on the final coding scheme and then revised the coding accordingly until they reached consensus on the placement of each meaning unit. The six categories were grouped into two general domains. An “other” category contained responses that did not directly address the research question. Interestingly, many of these “other” responses provided opinions about the scale items themselves. Some participants judged the item they had just endorsed as either a “good” or “bad” question. Some participants did not like the true/false forced choice format of the item and others judged items to pertain to every human being and thus self-evident.

As another check on the stability of the two domains and six categories, the open-ended responses combined from the remaining four weighted items were coded by the primary coders and reviewed by the third author. No new categories emerged during the stability check, and the coding team was able to reach consensus on the placement of all remaining meaning units into one of the six categories (Table 2).

Results

The focus of the analyses was to discover experiences and perceptions that explain why Black men endorsed weighted items on the MCMI-III Paranoia scale. The results fell into two domains: Life Experiences Leading to Mistrust and Efforts to Cope With Mistrust. Each of these domains contained three categories. The categories within Life Experiences Leading to Mistrust included: (a) life lessons learned in close relationships, (b) negative experiences at work or school, and (c) experiences living in oppressive contexts. The categories under the Efforts to Cope With Mistrust...
domain included three categories: (a) personal coping, (b) relational coping, and (c) coping with systemic oppression. The majority of responses described life experiences and coping responses and fit within the aforementioned categories. Each domain and its categories are described and illustrated below (see Table 2 for definitions and frequencies). All names are pseudonyms.

**Life Experiences Leading to Mistrust**

Our nonclinical sample of Black men endorsed items indicative of paranoid pathology on the MCMI-III because they have had life experiences that caused them to become mistrustful. Despite our sample being entirely comprised of adults, many men shared experiences that dated back to early childhood and occurred across multiple spheres of their lives.

**Life lessons learned in close relationships.** Participants described key learning moments that taught them to be mistrustful. For example, when endorsing Item 49 (having to be on guard against people who may take advantage of him), 66-year-old Oliver said:

> When I was a kid I believed in a just governing society. I thought being a cop was an honorable profession. Well as a teenager I saw clearly, "cops kill Black people."...so I learned early that anybody can cheat.

Several of the Paranoid scale items were endorsed by this sample of Black men because they had either been personally betrayed in some way (e.g., “was cheated myself while growing up”) or because their cultural context taught them to behave in this “paranoid” manner (e.g., “learned the hard way that everyone that smiles at /with you is not your friend”). Participants often commented on their need to protect themselves from their own family members and ‘friends,’ particularly in response to Item 175 (recognizing enemies who may pose as friends). Kenneth, 24 years old, endorsed Item 49 about being deceived by others since childhood because his mother’s drug history led him to watch out for others. “Personally, my mother was a drug addict growing up and there were many times she would tell me things, make promises, and make me feel a certain way, only so she could manipulate me for her own reasons.” Thurman, 27 years old, shared his similar experience with individuals outside of the family unit when he endorsed Item 146 (suspicion of exceptionally nice people). “Unfortunately, I have had limited experiences with White Americans who were truly friendly and interested in hearing me speak openly about my experiences, which shuts down avenues for friendship.” For Kenneth, Thurman, and other men in our sample, the consequences of collective-level racial oppression (e.g., addiction, isolation) played out at the interpersonal level, limiting their ability to experience trust and safety with their own family members and friends.

Aside from these specific, personal experiences, some respondents offered reflections on familial or neighborhood-based cultural norms as reasons for their item endorsement. These lessons were taught early and often. In response to Item 49, Byron, 20 years old, stated “I was taught from an early age to trust little to no one.” Some men noted that showing vulnerability and being trusting was perceived as weakness in their environmental contexts, and they were encouraged to be more guarded. For instance, Wayne (28 years old) endorsed Item 42 (not forgiving slights or offenses) stating, “My mother used to say ‘never excuse people when they disrespect you the first time. We never say anything that we are not thinking in the first place. What we say is usually what we are truly feeling.’” These excerpts highlight how interpersonal interactions in close relationships were especially salient in the development of trust-related attitudes and behaviors.

**Negative experiences at work or school.** Participants’ life experiences that caused mistrust extended outside of their close relationships, occurring in their work and school environments as well. The meaning units in this category reflected how gender intersected with race to increase mistrust among Black men in settings critical to their social class status. For example, when asked what led him to endorse Item 49 (being on guard against deception), Jamal, 27 years old, referenced “being in school and experiencing poor treatment, where class placement and learning abilities were based on prejudices.” Participants also described being ignored, underappreciated, or otherwise rendered invisible in work and school settings.

Often this invisibility was referenced when it came to matters related to participants’ work or ideas. For example, Reginald, 36

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1 Due to copyright, we were unable to provide the wording for each item. The item number from the MCMI-III and a description of each item are given.
years old, endorsed Item 103 about experiences of duplicitous people stealing your work, “I’ve had quite a few employers take credit for my work and use it to build themselves up and then act like I never existed.” Others expressed that there were differences in the type of recognition awarded. James, 45 years old, explained in response to Item 103 that “on many occasions my supervisors have received bonuses and promotions for the work that I did. I get the pat on the back and they get the cash.” This link between racial discrimination, economic losses, and feelings of invisibility or marginalization were present in many of the responses in this category and impacted participants’ sense of mistrust. Indeed, this category is distinguished by its illustration of the relational and collective-level racism that occurs in contexts that affect educational and socioeconomic status, masculinity (e.g., ability to provide, be a role model), and psychopolitical well-being.

Experiences living in oppressive contexts. Participants described their mistrust as a direct response to living in social contexts that were marginalizing or oppressive. Specifically, many of the men who endorsed Paranoia subscale items reported they did so because of their experiences with, and/or exposure to, racism, classism, and various symptoms of poverty such as drugs, violence, and unscrupulous economic practices. Item 49 was highly endorsed as participants indicated that they have spent their lives watching out for people who might take advantage of them. Travis (58 years old) stated that “when [he] was about 10 years old, a White man who owned a neighborhood grocery store tried to cheat [him] several times when giving [him] change for products purchased.” Marcell (58 years old) shared another instance of being on guard to protect himself from others in his environment: “I have numerous examples. Growing up in my inner-city neighborhood I have had many encounters with adults, (so-called) professionals, and peers who have behaved in ways that don’t have my well-being in mind but rather their own self-interests.” This category underlines how living in a persistent state of oppression (e.g., where one has “numerous” reasons for protecting himself), converges to form a culture of mistrust.

Specifically, these participants highlight the potent, pervasive impact of living in environments that promote healthy skepticism and “paranoia” as a means of surviving and thriving in these contexts. These stories represent the voices of many men in our sample who spoke to their experiences and understanding of how their multiple oppressed identities (e.g., Black and male and young and living in a neighborhood with a history of intercultural conflict) shaped their responses. Although a majority of responses focused on experiences associated with racism and classism, a few participants included other forms of systemic oppression, such as ableism, colorism, sizism, consumer capitalism, and genderism in their stories indicating the integrated nature of multiple identities. For example, 30-year-old Rashad stated that he “was once very overweight and needless to say [he] was teased because of it at times.”

Efforts to Cope With Mistrust

In addition to explaining reasons they endorsed Paranoid scale items, this sample of Black men also shared their coping strategies. Participants articulated the ways in which their endorsement of these weighted MCMI-III Paranoid scale items was related to their personal coping strategies, their relational coping strategies, and their strategies for coping with systemic oppression.

Personal coping. Participants explained how they internally coped with their contexts through various strategies, such as increasing their awareness, showing unequivocated acceptance of their realities, and engaging in personal meaning-making practices. Overall, participants demonstrated a variety of creative, efficacious intrapersonal coping strategies to internally manage the mistrust they experienced.

Being aware of and well-informed about one’s environmental risks appeared to be integral to participants’ coping strategies. When endorsing Item 49 about watching out for deceptive people since childhood, participants acknowledged awareness of the fallible (e.g., “I trust people to a point. People make mistakes, including me”) and harmful (e.g., “this to me is a general awareness that time and time again people will exploit your talent”) nature of the individuals, communities, and systems they are in. Participants explained that they coped with these sociocultural and contextual realities by becoming more attentive to the recurring patterns and potential risks around them. For example, participants discussed how they coped by being “on [their] toes,” “suspicious,” “careful,” “conscious,” “noticing,” and/or “keeping in mind” individuals, situations, and settings where they perceive they are unsafe or at risk. Some participants elaborated on these responses, emphasizing the differences between their rational vigilance and paranoia. When explaining his endorsement of item 42 about not forgiving or forgetting insults, Darryl, 24 years old, elucidated, “I’m known to have a very extensive memory. I don’t seek revenge or respond maliciously, I just keep tab of people’s actions and make note for future reference.” Similarly, Ross, 34 years old, stated, “I am conscious but not suspicious,” when describing his observance of his family’s motives (Item 89). Orlando (35 years old) maintained an awareness of people who may try to scam him by being overly nice first; therefore, he endorsed Item 146 about being skeptical of exceptionally nice people stating that it “usually means they need something.” The level of awareness expressed in participants’ responses highlights how their “paranoid” behaviors serve as intentional self-protective coping strategies.

Men also described how they personally cope with oppression by fully and completely accepting the reality of their problematic contexts. Participants’ responses indicated that they perceived their contexts (and the coping behaviors enacted within them) as common realities, or facts of life, to be accepted. These responses did not reflect high anxiety or exceptionality among participants, but they were salient enough to cause them to endorse a weighted Paranoia subscale item. Edward (38 years old) endorsed Item 175, indicating that he was aware of friends who may actually wish him harm; however, he accepted that you “just gotta know how to deal with them and keep it moving.” Even Edward’s simple acceptance of this reality was central enough to his life experience to lead him to endorse a weighted scale item. Black men also recognized that their behavioral responses were normative. For example, Jermaine (41 years old) said, “Some people create social alliances strictly to manipulate others for their own purposes” when he explained why he endorsed Item 175 about recognizing potential enemies in his social networks. In response to the same item, Howard, 36 years old, noted, “Haters are everywhere.” Jermaine and Howard did not suggest that they were particularly bothered by these occurrences; rather they coped
with manipulation and hate by naming and accepting such experiences as the norm.

Lastly, men who endorsed Paranoid subscale items included details in their explanations that pointed to the way they minimized, rationalized, or otherwise coped with their experiences by controlling how they made meaning of those experiences. For example, participants described a hardship or difficult situation and then ended with comments that seemed self-protective. Participants explained their endorsements of Item 6 (indicating a lack of recognition) by stating “I don’t care that my accomplishments aren’t rewarded or recognized, I do what I do for me and no one else” and “they just can’t see the greatness.” Another participant stated “life’s too short to stress over things” when explaining how he copes with acknowledging that some of his friends may wish him harm or ill will (Item 175). Participants chose to invoke uplifting narratives, ignore slights, and construct their own meaning, rather than focus solely on their marginalization. This meaning making process is an intrapersonal, protective coping strategy for Black men who face harsh realities.

**Relational coping.** Some participants discussed a need to critically analyze the actions of other people. In addition, they cited a number of boundary-setting strategies that they employed in order to cope with their experiences. These men described instances where they had to “figure out,” “give thought” to, and “wonder” about the “motives” of others. Some participants specified how their social identity and/or cultural context influenced their analysis. Jimmie, 27 years old, described how he applies this coping strategy to his interpersonal interactions with White individuals who he perceives as being overly nice (in response to Item 146):

> For White Americans, I immediately distrust anyone who is too friendly to me initially, considering the history of Black-White relationships in America. I critically evaluate the reasons for a White American being friendly to me. If I discern they are sincere, I am quite open with them.

This level of discernment was not applied solely in the context of Black-White relationships. Participants described how they analyze the motives of people in general, from family members to retail salespersons. For example Remere, 26 years old, endorsed Item 49 and described how he analyzes interpersonal interactions as a general practice he learned in childhood:

> Throughout life I have always looked at people’s words and actions and perhaps admitted even over-analyzed them to see if I can detect any ulterior motives. At the same time, this was something I needed to do in order to survive as a child and now as an adult; to not get taken advantage of.

Participants’ tendency to question and analyze the motives of others thus appeared to be an interpersonal coping strategy, one that often led to boundary enforcement.

Boundary enforcement was often linked to personal protection. Some men indicated that they had to protect their privacy so as not to be taken advantage of by others. Semarin (29 years old) stated “I am very weary of leaking information that could be used to cut me” when he explained why he endorsed Item 167 about keeping his life private. Boundaries were enforced as it related to participants’ secrets, goals, and successes, reflecting a general tendency to “keep private” about personal matters. In addition to protecting their personal information, they also protected their spaces. For example, men in our sample explained they would “keep a tight circle” or seek family approval before bringing outsiders around. Participants also attributed their Paranoid subscale item endorsement to their desires to protect others facing potential risks. “I have to protect my family” was one response to Item 89 about watching other family members closely. Boundary enforcement thus appears to be a culturally viable means of protecting that which Black men hold dear (e.g., information, loved ones), in order to maintain their wellness in contexts where they feel vulnerable.

**Coping with systemic oppression.** Some of the men in our sample coped with experiences of discrimination by understanding the pervasive nature of systemic oppression. This category is distinguished from personal and relational coping by participants’ explicit references to understanding the overarching, systemic, and pervasive nature of racism, classism, and other oppressions. One participant explained in response to Item 49, “You must be aware that people are trying to take advantage of you at any opportunity, from products, purchases, to job opportunities.” Another participant noted that “the ‘have nots’ want what the ‘haves’ got and those that have want more, this desire often leads people to do immoral things to possess their fellow man’s possessions.”

Black men in our sample described the various strategies they employed to combat this oppressive system. One strategy involved striving to overcome oppressions by excelling or overcompensating for stereotypes. Men described their worry about how they are perceived as Black men and the steps they take to achieve at levels “above and beyond the norm” in order to be accepted. Aiden, 21 years old, shared:

> . . . as an African American male, it is hard for me to let my guard down because I have so much riding on my every action. I have to always portray [myself] a certain way to save face for my African American culture [and] be accepted by everyone else; especially Whites.

Alternatively some men indicated they had to be inauthentic and perform differently in certain contexts in order to cope. Another strategy requiring effort by participants involved tracking and recording discrimination as well as collecting corroborating evidence from allies (e.g., “document, document, document and help others ‘self-document’ on your behalf,”). Some participants used avoidance strategies, indicating they had to “leave [their] hometown” or consciously work to avoid “violent people” in their social environment.

Ultimately, men in our sample appeared to cope with the hardships they faced by recognizing that their experiences are linked to systemic oppression. Moe, 34 years old, described his accomplishments at work that have been ignored and concluded (in response to endorsing Item 6 regarding a lack of recognition) that he “can’t help but think if [he] was wrapped in different packaging [he] would be a CEO or Director.” He identifies and endorses institutional racism as a reason for his Paranoid subscale endorsement. Taken together, the responses in this category reflect a protective level of critical consciousness about the oppressive system that shapes Black men’s experiences.
Discussion

Previous research has consistently found that African American men are overpathologized with regard to mental health disorders, including Paranoid Personality Disorder (e.g., Loring & Powell, 1988; Neighbors, Trierweiler, Ford, & Muroff, 2003). Our findings provide content and depth with regard to why a nonclinical sample of African American men may seemingly demonstrate behavior and/or attitudes that are characterized as paranoid. Our findings suggest that life experiences leading to mistrust, not psychopathology, influence the attitudes and behaviors of Black men. Many of the responses from the Black men in our sample seemed to be evidence of resiliency in the face of difficult, if not dehumanizing, life experiences. Rather than evidence of pathology, our study suggests that beyond the answers given resides a resilient form of coping based on an accurate appraisal of the social context.

The findings from this study help clarify how the sociocultural context in which Black men live produces cultural mistrust. For some participants, there was never a period in which it was safe for them to be trusting of others, and they learned to respond accordingly. Our study extends upon Goff, Jackson, Di Leone, Culotta, and DiTomasso’s (2014) findings that Black children are rarely “afforded the privilege of innocence” that other races have (p. 539). Black boys in these studies were deemed older than they actually were and this distinction predicted disparate police violence and a lack of protection (Goff et al. 2014). Comments from our participants about their experiences as young boys facing interpersonal racism, and therefore needing to “watch out” and protect themselves, coalesce with Goff et al.’s findings. The police-involved killing of 12-year-old Tamir Rice, which occurred seconds after the officer arrived at the local park where Rice was playing, is a more concrete example of this vulnerability.

Having experienced oppression at work, school, home, and in their neighborhoods, our participants make the case that their life experiences have eroded feelings of trust and safety and necessitated increased vigilance. Aligning with previous findings on Black masculinity and self-reliance (Hammond & Mattis, 2005; Hunter & Davis, 1992), Black men described having to consistently exert effort (cognitively, behaviorally, and relationally) in order to contend with their oppressive contexts. Indeed, our participants’ reliance on intra- and interpersonal coping strategies, despite the systemic nature of the oppression they experienced, supports prior research on the salience of the responsibility, accountability, and self-determination of Black men (Hammond & Mattis, 2005; Hunter & Davis, 1992). The current study, however, adds clarity regarding how Black men’s contexts, experiences, and other salient identity factors prevented their psychopolitical well-being and influenced coping behaviors.

Specifically, Black men explained their culturally relevant strategies for navigating and coping with their contexts. The men in the current study portrayed resilience, often ignoring or otherwise pushing forward, after experiencing negative situations. The ability to develop skills, in the face of so many barriers to wellness, highlights strength among Black men rather than pathology. The findings suggest that current conceptualizations of paranoia and its assessment may not only pathologize typical Black culture (e.g., Adeibmpe, 1981; Lloyd, 2009; Whaley, 2001), but may further pathologize unique cultural strengths that Black men employ at the personal and relational level.

Implications

Our participants’ openness about both their experiences leading to mistrust and their related coping strategies has several implications. Overall, the current study points to the need for practitioners to reexamine how they understand and label paranoia. Our findings provide evidence that Black men’s life experiences foster cultural mistrust and elicit endorsements of paranoia.

Psychologists must be aware of the cultural factors likely influencing Black men’s responses when administering and interpreting the MCMI-III and other measures of paranoia. Conducting culturally mindful, comprehensive clinical interviews prior to deciding on which assessment to administer may help. Helms, Nicolas, & Green (2012) proposed the use of structured interviews that take into account varying types of exposure to racism. Psychologists should also keep in mind that Black men might not readily identify experiences of discrimination and oppression without prompting. After continually suppressing aspects of their Black masculinity (Franklin & Boyd-Franklin, 2000, p. 35), fighting against harmful biases, and contending with backlash for speaking out against racism (Mosley et al., 2015), Black men may not be intrinsically motivated to share these experiences.

Moreover, the results show that oppressive experiences have become a fact of life for many Black individuals and, as such, they have likely also become normalized. The study results provide evidence regarding the pervasiveness of oppressive, particularly racist, experiences (e.g., Life Experiences Leading to Mistrust) and the necessity of coping with such oppression (e.g., Efforts to Cope With Mistrust) for Black men. Based on these findings, and myriad research on the psychological consequences of racism (Carter, 2007; Helms et al., 2012), culturally informed and culturally responsible treatment may involve inquiring about experiences of oppression and its impact on the wellness of our Black clients. Ignoring this research as psychologists work with clients is ill-advised (at best) and maleficient (at worst). Instead, psychologists must be aware of the potential normacy and initiate conversations about issues of oppression from an intersectional perspective. For example, Tyler’s (2014) model of Black masculinity intentionally

Some of the cultural strengths that emerged include critical consciousness, radical acceptance, and protectiveness. Critical consciousness is defined as “an individual’s capacity to critically reflect and act upon their sociopolitical environment” (Diemer, Kauffman, Koenig, Trahan, & Hsieh, 2006, p. 445). Such consciousness helped men reframe their experiences as part of systemic oppression, rather than the result of their individual judgment, errors, or faults. Radical acceptance occurred when men honored their embodied knowledge and recognized that their behavioral responses contributed to their well-being, despite dominant discourses pathologizing those coping strategies. This radical acceptance helped them avoid or manage emotional pain, anger, or sadness. Some participants also survived the challenges of oppression by vigilantly enforcing boundaries in response to cultural mistrust. Participants’ ability to adapt and practice vigilance in the face of oppression is notable: however, persistently relying on personal solutions to systemic problems has biopsychosocial costs (Carter, 2007; Matthews et al., 2013) and thereby thwarts collective-level wellness for Black men.
contextualizing paranoia

considering racial, as well as socioeconomic, ethnic, academic, athletic, cultural, gender, and sexual identities.

Psychologists should also consider alternative means of assessing for true clinical paranoia. For example, if a Black male client displays paranoid symptomatology it may be necessary to obtain corroborating evidence from collateral contacts (e.g., family members, friends, etc.). Interviewing close family members or friends may help differentiate clinical paranoia from normal responses to a toxic sociocultural context. Clinicians might also observe the individual in group therapy or unstructured settings with other Black people to gain a more holistic view of client functioning. These types of assessments would allow psychologists to better differentiate cultural mistrust from the more pervasive distrust and suspiciousness that is associated with paranoid personality disorder.

Psychologists should also consider the costs to well-being that some coping strategies may pose for Black men. Psychologists should explore the costs of perpetual vigilance and mistrust with their Black male clients. John Henryism was associated with greater depression among Black men who actively cope with oppression (Matthews et al., 2013). It stands to reason that similar personal costs may exist for Black men in our sample given their experiences coping with oppression. Additionally, our research suggests that the self-protective vigilance described by our participants may have relational costs (e.g., sense of connection, vulnerability, duty to others) that therapists can help Black clients name and evaluate.

Limitations and Future Directions

Although these findings provide useful information regarding the life experiences leading to mistrust and resultant vigilant behaviors, we note some limitations of the study. This sample allowed us to focus on the experiences of men who are high functioning and privileged in terms of education. Even this community sample of high-functioning men demonstrated that “paranoia” is a common experience for Black men. Since this experience was common in our nonclinical sample, the MCMI-III Paranoid subscale may be even more problematic among a population of Black men with fewer protective factors. For example, adaptive Black masculine identities are cultivated with the support of positive role models, such as teachers and fathers (Roberts-Douglass & Curtis-Boles, 2013). We would thus expect a sample with fewer social supports and less academic and financial privilege to potentially produce different or additional categories related to their experiences and coping strategies. Given links between experiences of oppression and mistrust uncovered herein, it may be particularly useful to explore how Black men with less economic stability, degree attainments, and cultural capital experience the relational components of psychopolitical wellness (e.g., connection, support, social cohesion). For researchers interested in conducting future studies with Black men, our findings suggest that it will be important to attend to the establishment of trust. For example, one strategy that potentially aided our team in establishing trust was clearly and consistently (e.g., in advertisements, informed consent) reflecting an awareness of the sociocultural climate for Black men.

Participants in our sample unequivocally shared a range of mistrust-inducing experiences and detailed their coping mechanisms, however the frequencies for specific categories were not particularly large (ranging from 8–25%, see Table 2). Future research might use survey methods to focus more directly on the identified categories and their prevalence. The researchers took steps to acknowledge and minimize the influence of bias by following rigorous CQR-M analysis procedures, including a team of researchers analyzing and auditing data. However, another team using another sample may have found additional or different categories of experiences and coping strategies.

Based on the findings, several additional research areas emerge. Quantitative studies could build on the current findings to test hypotheses about the relationship between specific life experiences (e.g., at work or school), specific coping strategies (e.g., acceptance, meaning-making, boundary-setting) and psychosocial outcomes. Future research employing in-depth interviews and narrative analysis or related qualitative procedures can be used to more fully explore the categories found herein. Also, while we were particularly interested in systematically exploring Black men’s experiences in the wake of highly publicized and repeated incidents of deadly violence against African American men due to implicit biases held against them, Black women’s unique experiences of oppression and adaptive coping strategies should also be explored. Black men and women may share a common race; however, the intersection of their race and gender leads to diverse experiences. Black women are not exempt from state-sanctioned violence, political exclusion, and its psychological consequences (Center for Intersectionality and Social Policy Studies, 2015) and these factors should be explored by psychologists seeking to build upon this work.

Conclusion

In a clinical context, our findings highlight that a failure to account for sociocultural context could have deleterious effects. From a societal perspective much work is needed with regard to recognizing how power and oppression influence wellness for Black boys and men. The Black Lives Matter movement has shone a bright light on inequities that Black people still experience and also given a voice to those who continue to feel marginalized. Psychology should endeavor to do the same.

References


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