Sexual Healing: How Racialized Black Males Use Sex to Cope with Stress, Loss and Separation

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Sexual Healing: How Racialized Black Males Use Sex to Cope with Stress, Loss and Separation

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While the behaviors of Black males are widely studied and often pathologized, their internal, subjective experiences are frequently absent from contemporary research. Utilizing a qualitative research methodology, this study explores the lived experiences of Black males, focusing on sexuality as a coping strategy within the context of loss, separation, and stress. A non-clinical sample of 33 Black male participants was identified using snowball and purposeful sampling via social media and word-of-mouth. The findings provide considerable insight regarding the needs of Black men navigating the vicissitudes of loss and stress. In addition, the data endorses deconstruction of the Black male masculine sexual identity which is often stereotyped and reinforced by American racial and social constructs. Implications suggest that cultural relevance and humility are essential elements in the provision of effective mental health services with Black males who have experienced loss and stress.

Keywords: Black male, sex, coping, loss, stress, black masculinity, qualitative

This paper explores the utilization of sex among racialized Black males as an adaptive coping strategy for stress, loss, and separation. The authors explore the crisis of Black mental health, examine masculinity through both external (research-based) and internal (lived experiences of Black men) lenses and critique
what is known about the sexuality and sexual behaviors of Black males, exemplifying the disparities between current research and the lived experiences of racialized Black males in the United States. Methods and findings for the current study are described, followed by discussion and implications for mental health practitioners working with Black males around sexual coping.

Male sexuality is often researched as it relates to cultural variance, sexual orientation, masculinity, relationship discourse, and disease prevention. Because of the inherent binaries associated with these categories, male sexual behavior is polarized between contained and uncontrolled. Unbridled male sexuality is frequently perceived as a lack of emotional intelligence or stability. In his book, *Men Don’t Heal, They Ho: A Book about the Emotional Instability in Men*, Dixon (2009) explores how emotional instability in cisgender men impacts heterosexual relationships, arguing that it is the key element in successful monogamy. With the utilization of a case study, Dixon (2009) argues that when men discover their "truth" about their emotional instability, it will enhance and improve their intimate relationships. What Dixon does not consider in his generalization of male sexuality is the multifaceted complexity of intersectional identities. One particularly nuanced population is that of racialized Black males.

To appreciate the perspective and experiences of racialized Black men, it is critical to comprehend their socio-political context. Racialization involves the identification, perception, viewing, categorization, or imposition of a racial context. For Black men, this translates into the simultaneous experience of their ethnicity and gender as substantially larger than their other identity factors; being a Black male both colors and defines every circumstance. In this context, we use the terms Black and African American interchangeably as related to the lived experience of racialization. Black males undisputedly have greater stressors and challenges than the rest of the population due to historical trauma, systemic oppression, prejudice and economic disparities rooted in racism (Bowleg et al., 2017; Harris, 1995; Lipscomb, 2016). Black males are disproportionately over-represented in the United States jails and prisons, and the unemployment rate for Black men is over twice the rate of White men of the same age (Bowleg et al., 2017). They are disproportionately exposed to poverty, unstable housing, increased HIV
risk, homicide, unintentional injuries, suicide, heart disease, and cancer (Bowleg et al., 2017; Bowleg & Raj, 2012; Centers for Disease Control and Prevention [CDC], 2015; Dunlap, Benoit, & Graves, 2013). It is easy to pathologize Black men in relation to their responses to trauma; indeed, incarceration, anger, and resistance are barriers to effective intervention. However, what if their behavioral responses were viewed through a strengths-and resiliency-based lens? In this context, sexuality may be viewed as an adaptive coping skill. Lipscomb (2016) contended that sexual coping may be a component of the Black Male Grief Reaction to loss and stress, proposing a paradigm shift in how Black male sexuality is viewed in clinical settings.

**Black Mental Health**

The mental health of Black America is a social problem of epidemic proportions. While 13.2% of the U.S. population identifies as Black or African-American (U.S. Census Bureau, 2014), 16% of them, or over 6.8 million people, had a diagnosable mental illness in the past year (Mental Health America, 2018). Adult African Americans are 20% more likely to report serious psychological distress, are more likely to have feelings of sadness, hopelessness, and worthlessness than White adults and are twice as likely to be diagnosed with schizophrenia (American Psychological Association, 2016; U.S. Department of Health and Human Services Office of Minority Health, 2016). When compared with white (non-Hispanic) counterparts, Black males are more frequently victims of severe violent crimes, meeting the clinical diagnostic criteria for post-traumatic stress disorder (PTSD) and other mental health disorders (American Psychological Association, 2016; Woodward, Taylor, & Chatters, 2011). Historical trauma, which includes slavery, ongoing discrimination, racial injustice, police brutality and race-based exclusion, results in socioeconomic disparities for Black people, which is a substantial reason for these challenges. The consequences of inequity include poverty, homelessness, incarceration, and substance misuse or addiction, which increase the risk of poor mental health.

Despite these sobering inequities, Black men often do not seek mental health treatment. In fact, Black males are least likely to seek psychotherapy and counseling services to treat
mental-health-related challenges (including but not limited to anxiety, clinical depression, post-traumatic stress disorder, marital conflicts and challenging familial dynamics) (Woodward et al., 2011). Black men are also often absent from research trials. The legacy of the Tuskegee Syphilis Study, one among many historical human rights violations by treatment providers, has contributed to barriers to Black participation in health, mental health, and research (Corbie-Smith, Thomas, Williams, & Moody-Ayers, 1999). Ward (2013) found that Black males were markedly concerned about stigma, which may reinforce their lack of representation in treatment and research. However, as a result of these factors, there is a dearth of research on how Black males cope with oppression, marginalization, and mental health symptoms.

The primary reasons cited for Black males’ avoidance of mental health treatment are stigma, provider mistrust, and the lack of culturally-informed care (Turner et al., 2016; Watkins, Allen, Goodwill, & Noel, 2016). Alvidrez, Snowden, and Kaiser (2008) utilized a qualitative study to examine the experiences of African Americans currently receiving mental health services. Approximately a third of the participants disclosed concern regarding stigma. They indicated that reporting levels of anxiety or mild depression would deem them as crazy among their social networks and communities. In addition, they believed even discussing one’s issues and challenges with an outsider (i.e., mental health therapist) was problematic, saying “don’t go telling people all your business” (Alvidrez et al., 2008, p. 887).

An additional challenge to effective treatment with Black men is cultural incongruence with mental health practitioners. This often manifests in preferences regarding the racial background of the therapist. Thompson, Bazile, and Akbar (2004) revealed that Black men prefer treatment providers who look like them. Thompson et al. (2004) found that Black Americans view mental health therapists as older white males who do not have an understanding and sensitivity to the experiences of being marginalized or of the Black community, thus, making mental health professionals ill-equipped to handle Black related issues in therapeutic spaces. Further, mistreatment and misdiagnosis are pervasive in the Black community; people of color are misdiagnosed with more serious psychological conditions, even when they have similar symptoms to Whites. Black
Americans were more than two times as likely to experience a psychiatric hospitalization as their White counterparts after controlling for severity of mental illness and other variables (Alvidrez et al., 2008). The language of treatment can also create cultural barriers. Research has suggested that Black Americans are comfortable using terms such as counseling as opposed to psychotherapy (Thompson et al., 2004). While this appears minor, flexibility regarding the therapeutic lexicon employed by treatment providers can make a significant difference when working with Black Americans in clinical settings.

Black Masculinity

Masculinity among Black men has been socially racialized through the institution of slavery to demonize or racially castrate them of their full sexual expression and identity. Thus, how Black men define masculinity is different from traditional European, Western masculinity (Cleaver, 1968/1992; Mincey, Alfonso, Hackney, & Luque, 2015). While traditional masculinity describes manhood as controlled, successful, competitive, heterosexual, and White (McClure, 2006), Black men define manhood through accountability, responsibility, maturity, sacrifice, family, community, spirituality, and humanism (Dancy, 2011; Hammond & Cochran, 2005; Mincey et al., 2015). Roberts-Douglass, Curtis-Boles, Levant, Rochlen, Ronald, and Wade (2013) explored the ways in which African American males form masculine identities, and ascertained that having a positive male role model is vital to developing a positive and healthy masculine identity. Black men also identified their own acceptable image identity archetypes which elucidate strength or success and include the labels: tough, thug, player, flamboyant, athlete, or role model (Roberts-Douglass et al., 2013).

Hypermasculinity appears to be both a reflection of the patriarchal, sexist, heteronormative dominant culture and an effort to navigate the discrepancies between stereotypes and real lived experiences. Ongoing oppression and emasculation have created a thirst and hypersensitivity among Black males to reformulate what it means to be a Black man in America. Unable to conform to traditional masculine roles, Black males are defining and re-defining masculinity to be based on hyper-sexuality,
violence, and toughness (Roberts-Douglass et al., 2013). This stance can be viewed adaptively as a strategy Black men utilize to cope with the stress of racism and blocked opportunities, as well as a method of demonstrating power and authority while concurrently expressing bitterness, rage and contempt towards the dominant society (Fields, Bogart, Smith, Malebranche, Ellen, & Schuster, 2015; Majors & Billson, 1992). In addition to the expression of one’s emotions, (i.e., other than anger) strong disapproval for all feminine qualities was expressed. In general, American manhood situated in that masculinity is White, heterosexual, recognizable, and socially fixed. Because the rigid constructions of masculinity are interwoven with poverty, unemployment, drug trafficking, substance abuse, incarceration, depression, intimate partner violence, child abuse, and other social problems, a de-mythologizing of Black male sexuality is critical to effective discourse regarding the experiences and needs of this vulnerable population (Mincey et al., 2015).

**Black Men and Sexuality**

For Black men, race and racism are inextricably linked to sexuality (Bowleg et al., 2017). Viewed within a historical context, sexuality is a fundamental element in the ongoing oppression and marginalization of Black men. Bowleg et al. (2017) outlined several historic periods, including: slavery (the racist stereotypes of Black men as virile with a rabid lust for White women); post slavery (the lynching of Black men for raping White women, despite a lack of evidence to support these accusations); the 1930’s (the Tuskegee Syphilis Study in which Black men were denied treatment for syphilis); and the 1950’s (14-year-old Emmitt Till was brutally murdered by two White men for flirting with a White woman, which she later admitted was false) as an amalgamation of consistent examples of how Black men continue to be perceived as animalistic, predatory, hypersexual beasts.

Although sexual socialization is ubiquitous to the human experience, it is considerably influenced by gender, ethnicity, socioeconomic status, socio-political, and environmental forces (Bowleg & Raj, 2012; Dunlap et al., 2013). Social inequity impacts how Black men experience and express their sexuality, and
researchers’ awareness or ignorance of this impacts empirical evidence regarding the sexual interests, behaviors, and attitudes of Black males (Bowleg et al., 2017). As a result, our understanding of sexuality of Black and White men varies significantly. Research informs us that Black men are sexually socialized earlier than White men, resulting in earlier dating and romantic involvements, decreased use of prophylactics, more liberal sexual attitudes, and more inclination to participate in non-monogamous, non-committed sexual exchanges (Dunlap et al., 2013; Samuels, 1997; Staples, 1982).

Although the research generally paints a licentious picture of Black male sexuality, how men perceive themselves is perhaps a more accurate predictor of their sexual behavior. Oparanozie, Sales, DiClemente, and Braxton (2012) explored the relationship between racial identity and risky sexual behavior among Black men, finding that the more positive they feel towards themselves and other African Americans, the fewer sexual partners they were likely to have and the more likely they were to use a condom with a primary partner. Bowleg, Teti, Massie, Patel, Malebranche, and Tschann (2011) explored the link between traditional ideologies of masculinity and sexual risk among Black middle or lower class heterosexual men. Their research revealed several fundamental principles regarding masculinity, including: Black men should not be gay or bisexual; Black men should have sex with multiple women; Black heterosexual men cannot decline sex, even if it presents risks; and, women are solely responsible for condom use. Thus, stereotypes regarding masculinity, sexuality and sexual norms may be internalized by Black men, decreasing understanding of their experiences, needs, and healthy coping skills.

In order to understand the lived experiences of Black men, it is critical to include their voices in our research. Historically, the overwhelming majority of researchers who have designed, conducted, and disseminated research on Black male sexuality have been White (Bowleg et al., 2017). With a dominant White, heterosexual, cisgender, middle- or upper-class, Western narrative, research frequently fails to account for privilege and oppression and often reduces intersectional identities to single axis factors (Bowleg et al., 2017). Thus, research may focus on issues regarding Black people, men or LGBTQ identified groups, missing the intersectional multi-axis identity interweave. Further, with
racialized Black men, the individual and collective intersections of gender, race, and sexuality are vital to understanding the coping, resilience and survival skills of the population. In managing the stressors associated with racism, stereotyping, and oppression, Black men employ a plethora of creative coping strategies. Although some research identifies maladaptive coping strategies, such as avoidance and denial (Constantine, Wilton, & Caldwell, 2003; Wang, Nyutu, & Tran, 2012), Mincey et al. (2015) contend that Black men frequently choose reframing, acceptance, self-distraction, religion, and planning as coping techniques. This study explored Black males’ use of sex as an adaptive coping strategy to manage stress, separation, and loss.

Methods

Research Approach and Rationale

A phenomenological research methodology (Creswell, 2012) was utilized to explore the shared lived experiences of 33 Black-identified men in relation to sexual activity. In addition, a Consensual Qualitative Research (CQR) approach was honored during the recruiting and collection of the data. The essential elements of CQR are the use of open-ended questions in semi-structured data collection procedures (i.e., typically in interviews), which allow for the collection of consistent data across individuals as well as a more in-depth examination of individual experiences. The rationale for the utilization of this approach was to allow Black men to choose to participate without coercion, deceit, or manipulation. Specifically, the research questions posed were the following:

(1) How do Black males who have experienced loss and separation respond to sex and sexual activity?

(2) How do Black males who are stressed approach and experience sex during this time?

(3) How do Black males narrate their experiences of sex when dealing with a loss or stressor(s)?
Sampling and Participants

Participants in this study were selected via snowball sampling and purposeful sampling in order to provide for what is often known as “information-rich” cases in qualitative research (Patton, 1990). The participants consisted of 33 Black-identified men with a mean age of 35 with ages ranging from 25–60. All the participants completed high school and a quarter of them received their Bachelor's degree. Half of them had children. Two participants were divorced, 20 participants were in a committed relationship (i.e., half cohabiting with their significant other) and eleven participants were single and had never been married. Their identified professions were: human service worker; coach; lawyer; security officer; warden; corrections officer; management; military personnel; student; and unemployed. All participants identified themselves as Black.

Interviews and Instruments

The interview guide was developed by the lead researcher using information obtained from the current literature, clinical direct practice work, and research with Black men around grief, loss, and coping. From a qualitative perspective, electronic interviews provided the best means for obtaining a more authentic and detailed account of participants’ experiences related to sex and coping. The interview guide was provided to spark insight into the role of sex when it comes to loss, separation, and stress.

Data Collection and Analysis

The interviews were administered using an online semi-structured interview guide. Participants were given a short demographic questionnaire to complete before starting the interview. Data analyzed were responses to the interview questions as well as information obtained from the demographic portion of the questionnaire.
In the second phase, the authors met monthly for several months in an iterative process to review transcripts and modify the coding to include “emerging codes”—codes that were consistently found in the interview analysis process were then discussed among authors. Data were analyzed by taking significant units of textual evidence and categorizing the coded information. Categorized transcribed data was then used to develop overarching themes and various categories and subcategories that emerged from the analysis. Furthermore, open-ended interviews were analyzed to better understand antecedents to sexual coping behavior. A critical thematic analysis was utilized to expound upon the themes and categories in an attempt to gain and enhance insight into the participants’ lived experiences with sex and coping from a phenomenological perspective (Morrow, 2005).

Results

The findings in this study are not intended to be generalizable, since it would not be realistic to assume that all Black-identified men across the Black diaspora who experience stress and loss will have the same experiences as the 33 men reflected in the study. Rather, the findings are intended to bring about awareness of how one views and assesses Black male sexual coping. The research questions that guided this exploratory study resulted in the emergence of themes. The themes were then clustered into four main categories based on an iterative and interpretive analysis. In addition, pseudonyms have been assigned to each participant in order to humanize their experiences and voices.

Sex and Loss

Within sex and loss, the following two themes emerged: a desire for sexual intimacy and an increased libido; and sex provides an escape/distraction and fills a void related to the significant loss.

Theme 1: Desire for sexual intimacy and increased libido. Participants shared the physical, emotional, and psychological yearning of sexual connection to someone during a time of significant loss. Ninety
percent of the participants reported an increase in sexual activity during a time of loss. Although participants indicated being physically present with their partner(s), they also shared that they were psychologically absent from the day-to-day relationship exchange. The following are a selection of quotes that speak to this theme:

Marcus  “I find myself wanting to engage in sexual behavior more frequently.”

Deon  “I once had sex with my wife within hours after learning of the death of a cousin whom I dearly loved. I felt comforted by my wife but guilty that I was at all interested in sex at that time.”

Trey  “I invest more energy into sex.”

Derrick  “During loss, I tend to want more intimate sex, not that rough sex. I seek the closeness and connection part of sex.”

Kenneth  “My experience with sex during a loss of separation comes typically after being in a committed relationship. So, I find myself being more promiscuous after being in a relationship.”

Jerome  “I tend to look for more outside sex.”

**Theme 2: Sex provides an escape/distraction and fills a void related to the significant loss.** Many participants expressed needing to escape the feelings that accompanied the loss. An unconscious numbing of the pain of losing someone close was experienced by many of the participants in the study. The following are some quotes selected to capture this theme:

Leon  “I don’t mind sex during time of loss. It takes my mind off of the situation.”

Carter  “It helps by temporarily numbing the emotional pain.”

Dre  “(I) really never examined my sex life during any of these periods. However, loss of intimate relationship makes me want to be involved with someone ASAP if I am not being intimate on a regular basis.”

Desmond  “All experiences were mechanisms to escape for a little while and just feel good.”

Alonzo  “Sexual experience can be categorized as ‘wanting to fill a void.’ I look at sex during moments of loss or separation as an outlet, regardless of the loss or separation.”

**Sex and Stress**

Within the categories of sex and stress the following two themes emerged: a decreased desire for sexual intimacy and exercise as an alternative means of coping with stress.
Theme 3: Decreased desire for sexual intimacy (i.e., decreased libido). Several participants described not having a sexual drive during times of stress. They shared feelings of not finding anyone sexually attractive during this time. In addition, participants were clear about not engaging in sex when feeling stressed. There was a clear distinction between loss and more sex versus stress and no sex, as shown in the following quotations.

Jason "When I get stressed, I can’t have sex. I really don’t find anybody sexually attractive.”

Q. "(My) sex drive decreases under stress, making an erection unattainable.”

Dorian "Stress makes it harder to get an erection at times, causing sex to be less intimate than desired.”

Michael "Really not into it!!”

Tyson "No sex until stress is gone.”

Rayvon "During stressful times I usually have a decreased sex drive.”

Clyde "(I) almost always have a decreased sex drive during stress.”

Jordan "During stress sex is ok, but at times I can’t get in the mood because I’m too focused on my problems.”

Kevin "(I have) decreased sexual drive during stress. I don’t like people to see stress on my person when I am going through it, so I keep it to myself until I figure it out. My sex drive is only good when my mind is free.”

Theme 4: Exercising as an alternative means of coping with stress. Participants often described other forms of coping when stressed, like exercising. Whether it was stress that came from sleep deprivation, work, financial concerns, parenting challenges and many more, stress was reported to have impacted their sex drives and sense of achieving sexual satisfaction. The following are some quotes selected to capture this theme:

Donte "(I have an) increased drive but learned to channel energy to something different by working or working out.”

Quincy "I just need to get my head clear and playing basketball helps when I’m feeling stressed out!”

Anthony "With so much shit going on in my life that causes stress, the last thing I am is horny. Real talk…I’ll just go hit the gym.”
Discussion and Implications

This study explored various dimensions of Black male sexual coping. The findings suggest that Black men utilize sex as an adaptive coping strategy, but they use it differently with loss and stress. This study is in part an attempt at an organized way of thinking and understanding the complexities around sexual healing among Black men. Over 90% of the participants experienced increased levels of sexual desire and activity when they experienced a significant loss of some kind; conversely, levels of desire and sexual activity decreased when they experienced varying levels of stress. The participants who experienced loss seemed to desire a more intimate experience and a sexual release, while those who experienced stress seemed to focus more on the release of energy.

The authors are not arguing that a decrease in libido due to stress is unique to Black men. However, the authors do believe that how stress is experienced due to racialization, marginalization, and oppression is not always assessed and recognized by mental health professionals when looking at low libido. Effective unpacking of these results requires thoughtful consideration of historical oppression. Utilizing a Eurocentric clinical lens when exploring Black male sexuality engenders vestiges of dehumanization, stereotyping, and pathologizing. To understand the sexuality of Black men, we must include resilience, strength and adaptive responses to oppression as determinants.

It is important to note that both coping methods are about space. Loss creates space which is experienced as an absence of a presence or the presence of an absence. Managing absences through connection and sexual contact appeared to be necessary for coping, as voiced by the men in the study. Stress, however, takes up space, and participants reported wanting distance and disconnection. They reported a desire for withdrawal and release, indicating they expressed emotions in other ways (e.g., working out).

Many questions emerge from these findings, including: What does this mean for Black males under stress daily because of marginalization, oppression, and racialization? Do Black men experience stereotyping, racism, and discrimination as loss or stress? How are they differentiated intrapsychically and interpersonally? Does stress disconnect Black men from healing
relationships and access to resources? What does it feel like to not have space or room enough to cope externally in society? And finally, what are Black men having to do to create space in their lives both unconsciously and consciously to cope—what are they doing with those feelings if their stress levels are high and/or their libido is low? These questions, and many more, speak to the experiences of victimization inherent in being a racialized Black male.

Victimization in society because of racialization as a Black male is a key component that mental health practitioners who are not Black or men must understand. Marginalization and victimization lead individuals to physically avoid people or places where they might experience this re-victimization or be reminded of previous victimization, and this may function to prevent the physical and emotional consequences of further victimization (White, Pachankis, Willie, & Reisner, 2017). Mental health professionals must understand how this can develop into avoidant coping strategies that may also be adaptive; “however, the more a person who has been victimized tries to avoid exposure to victimization, or suppress distressing thoughts associated with the threat of victimization, the more powerful and persistent those thoughts may become” (White et al., 2017, p. 42). As a result, avoidant coping can make the individual feel hopeless and can cause low self-efficacy for preventing additional experiences of victimization through less avoidant methods. These avoidant coping strategies often result in poor mental health (White et al., 2017) and sexual intimacy.

All mental health professionals must avoid pathologizing and embrace homogenizing the way in which they explore and assess Black male coping. This requires managing countertransference and projections. Countertransference reactions may be manifested in therapist reactions that reflect judgment, fear, discomfort, or disapproval. Clients see countertransference through cues such as “facial changes, postural shifts, voice tone, or muscle tension” (Kahn, 1991, p. 123).

Mental health professionals should also focus on the qualities and strengths that assist Black men with coping (i.e., sex and exercise) and not de-value and discredit them as maladaptive forms of coping. Highlighting strengths and self-affirmations can aid Black racialized men who have been victimized
“manage the fear of future mistreatment by realizing they have the skills and strengths to prevent or manage these experiences through less avoidant means” (White et al., 2017, p. 47).

One strategy for mental health practitioners is to increase inclusiveness when considering coping skills. The findings of this study reflect the need for mental health practitioners to recognize all the compounding variables that make it difficult for Black-identified males to adaptively cope with loss and stress. In addition, the positionality that the mental health practitioner takes must be couched with cultural humility. Cultural humility has been defined as “the ability to maintain an interpersonal stance that is other-oriented [or open to the other] in relation to aspects of cultural identity that are most important to the [person]” (Hook, Davis, Owens, Worthington, & Utsey, 2013, p. 354). The utilization of inclusiveness, highlighting strengths, and cultural humility must be explicitly adopted and practiced in order to develop a trusting, authentic therapeutic relationship. When a genuine therapeutic rapport is present, practitioners are more able to fully understand the intersectional nuances of the Black male client.

**Limitations**

The purposeful and selective nature of the recruitment process resulted in an inability to compare other races, ethnicities and gender variances in the findings, since the sample did not include other males outside of Black-identified males. It is unclear whether or how findings in the current study would have been different had the sample included an equal number of white non-Hispanic men. Future research should include the experiences of mental health professionals treating Black men who are grieving or experiencing stress as well as consider relevant information that contributes to stress and coping among Black identified men. Another recommendation would be to utilize a mixed-methods exploratory sequential design to examine and explore findings that are generalizable to the larger population.

There was limited research found in the literature regarding heterosexual Black-identified men and sexual activity and expressions. In addition, research shows that while mental
health practitioners have recognized a need for providing appropriate psychotherapy with Black males, very few provide the services due to lack of trust, appropriate outreach, and sensitivity for this marginalized population (Alvidrez et al., 2008). Introducing the awareness and assessing of Black male sexual coping to the mental health field as a way of understanding "sexually acting-out-behavior" among Black males, as well as a form of stress reduction, is a meaningful addition to the field of Black mental health. Upon implementation of these approaches, future studies should include case study evaluations of the services to explore Black men's experiences and coping methods while receiving mental health services.

Conclusion

This research study was initiated and designed to honor Black male voices and gain an understanding of the unique experiences with sex as a coping strategy related to stress and loss. The present study provided a new way of understanding adaptive Black male sexual coping experiences from a phenomenological perspective; courageous Black-identified males shared similar experiences and reasons for utilizing sex to cope with distress, disclosing key factors that influenced their sexual behavior. Unique to this study is that all of the participants are Black, the researchers are Black, and the data analysis focused on identifying strengths and adaptive coping skills. Black researchers exploring Black male sexuality adds nuanced, contemporary data to male sexuality literature. This type of progressive, clinical acumen is critical for success with marginalized populations. While this study provided some insight and an alternate lens to view the experiences and behaviors of Black men, it is evident that further research is needed among this population. Their voices and lived experiences are meant to be heard and represented in the research literature.

"If you possess enough courage to speak out what you are, you will find you are not alone."

Richard Wright, Black Boy
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