University at Buffalo School of Social Work Presents
The inSocialWork Podcast Series
Episode: Dr. Husain Lateef: Afrocentrism and Help Seeking for Emotional Distress Among Black Men American Men

Prof. Peter Sobota [00:00:06] From the University at Buffalo School of Social Work. Hi, everybody, and welcome to the inSocial Work podcast. I'm Peter Sobota and good as usual to have you all off. No one should really be shocked that black men in the United States have rates of depression and other emotional distress that are disproportionately higher than other racial groups. This is even more concerning given that black men also seek out mental health care at lower rates and suffer from higher misdiagnosis when they do. We are clueless. However, there is literature that provides some insight into what does seem to work and help black men young and old. Our guest today, Dr. Hussein Lateef, is exploring this disparity and is helping identify what may assist black men not only to seek help but to promote positive and helpful mental health outcomes for themselves and their communities. Here's the teaser. Dr. Lateef is warning that an Afrocentric worldview, including Born to an African philosophy that emphasizes collectivism, community, compassion and being human through other people, promote improved mental health among black men. So it's clear social relationships and networks are key. Dr. Lateef will tell us what he's learning, why he does the research he does, and what might be the practice implications of his findings so far. Dr. Hussein Lateef, Ph.D., is assistant professor at the Brown School at the University of Washington in Saint Louis. I say welcome to Social Work.

Dr. Husain Lateef [00:01:54] Hi, Peter. Nice to meet you.

Prof. Peter Sobota [00:01:56] Good to see you on a monday morning.

Dr. Husain Lateef [00:01:58] Happy Monday.

Prof. Peter Sobota [00:01:59] Yeah. All right. Let's let's do the best we can before we get to your research and your scholarly interests and your and your story about the work you're doing. Would you be willing? I'm always curious how our guests end up in the social work profession.

Dr. Husain Lateef [00:02:17] Yes.

Prof. Peter Sobota [00:02:17] I mean, if you would just, you know, maybe somewhat briefly give us that path. I know. I'd love to hear it.

Dr. Husain Lateef [00:02:24] Great. Well, sure. Well, again, thank you so much for having me, Peter. So just briefly, my path social work. It starts really when I was an undergrad, so I was a psychology major at Morehouse College, and I really benefited a lot in terms of my preparedness for research in that environment. And also the psychology program was excellent. I think I took like six research statistics courses in that process. Yeah, it was pretty rigorous. The first that class was, everything was by hand. So we had to do equations. And then it wasn't until stats too that we had to play around with software. But anyway, when I was there, I was introduced to a lot of theories about human behavior by human development. And, you know, I guess a little bit what we might talk about later is I've always had an interest in helping young people in terms of their process of becoming adults. And so psychology was a good fit. But I want to say somewhere between my junior and senior year, I started to kind of have this aha moment where I wasn't so sure about the complete role of people's mindsets, the primary causal factors for outcomes. And so I was still searching and trying to figure out, you know, I need something that helps me kind of

pair this very important psychological work. But what I'm really seeing in community, what I know from community and what people have told me and what I'm starting to experience in the various internships I'm doing. So I was really looking for more training and environment. And so eventually, through enough searching and talking to mentors, I ended up applying to the University of Michigan to pursue my MSW.

Prof. Peter Sobota [00:04:07] Yeah, well, you know, I'm not in my head and this is not my podcast. This is your podcast, but a very similar story on my end. It, you know, no offense to psychology, it just I, it just the environmental stuff just was addressed, I think better in social work than that. Just fit. Well thanks thanks so much for getting this brief and we're glad to have you as a member. Thank you. All right. So today we want to talk about some of the work that you've been doing. So I laid out a little bit of that in the intro. I think it's probably best to turn this over to you. Would you start by just telling us what your kind of background is that informs your research? Yeah, I'll just leave it at that. What kind of research do you do and what informs that?

Dr. Husain Lateef [00:04:56] Absolutely. Well, again, thanks for the question. And you know, if I was to summarize my work pretty, pretty straightforward, I would say at its core, I'm interested in the process of how do I help out to help young adolescent black persons in the US make that transition from adolescence to established adulthood. And that's really what I'm concerned about. And so the process of getting to that research and to try to think about brevity here.

Prof. Peter Sobota [00:05:26] Well, don't don't be too brief here. This is this is why we came.

Dr. Husain Lateef [00:05:30] Yeah, absolutely. But, you know, it's interesting, like over the years, you know, it's kind of like doing a regression model. You start to think about all these different factors that are pulling on you, the outcome, and explain different levels of variance in terms of the explanation. I think in some ways it's kind of the same for me. But when I think about two factors and again, I liked your first question about how I came to social work, because I do still, even though I'm a researcher at the core of what I do, I see myself as a social work practitioner who uses research methods to inform practice. And then with like with social work, education, like, you know, we tell students often that, you know, the process of coming to know something is just as important as getting to the actual services that we provide. Because the way we come to know our, you know, more research, the epistemology of the way we come to know something as a direct impact on how we see something and then what we do with that phenomenon. So for me, I would say the two variables are the two factors that really influence how I come to my research. One was, I would say, my parents and just my early environment. I'm originally from rural Georgia. I come from a middle class, rural Georgia community. But my parents in particular were really keen and I think really successful at allowing me to. My first understanding of blackness black people was to see black people as people. And that might seem like really kind of like, of course, black people are people. Reality is that when we look at the literature and we look at the policies and we look at the lived experiences, we see that there's a history of dehumanization. So my parents are very, very keen to make sure that how I saw blackness, I saw myself was from a prevention standpoint and not much an intervention. So I think that has always stayed with me. So when I address problems, I think about, you know, research is always thinking about strengths. But also I had the great fortune. I went to Morehouse College, which is a HBCU, well known for in terms of being an institution, for producing the young black men who go on to graduate school and so forth. But, you know, in my my own experience and in talking with many of

my friends who went there at a deep structural level, you know, Morehouse has a very Afrocentric approach. And what that means, you know, and again, this kind of common language is there. It's a centering a centering of the strengths of African, the same populations and people, again, coming from this idea that what is African, what is black is still a part of normative human expressions. And so as I mentioned, I was in psychology and I had a really great mentors and a lot of classes that stressed strength. And many of my my teachers saw that I was having this great interest in inform, using that to inform my work. And so they encouraged me actually to go to West Africa so that I could kind of try and know, Yeah, yeah. So I was I was encouraged to go to West Africa to kind of triangulate, you know, some of the literature that I was gaining around cultural constraints in the US and the Caribbean and to kind of pair that with some of those connections with West Central Africa. So I spent a good amount of time studying in northern Ghana, and so I was able to take coursework in African ethno botany and learning about indigenous perspectives of the interconnection between people and plant life. And then also I took courses in African sociology and also theory courses in Pan-Africanism. So so by the time I got to social worker meetings, like inside of the rap, you know who is going to be a part of my work?

Prof. Peter Sobota [00:09:14] You know, it was so funny. I mean, it's not funny. I think when you said it when you were at Michigan, you were listening and learning about strength. I was going to be a wise guy and say, well, which version of the strength? Because I was wondering if if really you were not you were going to get the Eurocentric approach, but wow, you kept talking and what a pleasant surprise. Yeah.

Dr. Husain Lateef [00:09:39] Absolutely.

Prof. Peter Sobota [00:09:40] Absolutely wonderful. So all of that makes perfect sense to me because now I do know that what you're really interested in is how black men, especially whether or not they adhere or to what degree they adhere to Afrocentric cultural norms. Affects their behavior, including how do they seek help at all and what they seek help for. So I know that's what is the focus of a lot of your research, too, given all those experiences that you had. And of course, you have life experiences as well. Was there a gap? And if so, what was it that motivated you to do the work that you're doing now?

Dr. Husain Lateef [00:10:27] Absolutely. Again, thank you for the question. And it's kind of kind of like you said, Peter, it's kind of a shared combination between lived experiences and also my my appraisal of the current literature. So from, you know, more so like a lived experience perspective. So as I mentioned, I was very fortunate to come from a background position, Ali, that allowed me to see the strengths of black people, black communities. But my adolescent years actually moved to an urban environment and this was really, for me, I think, also a pivotal moment, because this was the first time when I really started to feel that sense of minority, minority sense of black identity. And then what comes with the process of becoming a minority in terms of discrimination and, you know, microaggressions and in many cases, blacks aggressions as well. But it was really in high school that I was starting to realize that, you know, I'm one of five young black males graduating out of a class of 600 people. Well, something's wrong. Right. And so for me, really going into college, I was really keen to try to understand some of the factors. And it's not simply I think that's the part of the research that really is helpful for us to see, is that it's never like this, you know, this first order of thinking process. If you just go to school, everything gets better. There's this ecological model, right, and these various processes. Coming from the environment, coming from a structural level, you know, the direct and indirect that are all pushing on outcomes that we see in marginalized individuals and

communities. And so it was that was really the first piece that sparked my interest to kind of get into this work that I do. So, again, you know, as I'm going through this academic journey from undergrad, through graduate school as a master's student, I actually you know, it's interesting, Peter, like I never intended to get a Ph.D., but I had no interest, really. I mean, I've always loved reading, always been like a thinker of, you know, knowledge. And I love learning things, but I wasn't necessarily keen on getting a Ph.D. to do that, but it was like, you know, as we talked about, like my experience at Michigan in which you thought you were going to hear one thing that I did find in terms of the social work literature while I was at Michigan is that it just wasn't robust enough in my estimation, that focused on the strengths of black communities. And so that's what really spurred me to get into the academic space, to make a contribution and also to focus on some of these disparities that I was concerned about.

Prof. Peter Sobota [00:13:15] Yeah. So thinks the paper that really caught our eye in terms of, you know, inviting you on to talk with you was might have been one of your greatest papers I think it but it's adherence to African centered norms and help seeking for emotional distress among black males. You mentioned Afro centricity. Is. I'm going to ask a really dumb question. This is.

Dr. Husain Lateef [00:13:47] A question.

Prof. Peter Sobota [00:13:48] I would probably ask. You know, I'm going to now. Probably. Would you kind of just lay that out in a little more detail? And is is that necessarily the same thing as African centered norms?

Dr. Husain Lateef [00:14:03] Good question. So there is a very robust diversity of literature on how to define what is medical centric theory, what is an Apple centric framework and what is African centeredness. And how these terms are used are used both to define a paradigm in terms of a way of of a way of seeing life phenomenon. And in sometimes African, Afrocentric or even African senator is used as as a means of a framework to guide, you know, practice or to guide research. And then also sometimes African centered nets or Afrocentric is used as a theory to try to explain the relationship between potential outcomes. So in my work, you know, in some of the other papers that I've done. What I've been working on is helping to kind of bring that literature to social work to try to unpack a lot of that. So at a paradigm level for centricity or Afrocentric, this or African centric news has in many ways these are synonyms to one another in terms of a way as a means of censoring methods, approaches, ideas of human development, or even beingness ontology that are derived from African descent populations. And I think that's probably going to be the most fair definition to use because some of these frameworks are from the diaspora. So you have like the inclusive Sahib or Afro centricity theory, which are from the diaspora, but then you also have perspectives and frameworks that are more ethno cultural, linguistic, connected, that are derived from the continent. So in my work I've been advancing studies and also theory that looks at both ethno linguistic cultural models of Afrocentric thought, but also using more Pan-African. Ah, I would say the African diaspora thoughts of what is African century is. I hope that's helpful.

Prof. Peter Sobota [00:16:01] Yeah. More than I asked for it, in fact. Yeah. Yeah. Thank you. I think in some of the prep that I had. For talking with you. I came across I'm not even sure I'm going to say this correctly.

Dr. Husain Lateef [00:16:19] Ubuntu going into.

Prof. Peter Sobota [00:16:22] Ubuntu. Okay. Yeah. And that sounded like a large focus on collectivism. Compassion. Affirming and looking at the greater all as the benefit. Of activity and thought. Not exactly the U.S.. Eurocentric capitalistic model?

Dr. Husain Lateef [00:16:55] Absolutely. Yeah.

Prof. Peter Sobota [00:16:57] Yeah. All right. So, you know, I was thinking about you, but I'm going to ask you about your paper and what you did and this particular study. But I also was thinking, obviously, you know, the low hanging fruit here is in some ways it's really a chore to think about why. Black young men and men in general. Would seek help in the formal places that people do. I mean, I mean the mistrust alone. I think we all know that most of the models, if not all of the models of of counseling and therapy or the helping professions were not developed with or for people other than white people primarily. Many providers, the vast majority of providers are not black and. And we in the helping professions, there's a, you know, a pretty awful history of exploitation and and. Mistreatment, flat out mistreatment. Of black folks. So. We want to hear all about it because the machine is or the services are not built in. To be fair for black folks and black men in general. So when it comes to your latest study, what what were you chasing? What did you do?

Dr. Husain Lateef [00:18:39] Well, I haven't really I really thank you for that question and actually has a pretty long story. So I'll give you the the medium version, because there were a lot of goals with that paper. But I actually just wanted to lift up something that you said is you're absolutely right, Peter, that a lot of the current frameworks of how we get to the current mental health services were not designed to be of assistance to diverse populations, including black people, in fact. And you know, in the Autobiography of Malcolm X, he actually talks about in the first chapter that it was a social worker who actually broke up his family and was a social worker. And the impacts of that social worker working with the system that led to their breakup and him going to a foster home and his mother getting placed into award for emotional distress for the breakdown of her other family. So we have a history of harm that is connected to a lot of this. And so it does create this, really. Unfortunate situation, knowing how important needing help is, then having to deal with the real nuance that a lot of communities are coming with a lot of mistrust. But so relating that to the papers. So there were a couple of things that I was trying to address with the paper that you're discussing. So one was to advance in many ways the theoretical work of Afrocentric or African centered thought. So a lot of this work came to full awareness in the U.S. in the 1960s during the Black Studies movement, very much aligned with the civil rights movement. And so with that influx, ah, the increased number of black students going into predominately white institutions, there was this whole kind of paradigm shift of wanting to kind of revolutionize the way education was taught and the type of curriculum. So one of those outcomes really was the advancement of, you know, these culturally centered models. In theory, this specific thing is a part of that. But one of the underlying assumptions when it comes to thinking about Afrocentric theory in context of mental health research and also practice, is that. Populations of African descent and the diaspora are part of the kaleidoscope of what is African communal African culture a part of that spectrum? And so that is something that has been debated you've had. Various scholars, actually social workers who argued for this kind of tabula rasa approach to black communities is actually I'm skipping on the name of the author at the moment, but the name of the book is I Believe it's a Black Life, but it's a book that was written in the sixties but essentially argued for social workers. It was actually written for social workers that black American communities did not have a culture and that this was because of the the impact of the transatlantic slave trade and that the brutality of slavery completely

dehumanized people from thinking about what is innately human, which is to have culture, even with, you know, travel. There's still cultural processes happening. So this is actually, you know, one of the text that has informed much of how social work developed its start around black people is that you're dealing with people don't have anything. So anything you give them will work. That's one cowboy.

Prof. Peter Sobota [00:22:08] And.

Dr. Husain Lateef [00:22:08] Black, one cab. But the other cab that kind of develops out of this was the African centered camp which said no persons of African descent, black people in the US, Black people in the Caribbean still do have an intact culture. The problem is, is that you're not seeing culture as it is, which is dynamic changes. It modifies with the environment, not going to always look like it's a parental view, but there's still very much culture there because one of the underlying ideas of what it means to be human and while there's a lot of debates on what makes us distinct from our our friends and colleagues on the earth and the species, culture seems to be something that is unique to human development. So African centered camp argues that populations of Africans in diaspora are part of that kaleidoscope of of African communities. And that and when it relates to mental health research, that is important to consider as part of the many other variables that we think about. So one of the things with that argument, though, that I was finding and I've done other papers to look at where have we where have we gotten here in the 21st century with that that idea. But most of what I was finding was around the advocacy. I saw a lot of work around the advocacy for African senator approaches, a lot of work around the importance of African center approaches, but not many papers, particularly in social work at all. That really advanced how these things connected to variables that we care about as a profession, which is how do we help people thrive? Improve mental health? Given their context and so forth. So one goal of the paper was to actually test this is kind of going back to my doctoral studies reading paper. But, you know, to actually test this, this perspective, this hypothesis that. Populations within diaspora. If this theory of kaleidoscope of African spectrum is holds, we should see very similar ways, not necessarily exact similar ways of conceptualization around concepts. So in this case, in the paper that we're looking at or we're talking about I wanted to look at and go into, so I'm going to is a construct that in many ways is spread across West central Africa in some pockets of East Africa, with the Bantu linguistic community cultures where it comes from this axiom that's from the people of South Africa that says an equivalent community incumbent to that a person is a person because of others. Right. And that's what I'm going to comes from, is that I am. Because you are. You are. Because I am. Mm hmm. And one of the arguments of are actually has been seen in literature around cultural strengths in the U.S. Is that one of those cultural themes that does seem to be still very much part of black life in America is collectivism, communalism. And this is seen as one of those resiliency cultural retentions that are still very much embedded in black communities in the diaspora. But there hadn't actually been any studies to actually directly develop a measure of going to and to see if it would work with black diaspora populations. And so this study was actually, at its core, a confirmatory factor analysis, a structural equation model measurement model paper to see if a measure of them going to, as was developed by some colleagues in South Africa, very rigorous process to see this measure could be used in a cross-cultural context with black Americans. For me, this was very important because even when we think about research, it's typically always a west to the rest approach that, you know, most of the work that we're doing with other communities is that we see, you know, the West as being the seat of advancement, knowledge and treatment. But for this paper, I really wanted to turn it on its head and really focus on, you know, drawing on the rich human developmental concepts that come from the West. You know, something

called Global South, and to see if those have benefit in the West in context. So it was a measurement model to test whether the measure that was developed in South Africa to express England too, could also apply in the US context. So long story short, that measure has three factors. One is humanism, compassion and interdependence. And I actually tested using the sample of young black males and did find that the measure worked quite well. And yes, it worked quite well. And in fact, the indices that we use to try to see whether or not a measure can be used are is is performing the way it's intended. We're all excellent, meaning that the way it was intended to be used in South Africa, amongst the populations there was very similar to how the participants perceive the questions in how it performs. So at one level that was the support it gave really from an you know, and I'm not an empiricist, but from an empirical perspective, it did give quantitative support for the idea that perceptions of collectivism that are shared on the continent, particularly in South Africa in this context, will go to and be seen as being similar to African diaspora populations in the US. So that was really cool finding for me.

Prof. Peter Sobota [00:27:28] Yeah, fundamental. Yeah.

Dr. Husain Lateef [00:27:30] Fundamental. But the next real question is okay, that's great, but does that that's great. But does it what is it? How does it help anything? Is it an official towards something? So again, the second hypothesis I was looking to test was really, you know, again, theoretically and some of this had been done, there's a very rich tradition of studying religiosity among black Americans. And in many ways it's very tied to the idea of collectivism, even if indirectly because of the supports that come through, you know, the church tradition that's there. But there's a another argument within the literature that collectivism or communalism is also one of, as I may have mentioned a few moments ago, one of the buffering factors that have been meaningful for black communities in the process of dealing with the the wave of discrimination and oppression that our communities have experienced in the West. So one of the things that hadn't been studied very much in the literature is seeking help in the context of professional help, mental health services.

Prof. Peter Sobota [00:28:39] So that's what I was going to ask. So the measure we're not talking about family, friends, church, for example, we're talking about professional services.

Dr. Husain Lateef [00:28:48] Okay? And that was the nuance that I wanted to address because the literature is really clear that, you know, within the US, black Americans do seek help. But typically those help seeking processes are through family eyes, image of family and unity and also religious institution, which is it has important benefits. But again, there are some things, you know, as we continue to grow the literature on mental health, there are some things that are best situated through professional mental health services. And as we've been talking about, you know, giving against this wave of the history of discrimination and mistrust, you know, I'm also part of my work trying to uncover things that might help or might help to explain are might be beneficial to bolster that may encourage mental health seeking among vulnerable population, in this case, black males, young black men. And so the second piece of this paper was to see, okay, if we haven't moved to and we have different scores varying from high scores on 1 to 2 low, and if we control for some of these other variables such as SARS does, I'm going to.

Prof. Peter Sobota [00:30:00] Yeah, I'm sorry. You know, I'm sorry I cut you off there because while you were talking, I was thinking about, you know, socioeconomic status. Yeah. And then you said it. But then I missed what you said after that. I'm sorry.

Dr. Husain Lateef [00:30:13] No queries. So the next real piece of that paper was to see, while controlling for some of these other variables, how this is going to relate to seeking help during emotional distress, but specifically from a professional. A mental health provider. And so one interesting our really neat finding from this paper was indeed I found that young black men who reported higher scores having gone to were more likely to see the benefit and value of seeking professional mental health services from whether that be a counselor or a social worker other than those who had lower scores. So yeah. So that was essentially the major findings from that paper.

Prof. Peter Sobota [00:30:54] Mm hmm. And wow, was that unexpected or expected?

Dr. Husain Lateef [00:31:00] You know, I wasn't quite sure what I was going to find.

Prof. Peter Sobota [00:31:03] Sure.

Dr. Husain Lateef [00:31:05] You know, in some ways, I would have expected help seeking behavior if it was like from family or friends.

Prof. Peter Sobota [00:31:12] But, you know, yeah.

Dr. Husain Lateef [00:31:13] One of the things I said in the paper and I don't try to use it too much, but some of my senior colleagues say I said because it's a fact. But this is one of the first papers to actually do this. It's actually C does I'm going to actually relate to help seeking for professional mental health services. So because I hadn't seen papers, you know, that really focused on looking at and go to in context to service provider seeking of seeking help from service providers, I wasn't sure. But I was pleasantly surprised.

Prof. Peter Sobota [00:31:43] Yeah. So you're finding that. Men especially, who have. Is it capacity for one to are more likely to seek professional services essentially?

Dr. Husain Lateef [00:32:00] And and I guess one thing I would say about the measure is that, again, there were three different factors. So one level was compassion. And so some examples of compassion were like literally self-compassion was a part of it. Like you see yourself as being someone of worth. You see the worth of other people. You see it important to have kindness towards yourself and others. Then there was another subscale on humanism. Like you see your shared humanity. You can acknowledge that, you know you are a person in that you can see the. The shared personhood of another. And then the third factor was interdependence, which is that you see the importance of seeing your life being connected with others, that you normalize interdependence as a normative way of addressing solutions, you know. And so it wasn't just a move to as a as a total construct for each one of those sub subscales or sub factors played an important role in terms of professional attitudes towards seeking help. And so really it's some of the implications that I was working through in that paper and I'm still talking about this in other papers, is that when we think about potentially one way of actually doing assessment or thinking about intake is like, you know, how how does this person, how does this young person actually perceive their own self-worth? How do they see their their worth for having compassion? How do they see the value in seeking just interdependence or not having to do things on your own? And then also, how do you see yourself as being a human being and also the humanity of others? So at a deep structural level, those seem to be some of the poor, at least for this paper, that seem to be of benefit for this population.

Prof. Peter Sobota [00:33:50] It sounds like. Let's just all talk about black men. They possess these capacities, which leads them to be interdependent and to overcome mistrust and to reach out largely to a system. That has not been friendly to their needs over time. That has not been prepared for their needs. So it seems backwards to me. The in these capacities are obviously helpful in terms of them seeking help. But where black folks are going for help involves a leap of faith for them, and it's because they have compassion and interdependence that they're willing to make that leap of faith. I just wonder, where's the leap of faith in the compassion from the treatment services towards them? And what are we willing to do to acknowledge and accommodate and to promote those values in those systems? Does that make any sense?

Dr. Husain Lateef [00:35:01] It makes a lot of sense, Peter. And I think really what you're what you're sharing is, you know, and like all papers, we always talk about limitations. But that's really one of the things that has to be unpacked really, is the next step with this this particular paper that you're discussing is that, you know. It could be that because of these different variables that a bad experience with. A mental health provider doesn't become internalized and instead is externalizing and saying, This has nothing to do with me. It has something to do with that provider. Ah, this organization. Let me go and seek somewhere else. Right? So one of the things that I want to look at is also, as you mentioned, some of these other variables. Looking at, for example, does so is a variable that is being studied as being very important in terms of how we continue, in terms of in situations where perseverance is necessary and is in an informative level. You know, currently that finding a social worker or mental health provider who is going to work with you is is a challenge sometimes. And sometimes at first that first test scores.

Prof. Peter Sobota [00:36:14] And when the systems built for you.

Dr. Husain Lateef [00:36:16] It's even when this system is working, you could find yourself normatively having to switch counselor our provider, you know, anywhere from 1 to 3 times maybe, Right. So on one level, I wonder if because of some of these. Acceptances of a moon to, if it allows provide a buffering factor against some of these negative experiences to be able to keep seeking help. That works. That's possible. Yeah. Also that's not in the study that needs to be accounted for would be something around particularly around mistrust and seeing how it you know moved to maybe moderate start. Yeah that process and so all good questions for future work.

Prof. Peter Sobota [00:36:58] Yeah. And how to foster that how to kind of almost build that in.

Dr. Husain Lateef [00:37:04] Yeah I tell you, Peter, it was, you know, one of the things I love about writing is that I had a really great mentor in when I was a doc student that told me, like writing clarifies thinking. So the more you write, it helps you actually get through more ideas. But one of the things that this paper actually led me to, and I think maybe I'm jumping to maybe future questions, but, you know, open a whole new area of literature to look at around self-reliance. So even though the research. Yeah, yeah, yeah, yeah. So even though the literature out in Valencia is still nascent and still developing, there's a very extensive literature that's been developing in men's studies and also I think in social work to some extent that shows that self-reliance actually there's a college and I'm skipping on her name at the moment it was published in social work, actually looks at the self-reliance in depression among young black men. But one of the things that is very common in men who internalize Western norms around masculinity is this idea of I got into myself as a man, as a stand alone, two feet, you're not a man. And so these ideas around masculinity

are very detrimental to mental health, and they're actually antithetical to seeking help. And also using maladaptive coping mechanisms in so many ways. You know, this paper was try to see, well, we know self reliance is a problem. What happens if we actually look at collectivism being two expressions of attitudes and accepting norms that are antithetical to self-reliance?

Prof. Peter Sobota [00:38:41] Yeah. And. If you just kind of play some of the ideas out, you don't seek help. Yeah. Depression. I think it plays out differently in men and women, and I think men tend to have a tendency, I think, at least in the literature, for externalizing behaviors. Yeah. Which kind of then feeds into the whole. Trope really about black men as aggressive and violent when in a sense. They're depressed. Yeah. And they don't have options for help. Yeah. So. Oh, boy. Yeah. There's a lot to think about here and a lot to do. So you have already, I think. Talked about where you'd like to go in the world. And I know I'm thinking. I'm thinking about what are the implications for practice. And I think you have already tried to bridge that gap. What it brings to mind is the movement in the health care professions toward a trauma informed services and delivery systems. And in, you know, in some places that are really getting it, they're also thinking about human rights in terms of forming the systems. It seems like that would go a bit of a way toward what you're learning, but not entirely. There's still a pretty long way to go. Have you thought about policy implications? Absolutely. What could change at the policy level? Absolutely. If at all. Based on what you're learning?

Dr. Husain Lateef [00:40:35] Well, it's a good question. And, you know, again, being social workers, we're always thinking about the different levels of practice. So meso micro and also macro policy implications. And you know, again, a lot of my work is I think when I was in my doctoral studies, even in undergrad and my master's, it's like, you know, one goal of my work is I want to get to a place to where I have very clear information that if there's a a parent or young person that needs, you know, some advice that we can use at a interpersonal level on variables that might help, that might be beneficial that we have asked ourselves, but also at a community level, if we have communities who are trying to organize and to build coalitions and to try to figure out how to think about new ways to provide service, that we have some answers on how to do that with this population. And also, I'm thinking about this at a policy level as well. I think for me at this stage in my my scholarship, the biggest policy or not the best, but one of the policy implications that I'm really interested in is how we, I think, to what you just shared is how do we think about. The process of measuring the process of diagnosing behaviors, problems, and how do we think about providing interventions or preventions to that one. Actually, what you just shared previously about this connection between externalizing symptoms and depression, that was actually a paper I just published like a like two months ago, looking at young black males externalizing behaviors and depression. And indeed, I did find what you shared is that, you know, depression is a direct link to externalizing behaviors of aggression in this population. And this is also common among other male populations. So one of the things I'm really interested in is when we how do we diagnose problems in this, particularly young males? This applies to those who are still in high school in our young males, not young men, but young males, and then also those who might be at the collegiate level struggling. And so often, you know, my practice experiences working in criminal justice and I work with juvenile homicide offenders. I'll never forget one of the things that the board told us when we were trying to explain the mental health implications of this client we were working with. And I remember a board member said, If we consider mental health for everyone, if we considered mental health, we would have to consider for everyone because everyone seems to have a mental health problem. And it's like there's, there's, there's that's there. And we're using criminal justice system as basically as a

warehouse to store people with untreated mental health needs. And so at a policy level, for me, I'm I'm still thinking and I don't have the full answer yet, but start thinking about how this work can translate into thinking about how we can diagnose, how we can assess, and also think about implications for intervention and prevention.

Prof. Peter Sobota [00:43:41] Yeah, well, your passion for your work is very evident. You know, we're getting close to the end of our time here. So I'm really trying to think of.

Dr. Husain Lateef [00:43:52] With my father.

Prof. Peter Sobota [00:43:54] No kidding. Yeah. I'm glad you're still writing. We got room for more podcasts.

Dr. Husain Lateef [00:43:59] Absolutely.

Prof. Peter Sobota [00:44:01] You know, I guess, you know, before I wrap it up or we wrap it up. I kind of a lot of what I said reflected my own curiosity and and based on what you're talking about. But I want to leave you some space to talk about something maybe that we didn't get to or even an idea that you might want to tuck here in at the end. So there it is, if you would, if you'd like to take it.

Dr. Husain Lateef [00:44:28] Yeah, well, I mean, we've been really thorough. And again, thank you so much for having me. I would probably just conclude with just talking a little bit about where I'm going with this work. So. You know, it's been it's been a great. Couple years of exploring and trying some new concepts, and I'm still advancing that work now. Developing measures to help better understand some of these relationships. And so one of the things, though I'm also trying to embed or infuse with my work is that, you know, as you know, we had this global pandemic. I heard yeah, it was, you know, a small thing that happened just a few years ago.

Prof. Peter Sobota [00:45:06] And it's over to as I understand. Yeah.

Dr. Husain Lateef [00:45:09] Yes, I've heard of completely. But no, but yes. So, you know, really infusing and thinking about, you know, this this really life altering experience that we've had and, you know, looking into exploring how or how not. This experience of the pandemic has kind of complicated or made these issues more complex. And so that's one of the things I see and some of the limitations of what I've been able to thus far. And then also, you know, one of the things I'm interested in doing kind of moving forward is more longitudinal analysis. So a lot of the work that I've done, you know, in looking at these relationships, you know, building this kind of proof of mechanism is cross-sectional in nature. And we know that cross-sectional work is important. But, you know, we really need to do more longitudinal work to be able to look at more causal relationship. So, yeah, kind of where I'm going in the next couple of years.

Prof. Peter Sobota [00:46:03] Yeah. Well, thanks. You know, just if I could toss a couple of things that you've invited me to think about and to connect, which is the fun part, really was only a few months ago that we had a social work scholar from UC Berkeley, Tina Saks, on our show. And she I don't know if you know Tina, but she's she's awesome. And she was talking about how. Middle class women of black women, not women of color. We see a black women. Literally prepare themselves extensively for their contact with health professionals of all kinds, including physicians, including dressing up. Reading about their symptoms and wearing, for example, if they're professionals, they leave on their nametags

so that they get treated with respect. Or at least stacked the deck in their favor so that they get treated with respect and dignity when they seek services themselves. And thanks for your willingness to come on.

Dr. Husain Lateef [00:47:16] Absolutely.

Prof. Peter Sobota [00:47:17] And talk about what you're doing to really help all of us get it, if you will. Hussein, thanks so much. It's been an absolute pleasure to talk with you. Thanks for taking the time.

Dr. Husain Lateef [00:47:29] Thank you so much. Take care.

Prof. Peter Sobota [00:47:32] Thanks again to Hussein Latif for joining us. The In Social Work podcast team working collectively for the Greater All, our Steve Sturman, our chair and all around tech guru, our super graduate production assistant and guest coordinator Nick Desmet. Say hi everybody, and meet Peter Szabo. Thanks again for listening and we'll talk with you again soon, everybody. Hey, how do you listen to or use our podcast? We lie awake at night wondering, please drop us a line at in social Work talk or in social work at Buffalo dot edu and let us know.