



Original Research

Cultivating Mindful Self-Compassion as a Response to Racial Battle Fatigue in African American Men

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Abstract: African American men face unique mental health challenges due to the pervasive impact of racism, including the chronic stress and psychological toll of racial battle fatigue (RBF). RBF refers to the cumulative effects of exposure to systemic racism, leading to psychological, emotional, and physiological exhaustion. Addressing RBF is critical for improving the mental health and well-being of African American men. Mindful Self-Compassion (MSC), an evidence-based intervention, offers a promising approach for mitigating the effects of RBF. MSC emphasizes mindfulness, self-kindness, and common humanity, providing individuals with tools to cultivate emotional resilience and self-compassion in the face of adversity. However, there is a notable gap in research focused on applying MSC to the deleterious impact of racism on African American men. This article proposes an expanded framework for using MSC to address the specific challenges posed by RBF. The article concludes with practical recommendations for clinicians on how to adapt MSC to better serve African American men exposed to RBF.

Keywords: *Mindful Self-Compassion, African American Men, Racism, Racial Battle Fatigue*

Racism: A Public Health Crisis

Racism is a public health crisis with direct implications for psychological well-being. For this article, racism is conceptualized through the frameworks of Jones (1997) and Kendi (2019) as a system of advantage that operates across individual, institutional, and cultural levels, sustained by both racist policies that produce inequality and the ideas that justify them. For Black men in particular, racism functions as a chronic stressor with profound mental health consequences. A robust body of literature links racial discrimination to increased rates of depression, anxiety, and psychological distress (Utsey and Payne 2000; Watkins et al. 2006; Pieterse et al. 2012; Johnson and Markowicz 2022; Reigeluth and Johnson 2022). The psychological toll of racism is cumulative, producing heightened vigilance, emotional suppression, and chronic physiological stress responses (Franklin and Boyd-Franklin 2000; Hudson et al. 2023; Hall-Clark et al. 2024). These responses are not merely acute reactions to isolated events but sustained adaptations to living in a society that routinely devalues and pathologizes Black male identity.

The Impact of Racism on Social Determinants of Mental Health

Racism not only inflicts psychological harm but also shapes the broader social determinants of health, compounding the challenges faced by African American men. Among all demographic groups in the United States, African American men experience the highest mortality rates and lowest life expectancy (Shikany et al. 2018). They face a disproportionate burden of chronic illnesses—including elevated rates of cardiovascular disease, a 60% higher stroke mortality rate than White men, and increased deaths from prostate cancer and diabetes-related complications (Hurt et al. 2020; Hansen et al. 2022; Jordan et al. 2024).

These health inequities do not exist in isolation but are embedded in structural conditions—such as unemployment, poverty, and unequal access to quality education and healthcare—that are themselves products of racial discrimination (Holzer 2021; Delgado et al. 2023). Racism constrains opportunity, fuels economic marginalization, and contributes to the disproportionate incarceration of Black men (Watkins et al. 2010; Gee and Ford 2011). The cumulative effect of these social and structural forces contributes to psychological strain and chronic stress exposure, undermining mental health across the lifespan. Recognizing these intersecting burdens, the American Public Health Association (2020) has formally declared racism a public health crisis.

The Purpose and Structure of This Article

This article centers on the urgent need for culturally responsive therapeutic interventions that promote healing and psychological well-being among African American men living under the weight of structural racism. Specifically, it offers an adaptation of Mindful Self-Compassion (MSC) that acknowledges the racialized and gendered stressors that shape Black men's lived experiences. While MSC has been shown to reduce psychological distress and improve emotional resilience, existing models have not adequately addressed the systemic and identity-based burdens faced by Black men.

To ground this clinical proposal, the article begins with an examination of Black masculinity studies and intersectionality, highlighting how race, gender, and other intersecting identities structure experiences of oppression. This theoretical foundation helps illuminate the unique ways that racism operates as a gendered and racialized system that distinctly harms Black men. The article then explores racial battle fatigue (RBF) as a framework for understanding the cumulative emotional, cognitive, and physiological toll of racism on Black men (Smith, Allen, et al. 2007; Smith, Yosso, et al. 2007). By mapping the psychological consequences of persistent racial oppression and reviewing common coping strategies, the article underscores the need for trauma-informed, culturally grounded interventions.

Building on this foundation, the final sections of the article propose a set of modifications to MSC that render it more responsive to the cultural, structural, and psychological realities

Black men face. These adaptations are organized around five core themes that emerged from the literature: Whiteness as a System of Power, Black Racial Misandry (BRM), Structural Oppression, Emotional Survival Strategies, and Collectivism and Communal Healing. Reframed through an intersectional and anti-gendered racism lens, the adapted MSC model aims to foster healing and enhance resilience in the face of racialized trauma. In doing so, this article contributes both a conceptual framework and an applied approach to advancing mental health equity for Black men.

Black Masculinities, Intersectionality, and Racial Battle Fatigue

Hegemonic Masculinities

Hegemonic masculinities describe a dominant model of manhood that reinforces hierarchies of gender, race, and class (Connell et al. 2005). Although Black men are historically excluded from this framework, many internalize hegemonic ideals—such as stoicism, dominance, and control—as a strategy for gaining social legitimacy within a society structured by Whiteness (Johnson 2010; Wesley 2015). Johnson (2010) contends that due to their exclusion from traditional White male dominance, many Black men attempt to assert masculinities through performances that align with hegemonic ideals, even as those same ideals contribute to their marginalization. Similarly, Banjoko (2011) describes how young Black boys learn that physical dominance and aggression are perceived as markers of masculinities, reinforcing the very standards that historically excluded them. Banjoko (2011) specifically posits that “the aggressive behavior or posturing is internalized by these young males as being a sign of masculinities” (140). This suggests that hegemonic masculinities operate as both an imposed structure and an internalized expectation. Whiteness, as a system of power, defines dominant masculinity norms and positions Black men as inherently deviant within that order (Liu and Liu 2024).

Black Racial Misandry

Hegemonic masculinity explains the internalization of dominant gender ideals; however, it does not account for the broader cultural logics that frame Black men as societal threats. The concept of BRM offers a sharper lens for understanding how Black men are dehumanized through racialized and gendered fear. To be clear, BRM is provided as an emergent and complementary lens, not as a replacement for existing frameworks like intersectionality (Crenshaw 1989) or the matrix of domination (Collins 1990). Defined as a structural and ideological framework that dehumanizes and criminalizes Black men and boys, BRM rationalizes systemic neglect, policing, and violence (Smith, Allen, et al. 2007; Smith, Yosso, et al. 2007; Curry 2017a). For example, stereotypes such as the “brute” and the “thug” are used to justify hyper-surveillance, as seen in stop-and-frisk policies and media portrayals of Black men and boys (Brooms and Clark 2020). These perceptions not only legitimize external

harm but also restrict Black men's access to institutional protection, and responsive healthcare (Johnson and Markowicz 2022). I advance that Whiteness plays a central role in sustaining BRM by defining Black masculinity in opposition to the norms and privileges associated with White manhood. As a system of power, Whiteness establishes the boundaries of legitimacy and social acceptability, framing Black men as inherent risks to social stability while restricting their access to institutional protections and opportunities.

Tacit Racism

While BRM operates as an explicit ideological framework that positions Black men as threats, tacit racism functions more subtly, embedding racial biases into institutional norms and everyday interactions (Rawls and Duck 2020). Tacit racism refers to the implicit, often unspoken ways in which racial biases are embedded within societal structures, shaping attitudes and behaviors without overt expressions of prejudice (Rawls and Duck 2020). Tacit racism operates within a racial hierarchy where Whiteness is the default standard of normalcy, Black men and boys are rendered as hyper-visible threats and subjected to marginalization (Rawls and Duck 2020). One example is the differential treatment of Black boys in educational settings. Black boys are disproportionately punished for behaviors that elicit more lenient responses when exhibited by their White peers (Goff et al. 2014). This pattern of surveillance and punitive response is rarely framed as overt racism but is instead justified through seemingly race-neutral language about discipline and classroom management. Such mechanisms reflect how tacit racism functions—not through explicit racial animus but through ingrained assumptions and institutional norms that disproportionately disadvantage Black men and boys while maintaining the illusion of objectivity and fairness. In response to such persistent scrutiny, Black men may adopt the null response as a survival strategy, a coping mechanism in which emotional reactions to racial injustices are suppressed to avoid escalating situations or reinforcing negative stereotypes (Rawls and Duck). I advance that while this strategy may provide short-term protection from social and institutional retaliation, the long-term psychological toll can erode emotional health potentially leading to RBF.

Together, these frameworks illustrate how Black men's emotional landscapes are shaped by layered systems of surveillance, exclusion, and internalized gendered expectations. Understanding these forces is essential for developing clinical interventions—like culturally adapted Mindful Self-Compassion—that meet Black men where they are and support emotional healing without pathologizing survival strategies

Intersectionality as a Lens for Understanding Black Masculinities

Race and gender alone do not fully explain the lived experiences of Black men. Their realities are shaped by multiple, intersecting systems of oppression—including class, sexuality, and

disability—that influence how they are perceived, treated, and positioned within society. While previous sections have explored Black masculinity as a site of struggle and adaptation, it is critical to expand the lens further. Intersectionality allows us to move beyond singular categories to examine how overlapping structures of power shape distinct challenges for different groups of Black men.

Originally introduced by Kimberlé Crenshaw (1989, 1991) to describe the experiences of Black women, intersectionality is equally vital for understanding Black men, whose racialized and gendered identities are further shaped by class, ability, and sexuality (Collins 1990; Bowleg et al. 2013). For example, low-income Black men face intensified criminalization and economic exclusion, while middle-class Black men often encounter skepticism and exclusion in professional spaces (Wingfield 2007; Rios 2011). Queer Black men navigate both racial misandry and heteronormative exclusion, while disabled African Americans of diverse genders endure ableism in addition to anti-black racism (Ferguson 2004; Curry 2017b). These variations illustrate that Black masculinity is not monolithic but deeply contingent on other social locations. Recognizing these interlocking structures is essential for developing nuanced understandings of RBF—and, more importantly, for designing clinical interventions that meet Black men where they are.

Racial Battle Fatigue and the Cost of Gendered Racism

Chronic exposure to racial oppression contributes to RBF, a framework developed by William A. Smith, Allen, et al. (2007) to describe the cumulative psychological and physiological distress experienced in racially hostile environments. For Black men, RBF is shaped not only by racism but by gendered racism, where dominant narratives of Black men as dangerous, hypersexual, or emotionally deficient amplify the toll (Smith, Allen, et al. 2007; Smith, Yosso, et al. 2007). Unlike isolated incidents of discrimination, RBF emerges from prolonged exposure to microaggressions, structural inequities, and the emotional labor of navigating predominantly White institutions. Symptoms include chronic stress, exhaustion, elevated blood pressure, emotional withdrawal, and feelings of isolation (Smith 2004; Husband 2016; Smith et al. 2016). These health outcomes are not merely individual reactions but structural injuries—linked to increased risk for depression, cardiovascular disease, and other chronic conditions (Vines et al. 2006; Nair et al. 2019).

Research has demonstrated RBF in multiple domains. Black male faculty report burnout and physical illness as a result of institutional exclusion and “White fear” in academic and professional settings (Smith 2004; Sanders et al. 2023). Black male students are profiled and misrecognized as threats or athletes rather than scholars, which fosters alienation and hypervigilance (Smith et al. 2016; Jones and Neblett 2019). In the workplace, Black male supervisors face epistemic injustice and must perform strategic silence or compartmentalize emotions to preserve their roles—coping mechanisms that, while adaptive, contribute to

long-term distress (Sanders et al. 2023). Understanding RBF as a structurally produced condition—not merely an emotional response—calls for culturally grounded interventions that both validate these survival strategies and provide tools for restoration. MSC, adapted for the lived experiences of Black men, offers one such path forward.

Resisting and Reclaiming Power: Black Men’s Strategies of Survival

RBF captures the emotional and physiological toll of enduring racialized environments. It is equally important to recognize how Black men survive, resist, and respond to these conditions through culturally grounded strategies. These coping strategies are purposeful and effective responses to systems of exclusion. Recognizing these strategies is essential to designing clinical interventions that affirm Black men’s lived realities.

The Code of the Street

The Code of the Street, described by Anderson (1999), illustrates how Black men in economically marginalized communities adopt self-protective strategies in environments marked by surveillance and institutional failure. In these settings, a cultural code emerges in which respect, toughness, and emotional control function as armor against both interpersonal harm and systemic disregard. This performance of strength serves as a form of emotional self-regulation and social survival. However, sustained adherence to this code can lead to emotional suppression and chronic vigilance, further exacerbating the psychological wear associated with RBF.

John Henryism

John Henryism describes a high-effort coping style characterized by relentless striving in the face of structural barriers (James 1994; Bennett et al. 2004). Many Black men, socialized to believe their success depends solely on personal endurance, adopt this strategy as a means of asserting agency and dignity. While it can foster resilience and purpose, research shows that overreliance on this approach contributes to elevated stress, hypertension, and emotional exhaustion (Hudson et al. 2016; Cuffee et al. 2020). It also reinforces norms of stoicism and self-sacrifice, often discouraging help-seeking or emotional expression. As a survival response, John Henryism reflects both strength and strain—a duality that therapeutic models must carefully address.

Healing in Community: African-Centered Psychology

Joseph L. White, the father of Black psychology, argued that traditional psychological theories, developed by and for White people, cannot adequately explain Black behavior (White 1970, 1984). Instead, Black experiences should be viewed through the lens of African

roots, history, and culture (Parham et al. 1999). A key concept here is collectivism, captured in the Ubuntu phrase “I am because we are,” which underscores that coping with RBF is fundamentally a communal process. Black men draw strength from shared history, mutual support, and the collective mission to resist oppression. African-centered psychology thus aligns with existing coping strategies by reinforcing the importance of communal support and connection as essential foundations for resilience.

Building on this foundation, African-centered psychology further emphasizes values such as interdependence and collective survival. These values, rooted in the African ethos, encourage Black men to ground healing in relationships and community-based support. Within this framework, engagement with others is framed as a strength—rather than a vulnerability—and is viewed as essential to maintaining psychological well-being (Parham et al. 1999). Rather than seeking validation through external systems that often reproduce harm, Black men are urged to find affirmation within their cultural communities. This process not only fosters resilience but also nurtures a positive cultural identity rooted in shared resistance and collective healing (Parham et al. 1999).

Together, these frameworks highlight that Black men are not merely enduring systemic harm—they are navigating it with intention, creativity, and cultural strength. Any intervention aiming to support their mental health must honor these forms of resistance. The following sections introduce MSC as a therapeutic model with potential to meet these realities—offering tools that support emotional healing, validate lived experience, and restore connection to self and community.

Effectiveness of Mindful Self-Compassion for Emotional Distress

MSC offers a promising foundation for addressing RBF among African American men, though it has not yet been empirically studied in this population as a direct clinical intervention. Research supports MSC’s broader role in enhancing emotional resilience (Germer and Neff 2013) and reducing psychological distress across diverse groups, particularly among individuals facing race-related stress (Hwang and Chan 2019).

MSC offers a promising intervention for alleviating RBF among African American men. MSC is an evidence-based approach designed to enhance emotional resilience (Germer and Neff 2013; Torrijos-Zarcero 2021). Research shows that self-compassion can be an effective coping mechanism, especially for individuals facing stigmatization (Hwang and Chan 2019; Solomon et al. 2022).

MSC has roots in Buddhist traditions that emphasize compassion as central to the human experience (Davidson and Harrington 2002). Kristin Neff, a leading figure in self-compassion research, introduced it as a practice of treating oneself with kindness during hardship, emphasizing self-kindness, common humanity, and mindfulness (Neff 2003; Neff and McGehee 2009). Self-compassion involves soothing oneself, recognizing suffering as a shared

human experience, and maintaining balanced awareness without avoiding or overidentifying with difficult emotions (Tian et al. 2019; Neff 2023).

Neff (2003) identified three core components of self-compassion: (a) self-kindness versus self-judgment, (b) common humanity versus isolation, and (c) mindfulness versus overidentification. These components foster emotional balance and reduce the negative impacts of self-criticism and external stress (Vidal and Soldevilla 2023). Higher levels of self-compassion are associated with improved psychological well-being, adaptive coping, and decreased anxiety and depression (Haukaas 2018; Yela et al. 2020).

The MSC program, developed by Neff and Christopher Germer, is an eight-week intervention that integrates mindfulness and self-compassion practices, inspired by Jon Kabat-Zinn's Mindfulness-Based Stress Reduction (MBSR) (Germer and Neff 2019). Research has consistently demonstrated that MSC significantly reduces depression, anxiety, and stress while improving life satisfaction and emotional resilience (Neff et al. 2020; Hoffman and Baker 2023). The program emphasizes cultivating a kind and supportive relationship with oneself, making it a potent tool for promoting psychological well-being.

The Role of Self-Compassion in Alleviating Racism-Related Stress

Recent studies underscore the therapeutic value of MSC for individuals navigating the emotional impact of racism-related stress. For example, Volpe et al. (2024) found that among 504 Black young adult women, reduced self-compassion—linked to the “superwoman schema” and emotional suppression—was associated with increased emotional eating. These findings underscore the psychological cost of internalized strength narratives and point to the therapeutic potential of compassion-based interventions for mitigating the effects of racialized gender expectations.

In related work, Spillane et al. (2021) found that self-compassion moderated the relationship between racial discrimination and alcohol use in Indigenous adolescents. Hwang and Chan (2019) observed that a compassionate meditation program reduced depression, anxiety, post-traumatic stress syndrome (PTSD) symptoms, and racial stress among Asian American college students. These studies suggest that self-compassion can interrupt the link between racial trauma and behavioral or psychological harm. However, the evidence is not uniformly optimistic. Watson-Singleton et al. (2022) found that self-compassion did not mediate the relationship between racism and psychological distress among African American participants. Instead, self-coldness—particularly self-judgment—was the key mechanism linking racism to negative outcomes. This nuance suggests that compassion-based programs must go beyond general encouragement of kindness to actively address internalized shame, emotional suppression, and culturally specific forms of distress. Scholars such as Harrell et al. (2023) and Munjee and MacPherson (2023) argue for culturally responsive adaptations of mindfulness and compassion-based therapies. Without explicitly acknowledging

institutional oppression and cultural worldviews, these practices risk alienating BIPOC (Black, Indigenous, and People of Color) participants or minimizing their lived experiences.

Mindful Self-Compassion and Black Men: Research Gaps

Existing research supports the effectiveness of MSC with BIPOC populations; yet, there is a notable absence of studies focusing specifically on African American men. To assess the current state of the literature, I conducted a systematic search across Academic Search Complete, ERIC, and Psychology and Behavioral Sciences Collection. Boolean operators were used to combine terms related to self-compassion (e.g., “mindful self-compassion,” “self-compassion,” “compassion therapy”) with a range of population and context terms (e.g., “African American men,” “Black men,” “Black people,” “African Americans,” “racism,” “race,” “ethnic minorities,” “people of color,” and “BIPOC”). Despite this broad and systematic search strategy, no peer-reviewed studies were identified that specifically examined the clinical application of MSC with African American men.

One recent study does highlight the relevance of MSC for addressing RBF: Solomon et al. (2022) proposed a humanistic intervention integrating MSC into school-based healing circles for teachers of color. While this work provides a valuable foundation for applying self-compassion in the context of racialized stress, it does not examine the unique gendered experiences of African American men. As such, it reinforces the broader gap in culturally tailored clinical applications of MSC for this population.

Thus, although some studies include Black men within broader African American samples or collapse them into umbrella terms like BIPOC, these approaches often obscure the distinct racialized and gendered experiences of African American men (Griffith et al. 2011). This absence of targeted research underscores the urgent need to adapt MSC interventions to reflect the lived realities of African American men, including the internalized and structural stressors associated with RBF. Importantly, this article does not argue that African American men are more in need of MSC than other populations. Rather, it contends that if MSC is to be used effectively with this population, it must be adapted to reflect their specific cultural experiences. This includes accounting for collective identity, emotional survival strategies, and the psychological toll of gendered racism. Recognizing this gap, the following section proposes a culturally responsive adaptation of MSC that centers on the lived experiences of African American men.

Culturally Relevant Adaptation of Mindful Self-Compassion

This article offers a culturally responsive adaptation of MSC. While MSC has demonstrated benefits for emotional regulation and psychological well-being, its current structure does not account for the structural, historical, and cultural realities that shape the mental health of African American men. Scholars have increasingly called for anti-oppressive and culturally

grounded adaptations of mindfulness and compassion-based interventions that recognize and integrate the sociopolitical contexts of marginalized communities (Watson-Singleton et al. 2022; Harrell et al. 2023).

In line with these calls, this adaptation centers on five key themes that emerged from the literature on Black masculinities and gendered racism: Whiteness as a system of power, gendered racism, structural oppression and interlocking systems of power, Strategic Emotional Containment (SEC), and collectivism and communal healing (see Table 1). These themes serve as the foundation for a series of clinical recommendations aimed at guiding culturally responsive applications of MSC for African American men. Rather than adapting the entire eight-week MSC program, this section presents five thematic recommendations that align with core MSC principles—mindfulness, common humanity, and self-kindness—while integrating culturally specific insights drawn from Black psychological and social theory. Each recommendation links a theme to a practical strategy for addressing RBF in therapeutic contexts. Readers seeking a broader understanding of MSC may consult foundational texts such as Neff and Germer (2018). Table 1 summarizes the five core themes informing the culturally responsive adaptation proposed in this article.

Table 1: Core Themes Guiding Culturally Responsive Adaptation of Mindful Self-Compassion

<i>Thematic Focus Area</i>	<i>Brief Description</i>
Whiteness as a System of Power	Explores how Whiteness functions as a dominant cultural framework that shapes psychological norms and therapist perceptions, requiring self-examination before working with Black men
Gendered Racism and the Misrepresentation of Black Men	Focuses on how Black men are uniquely racialized and gendered in ways that distort their identities, often being misrepresented as aggressive, hypersexual, or emotionally detached
Structural Oppression and Interlocking Systems of Power	Highlights how racism intersects with other systems of oppression (e.g., classism, heterosexism), shaping the lived experiences and stressors Black men navigate
Strategic Emotional Containment	Addresses how Black men are socialized to suppress emotion as a survival strategy, which is protective in some contexts
Collectivism and Communal Healing	Underscores the importance of communal support, and collective healing practices in as culturally congruent sources of strength

Centering Whiteness as a Foundational Lens

A culturally responsive adaptation of MSC must begin with a direct and sustained confrontation of Whiteness as a system of power that structures racial hierarchies, norms, and harms (Bartoli et al. 2015). Whiteness can be defined as “the overt and subliminal socialization processes and practices, power structures, laws, privileges, and life experiences that favor the White racial group over all others” (Tyler et al. 2022, 718). As discussed, hegemonic masculinities situate Whiteness as the normative representation of manhood, positioning Black men as deviant and outside the bounds of legitimacy (Liu and Liu 2024). Tacit racism reflects a similar dynamic, casting Whiteness as the default standard of normalcy that renders Black men hyper-visible as threats while simultaneously erasing their emotional complexity (Rawls and Duck 2020). In therapeutic contexts—including MSC—Whiteness functions as an often-unacknowledged baseline, shaping assumptions about suffering, healing, and even who is deemed worthy of compassion. When unexamined, this foundation risks reinforcing harm rather than alleviating it. As Ebubedike (2024) notes, Whiteness not only shapes many of the conceptual foundations of psychotherapy but also marginalizes the emotional realities of Black men. Thus, confronting Whiteness is not a peripheral consideration but a core prerequisite for applying MSC in work with African American men.

Curricular Integration: Embedding Critical Consciousness in MSC

This recommendation involves two interlocking domains: curricular integration and therapist self-inquiry. First, the MSC curriculum itself must be revised to include Whiteness—not as an auxiliary topic but as a foundational concept alongside self-kindness, mindfulness, and common humanity. This requires explicitly teaching Whiteness as a structural and psychological force that shapes emotional responses, clinical practices, and assumptions about whose pain matters. Instructors should incorporate required readings, structured reflection exercises, and discussions that critically examine how Whiteness manifests in clinical settings.

Therapist Self-Inquiry and Embodied Compassion

Equally important is the therapist’s own inner work. MSC emphasizes embodiment—inviting practitioners to model self-kindness, mindful awareness, and compassion. However, compassion cannot be genuinely embodied when racial biases go unexamined. For White therapists, this means undertaking an ongoing process of reflecting on their own racial identity, racial privilege, and internalized White superiority. This includes confronting emotional discomforts such as guilt, defensiveness, or fragility, and moving toward accountability and repair. It also requires attending to how Whiteness shows up in therapeutic relationships—where it may manifest as minimization, over-pathologizing, or

silence in response to clients' racial pain. Importantly, BIPOC therapists are not exempt from examining how Whiteness operates in their own lives and practices (Barton, n.d.). *Proximity to Whiteness* refers to the ways that BIPOC individuals may adopt, align with, or benefit from dominant cultural norms that maintain White supremacy and racial hierarchies (Twine and Gallagher 2008; Asare 2020; Bouchard 2023). This alignment may be expressed through language, values, professional norms, or avoidance of race-related topics in clinical work. Left unexamined, proximity to Whiteness can lead BIPOC clinicians to unconsciously reinforce harmful norms, even within well-intentioned therapeutic spaces. Engaging in this work involves asking difficult questions about one's own socialization and internalized preferences for White-adjacent standards of competence, appearance, emotional expression, or legitimacy. The work of racial self-awareness is ongoing and must include accountability to one's own community as well as to those most impacted by White supremacy.

Tools for Unpacking Whiteness and Proximity to Whiteness

Therapists across racial identities need concrete tools to support ongoing racial self-awareness. One such resource is the Cycle of Socialization (Harro 2000), which helps clinicians trace how institutions, families, and media have shaped their early beliefs about race and social power. Reflective questions may include: *What early messages did I receive about race? How have I benefited from—or aligned with—Whiteness in my clinical identity?* These inquiries encourage clinicians to examine both conscious and unconscious investments in dominant norms. Affinity groups provide additional space for processing this work. White therapists may use White-identified spaces to explore internalized dominance without burdening BIPOC colleagues, while BIPOC affinity groups can offer support in examining proximity to Whiteness and navigating racial complexity. These are not one-time exercises but lifelong practices of critical reflection—essential for therapists who seek to integrate MSC in a liberatory way.

Liberatory Compassion Requires Racial Self-Awareness

A culturally attuned MSC practice begins not with scripts or tools but with the internal work of decentering Whiteness. Therapists who do not interrogate their racial positioning risk undermining trust, mis-attuning to client needs, and unconsciously reproducing harm. Just as self-compassion requires awareness of one's suffering, extending compassion to African American men navigating RBF requires honest engagement with one's own complicity in racial hierarchies.

Healing Self-Coldness as a Response to Racial Misandry

MSC was developed to help individuals respond to internal suffering with self-kindness, mindful awareness, and a sense of shared humanity. However, BRM produces a distinct form of suffering for Black men—one that is public, chronic, and dehumanizing. This suffering is

embedded in structural systems and symbolic representations that frame Black men as threats, brutes, or emotionally deficient. Over time, repeated exposure to these narratives can be internalized, leading to emotional exhaustion and patterns of self-criticism. Without acknowledgment of these racialized dynamics, MSC may fall short in fully addressing the psychological needs of African American men.

Research supports the need to specifically target these dynamics. Watson-Singleton et al. (2022) found that among African Americans, self-coldness—particularly harsh self-judgment—was a more significant mediator between racism and psychological distress than a lack of self-kindness. In other words, the problem is not simply that Black clients do not know how to be kind to themselves—it is that racism, and especially racial misandry, actively fosters self-contempt. This distinction is essential for adapting MSC to meet the needs of African American men. I advance that if self-coldness is understood as the internalized echo of societal dehumanization, then compassion-based interventions must be prepared to address the origin of this self-directed hostility—not merely its symptoms. This includes naming how stereotypes associated with BRM (e.g., hyper-aggression, emotional numbness, criminality) shape Black men’s self-perceptions, relationships, and emotional regulation. Many African American men may come into therapy burdened by the pressures of navigating racial stereotypes and the cumulative toll this takes on the body and mind—contributing to RBF.

Therapist Self-Inquiry: Examining Internalized Black Racial Misandry

Therapists must engage in ongoing reflection about the societal messages they have internalized about Black men and boys. These messages—often rooted in stereotypes of aggression, emotional indifference, or hypersexuality—are embedded in media, education, and clinical training (Wingfield 2007; Brooms and Clark 2020). Left unexamined, they can shape therapeutic reactions in ways that reinforce the very dehumanization MSC seeks to repair. Reflective prompts might include: What messages did I grow up hearing about Black boys and men? What stereotypes have I internalized? How do these influence my expectations or reactions in therapy? What personal experiences—positive or negative—have shaped how I see Black men? MSC begins with awareness of suffering. For therapists, this includes awareness of how internalized bias may distort their ability to see Black male clients clearly and respond with genuine compassion (Harrell et al. 2023; Ebubedike 2024).

Confronting Black Racial Misandry Through Compassion Practice

For African American men, the psychological residue of dehumanizing stereotypes—such as being perceived as dangerous, unfeeling, or undeserving—can manifest as self-coldness (Curry 2017a; Rawls and Duck 2020; Brooms 2024; McAulay 2024). These patterns are survival adaptations shaped by repeated exposure to systemic oppression (Bowleg et al. 2013). Therapeutic interventions must therefore be attuned to both the external origin and the

internal consequences of racialized suffering. Within the MSC framework, compassion practices may support healing from this internalized harm—but only when the intervention is contextually grounded (Parham et al. 1999; Watkins 2012). Therapists must first name the source of suffering explicitly: RBF rooted in gendered stereotypes and social exclusion (Smith et al. 2011). This validation helps shift the narrative from “what’s wrong with me?” to “what has been the impact of my exposure to gendered racism?”—positioning self-compassion as a practice of justice in response to systemic harm (Harrell et al. 2023).

Structural Oppression and Interlocking Systems of Power

This section centers on structural oppression as the sociopolitical context in which Whiteness and BRM are embedded. In doing so, it responds to calls from multiple scholars for mindfulness and compassion-based practices to explicitly engage with the structural realities of marginalized communities (Harrell 2023; Munjee and MacPherson 2023). As Munjee and MacPherson (2023) argue, racism is not merely interpersonal—it is also structural, cultural, intrapersonal, and symbolic. These dimensions intersect and embed themselves into the lived experiences of African American men, shaping not only how they are treated by others but also how they come to understand themselves.

Intersectionality and the Myth of the Monolith

Although this article foregrounds race and gender, it is essential to underscore that Black men are not a monolithic group. Their lives are shaped by intersecting identities, including—but not limited to—race, gender, class, sexual orientation, ability, age, education, and spirituality. Drawing on Crenshaw’s (1989) theory of intersectionality, this section affirms that oppression is not additive, nor does it follow a hierarchy of suffering. Rather, systems of domination such as racism, patriarchy, capitalism, and ableism converge in unique and often compounding ways that impact African American men. Compassion-based interventions must reflect this complexity. Without an intersectional lens, the structural roots of suffering risk being either overlooked or misattributed as individual failings.

The Limits of “Common Humanity” in MSC

The standard MSC curriculum often emphasizes the principle of common humanity—a reminder that suffering is universal. While this aim is well-intentioned, it can inadvertently obscure how suffering is unequally distributed and systemically produced. As Harrell et al. (2023) noted, many psychological frameworks promote “universal” models of healing that erase or minimize the lived experiences of people of color. Within MSC, this may result in compassionate responses that soothe the individual but leave systems of oppression unchallenged. This contradiction must be addressed directly. For African American men, it

is not enough to cultivate compassion in the face of suffering; it is equally necessary to cultivate clarity about the sociopolitical conditions that give rise to that suffering.

Clinical Practice as a Site of Structural Awareness

Naming structural oppression within MSC is not a theoretical exercise—it is a clinical necessity. Compassion-based practices that invite clients to turn toward their pain, without acknowledging the systemic origins of that pain, can feel invalidating or even retraumatizing. Clinicians must not only be aware of how structural forces—such as class inequality, over-policing, health disparities, and educational exclusion—shape their clients’ realities, but they must also actively integrate this awareness into the therapeutic process. Doing so affirms clients’ lived experiences, builds therapeutic trust, and aligns compassion with justice.

A culturally responsive adaptation of MSC must reflect what Munjee and MacPherson (2023) describe as the integration of cultural consciousness—an orientation that acknowledges that healing cannot occur without also naming the power structures that produce harm. For African American men, this means mindfulness and compassion practices must be embedded in a framework that affirms their full humanity, honors the diversity of their identities, and commits to dismantling the systems that deny their worth.

Strategic Emotional Containment: A Culturally Grounded Response

Mindfulness and self-compassion practices often emphasize contact with emotion—encouraging individuals to notice, name, and attend compassionately to their inner experiences. In MSC, emotional engagement is framed as central to healing: awareness of difficult emotions becomes the gateway to recognizing suffering, which in turn lays the foundation for offering oneself compassion. Many core MSC practices—including the Self-Compassion Break, Soften–Soothe–Allow, and Working with Difficult Emotions—are built on this premise. Participants are invited to locate feelings in the body, identify them with gentle awareness, and extend kindness to the part of themselves that is hurting. These practices rest on the assumption that direct emotional engagement fosters clarity, resilience, and healing.

While this focus is foundational to MSC, it often assumes a culturally neutral landscape for emotional expression. For African American men, emotional contact is shaped by a broader sociocultural context in which vulnerability may be misread or punished. Rawls and Duck (2020) introduce the concept of the “null response,” describing how Black men may withhold emotional reactions as a way to avoid reinforcing harmful narratives about Black masculinity. One such stereotype—the “angry Black man”—constructs Black male emotion, particularly frustration or assertiveness, as inherently threatening or aggressive.

Strategic Emotional Containment as Cultural Attunement

In response, some Black men adopt emotional containment as a form of self-protection, navigating a world in which their feelings are routinely distorted through the lens of BRM and interpreted as volatility or danger. These patterns reflect what may be better understood as SEC—the deliberate withholding of emotional expression as a means of survival within a racially hostile environment. Rather than pathologize this response, MSC must recognize SEC as an act of strength, discernment, and cultural attunement.

Watkins (2012) underscores the need for culturally congruent approaches when working with African American men, suggesting that therapists may need to emphasize cognitive or action-oriented strategies over emotional disclosure. Treatment models that prioritize problem-solving and behavioral activation, rather than immediate vulnerability, may increase client engagement and align more closely with the lived realities of Black men. These recommendations do not call for the abandonment of MSC’s emotional framework but for its adaptation—delivered with humility, responsiveness, and cultural awareness.

In this context, honoring emotional distance can itself be a compassionate act—one that fosters trust and creates space for vulnerability to emerge on the client’s terms. Navigating when and how to express emotional openness is a delicate balancing act for many Black men, whose feelings are frequently surveilled, misinterpreted, or weaponized. This balancing act reflects a deeper psychological tension that W. E. B. Du Bois ([1903] 1994) famously described as *double consciousness*—the experience of seeing oneself through the eyes of a dominant culture that misrecognizes one’s humanity. This “twoness”—being both Black and American—requires ongoing negotiation of self-presentation, emotional restraint, and survival. Within this dynamic, SEC becomes not a rejection of feeling but a trauma-informed and racially situated survival strategy.

This article does not adopt the view that African American men are less emotionally aware or less capable of emotional intimacy than diverse racial groups. Rather, it recognizes that emotional openness may be selectively expressed or strategically withheld in response to systemic oppression. A culturally responsive MSC must recognize that what appears as emotional distance may, in fact, be a strategic response to structural oppression—and that compassion must account for the wisdom embedded in such survival strategies. Adaptations that make room for SEC as a valid and intelligent form of engagement ensure that the practice remains both trauma-sensitive and culturally grounded.

Centering Collectivistic Values in Healing

MSC is rooted in practices that emphasize inner awareness, personal responsibility, and self-directed care. This structure mirrors broader Western psychological frameworks, where healing is often conceptualized as an internal, individualized process. However, this individualized orientation to healing may be culturally incongruent with the communal

values of many African American men. For many African American men, healing has occurred in community—barbershops, churches, fraternities, sports teams, and mutual aid networks (Carlton et al. 2021; Jacob et al. 2023).

These spaces are not just cultural markers—they are therapeutic containers, offering affirmation, kinship, and intergenerational resilience. Studies on African American health consistently highlight the role of such communal spaces in promoting wellness and engagement (Carlton et al. 2021; Turner et al. 2022). Parham et al. (1999) explain that the cultural values of African Americans reflect a broader African-centered worldview—one that locates healing within the collective and emphasizes interdependence, cultural integrity, and shared responsibility. Adapting MSC for African American men, then, calls for expanding its framework to include healing practices grounded in collectivism and healing in community.

One example of MSC's individualized orientation appears in its *Core Values* practice, which invites participants to identify personal values—such as perseverance, patience, or courage—as sources of resilience and meaning (McGehee et al. 2017; Neff and Germer 2018). While this practice can be deeply impactful, it often assumes that values are solely internal and individually cultivated, without recognizing how values are also shaped by culture, history, and collective experience. This exercise can be adapted to reflect the collectivistic orientation of many African American men by inviting participants to consider not only personal values but also cultural values grounded in community care, mutual responsibility, and dignity. Participants may also be encouraged to explore how their current behaviors align—or misalign—with these cultural values, and to reflect on any internal or external barriers that make living in accordance with these values more difficult. In this way, MSC becomes not only more culturally attuned but also more responsive to the collective frameworks through which many African American men experience connection, resistance, and healing.

Toward a Culturally Responsive MSC

Together, the five themes presented in this section—Whiteness, BRM, structural oppression, emotional containment, and collectivism—illustrate the need for a nuanced, culturally responsive adaptation of MSC. Each theme draws from both the literature and clinical realities faced by African American men, challenging dominant narratives within mindfulness and self-compassion frameworks. Rather than discarding MSC's foundational insights, these adaptations invite an expansion—one that honors the lived experiences of racialized men and centers on healing practices grounded in justice, resistance, and cultural integrity. What follows is a discussion of the implications, contributions, and future directions emerging from this adapted approach.

Discussion

This article advances a culturally responsive adaptation of MSC for African American men by identifying five key areas where MSC can be aligned more fully with the lived realities, historical context, and cultural values of this population. Drawing on empirical research, theoretical frameworks, and African-centered healing traditions (Parham et al. 1999), I propose that MSC can and must evolve to better serve African American men, whose experiences of racialized suffering are often shaped by structural oppression, gendered racism, and cultural misrecognition (Bowleg et al. 2013; Curry 2017a, 2017b; Brooms 2024).

While MSC offers a powerful set of practices for reducing self-criticism and enhancing emotional resilience (Neff 2003), it is not immune to the cultural blind spots that characterize many Western psychological models (Bartoli et al. 2015; Harrell et al. 2023). The emphasis on individual healing, emotional expressiveness, and intrapersonal awareness—though valuable—may inadvertently overlook the structural conditions and cultural strengths that shape the emotional lives of African American men (Griffith et al. 2011; Watkins 2012). The five themes—Whiteness, gendered racism, structural oppression, SEC, and collectivism and communal healing—highlight these gaps and offer conceptual pathways for more culturally attuned integration.

Each theme underscores the importance of contextualizing self-compassion. For example, my analysis of Whiteness and structural oppression demonstrates that self-compassion cannot be divorced from systems of power (King 2018; Tyler et al. 2022; Karelse 2023). It must be approached not only as a personal practice but also as a response to external harm. Similarly, the focus on BRM and SEM reveals that emotional self-protection may not signal a lack of emotional awareness but rather a nuanced strategy for survival in environments where vulnerability is pathologized (Rawls and Duck 2020; Ebubedike 2024). Finally, the theme of collectivism and communal healing reframes self-compassion as a relational, culturally situated practice—one that can be enacted in alignment with communal values, interdependence, and healing in community (White 1970).

By mapping these themes, this article responds to the gaps in the literature that have historically marginalized African American men's experiences within compassion-based practices (Wingfield 2007; Bowleg et al. 2013). The adaptation proposed here is not a rejection of MSC but an expansion of its core principles. Self-kindness, common humanity, and mindfulness remain central, but their application must be shaped by an understanding of how race, gender, culture, and structural violence influence emotional life (Crenshaw 1991; Twine and Gallagher 2008). As such, we offer not a new protocol but a new lens—one that supports facilitators, clinicians, and researchers in honoring the complexity of African American men's suffering and their culturally grounded pathways to healing.

These findings have implications beyond MSC. They speak to the urgent need for all compassion-based interventions to critically interrogate their cultural assumptions and

embed intersectionality, structural awareness, and historical specificity into their frameworks (Collins 1990; Harro 2000). They also invite ongoing dialogue about what it means to practice compassion in a society marked by inequity. For African American men, compassion is not simply a tool for personal growth—it can be a radical act of resistance, a form of survival, and a path to liberation.

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Informed Consent

The author declares that informed consent was not required as there were no human participants involved.

Conflict of Interest

The author declares that there is no conflict of interest.

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