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Stereotypes of a Black Man Misunderstood: The Experiences and Development of Black Men with Bipolar Disorder on College Campuses

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A dissertation submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy at Virginia Commonwealth University.

By

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DEDICATION

To my grandmother, Roberta, for teaching me kindness.

To my uncle, David, for teaching me confidence.

To my friend, Milton, for teaching me to use my gifts.

And finally:

To the youths that march onward and upward towards the light.

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ABSTRACT

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Black men graduate from universities at a lower rate compared to other groups. Students with disabilities also graduate at a lower rate. When the two groups intersect, the results can be disastrous. Black men with bipolar disorder face a host of problems on college campuses. From a lack of sense of belonging to trouble in class, they struggle to stay afloat in college. The purpose of this study was to document the experiences and development of Black men with bipolar disorder on college campuses. A grounded theory approach was used in this study. Grounded theory was chosen because it leads to the generation of a theory. Interviews with 25 participants with bipolar disorder and eight participants who work with students with bipolar disorder provided insight into the experiences and development of Black men with bipolar disorder on college campuses. The participants shared what it means to be Black and disabled. They discussed navigating college, feeling connected to campus, and having a better college experience. They also discussed their experiences inside the classroom, with extracurricular activities, peer relationships, and institutional support. Finally, Scott's Model of Disability Acceptance was created. Implications for both practitioners and Black men with bipolar are discussed.

Keywords: Disability, Black males, Higher Education, Grounded Theory, Student Development

Chapter I: Introduction

A 17-year-old high school student named James Pratt, who would be the first in his family to attend college, is excited about the would-be journey. Unique to James' story is that not only did he have no one within his immediate family who could help him navigate the college-going experience, but he decided to attend college in another state. As such, James finds himself truly on his own, but he has a plan. He has a list of goals he plans to accomplish and dreams he plans to reach. To help get acclimated to college, he is enrolled in a first-year program. The program of his choice is a mentoring program dedicated to helping underrepresented students find success in college. While in the program, he learns about the hidden curriculum and the unwritten college rules.

James makes new friends and starts to acclimate to university life. His friends are in other first-year programs geared toward helping Black men succeed. A few of them are in the Black Male Initiative program. James has a secure attachment to the university. Though his grades are not perfect, he is in no danger of failing. James finished his first semester with a 2.0 GPA. He is determined to do better next semester.

When his second semester starts, he is invited to join an organization that fosters the development of Black men. The organization is Black Men with Initiative (BMWI). BMWI provides additional mentors for James. The mentors are all Black males. One of the mentors is the president of the Student Government Association. The other mentors are all respected members of various organizations, such as fraternities.

It also provides him with a brotherhood of like-minded individuals. Not everyone gets along, but everyone still cares about one another. Some brothers are among the first in their families to attend college, too. With the help of BMWI, James finished the semester with a 3.4

GPA. He is not entirely on the Dean’s list; however, this GPA aligns more with what he can accomplish.

His third semester is when things start to take a turn. He joins a fraternity and unknowingly deals with depression for the first time. He is tired and stressed from the pledge process. His grades are fine, but the long nights are starting to impact them. Sometimes, he cannot get out of bed and has to be forced to leave bed for class.

Finally, the depression wears off, and he feels like his usual self. No, he actually feels better than normal. He feels like he can do anything. There is a sense of euphoria. He is experiencing mania and does not realize it until a decade later. James did everything he could to chase that high. The parties, the alcohol, and the women all fed into the euphoria. The walking on air feeling would make way for extreme lows, but those were temporary setbacks. The thrill of being high on life was too much to ignore.

Years later, things would come crashing down for James. The sense of euphoria was destroying his relationships with other people. James received a recommendation from one of his friends about talking to someone about these highs and lows and how they impacted his current life.

After talking to a psychiatrist, it is determined that he has bipolar disorder. The highs and lows of life can now be explained. However, the weight of this revelation feels like an unliftable boulder. How much of his life had been confirmed, and how much imagined? All he could think of was the people that he hurt. He cried for months as the mood stabilizers worked their way into his system. He wanted nothing more than to be able to get into a time machine and fix the mistakes of his past. He knew he could not, but he could make changes to help himself now.

He decided to look more into bipolar disorder and its impact on Black men. He found very little. He took it further to see if there was literature on bipolar disorder in Black men on college campuses. The literature was lacking, so he decided to fill the gap.

This grounded theory study aims to identify the factors involved in the experiences and development of Black men with bipolar disorder on college campuses. As demonstrated in the literature review, there has been research on the experiences and development of Black college men. There has also been research on the mental health of college students. However, there has been little research on Black men with bipolar disorder in college.

Statement of the Problem

To date, research has focused on either Black men or mental health on college campuses. There is a lack of focus within the literature on Black men in college regarding mental health, specifically bipolar disorder. Bipolar disorder, defined as a chronic illness that can lead to severe disruptions in family, social, and occupational functioning, is a disorder that can have a severe impact on a person’s quality of life (Vazquez et al., 2010). The onset of bipolar disorder might come as someone matriculates through college (Pederson, 2020).

Williams et al. (2022a) believe very little research examines Black men’s mental health as they transition to college. According to Williams et al. (2022a), Black men are not receiving the support they need for their mental health issues. It is also noted that poor mental health is directly related to poor academic achievement (Williams et al., 2022a). While there have been advancements in understanding Black men’s mental health, much of the research failed to consider Black men's experiences.

Williams et al. (2022b) state that due to societal issues such as racism, Black men have a higher chance of developing depression and anxiety. Even though Black men have a higher chance of developing anxiety and depression, they use campus disability services less than their peer groups (Williams et al., 2022b). They also often use alcohol and marijuana to cope (Williams et al., 2020b).

There is also inequitable treatment for Black Americans with bipolar disorder. According to Johnson and Johnson (2014), minorities are overrepresented in those not receiving mental illness treatment. There is also an association between poor care for bipolar disorder and being Black (Johnson & Johnson, 2014). This poor care means that Black men who are college students transitioning into adulthood might not receive the help they need. That can lead to a disastrous result for Black men struggling on college campuses.

Strayhorn (2010) stated:

> African American men represent less than 5% of all undergraduates in the nation—indeed, the exact same proportion as in 1976. In other words, there has been little to no progress in increasing participation rates among Black men in more than a quarter of a century (p. 311).

Black men are considered an at-risk population on college campuses. Most studies focus on the shortcomings of Black men instead of the environmental factors (Strack et al., 2018). When developing programs to help Black men, administrators do not seek the input of Black students who are men. Black men who are students also report that student services such as tutoring or financial aid are not as effective as they could be in serving them (Strack et al., 2018). For Black men, college is where they must deal with racial bias, stereotyping, racial prejudice, and microaggressions (McGee, 2016).

One-third of Black men who enter higher education fail to graduate (Strayhorn, 2015). The low graduation rate is a disservice to Black men and other racial groups. Wells et al. (2016) state that it is beneficial for classrooms to be diverse. Wells et al. (2016) say. “Such diverse learning environments better prepare students for a global society by reducing racial stereotypes and fostering cross-racial understanding (p. 21)." The lack of diversity extends to college classrooms. If Black men leave college at an increased rate, their peers are missing out on a significant interaction that will enhance their lives.

The Black men who can persist encounter a hostile environment. Smith et al. (2007) noted: "African Americans and other students of color confront unrelenting oppression and discrimination as part of their everyday college experiences at historically White institutions (p. 552)." Black men are often the target of hate crimes on college campuses (Mustaffa, 2017). Black men are expected to persist despite being confronted with negative stereotypes and negative experiences with campus police (Smith et al., 2007). Negative stereotypes and experiences can cause racial battle fatigue. Black men who experience racial battle fatigue can withdraw emotionally and psychologically (Smith et al., 2016).

Microaggressions are another issue that Black men on college campuses encounter. Microaggressions, as defined by McGee & Kruger (2022), "are demeaning comments and behaviors that occur on an interpersonal level directed towards members of racial minority groups (p. 729)" Even though Black men traditionally make up a small percentage of students on campus, they are still the subject of hyper surveillance which is the intentional intense surveillance of a group (Smith et al., 2016). As a result, Black men feel unwelcome on predominantly white college campuses and feel isolated from their peers (Giffith et al., 2019).

Collegiate Black men are frustrated with isolation and stereotyping (Smith, 2012). Since they are frustrated, they do not develop a sense of belonging at predominantly white institutions. When they do not develop a sense of belonging, they are more likely not to be retained by the university. Smith et al. (2016) found that Black men feel like outsiders to be feared by the campus community. Smith et al. (2016) also added that Black men were seen as criminals by White people on campus.

Strayhorn (2010) found that Black men who attend predominantly white institutions perceive their surroundings as unsupportive. In addition, Strayhorn (2010) found that Black men feel pressure to show they belong. Though they try to prove they belong, they often fail due to unfair bias or prejudice from peers and faculty. Faculty members believe Black men have poor academic socialization, so they often have low expectations of them (Palmer et al., 2014). As a result, Black men spend too much time on campus fighting racial stereotypes (Harper, 2015).

Purpose

The purpose of this study was to understand the experiences of Black men with bipolar disorder on college campuses. This study will also explore how the intersection of race and disability plays a role in navigating college for Black men with bipolar disorder. As a result, this study helped to understand the development of the identities of Black men with bipolar disorder.

Research Questions

Research questions for grounded theory studies must focus on generating theory (Birks & Mills, 2011). The questions need to focus on the learning experiences and development of the participants. - The following research questions guided the study:

RQ1: How does being a Black male college student with bipolar disorder impact their college-going experience at a four-year institution?

RQ2: What role does the intersection of race, gender, and disability play in navigating retention, progression, and graduation for Black men with bipolar disorder?

RQ3: How do Black men who are college students with bipolar disorder develop their identity based on the intersection of their race and disability?

As there is little research on Black men with bipolar disorder on college campuses, a grounded theory approach was employed to gain an understanding and meaning of their experiences and development. This understanding and meaning helped inform the generation of a theory on the development of Black men with bipolar disorder.

Significance of the Study

While there are many studies of Black men on college campuses and bipolar disorder, none that focus on the intersections of both on college campuses were found. This study aimed to rectify that. This study provided greater context to the study of Black men with bipolar disorder.

This study is necessary for those who work with college students. It adds a framework for thinking about the impact that they can make on college students. This study also benefits disability student service offices, which may consider changing their approach to working with this population. Student service personnel can also change how they identify and engage with Black men with disabilities on college campuses.

Understanding how Black men with bipolar disorder navigate college will allow specific programs to be created. Programs can include support groups or learning communities. In addition, advocates for students with disabilities might change how accommodations are set up for students. Because Black men are seen as an at-risk population on campuses, adding more knowledge about a subpopulation will enable practitioners to build better programs that raise Black men's retention, progression, and graduation rates

Theoretical Framework

Multiple theoretical perspectives influenced this study. The first piece of the framework is Critical Race Theory (CRT). Next, Disability Critical Race Theory (DisCrit) makes up the second. Each perspective allows for intersectional frameworks considering race, gender, and disability.

Critical Race Theory

Critical Race Theory is a multidimensional framework that posits that racism is pervasive throughout society. There are multiple tenets of CRT. Though the number of tenets is subject to change based on the author, they all agree on similar concepts (Ladson-Billings, 1998; Solórzano, 1997). One concept that they agree on is that race and racism must be centered on while doing research. Another is that CRT seeks to challenge dominant narratives and instead centers the research on marginalized perspectives. A third concept is that race is a social construct.

Disability Critical Race Theory

The intersection of race and disability has room to be explored more in research. DisCrit is a framework that seeks to remedy this. DisCrit scholars posit that racism and ableism are built into society and affect students of color with disabilities more than white students. There are seven tenets of DisCrit (Annamma et al., 2018).

The first tenet deals with how racism and ableism are used together to uphold normalcy. The second tenet values multiple intersectional identities. The third tenet recognizes that while race and ability are social constructs, they still impact those who are not white or able-bodied. Tenet four values the voices of marginalized populations. Tenet five considers the legal and historical aspects of disability and race and how they have been used to deny rights to some citizens. Tenet six recognizes that whiteness and ability are property. It also recognizes that gains of people with disabilities have come mainly from interest convergence. The final tenet is that DisCrit needs activism and resistance.

Taken together, CRT and DisCrit allow researchers to better understand minoritized people. With combining disability and race, researchers can sharpen their focus on an intersectional identity that can be overloooked. Both critical frameworks push back against the construct of race. They both challenge the dominant narrative and change the focus from that to the focus of minority groups. Given the centrality of race in both, researchers can employ multiple methods of studying race.

Overview of Research Design

A qualitative study using grounded theory methodology was performed. Grounded theory generates a theory about a phenomenon (Oktay, 2012). According to Denzin and Lincoln (2005), "Essentially, grounded theory methods are a set of flexible analytical guidelines that enable researchers to focus their data collection and to build inductive middle-range theories through successful levels of data analysis and conceptual development (p. 507)." This study sought to learn about the lived experiences of Black college men with bipolar disorder. It also sought to understand how Black men with bipolar disorder navigate college, being both Black and having a disability. In addition, this study sought to understand the development of Black men with bipolar disorder. As a result, this study generated a theory of development using the constructivist approach to apply grounded theory for how Black men with bipolar disorder develop their identity. The theory for this study was developed from the start of data collection.

The study sample drew from a population of Black men with bipolar disorder who attend college. Theoretical saturation determined the number of participants, meaning no more relevant data could be extracted (Oktay, 2012). The interviews consisted of questions designed to answer the research questions. Personnel, such as counselors, who work with Black men with bipolar disorder were also interviewed. Finally, staff who work in university-based disability offices were interviewed. The interviews were conducted using a video conference program (Zoom). The interviews were transcribed using a transcription service (Rev). The interviews were then coded using a codebook, and themes will be compiled. More details about the method followed will be detailed in Chapter III.

Definitions of Terms

Ableism- a network of beliefs, processes, and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical, and therefore essential and fully human (Bogart & Dunn, 2019).

Critical Race Theory- the work of progressive legal scholars of color who are attempting to develop a jurisprudence that accounts for the role of racism in American law and that work toward the elimination of racism as part of a larger goal of eliminating all forms of subordination (Solórzano & Yosso, 2002).

Bipolar Disorder- a chronic illness which can lead to severe disruptions in family, social, and occupational functioning (Vazquez et al., 2010).

Disability Critical Race Theory- a framework that theorizes about the ways in which race, racism, dis/ability, and ableism are built into the interactions, procedures, discourses, and institutions of education, which affect students of color with dis/ability qualitatively differently than White students with dis/abilities (Connor et al., 2016).

Hypomania- a euphoric, expansive, or irritable mood that is accompanied by a marked increase in energy that lasts at least a week but does not cause significant impairment (Strakowski, 2014).

Intersectionality- a theoretical framework that maintains that elements such as race and ethnicity, gender, socio-economic status, and sexuality map onto strata within social hierarchies where they interact and intertwine, resulting in unique identities within and outcomes for, individuals (Elain Muirhead et al., 2020).

Mania– a euphoric, expansive, or irritable mood accompanied by a marked increase in energy that lasts at least a week and causes significant impairment to one's life (Strakowski, 2014).

Microaggressions- demeaning comments and behaviors that occur on an interpersonal level directed towards members of racial minority groups (McGee & Kruger, 2022).

Predominantly White Institution- institutions in which the campus is demographically dominated by White students, faculty, and staff, has a cultural foundation steeped in Whiteness, and creates a racially marginalizing and hostile campus climate for Students of Color (Cabrera et al., 2016).

Racial battle fatigue- the psychological, physiological, emotional, and behavioral toll placed on people of color who are responding to daily racial macro- and microaggressions (Smith, 2012).

Stereotypes- a set of beliefs or disbeliefs about any group of people (Hall, 2001).

Summary

This study sought to understand the experiences of Black men with bipolar disorder on college campuses by conducting a grounded theory study. Most previous works focus on either Black men or mental health on campuses. There is a knowledge gap concerning how Black men with bipolar disorder navigate college, experience college, and develop their identity. The results of this study may help multiple stakeholders such as academic advisors, disability student services personnel, student affairs professionals, faculty, and staff.

Four additional chapters follow. In Chapter II, a wide-ranging literature review concerning Black men is conducted. It also encompasses several theories, frameworks, and models essential to understanding Black men and disabilities. In Chapter III, the research design and specific methods of how the study was conducted will be discussed. The results of the study are detailed in Chapter IV. Finally, the findings will be revealed, followed by recommendations for future research and practical considerations in Chapter V.

Chapter II: Review of Literature

The organization of this literature review is a pyramid. The literature review will start at the base with student development theories, which seek to explain college students' mental and emotional growth and move our way through various developmental models. Developmental models are first because they form the foundation of a student. They are the building blocks for the rest of the literature review. Intersectional theory, critical race theory, disability critical race theory, and African-American Male Theory will be the following topics discussed. These four are follow because they are specific frameworks for Black and disabled men. From there, collegiate Black men will be discussed. Collegiate Black men will be the participants of this study. There will also be an overview of disability models, which seek to define disability. We will also discuss stigma as it relates to disability. Finally, the literature review will end with bipolar disorder and its impact on college students.

Development Theories

Various developmental models influence this study. Each model contributes to understanding Black men with bipolar disorder on college campuses. These models are used to inform and shape frameworks of understanding. In this section, there will be a review of different development theories. We will start with disability identity development theories and then discuss student development theories.

Disability Identity Development

Disability identity development models explain how people with disabilities learn to understand themselves regarding their disability. There are several disability identity development models (Kreider et al., 2020). The three that will be the focus of the literature review are Gibson's Disability Identity Model, Forber-Pratt and Zape's Model of Social and Psychosocial Disability Identity Development, and Johnstone's Categories of Disability Identity. These three were chosen for their general applicability to students.

Gibson's (2006) Disability Identity Model

Gibson's Disability Identity Model was created to address the impersonality of the medical model of disability (Gibson, 2006). Gibson (2006) wanted to give a voice to those with disabilities. This is particularly important for Black men with disabilities.

There are three stages to Gibson's Disability Identity Model (Kreider et al., 2020). They are (1) passive awareness, (2) realization, and (3) acceptance. Each stage has its unique attributes.

In stage one, passive awareness, people with disabilities have no disability role model. They will also shy away from others with disabilities. During stage 1, people with disabilities are taught to deny social aspects of disabilities, and the fact that they have a disability is silenced. Also, during stage 1, people with disabilities will shy away from attention (Kreider et al., 2020).

In stage two, realization, people with disabilities see themselves as having a disability. They may also experience self-hate and adopt a why me attitude. They are also concerned with the appearance of having a disability and how others perceive them (Kreider et al., 2020).

In stage three, acceptance, people with disabilities start to embrace themselves and their disability. They view themselves as no less than others and begin to incorporate others with disabilities into their life. They also might involve themselves in disability advocacy and activism. Finally, they integrate into the majority of the able-bodied world (Kreider et al., 2020).

According to this model, Black men who are students with bipolar disorder might be in denial of this disability. They might also not seek help. They might also internalize negative feelings about themselves. Finally, they will come to a place where they might accept the help they need and create a community of others with a disability.

Forber-Pratt and Zape's Model of Social & Psychosocial Disability Identity Development

Forber-Pratt and Zape's Model of Social & Psychosocial Disability Identity Development arose from a lack of research on the identity development of people with disabilities (Forber-Pratt & Zape, 2017). Their model directly focuses on college-aged students with disabilities. By focusing on college students, this model allows us to directly link the development of Black men with bipolar disorder to an existing model.

There are four statuses in Forber-Pratt and Zape's Model of Social & Psychosocial Disability Identity Development (Kreider et al., 2020). They are acceptance status, relationship status, adoption status, and engagement status.

In status one, acceptance status, people become or are born with a disability. A person accepts their disability, and close friends accept the disability. In relationship status, a person with a disability meets others like them, begins to discuss their disability, and learns the way of the disabled group. In the adoption status, the person adopts the disabled group's shared values. Finally, in the engagement status, one becomes a role model for others with disabilities. They also help others in other statuses and give back to the community.

Black men with bipolar disorder on college campuses might be at stage one, as that is when most people begin to be diagnosed with bipolar disorder (Pederson, 2020). This is a critical juncture as Black men struggle to adjust to college simultaneously. As such, more must be done to educate the campus community about this issue.

Johnstone's Categories of Disability Identity

Johnstone's Categories of Disability Identity model arose from the need for people with disabilities to be able to construct their own meaning of being disabled (Johnstone, 2004). This is important for Black men, often seen as monoliths (Long & Joseph-Salisbury, 2019). Johnstone describes six significant categories of disability identity (Evans et al., 2017). They are socially ascribed, disempowering identities; overcompensating identities; identities that shift focus away from disabilities; empowering disabilities; complex identities; and common identities.

In the first category, socially ascribed, disempowering identities, people with disabilities can feel shame when their ability is not personally claimed but placed upon them by society. This category is linked to the medical model, where nondisabled people wield power over disabled people. In this category, people will experience humiliation when the disability is discovered, so they try to hide it. In the second category, overcompensating identity, people with disabilities overcompensate to manage their disability. Overcompensating can result in higher success than those who are not disabled (Evans et al., 2017).

The third category is identities that shift focus away from disability. Johnstone posits that this can take many forms for reasons personal to the person with a disability. Some will shed the label of disabled entirely by denying their disability. Others might change their view of having a disability by labeling themselves as something other than being disabled. In the fourth category, empowering identities, people with disabilities center their identity around their disability. People in this category often form connections with the disability community (Evans et al., 2017).

People in the complex identities category identify themselves in more intersectional ways. They consider their race, class, and gender as part of their identity and disability. People in this category have mixed feelings. For example, they can feel empowered or ashamed. There is no one right way for people to feel. Johnstone believes that most people are in the sixth category, the common identity. In this category, people with disabilities orient themselves to a world made for able-bodied people. The people in the category develop positive personal identities (Evans et al., 2017).

Black men with bipolar disorder on college campuses can find themselves in any category. If they are in the first category, socially ascribed, disempowering identities, they might feel shame about the diagnoses as they are still transitioning into adulthood. The goal is to help them develop into the common identity category, where they will have a positive self-image.

Student Development Theories

The student development theories listed here are foundational in understanding the mental and emotional development of Back men with bipolar disorder. In addition, these theories can be used to describe the development of Black men with bipolar disorder holistically. The theories are located in Killam & Degges-White's (2017) book named “College Student Development.”

Schlossberg’s Transition Theory

Transitioning to college can be hard for all students. It can be particularly challenging for Black men with bipolar disorder who face many barriers, such as stigma and institutional racism. Schlossberg’s theory can help explain the transition. It can also help explain the transition of Black men with bipolar disorder to college. It is important to note that not all transitions are negative.

There are four components to Schlossberg’s transition theory. They are situation, self, support, and strategies (four S’s) (Killam & Degges-White, 2017). Killam & Degges-White state, "Chickering and Schlossberg (2002) explained transition as an event that creates a disruption of roles, routine, and relationships for the individual experiencing the transition (p. 24).” Anderson et al. (2012) believe that transition takes time and does not happen simultaneously. Schlossberg’s (2008) transition theory is a framework to assist students through their transition. Part of the framework is understanding where students are in the four S’s (Killam & Degges-White, 2017).

Schlossberg (2008) believed that students could transition more quickly by going through a process called taking stock. The first domain of taking stock is the situation (Killam & Degges-White, 2017). This is the situation that causes the transition. During this time, the situation needs to be assessed. There are three types of situations. They are anticipated, unanticipated, and nonevent. In an anticipated event, a student sees it as upcoming. In an unanticipated event, the student does not see it coming. Finally, a nonevent is an event that the student wants but does not happen (Killam & Degges-White, 2017).

The next domain is self. Anderson et al. (2012) believe people attach significance and purpose to their experiences. Anderson et al. (2012) support the idea of two lenses attached to the self domain. They are personal and demographic characteristics and psychological resources. Personal and demographic characteristics are influenced by other intersectional identities such as race, gender, and socioeconomic status. The psychological resources are aids for coping with apparent threats that students bring to transitions. These resources are unseen and internal to the person. (Killam & Degges-White, 2017).

In each situation, students might need help processing. Support is needed for all people but is critical to students in transition. Students need a strong and positive support system to help them (Killam & Degges-White, 2017). According to Killam and Degges-White (2017), age determines the appearance of the support system. For younger people, the support system might be their family or teacher. As students age, the support system might become their peers or trusted adults (Killam & Degges-White, 2017).

The final domain is strategies. In this domain, students use coping resources brought to the transition (Schlossberg, 2008). Students use four types of strategies (Killam & Degges-White, 2017). They are modifying the situation, changing the meaning of the situation, controlling and managing the situation, or taking deliberate inaction (Schlossberg, 2008). A student's strategy depends on the situation, support, and self.

Being diagnosed with bipolar disorder can be seen as an unanticipated event. As such, these students may need extra care to help with the transition. They might be struggling with accepting that they have bipolar or finding the right resources. In either case, the coping resources must be readily available to the students to support their transition.

Chickering's Theory of Identity Development

In the late sixties, Chickering (1969) developed the seven vectors of development. According to Killam and Degges-White (2017), the seven vectors are:

> (a) Developing competence, (b) managing emotions, (c) moving through autonomy toward interdependence, (d) developing mature interpersonal relationships, (e) establishing identity, (f) developing purpose, and (g) developing integrity (p. 102)

The vectors are not linear, and students cycle through these vectors as needed.

The first vector, developing competence, has three domains: intellectual, physical, manual, and interpersonal. During the intellectual domain, one gains knowledge based on new experiences. For example, a student might be more involved in sports or experiential learning activities during the physical and manual domains. Finally, in the interpersonal domain, students will learn how to communicate more effectively and understand social cues (Killam & Degges-White, 2017).

In the second vector, managing emotions, students learn emotional regulation. This vector often occurs in educational settings such as college, as students might be away from home for the first time. During this vector, students from marginalized groups, such as Black men with bipolar disorder, might feel depression, loneliness, and anger because the campus community might not welcome them. Learning to balance emotions is challenging for students as they move from happiness to sadness and other dualling emotions (Killam & Degges-White, 2017). Black men with bipolar disorder might find themselves in this vector as they struggle to make meaning of bipolar disorder. They might encounter a campus that cannot help them in a way conducive to growth.

The third vector is moving from autonomy toward interdependence. This vector builds upon the vectors before it. Killam and Degges-White (2017) give examples of students doing their laundry for the first time and developing healthy relationships. During this vector, students learn to take responsibility for their actions and become self-sufficient (Killam & Degges-White, 2017).

Developing mature interpersonal relationships is the fourth vector. Students see people as who they are during this vector, not through stereotypes. Intimacy becomes more than just physical closeness, and tolerance becomes acceptance. Others meet the needs of the student, and the student meets the needs of others (Killam & Degges-White, 2017).

Establishing identity is the fifth vector. Killam & Degges-White (2017) believe this is one of the most important vectors as it helps establish a student's self-identity separate from others. This vector involves experimenting as students display many behaviors and personality traits. Chickering and Reisser (1993) are quoted in Killam and Degges-White (2017) as having seven elements that make up a strong sense of self:

1. Comfort with body and appearance
2. Comfort with gender and sexual orientation
3. Sense of self in a social, historical, and cultural context
4. Clarification of self-concept through roles and lifestyle
5. Sense of self in response to feedback from valued others
6. Self-acceptance and self-esteem
7. Personal stability and integration (p. 104)

It is important to note that some of these might take longer to develop than others, such as sexual orientation and cultural membership (Killam & Degges-White, 2017).

The sixth vector is developing purpose. This vector maintains drive and motivation. It sustains commitments and intentions. Students in this vector might become aware of their purpose earlier and have a head start on those who still need to.

The final vector is developing integrity. Killam and Degges-White (2017) state that as students develop integrity, they create a strong sense of self. They also take responsibility and accountability for their words, actions, beliefs, and values. As a result, they do not feel threatened when exposed to different points of view (Killam & Degges-White, 2017).

It is the responsibility of college campuses to help Black men with bipolar successfully navigate these vectors just as they help other students do so. Doing so will create a person who understands their illness. They will also develop a firm idea of who they are.

The Cross Nigrescence Model

The Cross nigrescence model is the most widely known model of Black identity development (Killam & Degges-White, 2017). While it does not apply to every Black student, the model is accepted as the most developed Black identity model. The model was developed in the 1970s but refined in 1991 (Cross, 1995). It arose during the Civil Rights Movement, in which Cross actively participated (Killam & Degges-White, 2017). It was explicitly rooted in the Black militancy of the 1960s (Byrd, 2009). The model has five stages: pre-encounter, encounter, immersion-emersion, internalization, and internalization-commitment (Cross, 1978). The model has proven to be a catalyst for understanding the transitions of Black students as it has been used to accurately describe Black students' development (Helms, 1990; Parham, 1989; Plummer, 1995; Thomas & Speight, 1999).

The first stage is pre-encounter. During this stage, students will consciously or subconsciously identify Black values, such as culture and traditions, as less valuable than White ones. As a result, students might try assimilating into white culture (Killam & Degges-White, 2017). This stage can be full of self-hate, low self-esteem, and poor mental health (Vandiver, 2001). High-achieving Black students at predominantly white institutions will distance themselves from activities that are too Black to distance themselves from negative stereotypes about Blackness (Fries-Britt & Griffin, 2007).

Encounter is the second stage. During this stage, a major, serious event creates a disturbance, causing students to question how they view Black identity. The view is typically negative, so the disturbance causes students to reassess their place in the larger society. They might feel betrayed by White society (Killam & Degges-White, 2017).

During the third stage, immersion-emersion, students start to distance themselves from White culture and seek to learn more about Black culture (Killam & Degges-White, 2017). Students start questioning negative stereotypes about Black people and culture (Ritchey, 2015). Feelings of Black pride start to overshadow the anger and guilt associated with the encounter stage (Killam & Degges-White, 2017).

Internalization is the fourth stage. This stage is marked by an openness to and appreciation of other cultures. Students see the richness of their own culture but also the richness of other cultures. Black college students in this phase might explore activities that promote awareness of different cultures and engage in activities centered around Black culture (Killam & Degges-White, 2017).

In the fifth stage, internalization-commitment, students explore activism around Blackness. They are confident in being Black but also are committed to social justice for other groups. Students become advocates for change that supports non-Black groups but accepts their Black identity (Killam & Degges-White, 2017).

Cross (1995) later combined the last two stages, naming it internalization. Cross (1995) noticed only a minimal difference between the two. Killam and Degges-White (2017) state that Cross (1995) identified that individuals in the last two stages fall into three categories. They are Black nationalism, biculturalism, and multiculturalism (Killam & Degges-White, 2017). In Black nationalism, high importance is placed on Black identity. In biculturalism, high importance is placed on both Black and American identities. In multiculturalism, high importance is placed on many intersectional identities, such as gender, race, and sexual orientation (Killam & Degges-White, 2017).

Black men with bipolar disorder might be struggling with accepting their disability and making sense of their racial identity. These things are often happening simultaneously. Realizing that Black men with bipolar disorder often go through multiple stages of development at once will help aid those working with them.

Tinto's Interactionalist Theory of Student Departure

There are 13 propositions to Tinto's (1975) theory. They are:

> 1. Student entry characteristics affect the level of initial commitment to the institution.
>
> 2. Student entry characteristics affect the level of initial commitment to the goal of graduation from college.
>
> 3. Student entry characteristics directly affect the student's likelihood of persistence in college.
>
> 4. Initial commitment to the goal of graduation from college affects the level of academic integration.
>
> 5. Initial commitment to the goal of graduation from college affects the level of social integration.
>
> 6. Initial commitment to the institution affects the level of social integration.

> 7. Initial commitment to the institution affects the level of academic integration.
>
> 8. The greater the degree of academic integration, the greater the level of subsequent commitment to the goal of graduation from college.
>
> 9. The greater the degree of social integration, the greater the level of subsequent commitment to the institution.
>
> 10. The initial level of institutional commitment affects the subsequent level of institutional commitment.
>
> 11. The initial level of commitment to the goal of graduation from college affects the subsequent level of commitment to the goal of college graduation.
>
> 12. The greater the level of subsequent commitment to the goal of graduation from college, the greater the likelihood of student persistence in college.
>
> 13. The greater the level of subsequent commitment to the institution, the greater the likelihood of student persistence in college (p. 74-75).

These 13 propositions are interrelated and account for student persistence (Braxton et al., 2013). The first three propositions are about the characteristics of students as they enter college. They focus on commitment to the institution, graduation, and persistence in college. Propositions four through seven deal with the initial commitments of students. They state that the greater the commitment to graduation and the institution will impact academic and social integration. Propositions eight and nine states that the greater the academic and social integration level, the greater the commitments to graduation and the institution. Propositions 10 and 11 deal with the level of initial commitment to the institution and the goal of graduation. Propositions 12 and 13 state that a higher level of commitment to the goal of graduation and the institution will increase the likelihood of persistence.

Tinto views student departure and persistence as a process in which students make meaning of their interactions with a university (Braxton et al., (2013). Tinto (1975) believes that a student's multiple characteristics will influence their persistence in college. Tinto (1975) also states that their initial commitment to the institution and graduation influences student integration into the college's academic and social elements. Academic integration has two fundamentals: structural and normative dimensions. Braxton et al. (2013) state that “Structural integration entails the meeting of explicit standards of the college or university, whereas normative integration pertains to an individual’s identification with the normative structure of the academic system (p. 74).” Social integration is the extent to which a student is involved in the social system of a college or university (Braxton et al., 2013). Academic and social integration influence a student's commitment to the university and graduation. A greater level of both will increase the likelihood that a student will persist in college (Braxton et al., 2013). The lack of integration results from three main factors (Kelly, 2008). One factor is the lack of adjustment to college's academic rigor or social aspect. A second factor is a mismatch between the intellectual and social life in college. The third is the lack of interaction between the student and the college (Kelly, 2008).

Tinto’s model is distinct in two ways. Ashar and Skenes (1993) state, “(a) it places as much emphasis on the psychological variables as it does on the social ones, and (b) it suggests the inclusion of macro-level variables in retention studies (p. 90).” Both socially and academically integrated universities will have an easier time retaining their students (Ashar & Skenes, 1993).

Tinto’s (1994) model is based on several constructs. First, a student’s background is essential to Tinto’s model (Kelly, 2008). These characteristics include parents' educational level, SAT scores, and socioeconomic status. A second construct is students' initial goal and institutional commitment (Kelly, 2008). Tinto was interested in how committed students were to completing their degree program. A student's willingness to persist is the third construct. Tinto (1994) theorized that the greater the intention to persist, the more likely a student would graduate.

Black men graduate at an extremely low rate (Ottley & Ellis, 2019). Students with mental health issues graduate at an even lower rate, with over 85% failing to get a degree. (Salzer, 2012). Taken together, that is a recipe for disaster for Black men with bipolar disorder. They intersect two groups that are among the most at-risk college populations. Applying Tinto's theory to Black men with bipolar disorder, these students have harmful interactions with the university and are unlikely to persist toward a degree.

Astin's Theory of Involvement

Astin's theory of involvement (1999) states that a more involved student will persist at a university. There are five postulates for this theory. They are:

> 1. Involved refers to the investment of physical and psychological energy in various objects. The objects may be highly generalized (the student experience) or highly specific (preparing for a chemistry examination).
>
> 2. Regardless of its object, involvement occurs along a continuum; that is, different students manifest different degrees of involvement in a given object, and the same student manifests different degrees of involvement in different objects at different times.
>
> 3. Involvement has both quantitative and qualitative features. The extent of a student's involvement in academic work, for instance, can be measured quantitatively (how many hours the student spends studying) and qualitatively (whether the student reviews and comprehends reading assignments or simply stares at the textbook and daydreams).
>
> 4. The amount of student learning and personal development associated with any educational program is directly proportional to the quality and quantity of student involvement in that program.
>
> 5. The effectiveness of any educational policy or practice is directly related to the capacity of that policy or practice to increase student involvement (p.90).

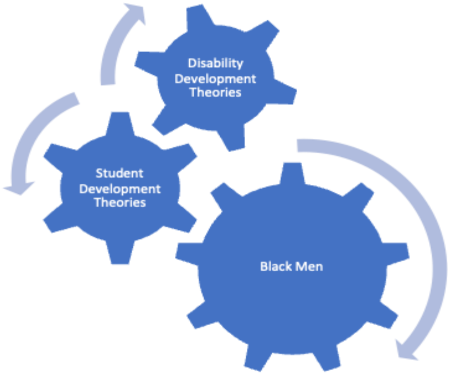
The first postulate deals with the investment of energy. The investment can be general or specific. The second is that the level of involvement changes over time. The third postulate deals with involvement measurement, which can be measured quantitatively and qualitatively. The last two propositions are vital educational postulates. They provide the most effective ways to design educational programs for students. (Astin,1999).

Astin believed colleges and universities saw students as a “Black box” where students were not part of their education (Astin, 1999). The theory is based on a longitudinal study of retention in which the more a student is involved, the higher the retention rate. Astin examined the effects of 192 environmental measures, and the study found that the most significant influences on a college student are peers and faculty (Wilson, 1998). This is critical to understanding the role of involvement. Students actively engaged with peers and faculty are more likely to be retained.

When studying Black men with bipolar disorder in college, understanding how student development theories and disability development theories intersect is essential. These students face added pressure due to negative stereotypes associated with being Black and having a disability. Figure 2.1 shows a symbiotic relationship between these theories and disabled Black men in college, and effective research requires understanding all three. The development of each theory is interconnected with the development of the other, and as Black men develop their identities, these theories act as interlocking wheels. Intersectionality can also help explain the various identities that Black men with bipolar disorder possess.

Figure 2.1

Relationship between Disability Development Theories, Student Development Theories, and Black Men



Intersectionality

Intersectionality has its roots in Black feminism (Brahm, 2019). It began when Crenshaw (1989) wrote about and coined intersectionality. According to Elaine Muirhead et al. (2020), "Intersectionality is a theoretical framework which maintains that elements such as race and ethnicity, gender, socio-economic status, and sexuality map onto strata within social hierarchies where they interact and intertwine, resulting in unique identities within, and outcomes for, individuals (p. 465)." Crenshaw's (1989) framework arose from the fact that Black women are often marginalized regarding issues that impact them. Historically, women's issues are looked at through the lens of white women and Black issues through the lens of Black men. Her efforts were to promote the unique experience that Black women have compared to the other groups they intersect with. The erasure of their experiences limited the work that could be done to solve society's inequities.

According to Else-Quest and Hyde (2016), intersectionality has three elements. They are: (1) attends to the experience and meaning of belonging to multiple social categories simultaneously, (2) includes an examination of power and inequality, and (3) attends to social categories as properties of the individual as well as the social context and considers those categories and their significance or salience as potentially fluid and dynamic.

As such, Black men should not be lumped into one category. Black men cross many intersectional identities from gender expression, socioeconomic status, and disability. Oppression can be felt in different ways depending on the social identity. For example, a Black man might feel marginalized because of their Black identity but privileged because of their male identity. From intersectionality, Critical Race Theory arose.

Critical Race Theory (CRT)

Critical Race Theory is a theoretical and methodological framework. It stems from Critical Legal Studies (del Río-González et al., 2020). CRT aims to challenge and shine a light on racism (Strunk & Locke, 2019). All CRT scholars believe that race is socially constructed. Though it is a construct, it still has widespread effects. Critical race theory arose from the need to explain social inequity and its impact on people of color better (Cook & Dixon, 2013). According to Cook and Dixon (2013), CRT has three themes. They are:

> CRT insists on recognition of the experiential knowledge of people of color and their communities of origin in analyzing law and society; is interdisciplinary; and works toward eliminating racial oppression as part of the broader goal of ending all forms of oppression (p.1242)

Ladson-Billings and Tate (1995) introduced critical race theory into education. It was based on three propositions. Ladson-Billings and Tate (1995) state:

> 1. Race continues to be a significant factor in determining inequity in the United States.

> 2. U.S. society is based on property rights.
>
> 3. The intersection of race and property creates an analytic tool through which we can understand social (and, consequently, school) inequity (p.48).

While biology has debunked biological differences in race, it is still used to categorize people (Ladson-Billings & Tate, 1995). Ladson-Billings and Tate (1995) state that race remained untheorized in education. In other words, race has yet to be used in the analysis of education. Ladson-Billings and Tate (1995) believed that class- and gendered-based explanations are insufficient to explain the difference in educational outcomes. Their second proposition is that the United States society is based on property rights (Ladson-Billings & Tate, 1995). This has been since the founding of the country when settlers claimed territory from Native Americans. Scholars must consider that the United States was built on a capitalist foundation and that only certain people (primarily white male land and enslavers) could benefit from participating in it as a democracy (Ladson-Billings & Tate, 1995). Their third proposition is a direct result of the first two.

Not all scholars agree on the number of Tenets the CRT has. For example, according to Howard and Navarro (2016), five tenets guide educational research that uses the CRT framework. They are:

> 1. Centrality of race and racism—All CRT research within education must centralize race and racism, including intersections with other forms of subordination, such as gender, class, and citizenship.
>
> 2. Challenging the dominant perspective—CRT research works to challenge dominant narratives and re-center marginalized perspectives.
>
> 3. Commitment to social justice—CRT research must always be motivated by a social justice agenda.
>
> 4. Valuing experiential knowledge—CRT builds on the oral traditions of many indigenous communities of color around the world.

> CRT research centers the narratives of people of color when attempting to understand social inequality.
>
> 5. Being interdisciplinary—CRT scholars believe that the world is multidimensional, and similarly, research about the world should reflect multiple perspectives (p. 258-259).

They received their tenets from Solórzano (1997). Ladson-Billings (1998) believes there are four tenets to CRT-based research. They are quoted by Strunk and Locke (2019): “(1) race as normalized; (2) critique of liberalism; (3) interest convergence; and (4) use of storytelling and experiential knowledge (p. 47).”

Race is normalized in society as the first tenet. CRT sees race as an embedded part of the United States. People see race as normal instead of the social construct that it is (Strunk & Locke, 2019). The critique of liberalism is the second tenet. CRT critiques liberalism in a way that challenges the ideas of individual freedom and rights (Strunk & Locke, 2019). The third tenet is interest convergence. This is the idea that the gains of minorities only come when the interests of whites are aligned (Strunk & Locke, 2019). The fourth tenet is storytelling and experiential knowledge. CRT centers the voice of the people that are often overlooked in research. It seeks to legitimize the experiences of people of color (Strunk & Locke, 2019). CRT eventually branched off, and one of those branches became Disability Critical Race Theory (DisCrit).

Disability Critical Race Theory (DisCrit)

While the intersection of race and gender has garnered much attention, the intersection of race and disability has not. As a result, neither has Black men with bipolar disorder on college campuses. According to Annamma et al. (2018): “A DisCrit theory in education is a framework that theorizes about the ways in which race, racism, dis/ability and ableism are built into the interactions, procedures, discourses, and institutions of education, which affect students of color with dis/abilities qualitatively differently than white students with dis/abilities. (p. 7)" The experiences of students of color with disabilities are vastly different from the experiences of white students with disabilities. A disability can often result in rejection from a person's other intersectional identities. There are seven tenets of Disability Critical Race Theory (Annamma et al., 2018). They are as follows:

> (1) DisCrit focuses on ways that the forces of racism and ableism circulate interdependently, often in neutralized and invisible ways, to uphold notions of normalcy.
>
> (2) DisCrit values multidimensional identities and troubles singular notions of identity such as race or dis/ability or class or gender or sexuality, and so on.
>
> (3) DisCrit emphasizes the social constructions of race and ability and yet recognizes the material and psychological impacts of being labeled as raced or dis/abled, which sets one outside of the western cultural norms.
>
> (4) DisCrit privileges voices of marginalized populations, traditionally not acknowledged within research.
>
> (5) DisCrit considers legal and historical aspects of dis/ability and race and how both have been used separately and together to deny the rights of some citizens.
>
> (6) DisCrit recognizes whiteness and Ability as Property and that gains for people labeled with dis/abilities have largely been made as the result of interest convergence of white, middle-class citizens.
>
> (7) DisCrit requires activism and supports all forms of resistance (pp. 55-61).

Tenet One

DisCrit focuses on ways that the forces of racism and ableism circulate interdependently, often in neutralized and invisible ways, to uphold notions of normalcy. It takes the two working together to reinforce Whiteness (Annamma et al., 2018). It is also working in tandem to explain why more students of color labeled with disabilities are separated from their peers. Race and ability are seen as standard, so everyone is categorized in relation to race and ability (Ladson-Billings, 1998). Conner et al. (2016) state that "DisCrit seeks to reject the commonly held assumption that those who are perceived as deviating from standards of Whiteness and ability necessarily want to achieve those standards (p. 20)."

Tenet Two

DisCrit values multidimensional identities and troubles singular notions of identity such as race, dis/ability, class, gender, sexuality, and so on (Annamma et al., 2018). This allows students who were viewed as having deficits by society to have their identities come to the forefront. DisCrit acknowledges that people are treated differently based on other identities, and these identities contribute to the stigma of people, specifically those who have disabilities (Connor et al., 2016).

Tenet Three

DisCrit emphasizes the social constructions of race and ability and recognizes the material and psychological impacts of being labeled as raced or dis/abled, which sets one outside Western cultural norms (Annamma et al., 2018). DisCrit "rejects what Crenshaw has called the vulgarization of social construction, where critics claim that if race is considered a social construction, it should be seen as insignificant and be ignored (Connor et al., 2016, p. 20)." DisCrit notes that these categories are significant in the lives of people. People often use disability as a biological fact versus other intersectional identities seen as social constructions. Segregation is illegal based on race but not when disability is factored in. DisCrit rejects the idea that it is necessary to segregate based on ability (Connor et al., 2016). It also rejects that adding White students to classrooms for students with disabilities does not fix the problem, as DisCrit believes there should be no segregation based on disability.

Tenet Four

DisCrit privileges the voices of marginalized populations, traditionally not acknowledged within the research (Annamma et al., 2018). DisCrit implores counternarratives to understand how students respond to injustice (Connor et al., 2016). These counternarratives allow marginalized groups to speak for themselves instead of having the dominant group speak for them.

Tenet Five

DisCrit considers legal and historical aspects of dis/ability and race and how both have been used separately and together to deny the rights of some citizens (Annamma et al., 2018). Though presented as an objective fact, the pseudo-science behind eugenics emerged as a way to uphold white supremacy. This furthers the belief that the races were unequal and better off separated. Disability and race simultaneously impacted Black people through clinical assessment practices (Connor et al., 2016). The link was made more robust through laws, policies, and practices. DisCrit cautions against the belief that people of color are inferior based on pseudo-science (Connor et al., 2016). Policies were created to racialize disabilities historically and currently (Schweik, 2009). Connor et al. (2016) offer the example of formerly enslaved people being deemed mentally ill and disabled for not wanting to work. DisCrit opposes segregation and seeks to promote full inclusion in schools and society. DisCrit also acknowledges how race and ability shape ideas about citizenship and who belongs (Connor et al., 2016). Those with perceived disabilities are often viewed as second-class citizens, especially when they are not White.

Tenet Six

DisCrit recognizes whiteness and ability as property and that gains for people labeled with dis/abilities have primarily resulted from the interest convergence of white, middle-class citizens (Annamma et al., 2018). Interest convergence is the idea that the gains of Blacks and other people of color are only made when they serve the interests of White people (Bell, 1980).

Tenet Seven

DisCrit requires activism and supports all forms of resistance (Annamma et al., 2018). Like Critical Race Theorists, DisCrit calls for community-centered activism (Connor et al., 2016). This prevents people from studying people with disabilities through a deficit lens. It instead allows the narratives of disabled people to shine through. DisCrit also acknowledges that activities seen as activism, such as marches, protests, and sit-ins, can be ableist and exclude people with disabilities. Connor et al. (2016) believe those with equity-minded goals can still perpetuate inequality for other groups. They believe that activism can be from and beyond the desk, and those who do not believe it are missing the more significant points. Connor et al. (2016) state, “If theory can be violent, that is, if theory can erase large portions of the population by ignoring their needs and realities, we also believe that theory can be emancipatory, offering oppressed groups a language of critique and resistance (p. 26).” In other words, DisCrit supports a wide range of types of resistance as long as they are informed by the community (Connor et al., 2016).

Table 2.1 summarizes the tenets. The tenets seek to reject the idea that disability is not normal. They also reject the idea that people of color with disabilities should be separated from those considered normal. Instead, the tenets seek to create a more open society to diversity and differences while questioning the norms that created the differences. To become more encompassing, the barriers that label people as disabled must be removed, and this must be done in a way that centers the voices of those who are disabled (Connor et al., 2016).

Table 2.1
Summary of DisCrit Tenets

Tenet	**Summary**
One: DisCrit focuses on ways that the forces of racism and ableism circulate interdependently, often in neutralized and invisible ways, to uphold notions of normalcy.	It takes racism and ableism to maintain the normalcy that is white and able-bodied. Together, they explain why students of color are likelier to be labeled as disabled.
Two: DisCrit values multidimensional identities and troubles singular notions of identity such as race or dis/ability or class or gender or sexuality, and so on.	Intersectional identities are essential to DisCrit. These identities have allowed society to perceive students as deficient and inferior. DisCrit also recognizes that these identities shape the experiences of students.
Three: DisCrit emphasizes the social constructions of race and ability and yet recognizes the material and psychological impacts of being labeled as raced or dis/abled, which sets one outside of the western cultural norms.	Race and ability are not biological facts. They are made up of social constructs. However, they hold significance in people's lives.
Four: DisCrit privileges voices of marginalized populations, traditionally not acknowledged within research.	DisCrit uses counternarratives so that the voices of the marginalized can be heard over those of the dominant group.
Five: DisCrit considers legal and historical aspects of dis/ability and race and how both have been used separately and together to deny the rights of some citizens.	Race and ability have been used to separate people of color from White people, as whiteness is seen as superior. DisCrit considers the historical and legal separation of races.
Six: DisCrit recognizes whiteness and Ability as Property, and that gains for people labeled with dis/abilities have largely been made as the result of interest convergence of white, middle-class citizens.	Gains for people with disabilities has only happened when the interest of White, middle-class citizens aligned with those who are disabled.
Seven: DisCrit requires activism and supports all forms of resistance.	DisCrit requires activism on multiple fronts and promotes resistance.

African American Male Theory

Bush and Bush (2013) introduced African American Male Theory (AAMT) to understand the development of Black men. The six tenets of African-American Male Theory (Bush & Bush, 2013) are:

> 1. The individual and collective experiences, behaviors, outcomes, events, phenomena, and trajectories of African-American boys' and men's lives are best analyzed using an ecological systems approach.
>
> 2. There is something unique about being male and of African descent.
>
> 3. There is a continuity and continuation of African culture, consciousness, and biology that influence the experiences of African-American boys and men.
>
> 4. African-American boys and men are resilient and resistant.
>
> 5. Race and racism, coupled with classism and sexism, have a profound impact on every aspect of the lives of African-American boys and men.
>
> 6. The focus and purpose of study and programs concerning African-American boys and men should be the pursuit of social justice. (pp. 7-11)

Tenet one recognizes that the lived experiences of Black men are best analyzed through an ecological approach. Tenet two recognizes the unique realities of being African American and male. In other words, it takes an intersectional approach to understand the lives of Black men. The third tenet argues that Black culture, biology, and spirituality are linked to Africa. The fourth tenet highlights the resiliency of Black men. It also highlights that Black men are resistant to stereotypes. The fifth tenet stems from Critical Race Theory. This tenet prioritizes race and the intersection of race, class, and gender over other intersectional identities. Finally, the sixth tenet acknowledges that research and practice about Black males should be social-justice-oriented (Wood & Palmer, 2015).

Table 2.2
Summary of African-American Male Theory Tenets

Tenet	**Summary**
One: The individual and collective experiences, behaviors, outcomes, events, phenomena, and trajectories of African-American boys' and men's lives are best analyzed using an ecological systems approach.	African-American boys and men have a symbiotic relationship with other beings, matter, concepts, and phenomena.
Two: There is something unique about being male and of African descent.	The uniqueness of African-American boys and men is something worth discovering. This allows for distinction across disciplines.
Three: There is a continuity and continuation of African culture, consciousness, and biology that influence the experiences of African-American boys and men.	African consciousness and culture impact African-American boys and men. Furthermore, the study of this needs to be multi-disciplinary and trans-disciplinary.
Four: African-American boys and men are resilient and resistant.	African-American boys are born with the desire for self-determination and an unlimited capacity for morality and intelligence. All forms of resistance are viewed as strengths.
Five: Race and racism, coupled with classism and sexism, have a profound impact on every aspect of the lives of African-American boys and men.	AAMT is interested in how being a male of a specific class gives more privilege than others in certain spaces.
Six: The focus and purpose of study and programs concerning African-American boys and men should be the pursuit of social justice.	AAMT seeks to undermine oppression. It does this by investigating, exposing, and correcting those practices, policies, concepts, and institutions that allow it to continue.

For Black men with bipolar disorder to succeed, there must also be a look at the literature surrounding Black men. Understanding this is critical to understanding Black men with bipolar disorder. The literature will examine the issues plaguing Black men in higher education.

Black Men in Higher Education Literature

Most literature agrees that Black men face many educational challenges (Lynn & Dixon, 2022). The achievement gap between Black men and other groups means it is not just a Black man issue but a societal one. Those who succeed in K-12 must face more challenges once they enter postsecondary education. Those who transition have lower completion rates and bad experiences compared to other racial groups (Harper, 2015). In his study, Harper (2015) interviewed Black men who were high achievers across 30 predominantly White colleges and universities to see how they handled being stereotyped. He concluded that these men were confronted with stereotypes but resisted them. They resisted them through such things as student leadership roles and involvement in student organizations. Educators and policymakers mishandle the issues impacting Black men and are often influenced by deficit models (Gordon et al., 1994). In the 1990s, there was a call for research to move from a deficit model to one examining the structures that prevent Black men from succeeding (Gordon et al., 1994). It continued into the 2000s when Noguera (2008) suggested that investigations should consider intersectional markers such as race, gender, class, and place inside school contexts. The lack of an intersectional approach has caused Black men to be reduced to singular ideas that overlook the complexity of Black men. Furthermore, the literature has failed to consider what it means to be Black and a man (and disabled) (Lynn & Dixon, 2022).

Factors Essential to Success in Higher Education

Wood and Palmer (2015) identified five factors essential to Black men's success in higher education. They are student organizational involvement, faculty-student interaction, peer interaction, Black Male Initiatives, and mentors. Understanding the importance of these five factors will help Black men with bipolar disorder find success in college. It will also allow for programs to be designed with intentionality.

Student Organizational Involvement

Research shows a positive relationship between Black student involvement in organizations and satisfaction with the university (Wood & Palmer, 2015). Ethnic organizations serve as safe spaces for Black students. These safe spaces are vital to students as they provide a refuge from the anti-Blackness often displayed at PWIs (Museus, 2008). Cultural spaces also provide a safe space and a home away from for Black students (Patton, 2006). Providing a safe space allows students to express who they are. They also serve as a place to engage in educational activities (Patton, 2006). Educational programs can help bridge the gap in retention, progression, and graduation rates compared to their peers. Harper and Quaye (2007) found that organizations also allow Black men to engage in social justice-related activities. Such organizations as Black Greek Letter Organizations allow students to become advocates for social justice issues such as voting rights. Activities such as intramural sports and mentoring other Black men help create engagement opportunities (Wood & Palmer, 2015). Organizational involvement allows students to integrate into the school, making them more likely to persist (Astin, 1998).

Faculty-Student Interaction

There is an increase in educational gains as students interact with faculty (Sax et al., 2005). More interaction with faculty inside and outside the classroom will increase satisfaction with the institution (Astin, 1993). However, not all faculty interactions are created equitably. While White students report a positive experience with faculty members, Black students do not (Guiffrida, 2005). The negative experiences with faculty can cause a lack of satisfaction with the university and cause Black men not to be retained. Black men find faculty unsupportive and not invested in their success (Bush & Bush, 2010). Cole (2008) reveals that constructive criticism from faculty members also plays a role in determining academic outcomes for Black students. The more positive the constructive criticism, the more likely the student will have a higher GPA. Kim and Sax (2007) found that the closer African-American students worked with professors, the higher their satisfaction with the university. This knowledge should allow universities to create an atmosphere that centers faculty-student interaction, but this does not happen for Black students (Guiffrida, 2005).

Peer Interaction

Wood and Palmer (2015) state that “Peer interaction influences engagement (p.23).” Interacting with peers gives students more exposure to campus resources, organizations, and a social network (Wood & Palmer, 2015). For Black men, peer interaction fosters a sense of belonging in an environment that differs from the one they may be used to. Astin (1993) reports that peer interaction promotes academic development, critical thinking, and a sense of belonging for Black men. Harper (2006) found that Black men who are students valued their success as well as the success of their peers. Harper (2006) also found no internalized racism between peers. The opposite is true; students felt that much of their success was helped by the support of their peers. Harper (2006) states, “No participant reported social ostracism or feelings of alienation from other African American students. Instead, they all described how peer support significantly enhanced the quality of their experiences as high-achievers in predominantly White learning environments (p. 347).” This development counters the earlier narratives that Black men tend to shy away or hide their success from other Black men (Fries-Britt, 2022; Fries-Britt & Turner, 2002).

Black Male Initiatives

Black Male Initiatives have been found to increase Black men’s engagement on campuses. According to Wood and Palmer (2015), Black Male Initiatives “function to foster academic and social integration, student engagement, sense of belonging, and create a welcoming and affirming campus environment for Black men (p. 24-25).” Black Male Initiatives provide a safe space for Black men (Wood & Palmer, 2015). Black Male Initiatives allow students to bond with other Black men in a setting free from racial microaggressions. Black Male Initiatives also allow institutions to tailor their program to meet the specific needs of the students on that campus (Brooms, 2018). According to Brooms (2018), there are four themes related to the Black men in Black male initiatives. They are a sense of belonging, gaining access, academic motivation, and a heightened sense of self. Sense of belonging helped Black men feel connected to campus. Black students feel Black Male Initiatives contribute significantly to their college experience. Gaining access means an increase in sociocultural capital. Because they were in a program that allowed them extra access to resources, it increased their social and cultural capital. Academic motivation refers to Black Male Initiatives' efforts to increase its members' academic performances. In Brooms’ (2018) study, he noted three ways Black Male Initiatives increase academic performance. They are the academic focus of Black Male Initiatives, out-of-class learning experiences, and academic support. A heightened sense of self means feeling connected to a collective identity with fellow Black Male Initiative peers. In Brooms' (2018) study, students discussed their connectedness with one another. They believed they belonged to something greater than themselves.

Because Black men are not a homogeneous group, Black Male Initiatives can expose Black men to the experience of others to gain a more comprehensive understanding and appreciation of the Black experience (Cuyjet, 2006). Black Male Initiatives also give their participants access to the stories of faculty and staff they might not get elsewhere.

Mentors

Additionally, Wood and Palmer (2015) believe mentors are the final factor necessary for the success of Black men in college. Mentors help facilitate Black men's success on campuses. Palmer and Wood (2012) said that mentors could be responsible for (a) acclimating students to the campus environment, (b) informing students about campus involvement and professional opportunities, and (c) serving as guides as students continue through college. Off-campus mentors are also crucial to the success of Black men (Wood & Palmer, 2015).

Mentorship can come in different forms. It can come from faculty, staff, alumni, off-campus mentors, and fellow students (Cuyjet, 2006). Cuyjet (2006) asserted that faculty, staff, and alumni mentors can help participants of Black Male Initiatives. They can offer guidance, academic support and increase the sociocultural capital of the participants. Students can also provide mentorship by relating directly to their peers and increasing a sense of belonging at the university. This sense of belonging is critical as it directly correlates to a student's persistence (Astin, 1999).

Raposa et al., (2021) state:

> Supportive relationships with mentors—professors, advisors, and other caring adults at college to whom many students turn as they develop their interests and career paths—have been identified as a key aspect of the college experience critical to young adults' development and academic *success (p. 36).*

Students who interact with a mentor show greater social integration into the university. According to Raposa et al. (2021), students who can identify one mentor at college also have greater work engagement and well-being after college. This is paramount for Black men as the benefits of mentorship extend beyond the time spent at a university.

Factors Vital to Academic Success

Wood and Palmer (2015) also identify five external factors vital to academic success. They are (a) non-cognitive factors, (b) racial and masculine identity, (c) family support, (d) spirituality, and (e) financial support. With the knowledge of the external factors, practitioners can see Black men as holistic beings.

Non-cognitive Factors

The success of Black men in higher education is strongly linked to non-cognitive factors such as positive self-concept and successful leadership experiences (Wood & Palmer, 2015). Other non-cognitive factors are strong study habits, time management skills, and willingness to use campus services (Strayhorn, 2013). According to Wood and Palmer (2015), the success of Black college men has more to do with non-cognitive factors than cognitive ones.

Tracey and Sedlacek (1987) initially noted eight noncognitive constructs. The eight are positive self-concept, realistic self-appraisal, understanding of and ability to deal with racism, preference for long-range goals over more immediate short-term needs, support of others for academic plans, successful leadership experience, demonstrated community service, and academic familiarity. Tracey and Sedlacek (1987) found that noncognitive constructs were a better predictor than GPA for Black student persistence. They specifically found that four of the eight constructs were a predictor. They were having a positive self-concept, a realistic self-appraisal, preferring long-range goals to more short-term immediate needs, and having some leadership practice (Trace & Sedlacek, 1987). They also found that the Black students who stayed enrolled were more mature than those who did not. This is counter to White students, whose greatest predictor was first-semester grades.

Racial and Masculine Identity

A positive relationship exists between positive racial identity and success in college (Wood & Palmer, 2015). Multiple studies have confirmed this (Reid, 2013; Nasim et al., 2005). For example, Reid (2013) found that Black men with higher GPAs held positive racial identities. Parker and Flowers (2003) also found a link between positive racial identity and university students' sense of belonging.

There is a link between a positive masculine identity and success in college (Wood & Palmer, 2015). Wood and Palmer (2015) list four masculine domains affecting Black men’s success. They are breadwinner orientation, help-seeking behaviors, school as a feminine domain, and competitive ethos. Breadwinner orientation is the perception that a family needs to be provided for by a man. In a healthy breadwinner orientation, it is understood that breadwinning is a role that both men and women can assume. Help-seeking is the perception that it is weak to ask for help. In healthy help-seeking behaviors, a man would not see himself as weak for asking for help. School as a feminine domain means that men see school as something most women should be doing. From a healthy perspective, men understand that it is something that both can do. Finally, competitive ethos is a man's view of competition with other men. In a healthy ethos, men would not see themselves as lesser when they cannot compete.

Family Support

Family support is another non-cognitive factor (Wood & Palmer, 2015). Barnet's (2004) study found that participants' families play a role by decreasing stress and serving as an emotional outlet. The family members who lacked education provided encouraging words that impacted Black men's success (Palmer et al., 2011). Research also supports the idea that students leave the university due to family reasons (Guiffrida, 2004). Guiffrida (2004) found that the families of high-achieving Black men were more supportive than those of low-achieving Black men. The low achievers wished their families were more supportive but felt guilty about taking resources from them (Wood & Palmer, 2015).

Spirituality

Spirituality is the fourth factor in the success of Black men in higher education (Wood & Palmer, 2015). Cuyjet (2006) states a positive relationship exists between spirituality and college success. Wood and Palmer (2015) explain that "spirituality involves the pursuit of discovering meaning and purpose in one's life (p.29)." This allows Black men to persist against obstacles in their way.

Financial Support

The last factor is financial support. It is one of the most important predictors of whether a Black man will succeed in college (Wood & Palmer, 2015). Black men typically enroll in community colleges or public HBCUs as they are considered low-cost options (Palmer et al., 2009).

With suitable systems, Black men with bipolar disorder can succeed in college. These systems include but are not limited to peer support groups and programs that promote positive self-perception. The institutional environment also plays a considerable role (Harper, 2015). Black men with bipolar disorder who integrate into the institution are more likely to succeed in college.

Disability Models

There are many disability models. They will be discussed in detail below. However, it is essential to highlight several as they all affect how people with disabilities and society view disability. This section will discuss the moral, medical, functional limitations, social, minority, critical disability, social justice, disability justice, and interactionist models. Each section will begin with the definition of disability proposed by each model. See Table 2.3 for a summary of the models.

Moral Model

In the moral model, Evans et al. (2017) state that “disability is a defect; it is also defined as bad; as a result, individuals with physical and mental impairments must have done something wrong that contributed to their condition. (p. 81)” This is one of the oldest models (Evans et al., 2017). In the moral model, a disability is viewed as a moral lapse, sin, or God's punishment. According to the moral model, people bring their disabilities upon themselves (Evans et al., 2017). The disabilities also brought shame to the individual's family. In the Middle Ages, those with disabilities were cast aside or used for entertainment (Evans et al., 2017). Disability and its effects, such as poverty, resulted from God's punishment during the 1800s. The moral model remains today (Evans et al., 2017). An example is blaming people for their drug addiction.

Medical Model

In the medical model, Evans et al. (2017) stated:

> disability is a product of biology in which a congenital or chronic illness, injury, or some other departure from normal biomedical structure or functioning has consequences for an individual's activities of daily living, and, ultimately, for the individual's ability to participate in society (p. 82)

The medical model emerged in the mid-1800s due to advancements in the scientific and medical fields (Evans et al., 2017). A second factor was the concept of the average man being viewed as normal. Deviations from the norm were considered deviant or in need of correction. Scientific advances also played a role (Evans et al., 2017). Because of these factors, disabilities became a public health problem that physicians could treat. Social service agencies and educational institutions serve people with disabilities. The medical model is still a significant factor in the worldview of disabilities (Evans et al., 2017). Under the medical model, people are viewed as having a defect that must be cured. According to Evans et al. (2017),

> Fine and Asch (2000) listed the following assumptions of the medical model: (a) disability is located only in the body, (b) a person's problems are caused by the person's impairment, (c) disabled persons are "victims" who must learn to handle the circumstances they face, (d) how disabled persons view themselves and compare themselves to others centers around their disabilities, and (e) people who have disabilities need help and support (p. 57-58)

The medical model is linear. Disabilities are caused by internal conditions, illnesses, traumas, or diseases (Evans et al., 2017)—these separate people from the norm. Users of the medical model seek to cure the disease and return the patient to normal (Lutz & Bowers, 2003). In this model, the person with a disability must do precisely what the medical professional says to do to improve. If a person with a disability does not improve, they must take on the failure themselves (Drum et al., 2009).

Functional Limitations Model

In the functional limitations model, Evans et al. (2017) state that “disability is a deficiency that can be overcome with assistance from professionals whose role is to treat the functional limitations (p. 83).” This model emerged around 1880 because hospital-schools were opened to prepare disabled children for society (Longmore & Umansky, 2001). In this model, disabilities cause limitations in a person's ability to perform everyday functions (Bryan, 2002). According to Evans et al. (2017), “the goal of this model is to improve disabled people’s functional capabilities so that they are restored to their previous condition, that is, the usual human condition of ordinariness (p. 60).” The functional limitations model does not acknowledge how society can affect how a person with a disability does things (Evans et al., 2017). People who follow this model only see people with disabilities and those considered normal (Drum et al., 2009).

Social Model

In the social model, Evans et al. (2017) state that “disability is the loss or limitation of opportunities to take in the normal life of the community on an equal level with others due to physical and social barriers (p.84).” This model was developed in response to the medical and functional limitations model (Drum et al., 2009). This model was used by disability professionals and activists (Evans et al., 2017). Followers of the social model believe that disability is an exclusionary and oppressive social construct (Marks, 1999). The main goal of the social model is to make sense of and change cultural norms, such as separate facilities for those with disabilities.

Minority Group Model

In the minority group model, Evans et al. (2017) stated:

> disability is the product of the interaction between individuals and the environment. People with disabilities are seen as a minority group oppressed by a nondisabled majority group for violating the norms and values of nondisabled society: physical attractiveness and individual autonomy (p. 8*5).”*

The disability rights movement of the 1970s led to the formation of this model (Smart & Smart, 2006). Proponents of this model believe that people with disabilities should take the lead in researching disability since it was their lived experiences. This created the “minority group” approach (Longmore, 2003). This model transferred the weight of disability from people with disabilities to society (Hahn, 1985). Evans et al. (2017) state, "Impairment and disability considered different concepts within the minority group model (p. 65).” The surroundings are the source of limitations that people with disabilities face (Hahn, 1988). Because of this, the environment must be changed to fit the needs of people with disabilities (Bryan, 2002). Hahn (1988) believed that the most potent environment affecting people with disabilities was societal attitudes. Hahn (1988) offered three postulates to support this: (a) negative attitudes are the primary cause of the barriers that people with disabilities face, (b) public policy drives all aspects of the environment, and (c) social attitudes are influential in. the creation of public policy.

Critical Disability Theory Model

In the critical disability theory model, Evans et al. (2017) state, "disability is fluid and can be changed over time. Critical disability theorists choose not to define disability, as many operate in a post-conventional paradigm that inherently questions boundaries and definitions (p. 86)." This framework emerged critiques of existing disability theories (Shakespeare, 1998). The critical disability theory model was particularly disapproving of the social model, though it was also critical of the medical and functional limitations model (Davis, 2002). Corker (1999) believed that viewing disability as oppression is incomplete. Critical disability theorists do not believe in the dichotomies other models believe in, such as impairment and disabilities (Davis, 2002). This model allows the term disability to change depending on the setting and context (Evans et al., 2017). Critical disability theory is an intersectional approach that realizes that disability can mean something different between cultures and individuals. Critical disability theory allows faculty and staff in higher education settings to consider intersectionality and campus environments. The critical disability theory also seeks to include those with local knowledge of disability. Critical disability theorists also believe in highlighting social justice and human rights. Subscribers to this model suggest that impairment and environment are essential (Meekosha & Shuttleworth, 2009). Critical disability theorists prefer to use disability first language, such as "disabled person" (Evans et al., 2017).

Social Justice Model

Evans et al. (2017) noted in the social justice model:

> The concept of ableism is central to social justice. Implicit in the ableist perspective is the belief that disability is a negative status. However, rather than attempting to fix people with disabilities so that they will fit into an ableist society, advocates address the oppressive culture (p. 88).

Concepts from the social justice movement in the United States heavily influence this model. This model uses social justice, liberation, and oppression to analyze systems of social behavior, discriminatory structures, and cultural practices. Instead of disablism, they focus on how ableism oppresses those with disabilities. This is because, historically, ableism has created an unfriendly environment for those with disabilities (Adams et al., 1997). Those who follow the social justice model believe that ableism associates able-bodiedness with normalcy and disability with being abnormal (Campbell, 2009). The social justice model also addresses oppressive culture so that people with disabilities are accepted for who they are (Nocella, 2009). Evans et al. (2017) observed:

> Three major components unique to the social justice model of disability are its focus on privilege and oppression as major influences in shaping how disability is viewed and experienced in U.S. society; its emphasis on diversity and intersectionality of the disabled individual's experiences, roles, and identities; and its intentionally educational mission. *(p.72)*

Advocates of this model highlight that nondisabled people wield power over those who are disabled. Evans et al. (2017) point out that the oppression of people with disabilities has four qualities. They are pervasive, restrictive, hierarchical, and internalized. Inequality is pervasive in every aspect of our society. It is restrictive because barriers constrict the lives of people with disabilities. Third, it is hierarchical because members of the dominant group (non-disabled people) have power over people with disabilities and use that power to disadvantage and oppress people with disabilities. Finally, it is internalized by people with disabilities and people without disabilities.

Evans et al. (2017) state that "The social justice model is intentionally educational… (p. 74). There are three essential dimensions of social justice in education. Concerning disability, they are (a) supporting students with disabilities, (b) educating students with and without disabilities about the oppression of those with disabilities, and (c) working to change structures and policies that support the oppression of those with disabilities (Evans et al., 2017). These dimensions allow social justice advocates to serve students with disabilities best.

The social justice model also has four goals. They are (a) elimination of ableism, (b) redefinition of normal, (c) respect and equity, and (d) development of a positive disability identity (Evans et al., 2017. Eliminating ableism requires a commitment to changing the physical and social environment so that people with disabilities can function without hindrance. To redefine normal, the definition of normal must include more than just the dominant group. It needs to expand to include those with marked differences, such as disabilities (Campbell, 2009). The goal of respect and equity is to create self-respect for those with disabilities and for those without disabilities to respect those with disabilities. It also creates a more equitable society (Evans et al., 2017). Developing a positive identity for those with disabilities requires society to normalize disability. It also requires an understanding that disability is caused by social, economic, and environmental barriers and not a person with a disability (Adams et al., 1997). Finally, it acknowledges that people with disabilities have something to offer those without disabilities (Evans et al., 2017).

Disability Justice Model

In the disability justice model, Evans et al. (2017) state that “disability is a political experience of oppression, understandable only in interaction with experiences of other social identities (e.g., socioeconomic status, race, gender, sexual orientation (p. 89).” In this model, activists sought to correct what they saw as shortcomings in earlier models, which focused on White, heteronormative people and approaches. Another key difference is the concept of interdependence (Evans et al., 2017). Rather than viewing people with disabilities as isolated individuals who want to be self-sufficient, people with disabilities need other people with disabilities to build a community.

Interactionist Model

In the interactionist model, Evans et al. (2017) state that "the experiences of disability is a consequence of the interaction of three components: the environment, the person, and the person's impairment. Each component itself varies between more or less enabling, and the components influence each other (p.90)." Each of these can change depending on the situation. Environments can enable or disable people with disabilities. People can make effective choices for themselves. Impairments can be minor or significant (Evans et al., 2017). The components influence each other. The environment can support one's ability to make choices, and a person with a disability can influence their environment. The impairment can also influence the choices a person with a disability makes.

Black men with bipolar disorder must be allowed to define disability for themselves. Having the ability to define disability for themselves will help Black men with bipolar disorder grow and accept their disability. It will also allow them to combat stigma.

Table 2.3

Summary of Disability Models

Model	**Definition**	**Summary**
Moral	Disability is a defect; it is also defined as bad; as a result, individuals with physical and mental impairments must have	Disability is viewed as a sin or God's punishment. The person with the disability

	done something wrong that contributed to their condition.	brings on disability.
Medical	Disability is a product of biology in which a congenital or chronic illness, injury, or some other departure from normal biomedical structure or functioning has consequences for an individual's activities of daily living, and, ultimately, for the individual's ability to participate in society.	It emerged from key advancements in the scientific method—deviations from the norm need to be corrected.
Functional Limitations	Disability is a deficiency that can be overcome with assistance from professionals whose role is to treat the functional limitations.	Does not address the underlying condition. Only see people as disabled or normal.
Social	Disability is the loss or limitation of opportunities to take in the normal life of the community on an equal level with others due to physical and social barriers.	Disability is a social construct. Seeks to make sense of and change cultural norms around disability.
Minority Group	Disability is a product of biology in which a congenital or chronic illness, injury, or some other departure from normal biomedical structure or functioning has consequences for an individual's activities of daily living, and ultimately, for the individual's ability to	People with disabilities should take the lead in researching disabilities. Societal attitudes and public policy were the most significant barriers for people with disabilities.

	participate in society.	
Critical Disability Theory	Disability is fluid and can be changed over time. Critical disability theorists choose not to define disability, as many operate in a post-conventional paradigm that inherently questions boundaries and definitions.	Thinking of disability as a form of oppression is incomplete. Does not believe in dichotomies.
Social Justice	The concept of ableism is central to social justice. Implicit in the ableist perspective is the belief that disability is a negative status. However, rather than attempting to fix people with disabilities so that they will fit into an ableist society, advocates address the oppressive culture.	The social justice movement influences this model. It focuses on how ableism oppresses those with disabilities.
Disability Justice	Disability is a political experience of oppression, understandable only in interaction with experiences of other social identities (e.g., socioeconomic status, race, gender, sexual orientation.	Disability is a political experience of oppression. Seeks to transform society to function for everyone.
Interactionist	The experiences of disability is a consequence of the interaction of three components: the environment,	Enabling of environments varies. People’s impairments can vary from minimal to significant.

	the person, and the person’s impairment. Each component itself varies between more or less enabling, and the components influence each other.	

Stigma

Stigma is in response to individuals who possess undesirable or unusual characteristics. This may be from intolerance to outright prejudice and discrimination (Vazquez et al., 2010). Quoted by Vazquez (2010), “According to Link and Phelan (2001), stigma is the convergence of four things: stigma exists when the following converge: people distinguish and label human differences; dominant cultural beliefs link labeled persons to undesirable characteristics that form the stereotype; labeled persons are seen as an out-group, as “them and not us”; and labeled persons experience status loss and discrimination that lead to unequal outcomes (p. 324).” Theorists assume that stigma creates self-devaluation or low self-esteem, but the evidence is contradictory (Thoits, 2011). However, the public believes in negative stereotypes about people with disabilities. Precisely, the mentally ill are thought of as dangerous and unpredictable. Therefore, many psychiatric patients expect to be stigmatized (Thoits, 2011). On the other hand, Perlick et al. (2001) state that mentally ill patients will turn to their family as a support system so they do not feel stigmatized by the outside world.

Stigma Resistance

Stigma resistance has two forms. Mango et al. (2017) state, “(1) deflecting and maintaining interactional smoothness through cognitive separation of the self from negative associations with the stigmatizing label and (2) challenging the active confrontation of stigmatizing individuals and institutions (p. 170).” Both are important, but they differ in how they disrupt stigma. Deflecting resists stigma, but it does maintain social order. Challenging stigma involves confrontation and activism that resorts to social discomfort and starts social change (Mango et al., 2017).

Stigma Against Using Disability Services

Trammell (2009) defined the stigma of disability as “the social, academic, and psychological consequences of disclosing a disability” (p. 106). As a result, students with disabilities may try not to use accommodations intentionally. Salzer et al. (2008) surveyed students with mental illness and found they feared discrimination from others as they sought to use accommodations. There is also can be a lack of awareness of services and feelings of embarrassment when seeking accommodations (Garrison-Wade, 2012).

The number of students with disabilities who choose to register with postsecondary disability offices dwindles between high school and college (Evans et al., 2017). Evans et al. (2017) report that only 24% of students with a disability in high school seek services in college. Annamma et al. (2013) found that the apparent social consequences stop students from seeking services. People with invisible disabilities are the most responsible for the decline (Evans et al., 2017).

Bipolar Disorder

Vazquez et al. (2010) state that “bipolar disorder is a chronic illness which can lead to severe disruptions in family, social, and occupational functioning (p.323).” Bipolar disorder affects 2-3% of the population worldwide, making it more common than type 1 diabetes and

HIV. Even though bipolar disorder is a significant health problem, the cause is still unknown. Bipolar disorder is more common in people who have a family member with it (Strakowski, 2014). Scientists believe a gene interacts with environmental factors such as stress or substance abuse to precipitate the disorder (Strakowski, 2012). Strakowski (2014) states, “bipolar disorder, therefore, appears to arise from the dysregulation of prefrontal-limbic mood networks and may reflect underlying molecular abnormalities in mitochondrial energy management (p.2).” As common as bipolar is in clinical settings, managing it is still challenging. Part of the challenge is that it is usually accompanied by other disorders, such as substance abuse or attention deficit hyperactivity disorder (ADHD) (Strakowski, 2014).

Mania, Hypomania, and Depression

Mania is defined by Strakowski (2014) as “a euphoric, expansive, or irritable mood that is accompanied by a marked increase in energy (p.6).” To be classified as mania, symptoms must last at least a week (DSM-5, 2013). Such symptoms include rapid speech, grandiosity, distractibility, hypersexuality, and excessive energy. The same symptoms define hypomania, but the difference is that functional impairment is common during mania. Mania is classified as mania if a person requires hospitalization (Strakowski, 2014). It is common for those who are manic or hypomanic to have rapid shifts from euphoria to irritability and sometimes depression.

Most people with diagnoses of bipolar disorder spend more time depressed than manic or hypomanic (Judd et al., 2002). Strakowski (2014) states that the most prominent symptom of a major depressive episode is anhedonia. Anhedonia is the loss of ability to experience pleasure or disinterest in pleasurable activities. Depression is accompanied by low energy, suicidal thoughts or behavior, changes in sleep patterns, and feelings of worthlessness or excessive guilt. Men might not express their sadness but display anhedonia, often due to a lack of interest in sex. It takes two weeks of depression to diagnose significant depression (DSM-5, 2013).

Bipolar subtypes

There are two subtypes of bipolar conditions: bipolar I and bipolar II. Bipolar I is accompanied by mania, and bipolar II is accompanied by hypomania. The critical difference between the two is the level of impairment that it causes. Bipolar I typically has a higher level of impairment (Strakowski, 2014). However, it should be noted that bipolar II can be just as impairing as bipolar I for some people. In both, it is the depressive symptoms that cause most of the disability. Bipolar II has more frequent mood changes and, as a result, might be more responsive to antidepressants (Strakowski, 2014).

Bipolar in College Students

The median age for the onset of bipolar disorder is 18-22. Nearly two-thirds of all bipolar diagnoses occur under 19 (Oswalt et al., 2020). This is also the age of traditional college students. Pederson (2020) says that nearly one-third of students report having mental health issues. Unfortunately, college students are less likely to receive mental health treatment (Pedersen, 2020). It can make a big difference for those who get treated, but for those who do not, it can mean having a hard time staying in college (Lejeune, 2011). According to Pedersen (2020), nearly a third of students are not retained after their first year, and the rate is even higher for those with mental disabilities. Pedersen (2020) says:

> For some, poor mental health and inadequate support in dealing with mental health issues shape the decision to leave the university. The high prevalence of mental health disorders in the college-age population and its link to attrition suggests that learning to support students with serious mental illness within the university system will be necessary in order to best influence their educational, social, and economic futures (p. 341)

As colleges begin to focus on the retention of at-risk populations such as Black men, they also need to focus on the mental health of Black men. This will allow higher education faculty and staff to view Black men as holistic beings.

The first signs of bipolar disorder coincide with the start of college. The transition may increase the risk of symptoms. College students might start poor habits such as not sleeping and alcohol abuse. These poor habits make the symptoms of bipolar disorder worse (Pedersen, 2020). People with bipolar disorder are told to limit stressful situations. However, college students are more stressed than the general population—those with stress report lower levels of self-esteem and self-efficacy. Around one-third of students believe stress impacts their grades (Pedersen, 2020). To manage the stress, students, especially those with bipolar disorder, might turn to risky behavior such as sex, substance abuse, or worse. Pederson (2020) reports that 86% of students with mental health issues withdraw from college without completing a degree. In addition, 45% of students who left college for mental health reasons said they did not receive accommodations, and half did not seek them.

Conceptual Framework

More research is needed to understand further barriers to success for collegiate Black men with bipolar disorder. The issues facing Black men with bipolar disorder students vary from person to person. One student might be struggling with accepting that they have a disability. Others might be having trouble adjusting to school. However, in both instances, it is the responsibility of practitioners to meet students where they are.

Students who are Black men with bipolar disorder need to be looked at holistically to succeed in college. This success comes in many forms, from academic to sociocultural success. The disability development models can help Black men with bipolar disorder find success by learning how to accept themselves. College is a time when many students are learning who they are. However, using student development theories, students can be intentionally put into spaces conducive to student success. Mixing disability development and student development theories can support Black men with bipolar disorder to grow into successful college students.

Critical Race Theory and Disability Critical Race Theory are fundamental to understanding the development of collegiate Black men with bipolar disorder. When African American Male Theory is added, it gives us three distinct ways to look at collegiate Black men with bipolar disorder. These theories allow Black men with bipolar disorder who are students to be looked at from an intersectional lens and offer new ways to explore collegiate Black men with bipolar disorder.

Literature about Black men in college is clear. More work needs to be done to help this population succeed. While more studies are starting to focus on the non-academic variables, studies still lack how being Black and disabled intersect for Black men who are college students.

Models of disability are important as a student with a disability might identify with any of those models. Practitioners must understand them all to help Black men with bipolar disorder in college.

Summary

To date, there are no known studies that have looked at the experiences of Black men with bipolar disorder on college campuses. Like other students, Black men go through a host of developmental models. To equitably research this topic, there needs to be a look at how race and disability play a role in the development of Black men with bipolar disorder. This study aims to do so. Through looking at the models of disability, we can understand the approach campuses and their partners use to work with Black men with bipolar disorder. In Chapter III, the methodology will be discussed.

Chapter III: Methods

This chapter introduces the research methodology for this grounded theory qualitative study regarding Black men who are students with bipolar disorder on college campuses. This approach allows for an understanding of the experiences of Black men with bipolar disorder on college campuses. It also helps us understand how the intersection of race and disability plays a part in those experiences. Finally, it helps us understand the identity development of Black men with bipolar disorder on college campuses.

Research Questions

This study sought to answer the following questions:

RQ1: How does being a Black male college student with bipolar disorder impact their college-going experience at a four-year institution?

RQ2: What role does the intersection of race, gender, and disability play in navigating retention, progression, and graduation for Black men with bipolar disorder?

RQ3: How do Black men who are college students with bipolar disorder develop their identity based on the intersection of their race and disability?

Methodology

Since this study aimed to describe the experience of Black men with bipolar disorder and how race and disability impact their identity development on college campuses, a qualitative approach was best. There are numerous options for conducting qualitative research (Creswell et al., 2007). This study sought to use grounded theory as the methodology. This design was the best for this study as it centered on the human experience and development of Black men with bipolar disorder.

Grounded theory is appropriate when there is little known about the subject. Since there is little knowledge about Black men with bipolar disorder on college campuses, grounded theory was an appropriate approach. It is also appropriate when generating a theory is a desired outcome (Birks & Mills, 2011). A theory about the experiences and development of Black men with bipolar disorder was generated. There are four critical components of grounded theory. They are theoretical sensitivity, constant comparison, theoretical sampling, and theoretical saturation (Oktay, 2012). The four components of grounded theory are used together to help develop the theory.

Theoretical Sensitivity

Theoretical sensitivity requires the researcher to be analytic and see what is being studied (Oktay, 2012). Black men with bipolar disorder are a group that has not been studied theoretically, so this study was a chance to do so. Theoretical sensitivity is a continual development (Glaser & Strauss, 1967). Theoretical sensitivity has two characteristics. The first involves the researcher's personal and temperamental bent. The second is the ability to have theoretical insight into the researcher's area of research and make something of the researcher's insights (Glaser & Strauss, 1967).

For Black men with bipolar disorder to be adequately studied, theoretical sensitivity is a must. Theoretical sensitivity is lost when the researcher commits to a preconceived theory. The researcher may become lost in his theory or even defensive about it. The researcher focuses on one angle. The theory will probably not emerge from this (Glaser & Strauss, 1967).

Theoretical Sampling

Theoretical sampling in grounded theory is the development of the theory (Oktay, 2012). The sampling strategy changes throughout the study. According to Conlon et al. (2020), "Theoretical sampling is a core principle of grounded theory and necessary for any grounded theory study which reports on the construction and development of a conceptual framework and/or theory about the phenomenon under study (p. 948)." Theoretical sampling means the researcher responds to the data (Ligita, 2019). This means that the researcher responds to the data that is gathered from Black men with bipolar disorder. Theoretical sampling is also unique to grounded theory (Birks & Mills, 2011). It allows the researcher to examine concepts from different angles and also question the meaning of the developing theory. Theoretical sampling becomes valuable once categories are developed (Birks & Mills, 2011).

Constant Comparison

Constant comparison is the method used in grounded theory to create theory. The theory is created from empirical data. Through comparing data, the researcher creates concepts (Oktay, 2012). According to Oktay (2012), "The process of constant comparison makes similarities and differences among cases apparent (p. 16)." Hallberg (2009) says:

> The constant comparative method, which can be seen as the ''core category'' of grounded theory, includes that every part of data, i.e. emerging codes, categories, properties, and dimensions as well as different parts of the data, are constantly compared with all other parts of the data to explore variations, similarities and differences in data (p. 143).

According to Glaser and Strauss (1967), constant comparison has four stages. They are:

1. Comparing incidents applicable to each category.
2. Integrating categories and their properties
3. Delimiting the theory
4. Writing the theory

In the first stage, the researcher codes as much as possible when comparing incidents to each category. In the second stage, integrating categories and their properties, the process starts with memos but continues to incorporate the categories into large and more refined ones. Delimiting the theory occurs at two levels. The theory and the categories are the levels. The theory solidifies because there are fewer significant modifications to the categories. In writing the theory, the researcher has coded data, memos, and a theory. The memos that have been turned into categories become the basis of the theory (Glasser & Strauss, 1967). In the research study, the data that was collected about Black men with bipolar disorder was constantly compared to one another.

Theoretical Saturation

Theoretical saturation means no more data can be extracted for concepts. Saturation is not needed for all categories and concepts, but it is needed for core categories (Oktay, 2012). According to Conlon et al. (2020), "In grounded theory, the goal is always to reach theoretical saturation of the data (p. 948)." Theoretical sampling is almost always used to determine the number of interviews needed for a study. Thirty-three participants were needed to reach saturation for this study. It should always complement other parts of the theory (Guest et al., 2015). According to Guest et al. (2015):

> "ThS (Theoretical Sensitivity) is reached when three elements are fulfilled: "no new or relevant data seem to emerge regarding a category … the category development is dense insofar as all of the paradigm elements are accounted for … [and] the relationships between categories are well established and validated" (p. 41)."

Theoretical saturation is complete when it uses the fewest concepts and the greatest scope to explain the theory (Guest et al., 2015).

A constructivist approach to grounded theory will be conducted. In the 1990s, scholars moved from a positivist view of grounded theory to a constructivist one (Charmaz, 2014). This shift responded to many criticisms of grounded theory, including that grounded theorists fragmented the participants' stories. Constructivist grounded theorists believe there is room for the participant’s story to be told. They also believe that research is a construction, but it also occurs under specific conditions that researchers may not be aware of (Charmaz, 2014). The constructivist view eliminates the notion that the researcher is neutral or value-free. According to Charmaz (2014), “Not only does that mean the researchers must examine rather than erase how their privileges and preconceptions may shape the analysis, but it also means that their values shape the very facts that they can identify (p. 13).”

DisCrit is the conceptual framework for this study. Although it does not have a specific methodology, the researcher can use its framework to fit a methodology. DisCrit emphasizes that researchers do not give voice to their participants but act as a conduit to give voices to those often left out of the research (Annamma et al., 2013). The lack of research has effectively silenced the voices of Black men with bipolar disorder. Researchers can use DisCrit to tell the story of Black men with bipolar disorder in a way that looks at their experiences and development.

Positionality

According to Bryant and Charmaz (2007), “Acknowledgement and self-reflection of one's positionality is critical for both the grounded theory researcher and research process (p. 12).” I grew up playing chess with my family and still enjoy the occasional game. I understand chess deeply and can look at future moves while staying in the present moment with a calm demeanor. Chess was where I was taught the importance of exploring my curiosities since I could explore without real-life consequences. How does each piece move? What happens when I move them in a specific order? I understood the importance of patience, protection, and sacrifice.

Most importantly, I learned to understand what someone else is going through. I had to learn from my opponents and see them as equal to be victorious. I had to understand their mind and what and why they might do something. I had to put myself in their shoes to get a complete understanding of the game that was happening. I had to learn who they were like I had to understand myself.

I am a Black man with multiple disabilities. I am an amputee and have bipolar disorder. When I was nine, I was involved in an accident that caused an amputation. My right foot was the size of a football and bloody. During my stay in the hospital, I had numerous surgeries and had to learn how to walk again. Before my primary surgery, my grandmother explained to me what had happened. She told me that four toes and some of my right foot were wholly crushed in the accident. I now had an infection; to stop it, they would amputate my big toe and some more of my foot. If they did not take that measure, the infection would likely spread, and if it did, they would have to amputate more of my body, or if it reached my stomach, I would probably die. The next time I would feel that emotional pain would be in my 30s.

Being diagnosed with bipolar disorder at age 31 was like a punch to the gut. It completely changed my world. I went through each stage of grief. I denied the diagnosis. I could not believe that I had a mental illness. I was angry. Why am I being punished again? I thought to myself. I bargained for anything else. I lay in bed and cried for months. I thought about every mistake I made, and had I known what mania was, maybe I would have acted differently. One day, I remembered my cousin's words when I was scared to look down at my foot after losing my toes. She said it would not change (my foot), so I must accept it to begin moving forward. I had to apply that same logic to being diagnosed with bipolar disorder. Once I accepted the diagnosis, I could plan my life better. I was able to use my curiosity to learn about bipolar disorder. I have always advocated for Black men seeking mental healthcare, but now it was time to advocate for myself. Through my help-seeking, I learned little about Black collegiate men with bipolar disorder. That is because the information and research is lacking. It is my goal to help rectify that gap.

Being a Black man in America means going your whole life with people doubting you and fearing your presence. The first time I was stopped and frisked, I was around ten years old, and it became a regular occurrence. Navigating the world as a Black man means being placed into a box. Historically, there has been little room to explore our intersecting identities beyond socioeconomic status.

My racial identity has shaped how the world interacts with me. Likewise, my disabilities have shaped the way I interact with the world. Due to the intersection of my identities, I aim to help resolve some of the problems. I focus on higher education and want to help create a better experience for Black men once they reach college campuses. I desire to explore the college identity formation of Black men with disabilities to see what allows them to persist, graduate, and develop. I then want to use that to inform best practices when working with them. I also want to make room for Black men to explore their identities and how they intersect.

Growing up as a physically disabled Black person made it hard to understand how being a minority and a disabled person intersected. Frequently, the most visible identity is the one that is catered to unless someone takes the time to ask about other identities. Unless someone is visibly disabled, we do not take the time to consider if they might be. Since I am a Black man, that is the identity that most people see. While I believe racial identity is the most critical identity in America, I also think people should acknowledge the other identities that people bring. People should consider race and look at other factors such as gender identity, sexual orientation, socioeconomic status, and disability.

It is important to note that I have been a long-serving advocate for marginalized communities. As part of my work, I have given numerous presentations around diversity, equity, inclusion, and belonging. I have also won several awards for my dedication. I have won awards such as the NACADA: The Global Community for Academic Advising's Region 2 Excellence in Advising, Black History in the Making Award from Virginia Commonwealth University, Outstanding Advisor Award from Virginia Commonwealth University's University Academic Advising Board, and the Leadership in Inclusion, Diversity and Equity Staff and Administrator Award from Virginia Commonwealth University.

Setting

The study captured the stories of black male college students who have been diagnosed as having bipolar disorder. Therefore, the participants represented in this study attended numerous postsecondary universities around the United States of America. This allowed for a greater representation and for diverse voices to be heard.

Study Participants

The sample was drawn from students around the United States. All participants were enrolled in a 4-year university. The participants had to have a diagnosis of bipolar disorder. The participants must have been fluent in English, but English did not have to be their native language. The participants identified as Black men.

Participants were recruited in multiple ways. First, participants were recruited through an email from the campus disability office at various institutions across the United States. Students filled out a five-question questionnaire via Google Forms to screen for eligibility (see Appendix F). A flyer was posted on Facebook where potential participants were directed to fill out the questionnaire. The researcher sent disability services an email template to be sent out to eligible students. They were also recruited through advertising around campus and on Facebook. The Facebook advertising was in various bipolar groups. Once students opted-in to the study by contacting the researcher by email or filling out a Google Form, an interview was set up that took place virtually. Eight professionals who work with Black men with bipolar were also recruited. They were recruited through an email sent directly to them or through Facebook groups. The interviews consisted of questions designed to take 60 to 90 minutes to answer. The researcher interviewed 33 participants, which allowed the researcher to reach theoretical saturation. Twenty-five were students, and the remaining eight were professionals who work with Black men with bipolar disorder. Interviews were conducted with mental health counselors who work with Black men with bipolar disorder. Interviews were also conducted with university staff in disability student service offices who work with Black men with bipolar disorder.

The questions were used to steer the conversation, but interviews were not limited to these questions. The researcher asked follow-up questions where appropriate. Each question was designed to address the research questions.

Data Collection

This study utilized interviews as the primary method for data collection. Memos were made both during and following the interview. The interviews were conducted over the Zoom platform and later downloaded to a computer before being uploaded to a Google Drive to ensure the safety and confidentiality of each interview. The institutional review board requested that the interviewees not share their cameras. Each interview was conducted in a single session. Each student was given a pseudonym using a random name generator. Each interview was transcribed using the transcription service *Rev*.

Procedures Followed

Approval from the Institutional Review Board (IRB) was sought from Virginia Commonwealth University. Once approval was given, the researcher emailed disability student services. The email detailed the purpose of the study and included an email template that could be sent out to students who use disability student services. Flyers were posted in locations students are likely to frequent, such as the disability student service office and university counseling center. They were also posted to Facebook. An informed consent agreement was required for each participant. Emails were also sent to personnel that work with Black men with bipolar disorder. Personnel were also recruited through the use of Facebook groups.

Interviews were conducted over Zoom, where the researcher and participant were in separate rooms. Each participant was located in a place of convenience and privacy, and the researcher was located in his office so confidentiality could be maintained. The interviews were recorded using Zoom. Each interview took place in a single session. The interviews were then transcribed using the transcription service *Rev*. Memos concerning the content of the interviews were made during and after the interview to minimize researcher bias. Key university personnel, such as counselors, who work with Black men with bipolar disorder were also interviewed. Staff who work in disability student offices were interviewed. Finally, a codebook was developed based on the transcripts that looked at emerging themes and categories.

Data Analysis

Grounded theory analysis has two rules (Birks & Mills, 2011). The first is that everything is a concept (Birks & Mills, 2011). Holloway (2008) states that “a concept is a descriptive or explanatory idea, its meaning embedded in a word, label or symbol (p. 43).” The second, as stated by Birks and Mills (2011), is that “data analysis needs to proceed in relation to the research question, aims, and units of analysis planned for the initial research design (p. 89).”

Grounded theory analysis is categorical. The terms concepts, codes, and categories generally mean the same thing. The grounded theory method initially results in low-level concepts developing into medium- and higher-level concepts as analysis continues (Birks & Mills, 2011). The lower-level analytical concepts include purposive sampling, initial coding, concurrent data generation and collection, theoretical sampling, constant comparative analysis, and category identification. Medium-level concepts include theoretical sensitivity, intermediate coding, selecting a core category, and theoretical saturation. Higher-level concepts include advanced coding and theoretical integration (Birks & Mills, 2011).

Coding is essential to grounded theory analysis (Birks & Mills, 2011). The initial coding is the first step in grounded theory analysis (Birks & Mills, 2011). It powers grounded theory analysis by fueling low-level analysis (Birks & Mills, 2011). In initial coding, the data is broken up to compare to name phenomena or initial patterns. The initial coding phase is done until initial categories are identified (Birks & Mills, 2011).

In intermediate coding, more links between and within categories are discovered. The data is deconstructed and constructed again by making connections between categories. An essential task is linking together the categories through constant comparison. Gaps and holes will be identified. The researcher questions the relationship between the categories. Early categories are collapsed to create less but more fleshed-out categories. This creates the foundation of the grounded theory (Birks & Mills, 2011).

In advanced coding, the conceptual framework is supported through advanced analytics. Advanced coding is central to theoretical integration and creating theory (Birks & Mills, 2011). In advanced coding, two strategies assist. They are the storyline technique and theoretical coding (Birks & Mills, 2011).

According to Birks and Mills (2011), some grounded theory researchers present their findings as stories, as grounded theories are stories. Storylines have two functions in grounded theory. First, it assists in the final production of the theory and provides a way to convey it to the reader. The storyline helps construct and formalize the final theory. The storyline is the explanation of the theory and the phenomenon being studied. Storylines allow the theory to take precedence, allow for variation, limit gaps, ground evidence, and ensure appropriate style (Birls & Mills, 2011).

The theory takes precedence in grounded theory (Birks & Mills, 2011). That is the crucial difference between it and other qualitative methods. Theoretical categories and their relationships form the foundational framework. According to Birks and Mills 2011, “A study is not a grounded theory if it does not reach a high level of conceptual abstraction that is beyond the level of description (p. 119).” For the final product to be judged accordingly, theoretical integrity must be evident (Birks & Mills, 2011).

Storylines also allow for variation (Birks & Mills, 2011). It is only possible or necessary to account for some pieces of data when writing a storyline. Variation will be evident when data has been generated from broad and diverse sources. Data linked by relation states generally apply to specific situations in the study. Researchers may find evidence contrary to what is expected or inconsistent with what other participants say. These are called negative cases. Negative cases are a chance to refine the development of a theory (Birks & Mills, 2011).

Storylines also limit gaps (Birks & Mills, 2011). It gives the ability to identify gaps in the development of a theory. Since stories rely on structure, consistency, and flow, the holes, gaps, and inconsistencies will be highlighted. Attention to the analytical process through the research will ensure that gaps and limitations in the theory are identified as the analysis progresses. If gaps and limitations are identified, there needs to be a return to the data (Birks & Mills, 2011).

The evidence must be grounded in storylines (Birks & Mills, 2011). Theory development begins at the beginning of a grounded theory study. The researcher must be aware of the storyline from the first encounter with the data for it to be grounded in the participants' experience. Data needs to be re-grounded as the study progresses. The storyline should be created in collaboration with the data (Birks & Mills, 2011).

The last part of a grounded theory research storyline is ensuring the style is appropriate (Birks & Mills, 2011). While the demonstration of a grounded theory might be logical, it must also be entrenched within a narrative that enhances cohesion. The storyline should be understandable and compelling (Birks & Mills, 2011).

Theoretical coding is used later in grounded theory analysis (Birks & Mills, 2011). According to Birks and Mills (2011), “Theoretical codes are advanced abstractions that provide a framework for enhancing the explanatory power of your storyline and its potential as a theory (p.

123).” Many theoretical codes may emerge, but one theoretical code is chosen for the study (Hernandez, 2009). When theoretical codes are made explicit, they are the most effective. External theories must not influence the theoretical code (Birks & Mills, 2011).

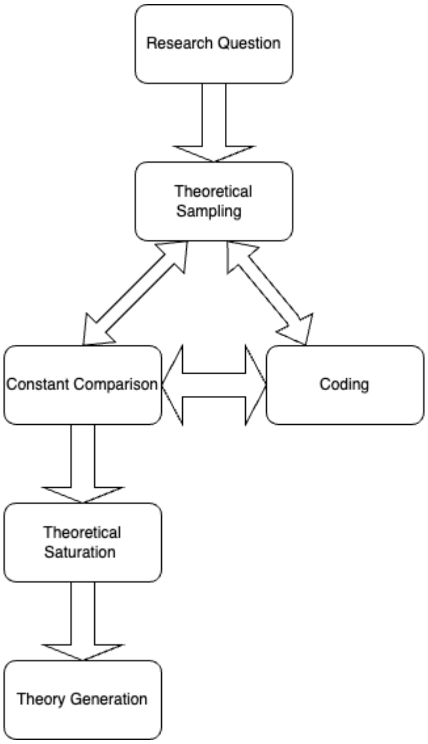
In grounded theory, there are multiple rounds of data collection (Oktay, 2012). In the first round, an interview guide is developed. The first set of data is collected. This includes interviews and field notes. The interviews are transcribed. Significant categories that emerge are coded. Themes are written about patterns and relationships. A working hypothesis is developed about categories and themes. Furthermore, the following interview guide is planned (Oktay, 2012).

In the second round, more interviews are conducted, and field notes are compiled. The interviews are transcribed to ensure accuracy. Data is coded for new categories and themes. Then, the categories and themes collapse and explode. In this round, the researcher looks for negative cases and discards outliers. New themes are identified. The themes are then combined with the first round of themes. The hypothesis is refined, and the subsequent interview guide is developed (Oktay, 2012).

In the third round of data collection, more interviews are conducted, and field notes are compiled. The interviews are once again transcribed. The data is coded for new categories and themes. Major categories are identified to reach saturation. Categories once again collapsed and exploded. Outliers are also looked for again. Categories from all three rounds are checked for saturation and mutual exclusivity. Themes are also negotiated. The hypothesis is refined, and finally, the final hypothesis is developed (Oktay, 2012). If more rounds of data collection are needed, the above processes are completed until the theory emerges.

Figure 3.1

Grounded Theory Research Steps



Diversity within Grounded Theory

Grounded theory has six critical research phases for diversity research (Bryant & Charmaz, 2007). They are: (1) identifying the research problem, (2) developing research questions, (3) collecting data, (4) analyzing/interpreting data, (5) validating findings, and (6) writing the report (Bryant & Charmaz, 2007).

Identifying the Research Problem

According to Bryant and Charmaz (2007), "Grounded theory is most suitable when the research problem entails the development of theory, explanation of a process, or the development of a general abstraction of interactions and actions of people (p. 4)." The first opportunity to incorporate diversity begins when the researcher starts to identify the theory or process that needs development. This also allows the researcher to determine the level of importance of diversity. There are four levels of importance: primary, complementary, peripheral, and absent (Bryant & Charmaz, 2007). Primary importance means that diversity issues are central to the study. Diversity issues influence all aspects of the research process. The complementary level acknowledges that it is vital to the study but does not drive the research study. The peripheral level means that diversity has little value within the study. If diversity is absent, it means that there is no value to the study (Bryant & Charmaz, 2007).

Developing Research Questions

Research questions for grounded theory studies are meant to be open-ended. Guiding research questions are used to identify the phenomenon under examination and what the researcher aims to understand. Both allow for diversity to be central to the research. A researcher ensures that if diversity is complimentary or primary to the research, the questions are tailored to address diversity (Bryant & Charmaz, 2007). If questions are not tailored to diversity, then the questions might change the purpose of the study.

Collecting Data

Grounded theory data collection positions the researcher as an instrument through which data is created and collected (Bryant & Charmaz, 2007). According to Bryant and Charmaz (2007), “A researcher's self-awareness, knowledge of the subject under investigation, and skills to discern and be sensitive to salient but subtle aspects of the data are vital for qualitative inquiry, especially grounded theory (p. 10).” A researcher might be limited by his cultural understanding, so the researcher needs to be sensitive to the needs of the group they are researching.

Analyzing/Interpreting Data and Validation

While analyzing and interpreting data, a researcher's biases may arise if they are not careful (Bryant & Charmaz, 2007). However, some strategies can be used to check for biases. The researcher should pay attention to the narrative for cultural cues or statements explicitly discussing such things as race and gender. Researchers can also use member checking to validate their findings. Member checking allows the respondent to participate more in data analysis and interpretation (Bryant & Charmaz, 2007).

Writing the Report

The report will be written after analyzing, interpreting, and validating the data. Cultural elements such as race and gender should be explicit so these identities will not become invisible (Bryant & Charmaz, 2007). If diversity is absent or peripheral to the study, the studies will likely miss critical cultural cues. If diversity is complementary or primary to the study, there should be an emphasis on the identities being written about (Brany & Charmaz, 2007).

Trustworthiness

Leung (2015) states, "Validity in qualitative research means "appropriateness" of the tools, processes, and data (p. 325)." This study's interview questions will be designed to answer the research questions. They will also be designed to generate theory into the development of Black males with bipolar disorder. The questions also allow participants to answer questions about their development as Black men with bipolar disorder. As stated by Thomas and Magilvy (2011), "To establish credibility, a researcher will review the individual transcripts, looking for similarities within and across study participants (p.152)." The researcher will review each transcript in this study to look for commonalities across the study participants. A way to establish validity is to minimize research bias. This will be done by transcribing and coding the interviews to understand the content better.

In grounded theory, research bias is overcome through constant comparison because the researcher keeps track of the development of their ideas (Oktay, 2012). Five strategies enhance credibility. They are (Oktay, 2012):

1. Immersion in the field.
2. Generation and testing of hypotheses in the field.
3. Use of memos to trace the development of ideas.
4. Detailed and vivid description to support conclusions.
5. Pursuit of alternative explanations and outliers (p. 108).

Triangulation will be used to further aid in validating the research. According to Carter et al. (2014), “Triangulation refers to the use of multiple methods or data sources in qualitative research to develop a comprehensive understanding of phenomena (p 545).” There are four types of triangulation. They are (1) method triangulation, (2) investigator triangulation, (3) theory triangulation, and (4) data source triangulation (Carter et al., 2014). Methodological triangulation uses multiple methods of data collection about the same phenomenon. This includes interviews, observation, and field notes (Cater et al., 2014). Method triangulation is the most relevant for grounded theory. In grounded theory research, triangulation has become a way to deepen and learn new insights (Bryant & Charmaz, 2019). This will unearth differences that might have remained unfounded if using just one method, such as participant interviews. Investigator triangulation is when two or more researchers are in the same study to provide multiple perspectives. Theory triangulation uses different theories for analyzing and interpreting data.

Data source triangulation is when data is collected from different types of people. This includes individuals, groups, families, and communities (Carter et al., 2014).

Limitations

Although this study contributes to the knowledge of Black men with bipolar disorder on college campuses, several limitations exist. First, participants were diagnosed with bipolar disorder. Therefore, a limitation is that it focuses on one ailment. It did not include other mental illnesses, such as schizophrenia or ADHD. A third limitation is that it looked at only Black men, excluding other subgroups, such as Black women.

Summary

This chapter outlined the research method used to answer the research questions. The procedure, study participants, and data collection and analysis were detailed. A grounded theory study was used to share the participants' stories. Questions were also used to describe the development of Black men with bipolar disorder. All participants contributed by sharing their experiences with bipolar disorder and how it impacted them during college. Chapter IV aims to demonstrate that the methodology and the study results were followed.

Chapter IV: Findings

> *Based off of history and the old history of human evolution and all that, as a Black person, you being born Black is a big disadvantage to you because by default you got obstacles based off of your skin color. You get to deal with racial discrimination. You get to deal with poverty because the majority of Black folks are born into poverty. So you got several factors already against you, your background. So being, having all that, then you couple with that, with disability, that's just like, oh, it's just too much to handle for one person.* - Samir

This grounded theory study sought to explain the experiences and development of Black men with bipolar disorder. The chapter contains the findings based on the following questions:

RQ1: How does being a Black male college student with bipolar disorder impact their college-going experience at a four-year institution?

RQ2: What role does the intersection of race, gender, and disability play in navigating retention, progression, and graduation for Black men with bipolar disorder?

RQ3: How do Black men who are college students with bipolar disorder develop their identity based on the intersection of their race and disability?

Study Participants

A total of thirty-three participants were interviewed for this study. Of the 33, 25 were college students, and eight were professionals who worked with college students experiencing bipolar disorder. While their answers were varied, all participants had commonalities. Throughout this chapter, I will describe their experiences from interviews. All of the participants identified as Black men with a confirmed diagnosis of having bipolar disorder. Finally, they were also identified as being a current college student. Each participant was given a pseudonym using a random name generator to protect their identity. The professionals who work with Black men with bipolar disorder are all staff and administration at colleges and universities. They were asked to leave their cameras off to protect the students' identity. They were also asked to answer demographic questions confirming that they identify as a Black man with bipolar disorder.

Presentation of the Data

The 33 participants who were interviewed and served as the primary source of the dataset provided insightful information related to their experiences and are presented in Table 4.1 and Table 4.2. Eight of the participants were professionals who work with Black men with bipolar disorder on college campuses. The remaining 25 were all students who identified as Black men and had bipolar disorder. The data sets from personnel were coded first as they took place prior to the student interviews. After every six student interviews, the interviews were coded manually and reviewed for themes. After the first 12 student interviews, more questions were added as themes emerged. For example, questions about students' stigmas and how they overcame them were added. Questions about support systems and how to help others were also added. Due to privacy concerns, participants were asked to leave their cameras off. See Appendix E for the updated interview questions.

Table 4.1

Participant Breakdown: Personnel

Name	**Student or Personnel**
Josh	Personnel
Ashton	Personnel
Franklin	Personnel
Jayden	Personnel
Bridget	Personnel

Bruno	Personnel
Elisha	Personnel
Lilly	Personnel

Table 4.2

Participant Breakdown: Students

Name	**Student or Personnel**
Jay	Student
Oscar	Student
Donovan	Student
Gene	Student
Samuel	Student
Jeffery	Student
Andy	Student
Shane	Student
Raymond	Student
Thomas	Student
Evan	Student
Samir	Student
Aaron	Student
Jermaine	Student
Dante	Student
Marion	Student
Ronan	Student
Dalton	Student

Randy	Student
Fletcher	Student
Jaime	Student
Erick	Student
Jesse	Student
Anthony	Student
Carlos	Student

Finding Meaning in Both Blackness and Disability

It is common to think of blackness and disability separately; however, they can take on a whole new meaning from an intersectional lens. For our participants, being Black and disabled meant something different. For example, several participants lent their voices to be heard and defined what it means to be Black and disabled themselves. All participants spoke about intersectionality. They do it in many ways, but it shows that the participants think about the disability from an intersectional lens. As discussed in Chapter II, intersectionality has three elements: the experience and meaning of belonging to multiple social categories, includes an examination of power and inequality and attends to social categories as properties of the individual as well as the social context. The participants speak to all three elements of intersectionality. This section also speaks to tenets two and four of DisCrit. Annamma et al. (2018) state that tenet two is “DisCrit values multidimensional identities and troubles singular notions of identity such as race or dis/ability or class or gender or sexuality, and so on (p. 56).” Annamma et al. (2018) share that tenet four is “DisCrit privileges voices of marginalized populations, traditionally not acknowledged within research (p. 58).”

For Shane, it meant having a lack of understanding and support. He speaks about the intersectionality of being black and disabled. This shows that students are thinking about intersectionality as it relates to their disability and race. By doing so it lets people know that students view themselves multidimensionally.

> *It means racism and discrimination as well as lack of understanding and support from others. Being Black and having a disability. We are not mutually exclusive, and there is always a great deal of diversity among us with other people that are normal.*

For Jay, he shared his thoughts on being looked down upon because of his race and disability. Being black and disabled causes a host of problems. Among them is the fact that you are viewed as less than other groups, such as non-disabled people.

> *In my own words, being Black, I'm an African, and already we know what happens in this part of the world. It comes with a whole lot of discrimination and prejudice and the fact that you are disabled, and some people see you as more or less a kind of animal. And it sucks really, really bad to know that humans can look down on fellow humans based on the color of their skin and also the kind of disorder that is common in general that all humans suffer.*

Anthony talks about the stigma and lack of access to healthcare associated with blackness and disability. He also speaks about the discrimination that he faces. He commented, *"Being Black and disabled, it's quite discriminating the stigma. Sometimes it's not easy to access facilities, mental health facilities."*

Samir believed that being Black and disabled was too much for one person to handle. He believes that all of the intersecting factors weigh heavily on him. The intersectionality of being

Black and disabled is a burden that most do not want to carry. In the case of our participants, they are forced to do so if they want to live productive lives.

> *It is just being messed up by life without being given a means to get yourself out of being messed up. Because based off of history and the old history of human evolution and all that, as a Black person, you being born Black is a big disadvantage to you because by default you got obstacles based off of your skin color. You get to deal with racial discrimination, you get to deal with poverty because majority of Black folks are born into poverty. So you got several factors ready against you, your background. So being, having all that, then you couple with that, with disability, that's just like, oh, it's just too much to handle for one person.*

Aaron sees being Black and disabled as a disadvantage to life. He faces discrimination for being black. When you add a disability on top of that it is very challenging.

> *Being Black and disabled, it's more like a disadvantage for me because already being a Black person, I already face challenges and I face hate speech and a lot of that. Now having to be disabled, I feel like I'm more let down by that together.*

Jermaine believes it is fighting against inequalities. Similar to Aaron, Jermaine also views being Black and disabled as being at a disadvantage.

> *I would say being Black, for me it means fighting against systematic inequalities and promoting unity within our race. That's what being Black for me and challenging say the aspect of being Black is just fighting against systematic inequality and being united. Then I would say being Black and disabled is fighting against inequality and then having a very huge disadvantage.*

Jamie believes it is a feeling of loneliness and lack of support. Barnet (2004) stated that family support was key to success for Black men. Perlick et al. (2001) noted that people with disabilities also turned to their families for support. In the case of Jamie, he feels that he has no support.

> *I feel like it must be a tough situation because originally, being Black and having some disability. Most of the time, I feel like you're being alone. Mostly, feeling like no one understands you. You're in the battle or by yourself. I've just seen being Black and disabled. Most of the time, helpless people mostly feel like they don't have enough support that they need.*

Evan questions why he was born Black and disabled. He believes that he is constantly being looked down upon and wonders if he was born white would he have the same experience.

> *I think being Black already is a challenge in the world. We find ourselves and being disabled is another thing and there's this feeling that you do not belong in the society or the community where you find yourself. There's that feeling of being looked down, that feeling of being segregated from society and you don't belong here. And things like that which make you begin to think, begin to wonder things like why am I born Black? If I had been born white? Would the situation have been the same?*

Jesse believes that being Black and disabled makes you different. However, he does not want to stand out.

> *I think it makes you, I don't really want to say standout, but it makes you a bit different. It makes you a bit different from already being Black keeps you at different racial point, and being disabled also makes it more add to that feeling.*

Erick speaks about the struggles he faces. He feels isolated from others due the complexity of being black and disabled.

> *I mean, separately being Black and being disabled. That comes with not only a lot of personal struggles but also a lot of external issues. But the way they intersect can be very isolating, finding treatment, having family be understanding, having the people around you, your teachers, your friends, being understanding. It's very difficult. I would say it's definitely very challenging, to say the least. It's a complex issue, but it's also very isolating as well.*

Fletcher sees how being both Black and disabled can be a strength. This highlights one of the tenets of African-American Male Theory which states that African American boys are resilient and resistant to stereotypes (Bush & Bush, 2013).

> *In my own words, being Black. I mean, we already are minoritized, and so having the disability can seem a lot more crushing, I would say. But I think that, as you progress through and learn whatever your disability is, you find the positives in it. So I think in my own words, I would say it would be at first a very hard pill to swallow, but then once you develop and understand the strengths of it and the management of it, then it can become really part of who you are.*

Dalton believes that being Black and disabled makes him adaptable and gives him a strong sense of belonging.

> *I feel being Black and disabled, just gives me a very strong belief as a human because I feel as I am Black, looking at the Black history, we've been through so many things, I feel that being disabled gives me this chance to adapt to whatever has been thrown at me makes me so strong.*

Marion believes that though he is disabled, he can still accomplish his goals. He sees himself as capable of doing the things he wants to do. He also had to learn what having bipolar disorder meant through the use of the internet.

> *I don't know if I would consider myself disabled, but differently abled. I don't really consider myself disabled. I feel like anything that I want to do, I can do with the right amount of effort. I mean, it's difficult. I think people don't really understand. I think in the Black community, it is not really something that's talked about. I had to learn through the internet and just being self-aware what was going on.*

Ronan looks at the intersectionality of being Black and disabled.

> *I'll say in my own words personal to your experience of being Black and having a disability. I would say an intersectional identity. Meaning that it encompasses multiple managing identities. Black people often face unique challenges, including a lot of things. I would just say it feels like you're shy at some points, but you just need to cope with it.*

Thomas discusses the complexities of being Black and disabled. He sees the marginalization of Black and disabled people but also the pride and resilience of Black disability community.

> *The experience of being Black and disabled is complex and multifaceted. On the other hand, there's a history of racism and blame in society that has led to many Black people with disability being marginalized and excluded from society. On the other hand, there is also a strong sense of pride and resilience within the Black disability community.*

Andy discusses the challenges that being Black and disabled brings. He uses his spirituality to find meaning in being Black and disabled.

> *I would say to be Black and also being disabled, you actually face a lot of challenges. People don't really love Black people. I just feel it's at some point it's been good. At some point, it's been bad. Yeah. But still, we just thank God. Because Black and disabled also, we also have some hindrances to some resources, and at some point, we have hindrances to some social support as well. But yeah, we thank God.*

Samuel also discusses the challenges of being Black and disabled. Samuel says, "*I would say I would describe people living like me living with disability with various challenges and experiences.*"

As described by the participants, being Black and disabled takes on many meanings. For some students, it is filled with challenges. A student even questions why they were born Black and disabled. Others see it as a strength that makes them adaptable to their surroundings.

It is essential to understand that each student is a unique individual. To arrive at the meaning of being Black and disabled, they needed to explore what it means individually for each of them.

As the participants shared, there are multiple meanings of being Black and disabled. Each student with bipolar disorder must be treated as an individual. As the students shared, some view it as a deficit, and some view it as a strength. As programs are designed, the fact that they can be viewed as a strength or a deficit must be kept in mind. If the deficit model is overlooked, a disservice will be done to Black men with bipolar disorder as the programs will not acknowledge that people often view themselves harshly. It will allow for programs to be designed in a way that moves Black men with bipolar disorder from a deficit lens to a strength-based lens.

The College Experience

To get the most out of college, researchers suggest that students should be able to experience the wide range of academic and extracurricular offerings at the institution (Mukesh, 2023). This includes students with bipolar disorder. Multiple sub themes fall under college experience.

The themes and sub themes (see Table 4.3) were created by constantly comparing the data. Tinto’s theory of student departure is at play here (Tinto, 1975). According to Braxton et al. (2013), Tinto views student departure and persistence as a process. A student’s multiple characteristics influence their persistence in college.

Table 4.3

Theme and Sub Themes of The College Experience

Theme	The College Experience
Sub theme	Navigating College
Sub theme	Connection to Campus
Sub theme	A Better College Experience

Navigating College

Navigating college is difficult for almost all students. It becomes even more difficult when you factor in bipolar disorder. However, it is something that all students must do in order to find success. Most students found it difficult, but some did not.

Carlos navigates college through his relationship with God. According to Wood and Palmer (2015), spirituality is a factor that determines success in college.

> *Well, I navigate college with my mental health issue through the help of, should I say, God. Because actually, He has been the one first that has been helping me out with my illness. So I try as much as possible to stay to myself and do what I know how to do best, and that is to keep low and push through on a daily. So I think God has been the main source of my strength that I've been able to navigate through college and university per se.*

Jesse discusses how hard it is to cope with the fear of mania and stigmatization. He feels that he is judged because of his mania.

> *Yeah, it's not really easy having to cope because sometimes when you have those manic signs, when you are experiencing those [sic] and all, you have to try and keep yourself in check. Knowing fully that being one with color, being a person with color, even if there are certain things that you expect people to understand, you feel like some people would still judge, and some people may not see it that way. They might just see it as aggressive behavior and all of that.*

Anthony navigates college with the help of a friend. One of Wood and Palmer's (2015) factors to success is peer interaction. Anthony shares how important it is.

> *Well, most times I have a close relative, a close friend rather, that helps with that. He assists me when I want to go meet the college counselor, and he assists me with school. Without him, it wouldn't have been easy without his assistance.*

Dante found it difficult to navigate through college. Dante felt the lack of peer interaction.

> *It was very hard for me because I had several symptoms. Each time I'm always with my colleagues in school, I'll be feeling various symptoms. I had various stigmas, and it was*

> *so hard to cope with the people around me. It was so, so hard for me because there were so many symptoms I had that my friends neglected me because of those symptoms, and it was very hard for me in college.*

Jeffery navigates college by using resources, which speaks to the non-cognitive factors that Wood and Palmer (2015) alluded to.

> *Trying to cope with the school resources and also being in school. Definitely make friends and get in touch with the school counselors in case you have any challenges or maybe not being set up or maybe having some depression. Navigating school with friends or the teachers and also the counselors, there are to assist the students, especially people living with disability.*

Jaime had to find strategies to navigate college due to initial difficulties. The major difficulty stemmed from his lack of forming friendships due to his disorder.

> *I used some strategy because, at first, I faced some challenges. I wasn't able to make a lot of friends because of my disorder. Most people were always disassociating with me. They didn't really want to make friends with me, so I was mostly alone. So I kind of navigated by first time, always making my bipolar diagnosis and being out with my friends. I embraced the diagnosis, and I was able to cope and navigate it. I also try to take advantage of each mood I'm in.*

Jermaine has found it difficult to navigate through college as a Black man with bipolar disorder but has been trying to find ways to manage. He believes that people think people with bipolar disorder are sociopaths and most people want to stay away from people with bipolar disorder as a result. He also believes there is lack of understanding surrounding bipolar disorder.

> *I would say it's difficult navigating college as a Black man with bipolar disorder because most people assume people with bipolar disorder has this well, I call it sociopath, let's say sociopathic trait in them. Then most people find a way to stay away from you, but it's not really like that because I think they don't understand what it means to be bipolar. So it's really difficult because, for me, I'm trying not to be too close to people so that I don't exhibit bipolar traits. And then also people are also trying to stay away from me so that I don't, how would I call it? I don't pull out my frustrations and my anger on them, so it's really difficult. But let's say I've been looking for ways to manage it.*

Ronan has found it challenging to navigate college with bipolar disorder but has found a strong support network.

> *I would say it has been challenging. It has been challenging. It's important to have a strong support from friends, family, and I would say some mental health professionals and it's also important to find a campus community that is welcoming and supportive.*

Samir found it one of the most difficult things he had to do. He has trouble connecting with peers due to his disorder. He also hides his emotions.

> *It's one of the most difficult things to do. Because you have, as a person who is bipolar, you have this irritation to be around people. Having people just talk to you, it triggers something. It makes you feel like, especially people just randomly trying to come up to you trying to make friends and you're just not feeling the vibe, and you have to just enjoy it. You have to just compose yourself. You've been into so much trouble, you have to stop. You can't be that person all the time. You can't just be you. All this complaining about you have that. So at the end of the day, you try to bottle the emotions, try to control everything, and try to be that responsible person.*

Erick relies on medication and disability student services to navigate college.

> *After I graduated high school, I stopped therapy, which has not, in the long run, been the best idea. I mean, I still see a psychiatrist. I take medications. I take Seroquel for my bipolar, another medication for appetite, and I take Adderall as well. I'm registered with (campus disability student services), so I have accommodations. So accommodations have been helping a lot, having open communication with teachers and advisors, but also leaning in on my friends who kind of serve as my support group.*

Fletcher describes how he was forced to deal with his bipolar disorder in order to navigate college. He did not want to accept the diagnosis but began to once he found a possible career path.

> *I got diagnosed about three years ago, three years ago. But there are things that happened, and I was hospitalized a couple of times in college, and so it was more so for mania and that I just didn't really want to admit to having bipolar. So, I kind of knew I had something, I just didn't want to go that route and take care of it. So, it was more me avoiding the topic. You hear about people going crazy or whatever, and you just be like, I'm not that person. And you just deny, deny, deny. But I think for me, once I learned I want to go to student affairs, I think I got a lot more aware of, okay, this is actually going to show up in not just social life but work life and all parts of my life is going to be affected. So if I don't do anything about it, especially as it gets worse and worse, then I might be homeless or not be able to function as a human, basically. So I think as I got more into myself, I addressed it.*

Donavan chooses to communicate his disability to others to navigate college.

> *I would say I had to try to manage my mental health a bit. I had to, whenever I'm trying to talk with someone, I will make my mental health condition known to them so that he or she will know how they're communicating with me so that the whole conversation* or *relationship will not go sideways*.

As the participant voices highlight, some Black men with bipolar disorder use various methods to navigate college. One student draws on his faith in God, enabling him to endure difficult times. Some Black men with bipolar disorder, such as Dante and Aaron, found it difficult to navigate college. In addition, some students developed strategies such as embracing the diagnosis. Others rely on medication and support services to help them navigate college. Colleges are difficult to navigate for the most prepared students. So, students dealing with an illness such as bipolar disorder will find it even more challenging. Professionals who work with Black men with bipolar disorder need to understand that these challenges go beyond the normal challenges that the average college student faces. Professionals need to create programs that will make it easier for Black men with bipolar disorder to navigate colleges.

Connection to Campus

For students with bipolar to find success, there needs to be a connection to campus. Students who feel more connected to campus are more likely to persist (Astin, 1999). The reasons are diverse, but most men interviewed found some reason to connect to campus.

Samir relied on his two friends, which highlights the peer connections that Wood and Palmer (2015) discuss.

> *I'd say my friends because I had just two friends. I like to make clear relationships because I don't keep plenty of people around me. So, I have a close circle so I make sure everyone is fully aware of what our relationship is. Just two friends, and the only reason*

> *why I call them friends is that they're the only people that actually understand me. One understands me more because we actually have the same, I'd say issue. So we have similar backgrounds, similar goals, and a similar story.*

Evan was one of the students who took solace in activities such as basketball, football, and yoga.

> *I'm a person that I love sports and activities, basketball and football. I play soccer, and I joined a yoga class in school because during the early stage of my diagnosis, I was told to engage in exercises, and these exercises would, in time help in reducing stress for me. So, I was really advised to adopt stress reduction techniques such as yoga and the rest. And so, I engage in sporting activities on campus. I play football a lot, and through this, at times like this, when I find myself being busy, I find myself, exercising myself, those times you'll be actually busy, and you don't tend to experience some of the symptoms of the disorder. So, I think a whole lot of sporting activities helped me help me really, really well.*

Donavan echoed Evan's thoughts by saying, "*I would say mostly through sport activities because I like soccer, so I mostly feel connected whenever I'm involved in sports. Yeah, competition."*

Dante feels connected through his student organizations, which offer a support system. He states, "I believe number one is the society in which I belong because each and every one of us, we are in an organization, it's called the Black organization."

Ronan uses the community to feel connected to campus. He sees the campus community as a place of support.

> *I would say, I don't really know how to put that because campus is kind of stressful and anxiety. On the other hand, campus can be a place of support where people with bipolar desire can connect and understand what they're going through. So, I always find a balance to fix myself in a positive way.*

Jesse also appreciates the community on campus. He bonds with others as it helps him feel connected to campus.

> *I like the association, seeing people, even with people of color and also different people coming up from different backgrounds and expressing themselves, going for their passions, trying to be different, trying to stand out. Yeah, I really appreciate that about the community and the bonding experience there.*

Carlos also finds solace in his community. However, he does not feel connected to white students because of their perception of him.

> *Well, most of my friends are Black Americans like me, so I feel the whites. Most of them don't really like me that much. They think I'm a thug and stuff like that. So actually, few of my friends are white, the Caucasian white. So I actually tend to have Black friends, much of my Black friends and a few white friends.*

Jay found a group of friends who understood bipolar disorder and could develop healthy behaviors to help with bipolar disorder.

> *I made mention of friends, making friends that understand this condition, and so we formed a group and developed some kind of healthy lifestyle, which includes having enough sleep, eating well, and most especially, exercising regularly and mind the kind of types of exercise. Importantly, stress reduction technique. We adopted the stress*

> *reduction technique such as meditation. We sit and do a long meditation. We engage in exercises like yoga and deep breathing.*

Erick believes that the combination of friends and city life makes him feel connected to campus.

> I *would say mostly my friends. I have a pretty big friend group. So, I mean, a lot of the people that I've met here. I like the class that I take. I like the environment of being in the city a lot. It's a very diverse community as well. I'm from (location), so it's a smaller county. So when I'm being here, I feel a lot more comfortable being myself, expressing myself the way that I want to, and just being open about every aspect of myself. So I would say just being able to be myself and be immersed in the culture of the city. Great people, great classes. I would say that's probably what connects me to the campus.*

Marion is connected to campus by seeing himself reflected in the study body.

> *Well, I go to an HBCU, so there's other Black people there, so that's definitely really nice. So, seeing people that look like me is refreshing. My professors they're really helpful and attentive. They're always there to answer questions, and they've always shared any type of opportunity that makes sense for me*.

Jermaine feels connected in various ways, including joining a group for students with disabilities. This is a sign of positive peer interaction leading to success.

> *I feel connected to campus because the campus is a great place, and it has this place I usually go to that actually calms my nerves down. So whenever I'm troubled, I do go to that particular area. And apart from that, the academic part of the campus is also nice. And now, joining this disability group has made it really, really okay and comfortable for me.*

Fletcher felt connected through friends and student organizations. By being connected to campus, Fletcher was able to show that Astin’s theory of involvement (1999) can be applied to students with disabilities.

> *I would say, my friends. I was a part of a lot of organizations. I was part of the SGA was a part of the program board. My business fraternity at the time, I think a lot of my connections with my people got me connected. I think I also worked on campus, so those supervisors or whatever, the job just kept me in the know of what was happening at my institution. But I would say more so people. It was really my friends and, at that time, my partner, stuff like that. Everybody was there.*

Dalton speaks about meeting different people. He uses an unofficial support group that helps connect to campus.

> *I have friends that actually get me. I just have to distance myself from some and I just have friends that get me while on campus and all of that. And there's so many people, there were so many meetings, focus group going on where people come in and we talk to each other. It wasn't really that official; it was just a social kind of group gathering. But not all the time I got to be there. But at the time I was there, and they gave me hope. They helped me a lot.*

Thomas believes that students with bipolar disorder can be connected in multiple ways. Thomas also touches on Astin’s theory of involvement (1999).

> *I think there are three ways to be connected to campus. It can be connected to campus both socially and academically. Socially, you can join a club or organization related to one's interests, and it can be a great way to connect with like-minded people. In addition, it is important to get to know the staff and the faculty at the school who can provide*

> *support and guidance. That's in a social way. Then, in an academic way, I would say it's important to find ways to adapt to the demands of college life. This may include using assistive technology such as text-to-speech software or notetaking services. Finally, I would say it's important to find ways to relax and have a little nap.*

Not all connections are positive. Dante was unable to connect to campus. He was unable to connect to campus due to the stigmas about bipolar. He was unable to connect due to the symptoms of bipolar disorder.

> *I felt bad at some points connecting with people. I felt terrible. I felt terrible. It was at some points I was disappointed. At some points, I was ashamed of myself. At some points, it was very hard for me to connect with people because I was passing through several stigmas. I was passing through various symptoms, which made it very hard for people to connect with me. People saw me as someone who's suffering from a different disability and the way I communicate with people. I had these various symptoms of mood swings. It was bad for me. It was bad for me to connect with people on campus.*

Feeling connected is one of the keys to having a successful college experience. Those who feel connected are more likely to graduate (Astin, 1999). Thus, those who do not feel connected to campus are less likely to graduate. Most Black men with bipolar disorder can find something that connects them to campus. For some, it is friendships and student organizations. For others, it is activities such as sports that create the connection. However, it can be a harrowing experience for those unable to connect. They do not feel connected to campus due to factors relating to their bipolar disorder.

A Better College Experience

The college experience means something different to every person asked.. Black men with bipolar disorder are in need of such things as mentors, student organizational involvement, and faculty interaction (Wood & Palmer, 2015). All eight professionals who work with Black men with bipolar disorder offered different ways to make the college experience better for Black men with bipolar disorder, as did the student participants.

Josh believes that campuses should discuss disability more and that faculty and staff should lead the charge. According to Sax et al. (2005), the more a student interacts with faculty, the higher the educational attainment.

> *I think a lot of things, I think the biggest, there's that expression, right? Sunlight is the best antiseptic. I think that's true for disability broadly. I think the more that we as a campus culture get comfortable talking about disability and the more that there's a higher level of baseline knowledge that then avoids those situations when you and I would not personally want to put students. I think that's a really tough position to be in for any student, to be the student carrying that banner. I think that we, as faculty and staff at a university where we have the opportunity to help carry that banner. There are students who want to do it, and if they want to do it, they should. But where I am a person with a disability, I'm a person with fairly intensive chronic pain, and I talk about that where I can, because if I am saying it, if I'm talking about my experience, how it impacts me. A, it helps my students see, oh, there's a light at the end of this tunnel, and B, it helps the campus culture as a whole get a little bit more comfortable with the conversation. I think that that is a really big step.*

Josh also talks about the need for more resources for Black men with bipolar disorder.

> *And then I think the other step is making sure that resources that support that population, like our multicultural office, trio for first-generation students or students from a lower economic background, even social groups like there are on many campuses, organizations that directly support especially younger incoming students who are men of color. Making sure that those organizations have some exposure to information about bipolar disorder, information about disability in general, and know how to connect students to an office like mine in a way that helps address some of the discomfort of that interaction. I think that we see a lot more people referring to our office than we used to, but I do see that a lot of students still come in that first referral feeling kind of guilty, feeling kind of ashamed, and if we can, I don't think that's deliberate on the part of people making the referral. I don't think they're trying to convey that this is something we know that you shouldn't be doing, but I think that there's still a certain baked in perception of the help seeking that comes from getting an academic accommodation as being kind of seeking some form of advantage over another student or getting away with something, and I think we really need to continue taking steps to dispel that.*

Jay believes that the university and campus community should become more educated about bipolar disorder. This will lead to a different viewpoint of the disorder.

> *So I think there should be more of awareness on campuses. Campuses should take it up, university colleges should take it up. Not just the university, but I mean the community at large to educate people and educate members of the community that there is a condition called bipolar. So whereby, when you make a lot of persons around the community understand this, when they come across a patient or a person with this condition, there will be a different dimension as to how they will view this person as to the treatment or be*

> *given to this person. So I believe that was what actually helped me, and I think it'll be for the best, the awareness should be created more of it.*

Increasing campus awareness is a way that Ashton believes will help students with bipolar disorder. He also believes that increasing awareness of campus disability services is a way to help students with bipolar disorder.

> *I think increasing or improving awareness would be a good start, and making sure that there is a level of inclusion for mental health disorders. Oftentimes, we look at disability services and we're looking at medical conditions, or we're looking at learning disabilities, and there's not enough, I think, awareness or knowledge of mental health disorders and how it impacts a student's academic journey. And so number one, increasing awareness of disability services.*

Ashton also speaks about the concept of universal design.

> *Number two, I think universal design would be huge. So, if we utilize universal design, we're not only helping Black men with bipolar disorder, but we're helping all students, all students benefit from universal design. And then number three, I think it's important that we integrate disability services within the academic realm. A lot of times, it's like, okay, that's the instruction side of the house. This is the student services side of the house. How do we come together to best support students? If we can integrate student support services within the academic halls, I think that would benefit the institution and its students.*

Carlos believes that support groups and safe spaces should be utilized. This ties into Wood and Palmer’s (2015) idea that student organizations and Black Male Initiatives are helpful to Black men.

> *First of all, a support group should be made available. Because the support group, we don't have the right tools and the right facilities to carry out a very safe space because we actually use a gym. We actually use the basketball gym. So, most of the time, people come in and out, and we get distracted. So, I feel the college should provide a safe haven for disabled students like us. And then also I feel that the college should try to be encouraging to teach the teachers to be encouraging too, because most times this student might not be depressed or might not feel sad about their disabilities. It might be from how the teacher or lecturer reacts to them that makes them feel sad and depressed. And most of the time, they tend to be suicidal. They have suicidal thoughts.*

Jayden has a few suggestions on how campuses can serve Black men with bipolar disorder. The suggestions range from affinity groups to representation.

> *Yeah, I think a couple of things, actually I'll start with one first. One is probably the affinity groups. I think sometimes that when we look at affinity groups, usually they are specific to race or ability or what have you not, I think affinity groups that could focus on the intersectionality of being Black and also having a mental illness is something that could be done. The other part to this, too, is there's a movement and disability justice movement that has the use of 10 principles. One of the principles is no discussing us without us. So a lot of the policies, and so that's been made to address mental health, doesn't really include the intersectionality of Black people.*

Jayden discusses the need to add more representation and faculty/staff-student interaction. This ties into the idea that there is an increase in educational gains as students interact with faculty (Sax et al., 2005).

> *And so some of the things that I've already mentioned are not included in that decision-making. So one thing that college campuses can do, they could be one, be aware of that. And two, when they are trying to make or trying to define services or reach out to folks, understand that there is the intersectionality between race and mental health plays a role on who comes to the office. And the other part too, I think, and I think this is something that has been really unique with me, is whenever I have a student who's Black and who has identified having a mental health disorder and they're looking for services and they come and they see me as a service provider and a sense, I think having more representation actually in the field itself is important too.*

Franklin believes that services should be more responsive to students with bipolar disorder. He believes that staff that work with bipolar disorder need to be able to work with the students right away instead of scheduling meetings that might be weeks later.

> *I think it probably is. We are doing, yes. I think changing the way that we do business I think is to be more accessible, to be right this minute. To get in our service, you either have to call or walk in the door. That's the only way to make an appointment, really, and you have to actually make an appointment. It's not just like, come on in, and let's help you. It's usually come in now and then make an appointment for some time in the future. Probably not today, probably two or three or days or weeks from now. And I think we need to be more, you're having a problem right now. Walk in the door. Let us help you now. Right this minute, because I think that's where part of the breakdown is. So I think just ease of access.*

Bridget believes that there should be a more equitable approach to working with students with bipolar disorder. Her campus allows students to receive one semester of accommodations as it allows them the help they need while getting their paperwork.

> *I think that seeing students and meeting them where they are is really important. That's one thing that comes to mind. I think that as a whole, and my campus is a little different because even if students don't have documentation, they can still get accommodations at our school. And it's not like that everywhere. Some universities are like, if you don't have documentation, you're not getting accommodations. But us, what we do at our campus is that if you come here and you say you have bipolar disorder, you say you have anxiety, we give you one semester of accommodations and we give you a semester to get it together, find a doctor, find someone, go to a clinic and get that documentation so that you can have that on your file so that we can give you permanent accommodation. So, we assign temporary accommodations without documentation until the student is able to get the documentation, so they have a full semester to get that. And I think that that's really equitable. It creates a form of equity because not everyone has access to a doctor. Not everyone can go to just a doctor because of the way health insurance and everything is set up in this country. Not everyone has that. So I feel like that's really important because if a student really knows they need it and their student story is really strong, I feel like that should be factored into whether or not they get accommodations when they don't have that documentation yet. So, I think that's one aspect is a documentation aspect, and I think that would really serve Black students, especially Black male students with bipolar disorder in that regard.*

Bridget goes on to discuss building relationships with Black men with bipolar disorder which also lends itself to the idea that increased satisfaction with faculty and staff will increase educational gains (Astin, 1993).

> *I also think that rapport-building is really significant. I know that there are different types of disability counselors. Some people are more task-oriented, and they're like, let's jump into it. Which there's nothing wrong with being task-oriented versus rapport, like a relationship oriented, but I think that relationship orientation is really important for Black male students, because building trust is significant and important. And lastly, I think the other thing that's important to working with Black male students is affirmation. And it doesn't have to be over the top or cheesy or corny or anything like that, but my Black male student today told me that he wants to be a psychologist. I affirmed that. I said, oh, that's great. I think you would be a great psychologist based off what we talked about today. So, I think that that is important to working with them so that someone sees them for more than just their disability or their diagnosis.*

Bruno wants to see college campuses take a student-centered approach. This aligns with Gordon et al.'s (2004) view that research about Black men should move away from a deficit lens.

> *I think that in the past, we have been very much so focused on the buzzwords within the academy, like student-focused or student-centered, And while it's still kind of another buzzword, it really shifts the landscape about how universities and colleges can position themselves to put students in the center, but make sure that not only are we students centered, but our policies, our practices, our culture fits students in all various forms of their identities, whether they're first, whether they have bipolar disorder, whether they are a person using a wheelchair, whether they're a part of the LGBTQ community,*

> *underrepresented racial-ethnic minority group. There are so many different things that I think help universities try to be better. But as I think about representation, I think that that's an opportunity for colleges and universities to figure out how we can increase the representation of those folks who do have bipolar disorder or navigating other mental health complexities.*

Elisha believes that creating a safe space will help Black men with bipolar disorder. She also believes in the concept of universal design that will make learning easier for students with bipolar disorder.

> *I think one thing that can be done is creating a culture where Black men feel safe disclosing mental illness and can ask for help. I think a lot of college campuses are not safe in that way, especially primarily white institutions like mine. And I think if faculty were to use universal design in their educational approaches, that automatically makes learning easier. And just this attitude of being gatekeepers. Sometimes faculty have attitudes like they're gatekeepers of their professions and they don't want or don't think that students who don't act sort of normal or typical should be in the profession. And I think that that whole attitude needs to go away. These sort of traditional higher, what do they call ivory tower tropes, need to go away.*

Fletcher believes that speaking about it more and having affinity groups will help Black men with bipolar disorder. Wood and Palmer (2015) support the idea that student organizations can help better the college experience.

> *So one thing that we see a lot, we have a lot of groups. So, in our wellness center we have a lot of, for example here at (college), we have certain groups around certain demographics of around different identities. Our therapists put on groups weekly. And so*

> *there's a group for folks who have anxiety. There's a group of people who suffer from depression or going through grief and loss. There is a Black women's therapy group. There is different groups that I think could be beneficial for folks who identify. I haven't really seen a bipolar because we don't have any psychiatrists on campus. We have maybe have one or two, but there are not a lot of people who address bipolarism on campus.*

Fletcher also believes that colleges should look at the long-term outcomes for Black men with bipolar disorder.

> *I think one thing that colleges can do is that they can have folks, typically when you hear bipolar, and what I've learned, especially in a wellness center setup, is that they're really made for short-term care. More like, hey, in the moment this happened, let's get you to back to ground zero, rather than addressing long-term care, which it could be a bipolar person, which probably be more long-term. So I wish that colleges had more long-term support, which I think due to capacity, that could be a lot. So again, I think funding could be addressed a little bit more around those things. I think also equipping the folks who do Black support services, what is bipolarism, what is bipolar? Really educating those faculty, those staff members who are really in those roles to understand how that may show up and how they can support those students. We don't talk about bipolar a lot. I mean, I talk about it with my therapist, which is great. I'm grateful for that. So I think there could be a lot more support around it.*

Thomas believes that there should be more awareness and understanding through training and workshops. He also believes that the campus environment should be welcoming and create opportunities for connection with the community.

> *Firstly, I would say it's important to increase awareness and understanding of the disorder through education and training, and secondly, it is important to provide resources and support specifically more to the needs of the population, such as culturally competent mental health services and peer support groups. Thirdly, it is important to ensure that the campus environment is welcoming and inclusive, with a focus on reducing stigma and discrimination among individuals. Then finally, I would say it is important and necessary to create opportunities for connection and community, such as mentorship programs and cultural events.*

To help Black men with bipolar disorder, Samir believes that there needs to be more awareness and resources. He also believes that there needs to be more representation of people of color who work with students with bipolar disorder. This will cause students to feel comfortable.

> *I'd say having more, not just having support groups but actually having resources to help and these resources. I'm sorry, this sounds like a racial remark, but it shouldn't have a bunch of white people; it should be people of the same racial background. People that understand where you're coming from, that understand your history and your story and be able to relate with you on that level and be able to help. I feel like it's comforting knowing that you got someone there for you and having these groups and also having people know that it won't actually affect and actually making sure it doesn't affect your future. I could actually seek help and do this rightfully because I won't lie, people do get that fright that it might say this and it might end up affecting me and blah blah blah. Like that. Having more of this, having people actually aware that it exists. It is not just having those resources available but having people aware that it exists and it's there for you to actually use it and it actually there for you to help you overcome your situation.*

Jeffery also believes that there should be more education and awareness.

> *To me I believe there are so many ways in that can impact the Black family. I would say maybe the school should try to make an advancement for Black students and living with disabilities like bipolar and also the rest of it and if the school should do something like education and awareness.*

Erick would like to see a group led by someone knowledgeable about bipolar disorder. He believes that being Black make bipolar disorder a lot worse so a support group would be one way to deal with the struggles of having bipolar disorder.

> *I don't know if there already is some type of group or a club. I do know (the school) has a club for people with ADHD, but I do think having a professor or some member of staff who is experienced with or is somewhat knowledgeable, at least on bipolar and other mood disorders and how it affects people like college students. I guess having some kind of group to go to, because I do know we have counseling services and those are helpful too, but still it's very easy to feel alone in your struggles. The experience of being Black especially makes being bipolar a lot worse. I don't know. I just feel like having some type of a group or maybe even a community of people who have similar things, just so people don't feel as alone in their struggles, if that makes sense.*

Marion believes that colleges can address the stigma associated with bipolar disorder.

> *I think just continuing to address the stigma behind it. You're not weak because you are bipolar and it doesn't mean that you don't deserve help or a little bit of extra attention. It just means that that's just what it is.*

Evan believes that there needs to be more awareness around bipolar disorder as it is a worldwide issue.

> *Yeah, I think colleges or universities all around the world, not just United States because I think my grandpops told me that over there in Africa that a whole lot of patients are going through bipolar disorder is a very common disease there, but a whole lot of patients do not really understand what it means, because of a lack of health, mental facilities. Now I believe over here in the United States creation of awareness, a lot of persons should be made to understand that of course there's a disease, there's a mental disease like bipolar disorder. People should be educated about the symptoms and so they know how to treat people who are suffering from bipolar disorder. Of course, people who are going through forms of diseases need nothing but care, a whole lot of care and attention. And then when some people do not really understand that this person is actually suffering from a form of disease like bipolar that affects a person's social being a person's mood. People around them begin to think this person is actually behaving like an animal. He doesn't belong, doesn't belong to society, doesn't belong in community.*

Evan shares that there needs to be more awareness around bipolar disorder. Instead of making people feel like they do not belong there needs to be understanding.

> *I believe schools should create a whole form of awareness where people understand that there is a disease like bipolar disorder and that the symptoms associated with this disease. Now when people begin to understand that things like this exist and then when a person is exhibiting such symptoms, you just try to make the person try to feel comfortable and not just make the person feel that she doesn't belong here and things like that. I think the creation of awareness and provision of mental health facilities and extra care given to students with bipolar disorder because the stress already in university, it discourages a whole lot of persons from enrolling in colleges because the belief that*

> *they'll be treated differently and everything is one thing now special care should be given to those with bipolar disorder, considering the fact that the university or colleges are places where you get stressed. The time you have to meet sometimes prepare for tests, examination, and the rest. There are symptoms of bipolar that is associated with when you're stressed out. Now it's very difficult to balance college life and the mental health. Bow when a person who suffers from bipolar disorder is over stressed, they tend to exhibit a whole lot of symptoms like depression, anxiety, and the rest. Now special care and attention should be provided by management of college government for patients with this disability. I think it'll encourage a whole lot of persons to enroll in colleges and universities.*

Making the college experience better for one particular group is a small step to improving the college experience for all students. The more students are exposed to students who look different from them, the better the experience for all students. Disability needs to be at the forefront of the minds of those professionals who work to serve college students. The campus community needs to be better educated about bipolar disorder as well. This will allow safe spaces and affinity groups to be created. It will also allow for a more comprehensive approach when working with Black men with bipolar disorder. Support groups led by faculty and staff who experience bipolar disorder or similar illnesses will also help make the college experience for Black men with bipolar disorder.

Three sub themes emerged from research question one. They are a) navigating college, b) campus connections, and c) making the college experience better for Black men with bipolar disorder. Each of these sub themes is directly related to the experiences of Black men with bipolar disorder on college campuses. The sub themes emerged through constant comparison of the data. Each memo was compared against one another until sub themes were identified. Once that happened, there was more constant comparison until the sub themes collapsed to create the sub themes mentioned here.

Retention, Progression, and Graduation

As previously mentioned, the more connected students are to the campus, the more likely they will be retained. Retention, progression, and graduation are directly related to one another. If a student is retained, the chances of progressing and graduating increase (Astin, 1999). Four sub themes fall under retention, progression, and graduation. They are classroom experience, extracurricular activities, peer relationships, and institutional support.

Table 4.4

Theme and Sub themes of Retention, Progression, and Graduation

Theme	Retention, Progression, Graduation
Sub theme	Classroom Experience
Sub theme	Extracurricular Activities
Sub theme	Peer Relationships
Sub theme	Institutional Support

Classroom Experience

Most of the students have found that bipolar disorder has an impact on their classroom experience. This has adverse effects on the retention, progression, and graduation rates of Black men with bipolar disorder.

Jay states that he is lonely and isolated because of his bipolar disorder. This is in line with Chickering’s theory of identity development. Specifically, vector two which is managing emotions (Killam & Degges-White, 2017). The theory states that students from marginalized groups might experience loneliness.

> *Sometimes it makes me very lonely and the fact that man is a social being man wasn't created to dwell alone. And then sometimes when I'm in class I have this feeling of I get to meet as a result of discrimination. I don't really like the class because maybe a question may be asked or you just get up and everybody will be looking at you. What are you about to say now? I feel like there are times when I want to participate, but I just cannot because most times I get too scared that most people would not really understand the condition, want to laugh because, and the fact that my sense of humor sometimes to be frank, I lost every sense of humor.*

Jay then describes a time when he did not have a pleasant experience with his peers.

> *We're in a room of 10 and everybody will be laughing over a particular joke and the truth is, I don't find it funny. I don't find it funny at one bit. So when I find myself in class, I get to be just on my own self. And so I do not create a scene or a situation where people will laugh at me and there's some times when some lecturers walk into class make a kind of joke and you don't see anything funny in it, just sit down and the teacher is, it has a really negative impact on my participation in class.*

Jesse states it depends on his mood regarding how much he participates in class. Sometimes, he wants to attend and contribute but cannot.

> *I would say in terms of sometimes feeling like going to classes. There are those moods that I would experience, the things I would experience that may not be in line with me. I feel like, no, I shouldn't be feeling this way. But then you can't help it and one thing leads to another. You're skipping classes, you are not wanting to socialize, you just wanting to*

> *stay off and you start getting those negative thoughts. So I'll say it impacts my class activities because sometimes I shift off classes and I lose control of myself, and I shift off and try to be alone and hide in my shell. So that affects my class. And also for participation, there are times when I'm super excited to take part in things and contribute even in classes and works, practical works due to my field, but there are times where I just shy off, and I'm just mute.*

Anthony does not attend classes when he gets bouts of depression. This is also the second vector of Chickering's theory (Killam & Degges-White, 2017)

> *I could be going through a depressive period, the depressive phase, and sometimes it could take two weeks; I'm one person that whenever I have this episode I drift away from the social activities. So in such it affects my academics greatly because I do not attend classes. I just stay in the room, just me and myself, and sometimes I don't eat. I do not even go out of my room, and it affects me greatly because aside from the examination period, just lectures, not attending lectures, and then coming over to hear that you've missed maybe a pop-up quiz or something. I think academically it's always taking a toll on me.*

Jaime ignores the lectures but tries to make up for them through lab work.

> *Most of the time when I am in mood swings, most of the time I don't really follow with the lecture, so I end up not understanding what they're saying. So in terms of class and academic activities, because of my lab work, I have to have an extra class with one of my colleagues that is aware of my bipolar. So whenever I'm a bit, okay, I'll give you some lectures. So from there, I'll pick it up.*

Erick states that having bipolar disorder makes it harder for him to be a student, which is in line with what Pederson (2020) says about students with disabilities struggling in college.

> *I would say greatly. A lot of times, I don't really know how to put it into words, but honestly, every aspect, whether it's working in groups or having to talk to your classmates, having to be called on things like everything is very, very, it makes me anxious, but also I don't really know, honestly, I can't put it into words, but I would say it definitely just makes being in class and participating in classes, being the student you're supposed to be makes it a lot harder.*

Randy sometimes stays away from lectures because of his depression. Staying away from the lectures also impacted his grades.

> *I can say it's a pretty chunk, a pretty amount because sometimes the weight of sadness, I say sometimes I could not even go because if I stay in the lecture hall, sometimes I was just there sitting like a zombie. I'm there very sad, if I may say, and I'm just not concentrating. To some extent, it affected my grades.*

Fletcher had to take a medical leave due to being hospitalized from a manic episode. This caused his GPA to suffer as a result.

> *One time I was hospitalized for a manic episode. Actually, two, I had a suicide ideation situation during my senior year that was a result of an episode. I had to take a medical leave for a summer. It wasn't like during break, it was like a summer courses. I took a medical leave for a summer course and my grades, there were some grades, there were certain learning modalities that I just didn't really understand. And so I suffered a lot in terms of performance sometimes. So my GPA definitely suffered because of my disability. I think if I would've had the right support and accommodations, I would've done a lot*

> *better. I wish I would've known I could have done that back then. So I think grades, I think learning style, but also having bipolar and other stuff is also impactful because having ADHD plus bipolar plus you have an alcohol problem, that's all bad.*

Dalton does not attend classes because of his change in mood and fears that he will be judged.

> *Sometimes I struggle with sleep a lot. Sometimes I'm not getting enough sleep. Sometimes I'm not able to keep up with classes, and I don't feel like sometimes I like, okay, I'm going to get a class, and in the next 10 minutes I'm like, I'm no longer going. It is just a change of mood and this fear of judgment by other people I know.*

Marion finds that his mind wanders but also lets his professors know when his mental health is impacting his ability to attend class.

> *It really depends on my mood and how I'm feeling, how much I can participate, and how much I would be there. My mind is somewhere else. I might physically be present, but my mind is definitely wandering. And for me, if I need that day, I take that day within reason, of course, because you got to be present to be in class, all that absence and all that stuff. But yeah, I try to make sure I do work, and if I need to take a mental health day, I let my professors know.*

Ronan has trouble concentrating in class due to being distracted or depressed.

> *I tend to be talkative and disruptive or distracted. I have trouble focusing on the material being covered, and during my depressed episode people may have withdrawn, and I might also feel disengaged in some places. So, I just need to be aware of this effect and to be open and honest with the mental health professionals.*

Dante’s bipolar symptoms impacted his ability to communicate effectively with classmates.

> *It was hard for me because each time I'm always in the class. Even when I was communicating with my friends and colleagues immediately and after a few communications myself, I would switch to a very bad mood swing in which I wouldn't like to communicate with anybody. I would like to stay on my own. I would like to be around nobody. I would like to be alone or alone and all those signs, those symptoms of bipolar, which I knew.*

Jermaine keeps to himself so others do not realize that he has a disability.

> *It affects my ability a lot because I usually keep to myself so because I don't want people to feel this part of me. So, most activities in class I don't participate. I just go there and behave like an island. Once it's done, I pick up my bags and just move out, and that’s not actually what I want. But because I'm bipolar and I'm trying to, but people will feel the negative impact of it. I try to stay very clear from them.*

Aaron recalls times when he did not want to attend class and how it has impacted his GPA. He has had thoughts of quitting school because of his depression.

> *There were times when I just felt like I didn't really want to go to classes. There were times when I just felt down. There were times when I just reflected on my grades and be like, okay, I'm already down. I'm already on a poor GPA. Maybe I would just quit, so maybe I would just stay off. Yeah, so it's affected my learning. It affected how I concentrated on my studies.*

Samir did not want to disclose that he has a disability, so he missed classes and exams. By not disclosing his disability, Samir chose to let his grades suffer.

> *I stopped several classes, I missed several exams. So it definitely affected to a very extent. Terribly and the worst part of it is you missing some exams or some tests you could actually actual retake or something but then you have to have a genuine excuse for that or you have to have a genuine reason for that. So there's no genuine reason for me to give besides coming out about my situation about medical condition. So it was quite difficult for me to actually pull myself from that and ended up affecting me.*

Evan recalls getting sad and angry when he tried to participate in a class discussion. Irritability is a symptom of bipolar disorder. He also felt embarrassed by his classmates.

> *I think there was a time in my first year when I was asked a question. The professor came up, there was this particular topic, I can't really recall, what we were to do on that day and then he asked for our opinion specifically Black students, and then in the faculty we were just nine of us then. And then I stood up to say something. Now I was new to college and new to the life there and everything. And so I think I made a mistake somewhere by my views went in contrary to some of my mates in school and I was loud, they laughed at me real bad. Then I feel that bad because I felt so terrible that that day I vowed never to engage in any conversation in class and I just wanted to keep to myself because I was so angry.*

Evan then shares what he did after he got angry.

> *I was not just feeling bad, I was so angry, and my stress level was so high and I had to excuse myself out of the class. Honestly, I went out immediately, and I just cried. I cried because it's one thing for me to get up because personally I'm a very shy person and there's one thing for me to stand up, summon the courage to stand up, and then a whole other of persons making fun of me, it made me feel so bad and terrible that I was so*

> *angry to point where I almost threw one of my texts at a particular student. I almost did that, but I just left, and that day I told myself never to engage in conversations like that in class.*

Thomas describes how bipolar disorder can impact one's ability to participate in class. Thomas also describe symptoms of bipolar disorder.

> *I'll say bipolar can impact a person's ability to participate in class to varying degrees. Some people with bipolar disorder find that just symptoms such as mood swings, anxiety and difficulty concentrating, making it difficult to attain or participate in class. They may also find it difficult to take exams or complete assignments due to symptoms such as racing thoughts or memory problems. Then on the other hand, some people with bipolar disorder may be able to manage their symptoms well enough to participate fully in class and complete all assignments. In either cases, it's important to have an open and honest conversation with the professor about any accommodation that is needed.*

Classroom experiences are directly related to academic grades. Paying attention to the classroom experience of Black men with bipolar is key to helping their retention, progression, and graduation rates. Some students feel that the isolation and mood swings lead to them not having a positive experience. Bipolar disorder causes some of the participants to not attend class due to shame and depression.

Extracurricular Activities

Overall, Black men with bipolar disorder have mixed feelings about extracurricular activities. While some enjoy them, others do not. In fact, the majority of participants are not able to enjoy extracurricular activities for various reasons. Several theories and research support the idea that the more involved a student is, the more likely they are to graduate (Astin, 1999; Wood & Palmer, 2015).

Shane believes that it does not stop him from participating in extracurricular activities. He says, “It doesn’t obstruct me.”

Jeffery says that he joined the soccer team to find a positive outlet. This is Astin’s (1999) theory of involvement at work.

> *It has impacted me because I've joined one of the school teams. The soccer team to try to keep myself busy when it's time and fix myself. I've been impacted positively through the school team, the soccer team, which I do play with.*

Jay also enjoyed engaging in extracurricular activities to manage his stress level.

> *I realized that participating in extracurricular activities, just like I mentioned earlier, exercises like yoga and I play football a lot. I think at that point those are the things that even helped me. Those are the things that ease the symptoms of this condition. The thing about bipolar is one of its biggest symptoms is its greatest enemy is stress. Whenever you are stressed out, the symptoms tends to come out the more so I engage in a whole lot of exercise even in situations or at times when I do not want to, but I have to because it reduces the stress and thereby helping me be calm.*

Ronan has had a good experience with extracurricular activities, *“I would say it has been very great. At some point, it is important to choose groups that are good and to pass activity to avoid being overwhelmed at some point. I just say it has been great.”*

Fletcher uses extracurricular activities as a way to escape from the reality of bipolar disorder. Wood and Palmer (2015) discuss how peer interaction increases the likelihood of engagement with the campus.

> *I think those were the things that I looked forward to. Every time I had something that go wrong, I would look forward to the things that would make me be involved. So it actually provided more like an escape. I made myself really busy with extracurricular activities, so I could not have any downtime, which could be good and bad, that could take away from academics or whatever. But I think it became an escape. It became something that I really looked forward to and I would just say yes to everything. Yes, to every single thing. So like, oh, (name) you in this committee? Yes, (name), you want to serve on this panel? Yes. Literally sometimes maybe myself to thin sometimes, but it definitely became more me obsessing of being more involved on campus, whether just picking and choosing what I should do well versus being involved in everything.*

Jaime does not enjoy most extracurricular activities but does like to play soccer when he has the energy.

> *I would say minimal because most of the time where, if I feel like I don't feel like doing much anything, I wouldn't be able to be involved in any social activities. But sometimes, when I feel this energy, I love engaging in soccer because I like soccer, and from there, it'll help me to calm down my nerve*s.

On the other hand, Samuel had trouble with extracurricular activities due to his depression.

> *Normally, as a person living with bipolar disorder, maybe you might sometimes have some weird feelings. Sometimes even be down with depression or maybe feel a little bit*

> *naive of maybe sometimes not being carried along, not being involved in the community. It really happens to each and every one of us including me because I believe there was a time which I wanted to, I had plans already but on a very quick move I started having some depression. I was depressed, I was a little bit lonely and feel as if I wasn't in the world and along the line I knew because of my disability there is a reaction in my body that really, really take place and I need to control myself and take charge.*

Out of fear of lashing out, Andy does not participate in extracurricular activities.

> *I would say it really affects me, because a lot of people do not seem to understand you. There's a lot of misunderstanding. At some point they'll see you in a very different perspective as you have mental disorder, all this kind of stuff. So at some point I don't really engage in some things, so I should not lash out and be angry. So I just stay where I am.*

Donovan added, “I don't really communicate with people that often, so I don't really do much.”

Carlos tried to participate in extracurricular activities but, due to a symptom of bipolar disorder, was kicked off the team.

> *Well, I don't really know. I actually was once part of the soccer team, so there was a time that I overreacted over a little thing, and I was kicked out of the team. So since then I haven't been able to have any extracurricular activities.*

Jesse also tries to participate in extracurricular activities, but his symptoms sometimes prevent him from doing so.

> *To an extent, too, I'd say because it's somehow similar to classes, because like I said, sometimes I'm all hyped, and I want to take part in this, maybe take part in sports, take part in an activity on campus or off campus. But then there are those times where I just shift off and drift along. I would say it has an impact, really impacts it.*

Anthony refuses to participate, so he is not discriminated against.

> *In order not to infuriate somebody else or in order not to repeat in order not to see people look at me with a discriminative eye, I just throw myself from every extracurricular activity. Sometimes, even my close ally, like I mentioned earlier, helps me navigate the environment. Sometimes, he doesn't understand, and I try as much as possible to drift so that I do not infuriate him and every other person, so it affects me greatly.*

Erick has a hard time finding the motivation to participate in extracurricular activities.

> *Like I said earlier, it's very hard for me to socialize. Pretty much all of my friends here at (school) I had known in high school, and I just met people through there. So for extracurriculars, I also have a really hard time finding and keeping the motivation to participate in extracurriculars because a lot of times I feel like I'm struggling to keep up with just the classes that I have. So motivation, social, and just timewise with anxiety too, it's very hard.*

Dalton has no time to participate in extracurricular activities because he is uncomfortable with new people.

> *I think there's this time, time management, especially time management. I'm not really keeping up. I just can't keep up with it, and there's this isolation that kicks in. I'm not*

> *being able to socialize that much with others, especially a new set of people. If it's someone I'm not really comfortable with, I'm definitely not going to take part in anything.*

Dante often loses pleasure in extracurricular activities.

> *At some points, each time I participate in extracurricular activities, I might be better for some minutes or some hours, and the next hour, I switch. So, a mood swing into a terrible mood. I'll switch to a mood that would make me lose interest in any pleasure I was having. I'll lose concentration and focus.*

Jermaine does not participate in extracurricular activities because he feels they bring out his manic side.

> *In part, it's a lot because it's extracurricular activities are activities, I feel you have to be really, really active. And then for me to be really, really active, I feel like my manic side might show and then people might be afraid, or maybe my depressive side might come out at that particular moment, and then people will be like, is this guy always like this? Why is he always sad in classes? It affects my ability to participate in extracurricular activities because I would say I have this feeling of shame in me, and I don't want them to feel I have this disability, so it affects me a lot. So I try to keep to myself always.*

Samir has found it difficult to the point that peers actively avoid him.

> *It made it difficult because you get easily irritated unnecessarily and it doesn't have a schedule or something specific to trigger it. It just happens. Some random stuff could just get you pissed, like take a chill pill bro. So, it really affected people so much that they started avoiding me and started being like, yeah, it's bad, bad vibes and people don't like that.*

Overall, the barriers to extracurricular activities are something that some students can navigate, but the majority of participants cannot. Helping Black men with bipolar disorder get involved in student life programming will also increase their retention, progression, and graduation rates. Black men with bipolar disorder who are involved found it to be a pleasurable experience. They use extracurricular activities as an outlet when they are stressed or escape from when things go wrong. Those who were not found the opposite. They had a terrible time being involved due to depression or other symptoms of bipolar disorder.

Peer Relationships

People often make lifelong friends in college. This keeps students from being isolated and to themselves. It also provides students with something to look forward to between classes. Some Black men with bipolar disorder found it easy to connect with peers. However, most of the Black men who participated in this study found it difficult to create and sustain peer relationships. Social integration is key to graduating from college (Tinto, 1975). Without it, students will find themselves isolated and lonely.

Jeffery has found it easy to connect with peers, stating, "*Yeah, it's very easy to navigate with friends and peer groups being disabled and outside not being disabled. It doesn't really matter if you are disabled or you are not."*

Samuel has also found it easy to connect with peers. The connection to peers helps Samuel connect with others who have a disability.

> *With the Black community, it has been very easygoing. With the community, we have been strengthened to be united despite our disability. I have met with several people who some of them are amputees, some of them are blind, some of them are different forms of*

> *the community. We all are family; we don't despise each other. We treat ourselves with love, and, we care for each and every one of us.*

Bipolar disorder has harmed Evan's ability to create peer relationships. He initially gained friends but lost them due to the symptoms of bipolar disorder.

> *Negatively, I think. If that's the right word to use, it has affected me negatively in my ability to associate with people around me. In my last few years of being diagnosed or before being diagnosed, I think I was a social type, I made a whole lot of friends, but I lost a whole lot of friends too because so many of them couldn't manage with the symptoms of bipolar. You can't go out with the person, you can't stay out with the—someone. Probably having just the person just making fun. Everybody around you should laugh and then you don't find it funny. Not one bit and then you maybe just be okay and then the next minute the person tries to find out. The more a person tries to find out what's actually going on, what changed, what happened. The more you get angry. So some persons just cannot continue. Some of them probably want to see you react, some things they just don't think you are the right friend or right company to keep. So it just affected me negatively.*

Thomas highlights that while it is difficult to connect with peers, not everyone shares that difficulty.

> *The bipolar impact on the ability to connect, it has a significant impact on a person's ability to connect with the peers. I would say in some cases, the symptoms of bipolar disorder can make it difficult to maintain friendships or relationships. For example, I would say some people with bipolar disorder may have difficulty controlling their emotions, which can lead to conflict with others. They may also experience manic*

> *episodes, which can make it difficult to maintain social boundaries and eliminate others. However, not everyone can make it difficult to maintain social boundaries and the experiences are difficult and some people may be able to maintain friendships and relationships despite the conditions they find themselves in. And lastly, I would say it is important to remember that everyone is different and has different thinking, faculty, and psychology and that not everyone has bipolar disorder.*

Shane finds it difficult to connect with peers because he feels they stigmatize bipolar disorder. He feels isolated because the view other people have of bipolar disorder.

> *It's really stressful connecting with your peers because, at some point, they feel like people with bipolar disorder are violent. So, they really don't want to be connected to us. So, sometimes, we just stay away, and they also feel like people with bipolar disorder are not normal and are not capable of living a normal life. So, they just see us that way, and we are not able to connect with them that much.*

Andy feels he needs a strong support system in order to feel connected to his peers.

> *I would just say, at some point, you need a very good understanding for anyone to understand you. Without that, I don't think it's going to work out. You just need a very, very supportive group of people and for you to be supported by them. So, if not, I'm not sure it's going to work out.*

People do not like to be involved with Donovan when he is manic, so he is unable to make friends.

> *I would say kind of 30% of it because people don't really want to make friends with me because most of them that scared of my emotional outbursts. For example, if I am in a manic episode, I mostly kind of have a high temper, high energy, so people don't like to*

> *be involved with me. Because I mostly overreact in some little situations I might overreact, and they kind of freaks them out, so I don't really make friends.*

Oscar believes his energy level impacts his ability to connect with people stating, *"Sometimes I feel depressed, I feel sad, I feel hopeless, and I lack energy."*

Jay lost a lot of friends due to the symptoms of bipolar disorder. He feels due to his depression and anger that people stopped associating with him.

> *There are persons I actually like. There are people I actually love to be friends with on campus, especially during my days as a freshman. I had to make a whole lot of connections. Some were successful, but some, in the end, I lost a whole lot of good folks. Probably some because they never really, some of them had never heard of the word bipolar disorder, so it was a rare condition to them having a friend where one minute he's fine, the next minute he doesn't say a thing. You say a whole lot of things, make him laugh, or to live his spirit, but in the end, nothing just stays there. And the next thing he gets angry, you see him, he's been depressed. Honestly, he's a whole lot to deal with.*

Jay then speaks about how people with bipolar disorder make and lose friends. This is due to the symptoms of bipolar disorder, which make people not want to be around him.

> *And so there are some people who do not have the patience, who actually calm down and cope. So they just move on. And the truth is, as a person suffering from bipolar disorder, you make friends, and then you lose friends. That is a fact. You make a whole lot of friends, and then you lose a whole lot of friends because some of them cannot deal with these symptoms, and some do not even understand what it means to be going through such a challenge in life. So, it has affected my social lifestyle.*

Carlos feels he is seen as a threat, and that stops him from connecting with his peers. Peers distance themselves from him because they do not know how to calm him down.

> *Well, most people don't really understand. Most people don't really understand the meaning of bipolar. Most people don't really understand how to manage and control bipolar. So most of the time, whatever somebody does not understand is actually a threat to them. So they actually tend to distance themselves from me because I might overreact about something later on. Then they might not know how to control me or calm me down. They might just blow off the whole situation and it will get out of hand. So it has restricted me from associating with my peers a whole lot.*

Jesse battles between wanting company and being alone. Though he does not want to be alone, he does not want to seem like a burden to others so he disassociates from peers.

> *Sometimes you just feel the company of people. As company of peers and acquaintances, it feels like a blessing and you enjoy the companies, but then there are times where it just feels like you want to be left alone. You don't really want to be alone, but your presence becomes more like a burden, or you don't really want to hang out and socialize. You don't really want to be around them. There's that moment where I get just feel like I want to stand on my own. I just want to be off. And I know for certain, personally, I know that's not how I should be. Those are times where sometimes you need someone to be around, you want to talk to someone, but you just feel like, it just feels like I should just push people away. I should just stay off my own lane. So I would say it affects my relationship with my peers.*

Anthony withdraws from his best friend and has trouble forming relationships with others. He feels that because he does not want to put his issues on other people so he has to withdraw.

> *I have this personality trait of not putting my issues on people, so whenever these episodes come up, I withdraw. So that's why I mentioned earlier that even my close ally sometimes doesn't seem to understand because he feels I am isolating myself from him, or sometimes, like he mentioned once, he felt that I also see him as one of those people who discriminates against me because of my race. But it takes time to explain to him that it's not that way, that I just want to isolate myself so that I do not provoke him and every other person. And I find it hard to even have relationships with the opposite sex because I feel like they will not understand me. So I do not even have friends that close to me.*

Jaime’s voice is too loud for other people. This impacts the amount of friends he can make.

> *I don't really mostly connect often with my peers because I don't have a lot of friends because most time whenever I'm having a conversation with my friends, I tend to speak loud. So they might discourage me. They mostly always like to disassociate with me. They don't really want to make friends with me. So bipolar disorder has made me have few friends and I'm not able to socialize with my peers.*

Erick finds that while he can make friends, his behavior is still off-putting to others. He feels that people lack an understanding of bipolar disorder.

> *I would say not greatly, but I would say a good amount. I have met a lot of people, whether they're my friends or other students who are other people in my classes. Usually a lot of people are really understanding, but a lot of the time people are kind of turned*

> *off, if that makes sense. I would say for one example was with my friends, at least those that I'm not as close to in my group. A lot of times people aren't as understanding about my disability. I'm not going to act like some of my actions or behaviors might not be affecting other people, but I would say a lot of times maybe how I will come off or maybe certain behaviors or whatever during an episode, the people closer to me will understand and they don't think that makes you a bad person. But I have had people in my own friend group kind of think that I'm an aggressive or a hostile person sometimes, or maybe I'm unconcerned with other people, things like that.*

Most participants have a hard time forming relationships with their peers. They found that the symptoms of bipolar disorder were off-putting to others. As a result, most are hesitant even to make friends. The experience of trying to make friends and losing friends is too much for them to bear. Stigmatization and fears of being a threat or manic also stop the participants from being involved.

Institutional Support

All eight professionals were clear about the need for institutional support. Institutions can support Black men with bipolar disorder in different ways, but they need to take a strengths-based approach instead of looking at it from a deficit lens. Since Black men graduate at a low rate, and so do students with disabilities, institutional support is vital (Ottley & Ellis, 2019; Salzer, 2012).

Josh believes that creating a culture that provides safe spaces for Black men with bipolar disorder is key. He also believes that faculty and staff should create a safe space that is comfortable for Black men with bipolar disorder by sharing their stories.

> *Yeah, I mean, I think a lot of it is just making sure that the conversation is happening. I think there's a tendency to forget that populations like that exist, and having some degree of transparency with mental health in general is I would say, the very most important thing that builds a culture where if you're hearing in the space around you from staff, from faculty, I have struggled with depression in the past. I've struggled with my anxiety, I've struggled with whatever the case may be from your academic advisor, from your first professors, and your first courses. That helps to build the comfort to speak about it at all. And I think that trickles out into the community. I think it trickles out into students.*

Josh goes on to talk about community building.

> *And then I think the most important thing is for the student community to feel comfortable talking about it between themselves. And I think if you're able to build a culture where that happens, then that's going to make that help-seeking behavior more likely to happen. The most important thing is that they access the resources that they need, whether that's university counseling services or an office like mine (disability student services). And in practice, in order to do that, you have to create a culture where that feels like a safe option.*

Josh then gives an example of community building in action.

> *And so I would say that's the most important thing, but also making sure that the knowledge is out there, that academic advisors know about the registration process for an office like this, where it is, how to access it, what their documentation requirements are going to be, and ideally, I think for Black men with bipolar specifically, I think that that is a group that really benefits from what we would call a warm handoff, where an academic advisor if they get that information from the student, the student discloses that*

> *to them to say, Hey, do you want to walk over to the disability services office with me? I know somebody over there who can really help you. That direct handoff, I think is really powerful.*

Ashton believes that institutions should embrace diversity, equity, and inclusion. He believes that there needs to be intentionality behind the efforts.

> *I think ensuring basic needs are met, ensuring that the institution has embraced diversity, equity, and inclusion. So being really intentional about DEI efforts and creating that culture of belonging, I think that's huge. And creating safe spaces. Creating safe spaces. In addition to diversifying its faculty and staff members.*

Franklin wants to make it easier for students to access help. He wants students to be able to get help as soon as they walk into a college counseling office.

> *I really do think it's making this easy to access. If you walk in our door, we're going to help you today. You don't have to schedule. It's just like you walk in and we're going to help you. Kind of over and over again too. It's ease of access, which is what we are trying to do here next semester, is just have big chunks of open time every single day where you can walk in and see a counselor right away. That's what we're trying to do so that everybody can have access and it just makes it easier.*

Groups, student organizations, and safe spaces are needed to help Black men with bipolar disorder, according to Jayden. This is in line with what Wood and Palmer (2015) discussed.

> *Groups like Active Minds is a great example. I do think that universities, first of all, have to have an invested interest in it too, and not just, oh, we want to make sure everyone is well. Actually, have an invested interest to look at the intersectionalities between race and mental health. But once that interest is there, I do think that they could actually listen*

> *to that population. When we look at race and mental health because it being so hush, hush and quiet and secretive. That also plays into students who would not want to come forward and disclose. So as a college and a university and knowing that, I think providing those spaces. Active Minds is not race specific. So Active Minds, it's just mental health on college campuses.*

Jayden then gives the example of the stigmas that one of his students faced.

> *But when you bring that topic to the forefront, you can begin to see that there are so many intersectionalities even within that space that needs to be addressed. And I remember a couple of years back had one of our presidents, she was Latina. But I remember we were having a conversation, I used to be one-on-one with presidents, and she was saying that she tried to explain to her family what she's doing with Active Minds and why she wants to go into counseling. And just like people in the Black community, they're like, oh, why that field? They use the language that I don't want to repeat. I'm only talking about mental health, but it's very stigmatized language. And trying to convince just the family members, right, about the importance of talking about mental health. Again, Active Minds is also about talking about suicide and why is that so important?*

Jayden believes that Black men specifically have to address stigma and masculinity.

> *Looking at Black men particularly, you got so many different paradigms that you got to address. One is the stigma of mental health. Two is that masculinity piece where men don't cry and all the other nonsense you got to address then the race culture because race being Black is, we don't talk about mental health. It's taboo. I remember a couple of years ago over Thanksgiving when I was at home, one of our cousins was talking about seeing her therapist and the family came down on her for seeing a therapist because it*

> *was like, you're not crazy. All those things that happens at the Thanksgiving table, and again, that's just family members, that's just your family that we're talking about the general community, that's your own family, your own loved ones.*

Jayden then describes the intersectionality of Black men and the need for colleges and universities to understand it.

> *So being Black, being male, having that masculine component to it and then added to that their mental health, the thought of coming forward or talking about it is just seems totally taboo. So for college campuses to answer your question, needs to understand all those components. And then once they understand those components, then have spaces for those voices to be heard. If it's not on a group level, even on an individual level.*

Resources are a key component of supporting the needs of Black men with bipolar disorder, according to Bridget.

> *I think money, number one, resources. We talk a lot about being on campus and being in school, and all that stuff, but a lot of the barriers that our Black students are facing have to do with money and financial resources. Even then Black students, the enrollment in general is going down across the nation, but when you look at Black students, Black male students, the numbers just get smaller and smaller. And I feel like a lot of that has to do with money sometimes. So I think that basic needs resources, there needs to be funding, specific funding for basic needs, making sure that students who need help are able to get help.*

Bridget also advocates for more social workers to be present on campus.

> *So basic needs, I think that an increase of social worker presence. And I'm a little biased. I am A MSW, and I do have my master's of social work, but I do know that being able to*

> *access services across your city, across campus is imperative if you plan on graduating and setting yourself up to do well. So I think that there's a lot of, I think the schools need to fund their (counseling services) programs as well, too, more so that there are clinicians of color on board to support these students. So yeah, like I said, if a student doesn't have their documentation and they go to caps, and (counseling services) is booked up for three months or something, they can't get in, that's a barrier to the student. So that is important as well too.*

Bruno believes that different facets of the college community need to be involved in the care of Black men with bipolar disorder. There needs to be a coordination of care between different offices on campus so that the student is being served properly.

> *I would say that as far as support is concerned, I think that coordination of care is important. Release of information forms, the integration of those where different departments can talk to each other. For instance, if you have identified yourself on most colleges and university campuses as a person with bipolar disorder, you're a student with disability services, if that student wants to get registered there, they cannot share that information with the counseling center. That student has to then navigate through that independently. Now, let's say if I'm also a student who's on the basketball team. I have a scholarship. Well, who's going to tell my coach I didn't tell them? So there's also going to be that release of information there. Then we also got to release information to the health center because maybe there's something I need over there. So all of these entities together are working with Bruno because he's navigating bipolar disorder, but nobody, as the providers and practitioners on the campus, are able to work with the student and coordinate care. So we may be duplicating services or one provider may know something*

> *that the other provider doesn't that could be detrimental harm to the student or the practitioner. So I think that we need to find the ways in which we can coordinate care a lot better, especially for our high-support or high-needs students. So we need to be thinking about that. I think we need to talk about mental health on a grander scale. We need to allocate funding on a grander scale.*

Bruno also believes that there is more that can be done to help Black men with bipolar disorder.

> *We need to divest funding in places that do not support holistic mental health and holistic health and wellbeing of an individual, because sometimes institutions are funneling money into entities that don't support those things. We need to allocate funding to mental health initiatives and wellbeing initiatives on campuses. We need to let our students tell us when they're not okay and listen to them when they say, I'm not okay, and figure out what does that look like. And maybe we need to curate, not, maybe we need to curate our policies to support absences when students are like, I'm not okay. I can't show up to class today, not, oh, well, that's tough luck. We need to make sure that our university is designed with the students in mind.*

Elisha says that universities need to care more and do more.

> *They can better support them by being more empathetic, creating training for faculty to be more empathetic, and holding faculty more accountable. And like I said, the administrative services need to advertise their services much more than they do. And I'm just talking about my school. So there might be schools that do a better job. I'm sure there are.*

Lilly says the policies need to be examined.

> *As I said before, I think part of it's changing policies so that if there are policies in terms of leaves. If that's needed, changing them to make it easier because that sometimes becomes a barrier. Having policies in terms of if someone has to go through a leave, being able to get their tuition funds back, or having it not count against them if the person is on financial aid. Also, if someone is having a challenge during a particular semester, maybe the person doesn't need to do a leave, but making it easier or working with the faculty so that the student can get caught up in the class.*

Institutional support is needed for all students, especially students from populations historically struggling on campus. As already established, Black men with bipolar disorder belong to two groups that have the most struggles. This support can range from safe spaces, embracing diversity, equity, and inclusion to addressing stigma and masculinity.

After analyzing research question two, four sub themes were created. They are classroom experience, extracurricular activities, peer relationships, and university support. Each one of these sub themes can be directly linked to having an impact on the retention, progression, and graduation rates of Black men with bipolar disorder. The sub themes that emerged take into account the challenges that Black men with bipolar disorder face.

Previous Models of Disabilities

In Gibson's Disability Identity Model (2006), the focus is on giving a voice to those with disabilities. The three stages are (1) passive awareness, (2) realization, and (3) acceptance. They can be summed up as shying away from their disability, adopting a self-hate attitude, and finally accepting that they have a disability. In the final stage people with disabilities might even become an advocate for other people with disabilities.

Forber-Pratt and Zape’s Model of Social & Psychosocial Disability Identity Development (2017) focuses on college students. There are four statuses in this model. They are acceptance status, relationship status, adoption status, and engagement status. In the first status, a person with a disability accepts their disability. In the second status, a disabled person meets others like them and learns the way of the disabled group. In the third status, a disabled person adopts the group's shared values. In the fourth status, a person with a disability becomes a role model for others.

Johnstone’s Categories of Disability Identity (2004) desired to allow people with disabilities to understand what it means to be disabled. There are six categories to this model. They are socially ascribed, disempowering identities; overcompensating identities; identities that shift focus away from disabilities; empowering disabilities; complex identities; and common identities. The first category, people with disabilities, will try to hide their disability because it is placed upon them by society. In the second category, people with disabilities overcompensate to manage their disability. In the third category, people with disabilities seek to shed the label of disabled. In the fourth category, people with disabilities center their identity around their disability and form connections with the disability community. In the fifth category, people with disabilities view themselves from an intersectional perspective. In the sixth category, people with disabilities adjust themselves to a world made for able-bodied people.

Scott’s Model of Disability Acceptance

The findings from this study helped to understand the development of the identities of Black men with bipolar disorder. In this section, I propose a new model for consideration that relates to the population studied. The proposed new model, Scott’s Model of Disability Acceptance (SMDA), will be discussed.

The organization of this model shows a linear progression that Black men with bipolar disorder go through. The model consists of four stages (see Figure 4.4). The first stage is pre-trigger. During this stage, students are not aware of their disability. The second stage is the trigger event. During this stage, an event happens where they are diagnosed with a disability. The third stage is facing and overcoming stigma and ostracization. It is important to note that in the third stage, Black men with bipolar disorder are both facing stigma and ostracization and overcoming it. The fourth and final stage is acceptance of the diagnosis. During this stage, students accept that they have a disability.

Pre-Trigger

In the pre-trigger stage (see Figure 4.1), students struggle to understand what is happening in their lives. There is a lack of understanding of self and feelings of hopelessness. They begin to wonder if something is wrong with them. They are exhibiting systems of a mental health disability but cannot identify that it is a mental health disability. They might think that is just the way they are. They might be in a dark place. They might also be struggling with their identity.

Erick says he was in a dark and lonely space before he realized that he had bipolar disorder. He thought he was alone in his struggle because he felt there was no one he could talk to.

> *Definitely very dark. I kind of felt like I was alone, that nobody was going through the things that I was going through. I wasn't able to, even today, I'm not able to talk to, I don't feel comfortable, not comfortable, but I literally can't talk to my family about things like that. I started experiencing everything very young, so I didn't think that anybody else my age was going through anything similar as well. So I kind of thought I was alone in it.*

> *But when you don't talk to anybody for a while and you don't really know anything about being bipolar or having ADHD or you don't even know these are actually terms, I kind of felt like I was just crazy and that maybe I was just making these things up and maybe I was just, I don't know, creating issues for myself.*

Randy found it difficult and pitied himself. He says, *"Before the diagnosis, it was really hard because you're there and you don't know what is in you, so you just feel bad for yourself, and you think people are right. I'm really the problem."*

Fletcher was in denial. He says, *"Before it was definitely not talked about. It was something that I knew was there that I'm like, I ain't going to address that. It'll go away"*

Dalton believed that everyone went through the same thing.

> *Okay, before I was diagnosed, I never really, I just thought that the symptoms were basic. Sometimes people feel depressed, people feel moody and they get over it within a day within hours. But mine kept kicking in and I just felt that it was just basic.*

Marion had difficulty in several areas of his life. Marion states, *"So before a diagnosis, I had difficulty holding on to relationships, had difficulty focusing and figuring out what I wanted out of life and getting tasks done*."

Ronan found it hard to make sense of himself. He often made impulsive decisions and had extreme mood swings.

> *I say my life before the diagnosis was very chaotic and confusing. I would have extreme highs and lows that I didn't understand, and it was hard to make sense of my emotions. I often made impulsive decisions that I would regret, and my relationships were strained.*

Dante added, *"My life before, I never knew I had bipolar other. I had the symptoms almost every day, but I never knew it was a bipolar disorder until when I was diagnosed."*

Jermaine displayed manic and depressive symptoms of bipolar disorder.

> *I would say before the diagnosis my life was, I thought I had this super strength or energy because even when people were complaining or being tired, if we are all doing something together, I'm not tired because I always had this excess energy. So this excess energy could continue for a long period of time and then it was followed by a lack of energy for a very long period of time. So, I was always thinking it was because I've been working or being vibrant for so long, that's why I've been weak.*

Aaron chose to let his life continue to be disorderly.

> *I would say my life was messed up. My life was messed up. I was struggling. I was already struggling after showing signs of growing up from high school, but I really didn't understand that, and I wasn't really pushing to understand it. It was just let it be, let it be.*

Samir was not sure what was going on with him. He did research on bipolar disorder but was ultimately unsure of what he had.

> *Before the diagnosis, I was just living life because I was just acting up and all, and I didn't really know what that was. I didn't really know if it was just a condition or if it was just my situation that was just making me act up. I wasn't really conscious of my whole personality. I wouldn't say I wasn't conscious. I don’t know, it's kind of difficult to actually explain. But before diagnosis, I was just not having the thought of the symptoms of being bipolar. I did do research sometimes, but there are several things that you could have.*

Evan was living a normal life until the symptoms of bipolar disorder came about. Similar to other students in the study he was displaying extreme mood swings.

> *I think I was living a pretty normal life until I started exhibiting some symptoms. There were days when I woke from sleep, I didn't go out of my room; I just stayed in my room indoors, and I got lost in thoughts. I get angry about things I'm not supposed to and it was kind of becoming too much. I used to raise my voice on people, even people who are older than me, my older siblings; I have three other siblings, the last family of five.*

Thomas struggled in multiple areas of his life prior to his diagnosis.

> *Before my diagnosis, I would say I struggled with emotional disabilities and mood swings that I didn't understand. I was often irritable and had trouble concentrating, which made school and work difficult. I also struggled with depression and anxiety, which made it hard to get through the day.*

Raymond had this to say, *"My mom tried to read my mood, before I had been diagnosed, I wasn't in a good state. Sometimes I couldn't sleep or my parents would be trying to notice some unaware movement and symptoms."*

Andy adds, *"Before the diagnosis, I would say I experienced fluctuations in mood, energy levels, and behavior without fully understanding the underlying case. Yeah, this fluctuation as well. It disrupted daily functioning relationships and the overall quality of my life."*

Jeffery was having a terrible time before his diagnosis.

> *Yeah, before the diagnosis, I was, let me say, battling with my life, having sleepless nights; I wasn't happy. I didn't have, didn't really enjoy my spare time, my regular time. It was really, really bad, and it was something that really took me*.

Samuel was showing signs of depression. He could not find pleasure in the simple things and could not make friends.

> *I would say before the diagnosis, I had weird symptoms of depression, mostly depression, and I really, really didn't feel myself as now I was unassociated. I didn't really enjoy myself. My mental health wasn't in a good state and I would say I didn't achieve anything because I was really, really lost. I was all alone. I didn't make friends.*

Donovan was scared due to the fact he was not prepared for the diagnosis.

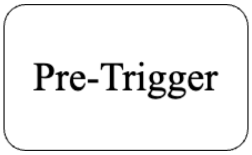
> *Before the diagnosis, I was a bit scared. I didn't really pay much attention to my emotions, but after when I was diagnosed initially, I was really scared though because it also was new to me. I would say I wasn't prepared for that so I was scared.*

Oscar said, *"I found it difficult to go to school because I thought there was no reason for me going since I could not understand very well."*

Black men with bipolar disorder all described symptoms of bipolar disorder. Participants were in a dark place. They felt loneliness, denial, and self-pity. Some thought it was the natural experience of all people. Others felt like their life was a mess and struggled to understand it. All of these feelings are typical of the pre-trigger stage.

Figure 4.1

First Stage of Scott's Model of Disability Acceptance



Trigger Event

The trigger event shakes the core of the student (see Figure 4.2). This is the event that leads to diagnosis. This event can be described as nothing short of cataclysmic for the student. This brings a level of awareness to the student.

After lashing out at a therapist, Jay O’Neal was encouraged to visit a hospital. His hospital visit was when he was diagnosed with bipolar disorder.

> *Frankly, I think I was living. I actually thought I was living a normal life and then at some point, I thought maybe something was wrong with me. Because everything will be fine, then all of a sudden you just break down completely that you don't even understand yourself, and it was somewhat somehow. So I was encouraged by my sister to see a therapist, and then when we met the therapist, she started asking me a whole lot of questions, and frankly, I got angry. I got too pissed off at her, and then she suggested to my sister that I should visit the hospital. And so that was how I was diagnosed. And then I came to, it was surprising, and honestly that was the time. That was my first time of hearing about bipolar.*

Carlos overreacted and had to be put to sleep before being taken to the hospital.

> *I was home that day, and my mom came home. She was supposed to get me something from the store. And when she came back and said she forgot about it, that I should go and get it, I overreacted. Yeah, I overreacted excessively that the only way to calm me down was actually to put me to sleep. I was being held down and they actually called the hospital and they came and took me away and ran some tests on me. And then they diagnosed me with bipolar.*

Jesse met with a psychologist and then was diagnosed with bipolar disorder. He was diagnoses after talking about his childhood and current emotions.

> *So I met with a psychologist and they went through a couple of evaluations. I know I was asked a couple of things leading up to my life histories from my family, trying to see if maybe there were cases from my family's side. So I was asked a couple of questions. I*

> *was asked about my childhood, asked about my emotions growing up, if I even faced physical, and emotional, my well-being, and how I was. Then I was asked a lot of things, just different sessions, trying to get as much information as possible from me, which since I was hoping to get better, I experienced and I told them as much as possible. Told them, oh, they want these symptoms. My family is free and everything. So yeah, it was through those processes that the diagnosis came up.*

Jaime was taken to the doctor by his mom after his dad died in a car accident, and Jaime would not come out of his room.

> *When I was 20 my mom started noticing that I haven't been coming out of the room because of an incident that happened. We lost our dad in a car accident. So everything was indoors and I lost interest in everything; I wasn't able to sleep well or eat. So my mom took me to the doctor to see what was going on with me after discovering that I had bipolar one.*

Anthony saw a counselor after verbally abusing his mom over the death of his pet.

> *That was when I was speaking with my mom. It was the loss of my pet. I felt like it was she was the only thing that understood me. Then when she died, it took a toll on me because I was trying to mourn it, and then one my mom was like, you should move on that it was just an animal and she would get another one for me. So I shouted at her, and I was just aggressive that day. God made her, it took her aback. It was just a phase. But a couple of weeks later, she insisted that we go to the counselor, and go see a therapist. That was how I was aware of being a bipolar patient.*

Erick was originally misdiagnosed. After exhibiting troubling behavior, he was reevaluated and diagnosed with bipolar disorder.

> *It was a few years. I think two years after I first, I got a second evaluation and started seeing a therapist and a psychiatrist. But my original diagnoses were generalized anxiety disorder, major depressive disorder, and ADHD. So I was in therapy seeing a psychiatrist. I was on medications for a while, and it was helping. I was on an antidepressant and that was helping for a bit, but felt like I wasn't doing it, wasn't doing enough. But after high school, I took a gap semester and I think that was the first time that I had, because a lot was going out with family as well. So there was a lot of different pressures, and that was probably the first time that I had an actual really bad manic episode.*

Erick describes what his worst symptom is. Due to bipolar disorder, he lacked impulse control and wound up doing things that he would later be ashamed of.

> *And for me, I would say the worst symptom that I still experience is, what is the word? Not just irrationality, but just not acting out. I don't know the word - impulsivity. So I was doing a whole lot of crazy stuff. I mean driving crazy, smoking a lot, drinking a lot. I mean, I was doing a whole lot of bad things. I was shoplifting like crazy. A lot was going on. I even ended up going to jail for a weekend. It was a whole lot. And my dad was kind of confused too. We were like, you are doing well. You're on medication. We don't know what's going on.*

To get the proper diagnosis, Erick spoke to his therapist and learned about his family history.

> *So I reached out to my psychiatrist in one of our meetings, and I was talking to her about some of the recent symptoms and some of certain things that happened. And then we talked about a family history of mood disorders and both my brother two of my brothers experienced something similar when they were in high school. After the fact, I started*

> *talking to my parents a bit about it, too. My dad said he went through that. He was even on the same medication that I'm on right now for bipolar. And my mom also had her own formal diagnosis that I didn't know about for a while. So I was talking to my psych about that, and that's when I got the diagnosis.*

Randy thought he was just made to have mood swings and depression until he saw a family doctor.

> *We had a family doctor, and it was, if I may recall, it was when I was around 17 or 18. Now, my mom, I can say for myself maybe it just, it's just any problem, or it's just me who have these episodes of mood swings, and I was really hard on like God made me like that. But my mother, she's the one who observed, and now she told her friend who is also a doctor, if I may say more of a family doctor, and after just studying me for a little bit of time and the mood swings and stuff. So the doctor and my mom, I can say they're the ones who discovered that this is more of a problem, like a problem that is serious to how I saw it myself.*

Randy saw his actions as normal behavior before he was diagnosed with bipolar disorder. He believed that God made him the way he was.

> *I saw it's just normal, I can say it. I was built like that by God I was made like that. Having these deep depressive times and stuff. Like sudden mood swings and stuff being triggered by something. If I may give you a scenario, maybe in school someone could maybe just make a general joke that's not a bad joke but just a joke with maybe something I shouldn't do. And I even, there's a time I went physical with my fellow student because of just making a joke and coming to think of it afterwards, it was not really how I reacted. And my mother now being someone to come to the school to solve*

> *these cases. I can say she was the one who was maybe taking note that this is not normal because my siblings have not showed anything of this.*

Fletcher’s trigger event was a suicide attempt. He says, *“A suicide attempt in 2021. I was hospitalized in 2021 in August of 2021. Yeah, so I found out I had bipolar two in August 2021.”*

Dalton’s academics were being impacted.

> *I wasn't really aware that it was that serious. So there was just this distress that kept coming in emotionally rather, and it's been really affecting my academics. Academic struggle was kicking and keeping up with school was very, very difficult. So I think that was when.*

Marion was talking to a psychiatrist after he left the military.

> *I was going to the VA and I was talking to a psychiatrist and he posed a question if I had ever been diagnosed with bipolar. And I told him no, and we talked more about it and went from there.*

Ronan’s mom wanted him to get checked after he started displaying symptoms. His reactions to normal things warranted a look into what was going on with him.

> *I noticed some changes in my mood, as well as racing thoughts and trouble sleeping. It has really impacted my ability in order to function well in some of my endeavors. Sometimes I would overreact to situations with anger. I would feel too quick to lash out at others, especially when I'm tired or when I'm stressed. My anger will manifest in various ways. I might raise my voice, storm out of the house, or do things I wouldn't imagine. So my mom actually noticed first and told me I had this: I had bipolar disorder. I doubted her at first. Then my friend told me. So that was just happened.*

Dante was rushed to the hospital where he was diagnosed with bipolar disorder.

> *I noticed I had bipolar disorder when I was being diagnosed. That was when I noticed my condition and illness. Immediately I was diagnosed. I understood my illness and condition. I was rushed to the hospital. I was taken to the hospital and the healthcare professional did the diagnosis service and immediately I was diagnosed. I understood my condition and illness.*

Jermaine discovered that he had bipolar disorder after being manic and then depressed.

> *I would say I got it discovered two years ago when I went for evaluation. And what actually made me go for it was this. I would say it's an episode because then I get super angry and then at that particular point, whatever I do, I can do anything. I can end up destroying a lot of properties, I can do anything. But immediately this anger has left my body or I would say I'm not calm. I started regretting why this is happening. So I just wondered probably as the person to stop it. And then after going through the hospital and after all evaluations and tests, I found out I had bipolar disorder. So that was what made me go for it.*

Aaron was diagnosed after a nudge from a friend. His friend noticed that something was wrong so she encouraged him to get evaluated.

> *It was while I was still on campus. While I was still on campus, it was my second year I was on campus and then I was still part of one of the study groups. One of the members. She was a bit close to me and with everything she was saying, I think she was able to pick up that something was wrong with me because I was really acting out. I was really in a bad state and a bad mood most of the time. So, she talked to me. She was more like a white girl, so at first, I really didn't want to push myself towards that part. I was all like,*

> *yo, this thing you're saying is all you white kind of stuff. It doesn't really happen amongst us. So that kind of thing. But when I was finally at a point where I just gave it a thought and gave this shot, I was able to let myself try to let myself try to see, because she was all trying to show me views, telling me that this could be trying to show me people's experiences and all of that and said, this might be what I'm going through that should just give it short and try to see if I'm fine. Try to seek help and see.*

Samir also sought medical help after speaking with a friend.

> *So, it was more like seeing because we had a conversation once that day was just random, we just bumped into each other. We were running our registration at that thing. So, we just started up a casual conversation, and we got talking eventually because we had similar interests. We got talking, and he told me about this whole situation, and I feel like he wasn't in a position to tell me what was wrong with me. I had people actually say that before that probably was that or not, but it was just word of mouth.*

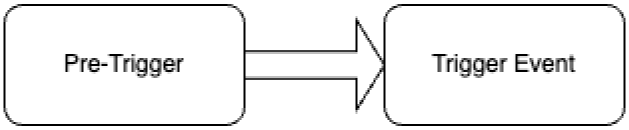
Samir then describes what it was like after he sought medical help.

> *So, it was not until I sought medical help that I actually came into acceptance because I felt like I wasn't showing to me other than I try to make excuses for the whole symptoms I was feeling and it just being a resemblance and nothing more and I'm just temperamental. That's just it. It's not bipolar or anything like that. And you make excuses for not wanting to be around people like you are into that. No, you're not. There is that treating people with bipolar, but that's just not it. It's just not that alone. It is just a breakdown of what you actually have. And it was difficult for me to actually accept. I just talk about it and laugh. Yeah, that's it. At times I'll be alone and start talking to myself. I think random stuff.*

The trigger event is key to Scott's Model of Disability Acceptance. The trigger event brings disability to the forefront of the student's mind. As described by the participants, the trigger event can leave the student searching for answers. The events can range from excess anger to depression or hospitalization. For most of our participants, the trigger event was accompanied by an interaction with someone else. That person ranged from a friend or family member to a therapist.

Figure 4.2

First Two Stages of Scott's Model of Disability Acceptance



Stigma and Ostracization

Stigma and ostracization are something that naturally occurs in life as such it is an important part of SMDA (see Figure 4.3). However, for Black men with disabilities, it can be a life-defining experience. Stigma and ostracization can lead to feelings of self-hatred and inadequacy. They can also lead to students participating in behavior they would not otherwise have.

Evan was looking to form a community with other Black men but was instead met with shaming and bullying.

> *Yeah, there are several times when I get a whole lot of rough treatment from people, especially white folks. But there was a point where there was a time when I was bullied by a kind of community member of a community I belong to in school to some extent. The guy he was actually said, I think you need to go see the doctor because you have an issue*

> *with your brain somewhere. Although he never really knew that I was a victim or I'm suffering from a bipolar disorder though. To some extent, I never expected that from him in particular because he was actually a Black guy like myself, a Black guy telling his fellow Black guy because when I came to school and in my faculty, there's a whole lot of white folks and we just feel we're Black students over there and I think in my head I wanted to form a kind of community where we bond together and then we do things together, help ourselves and the rest.*

Evan described how the bullying impacted him.

> *And now you are being bullied by a fellow Black just because of something he doesn't really understand, and he actually did not even want to find out what was actually going on, and then he just said that out of the blue, and it was really, really painful for me. If it was actually coming from one of the white people, I don't think I would've actually felt that bad.*

Evan also feels that he was stigmatized because of his race and disability.

> *I face stigma. Let's say sometimes lack of access to mental healthcare and here in college you don't get proper, you don't get that proper treatment, you don't get proper relationships with people because you are Black and with bipolar disorder. So it's very difficult, the stigmatization and the rest.*

Thomas feels ostracized due to the pressures of college, such as drinking and partying. People with bipolar disorder should not drink and should get proper sleep.

> *I would say for someone with bipolar disorder, there are many ways that may feel ostracized or excluded from the general college population. I would say first they may be isolated because of the stigma associated with their mental illness. Secondly, they may*

> *feel pressure to conform to social things such as staying out late drinking, or partying, which can be difficult for someone with bipolar disorder. Then thirdly, I would say they may feel like their disabilities are a burden on others. I would say one time I felt ostracized based on race and disability was when I was in high school. I was the only American student in my school. I had a physical disability that made it difficult for me to participate in some activities. I often felt like I didn't belong and that I was being excluded from other students. I was neglected for real. Another incident that stands out to me was when I was trying to join a club and other students wouldn't let me join because of my disability. It was a really upsetting experience and made me feel like I didn't belong at my school. It was a very difficult time, but I was able though I was being neglected.*

Thomas has heard a lot of stigmatized stereotypes about bipolar disorder.

> *I would say I have experienced many different ways in which others have stigmatized bipolar disorder and one common stereotype is that people with bipolar disorder are violent or unpredictable. I have also heard people say bipolar disorder is just an excuse for bad behavior or that it's not a real illness. There are also many misconceptions about bipolar disorder, such as the belief that it's caused by a chemical imbalance or that it's just a mood disorder. All of these misconceptions can make it hard for people with bipolar disorder to be understood and accepted and as well, and I have also felt like I had been judged or labeled because of my diagno*sis.

Raymond recalls people trying to fight him due to the ostracization.

> *I can recall when I was being attacked by some white boys trying to maybe the thing I would say maybe trying to be silent in class. I do talk when needed and I try to maintain my lane to avoid what would bring violence or misconduct and I was being encounter*

> *with some white boys that was outside, that was outside the campus and when we met together they tried to pull up a fight but the police department was closed and everything was being said.*

Ostracization looks like isolation and shame for Shane. He felt like he was being judged by his peers.

> *I sometimes feel like they're being judged or looked down upon because of their diagnosis, and it can lead to feelings of isolation and a sense of shame for them. It can also lead to a lack of support and difficulty in making friends. I face rejection and then I face people judging me, judging my attitude, and they'll be like, I'm not capable of living a normal life, which is not true. And they also said that I'm violent and they don't feel like anything good will come out of me. So that's just one or two of them.*

When Andy feels ostracized, it looks like social rejection and stigma.

> *I feel at some point I experience social rejection from people at some point. Also, I also, it kind of some points isolation. I also isolate myself to avoid some problems. I would say in some social settings, and I feel ostracized in healthcare as well. I feel like it's at some point, lack of empathy and refusing to communicate effectively. It can really lead to feelings of isolation, fear and mistrust. Ultimately impacting the patient's willingness to seek help and adhere to treatment plans.*

Andy believes that stigma comes from a lack of understanding.

> *I would say lack of understanding. That's one of the stigmas about at first, people don't seem to understand you. They tend to judge every situation. Misinformation or might, yeah, lack of understanding and also employment discrimination as well. I also blame and judgment.*

Samuel gives the example of adjusting to school when he felt ostracized.

> *That was when I was a freshman. Trying to adjust to the school. There are some challenges trying to navigate and also get in touch with the school curriculum. Along the line, I got myself to the school counselor, and they gave us an orientation. If you have any issues, you have any concerns, you try and meet the counselor to give you some words of advice and also have some one-on-one conversation now we wish would be a good one, and it was really helpful. I got into a fight with one of the white boys. He tried to insult me, and it really went deep. Maybe normally it was out of fun trying to insult me and insult my parents. That is one of the basic things I don't appreciate you are trying to make fun of me. Fun is good, but the potential in me always gives me the strength that I'm always better than them academically in all areas.*

Samuel goes on to say that because of the ostracization, he joined the Black community.

> *I got into a fight with him. He went beyond bars to insult me, and then next to my family I got, and I spoke with him, and it was the security and also the school management call order, and everything was settled out me being the Black guy, and I tell that so much thank the community leader of the Black community intervene and also I got massive support from the community. That was the very moment I joined the Black community. They were there to support me. They were there to guide me despite I was the first person to start, but they backed me up. That was when I joined the community. They're always there to help. They're always there to provide, they're always there to support us because we are the voice. I felt so bad. I felt so bad. It was like an insult, not to me but to my parents. It is not that easy to be raised by a parent that they're not really working well,*

they're not hanging well, but at least the little they could send you to school. That is a very good achievement, and I really, really valued them.

When it comes to ostracization, Gene feels like he is being looked down upon.

When I'm having some challenges, it really hurts me. I might not know how they feel, but maybe some people I would know, maybe say I would say maybe 60 or 50% of people may look down on people having bipolar disorder. Sometimes, we are always moody, trying to maybe want some privacy. So, some of them may look good or not. Some of them may look down on us and never delay it. It makes us stronger, I believe. As a Black person whatever comes to you, makes you stronger.

Donovan faces stigma when trying to interact with other people.

There were several occasions when my classmates were hanging out. I kind of always find it hard to kind of play with them. Just talk because of my emotional outbursts, so most of the time I don't really play along with my classmates so that I won't lose control of my emotions and my anger. They mostly see it as a kind of mental disorder. They mostly see someone that is that low-sanity. They're not seen. You are a danger to the community because you cannot control your emotions and your acts.

Oscar was not able to get his bipolar disorder treated, and that resulted in ostracization from friends. He had trouble in school and felt angry as a result.

When I started school, newly my mom discovered that, at that time, there was no money to treat it, so I had to grow with it to get older than when I was young. I started noticing that I started having few friends as more of my friends left me because sometimes I behaved strangely to them, so it was unlike me. Sometimes, the kids agreed, and then some of them started sliding. I felt I couldn't go to school as I had problems *understanding very well in classes during lectures and teaching. I was very angry. I felt like I was nobody. I felt like dying. I felt like I was very depressed, especially when I was a child and I see people running away from me. I felt so sad. It was grief. I stayed in the house almost every day. I felt ashamed of going outside to interact with people.*

Ashton believes that stigma is strongest in the Black community. Because of the stigma, Black men do not use disability student services.

The biggest barrier that we see is honestly the stigma in our community. And so we've noticed that most students, especially Black and African American students, do not visit the accommodations and support center. And I don't know if that's because of the lack of access in our community for diagnosis. I don't know if it is particularly related to feeling shameful or feeling like, Hey, they can handle their academic studies on their own without the academic support. I'm not sure. So yeah, the biggest barrier that I'm seeing is lack of usage primarily due to what I think is the stigma of accommodations.

Jayden also believes that stigma comes from the Black community.

This is really based on the experience I've had with speaking to students over the years is the stigma. The stigma that surrounds mental health, especially within the Black community. Sort of this being against seeking help because not wanting to be stigmatized. Because of that, usually deal with bipolar and silence versus reaching out and getting help or even identifying other folks on campus that may have this diagnosis. So that's pretty much one of the biggest, at least I've seen working at the university. One is the stigma of mental health. Two is that masculinity piece where men don't cry, and all the other nonsense you got to address, then the race culture because race being Black is, we don't talk about mental health. It's taboo.

Jayden recalls a holiday visit home that highlights the stigma of mental health care.

> *I remember a couple of years ago, over Thanksgiving, when I was at home, one of our cousins was talking about seeing her therapist, and the family came down on her for seeing a therapist because it was like, you're not crazy. All those things that happen at the Thanksgiving table, and again, that's just family members, that's just your family that we're talking about the general community, that's your own family, your own loved ones. So, being Black, being male, having that masculine component to it, and then adding to that their mental health, the thought of coming forward or talking about it just seems totally taboo. So, for college campuses to answer your question, they need to understand all those components. And then once they understand those components, then have spaces for those voices to be heard. If it's not on a group level, even on an individual level.*

Bridget believes that there is a stigma around mental health in general. She believes that Black men with bipolar disorder have a hard time seeking services due to various reasons.

> *I think that Black men with bipolar disorder have a harder time seeking services. I think one because a lot of stigma around mental health as well as diagnosis, disease, things like that. I think as well, two, sometimes their disabilities diagnosis need really good documentation depending on the school. So sometimes students, they know that they have a disorder and they have their documentation and they're able to get services, but if a student hasn't had insurance and they had it from a long time ago where they were diagnosed a while ago, then it could be more difficult for them to get the accommodations that they need for their classes. So I think that that is also a barrier. So I think those are*

> *the main two barriers that I think stigma on their own, going and getting it, and then some of the medical socioeconomic barriers of insurance and documentation.*

Bridget believes that some students see the diagnosis of bipolar disorder as a weakness.

> *I think that having bipolar disorder, having a mental health diagnosis is seen as a form of weakness or is seen as something that makes them crazy as well as thinking about for bipolar disorder, a lot of the help or interventions have to do with medication for a lot of these students. So sometimes these students, Black male students don't want to take medication. So even acknowledging that they have this issue becomes a barrier to them even getting the accommodations that they need on campus and seeking support. So weakness and not wanting to take medication. I think those are two things that kind of come to mind.*

Bruno believes that Black men have a stigma of being Black that impacts the stigma around Black men with bipolar disorder.

> *I think that oftentimes student with disability services offices, sometimes there are some stigmas associated with bipolar disorder and how we navigate those students. So being able to coordinate care between the counseling centers, student disability services, and any other organizations or entities, or departments that the student may be a part of. That's another big piece too about how we're able to coordinate care on a performance team with students because what happens when they're experiencing an episode? Do we go automatically to the highest levels of care for that student or are we still able to help create a mechanism of support and comfort without having to academically dismiss the student and so forth because we're afraid of that student, that fear is not going to be helpful for anybody.*

Bruno then describes the stigma behind being Black.

> *I think that Black men, period, I think Black has a stigma. Black men have a stigma. Black men with bipolar disorder have a stigma, and I think that when we hear Black, we think bad or we think fear of the unknown. I think that we think about Black men, we think about Black fear of unknown, and that is aggressive and are harmful. We add hair, we add height, we get more fear and more anxiety and stress because they're continuously being othered. When we add Black men who have bipolar disorder, again, more aggression, more fear, more, I don't know how to work with this person anymore. I don't want to work with this person because I don't know what I'm going to be engaging with or what the outcome is going to be. And as we allow those stigmas to permeate within the academy or within our society, it doesn't allow us to move forward and progress as a higher institution of higher education and doesn't allow us to best service the student. And that's why we see significant rates of stop-outs, dropouts, and withdrawals of those students. I think that what do those students need to be doing differently? Nothing.*

Elisha believes that mental illness comes with a stigma. She also believes that due to toxic masculinity Black men do not admit that they have bipolar.

> *I think mental illness comes with a stigma no matter who experiences it. But I think men in particular, I'm not sure if it's just Black men or just men. I think there's a stigma that they have to be sort of like, it's kind of macho strong. And admitting to any kind of illness I think might be frowned upon just because of the way society is right now. I think it's really hard for men to show any sign of weakness. I don't think a mental illness is a weakness, but that's sort of stereotype is out there*

Lilly believes that the stigma can come from the family members of Black men with bipolar disorder.

> *I would say, well, sometimes it's familial because, and I'll give an example. So my background is my family is Cuban. I'm a child of immigrants. I'm first generation, most of my cousins are first generation. I actually do have a cousin that, and if I think in college, and if anyone had told my aunt that he had mental health issues or even he also has ADHD, she wouldn't have known what to do either. She probably would've denied it or said, oh no, he just had some trouble with school or, oh no, he's okay. So sometimes it's familial and the lack of knowledge even to get the help. I've had students from different cultures who culturally they don't want their parents to know or they've told me that this isn't something that my family believes, so they can't even know that I'm seeking out assistance.*

Lily then gives an example of the stigma and ostracization that Black men with bipolar disorder face.

> *So sometimes it's familial, sometimes it's thinking that someone's not going to understand that they're the only one or even not realizing that not everyone has the same difficulties or struggles, at least in terms of certain types of learning issues. So I've had students tell me that, oh, it's always taking me such a long time to be able to read a chapter in a book. And I thought everyone would do that. I didn't think it was abnormal.*

Jay is ostracized by his peers. This is due to the extreme mood swings that people with bipolar disorder often have.

> *If you're very familiar with bipolar disorder, you know what? If you understand the symptoms, there are times when you feel sad, extremely sad, you feel hopeless, and then*

> *there are always these mood swings, and then you begin to think why, why, why? And then the next thing, you are fine, you are okay, and then the next minute, you're feeling a kind of feeling you can't really explain. Nothing makes you happy at that point in time. At first, when I had the two, I never really understood bipolar disorder because I was diagnosed with it at 19 if I mentioned that earlier. So I had to do a whole lot of research about it, and then that was when I actually realized that it had nothing to do with the color of my skin, as I had earlier thought, or my race, or the fact that I am African. But over time I came to realize it was just the general symptoms or sometimes because of the discrimination you face from other peers.*

Jay then describes the depression he gets from the isolation.

> *Mostly, I'm In a community where my faculty has about 60% of students white, and so the discrimination you face makes you sometimes want to get mad at yourself for the color of your skin, probably everything. So yeah, there were times when I felt really, really depressed. Probably I got so angry, not just at my parents. Let me come to that, and well, I think these are common things that are attributed to bipolar disorders. The thing is, bipolar disorder sounds so strange to a whole lot of people. And it is crystal clear that whatever disease has to do with your brain where a person does not function normally, where a person does not behave normally, a whole lot of people tend to this person, to an animal that this person is not even supposed to. This person does not belong in the society where people live.*

Also, Jay then compares the views that others have about people with bipolar disorder.

> *And so, people look at persons with bipolar disorder as animals that sometimes belong to zoos because there are some stages, or there are some stages in this disorder where you*

> *cannot predict what this person is going to do the next minute until some person's fear for their safety, fear for their safety. They do not want to have anything to do with a person who is going through these challenges because you don't even know. He may just get so pissed off that he chose a thing until you might end up getting injured and the rest. So, a lot of people just do not want to have anything at all to do with people who are going through these challenges.*

Jay also feels stigmatized by his friends.

> *Okay, there were times you go to parties, and you realize your friends will just make an excuse and you were supposed to go, let's meet, a planned party you are supposed to attend this party together, and probably because of the fact that sometimes you just stay around them and nothing as in you lost your sense of humor and you make some kind of jokes, and you don't see it funny, you don't take it funny. You get so angry and want to leave. So, there can be a point in time where we have a planned event or a party to attend, and then the next thing you see, my friend coming up to tell me to change your mind, I wouldn't be going there again, or something came up. But at the end of the day, you make your way to the party, and then you find out that they were already there in the venue. They just teach you for some reason, and it's crystal clear, it's because of the condition. Sometimes you get, I think they feel embarrassed, let me use the word no, hanging around with a person that has a kind of mental disorder. So, it was really, really bad. I just wish they could really understand that these things don't just come, it's not intentional. These are symptoms that come with every other disease*.

The participants faced different versions of stigmatization and ostracization. Some were trying to join a community of people who looked like them as Black males but were rejected due to their disability. Others felt the pressure to drink and party even though they did not want to. Drinking can be a trigger for people with bipolar disorder that can cause a manic or depressive episode. Participants also felt stigma from the negative stereotypes that people with bipolar have to face.

Overcoming Stigma and Ostracization

Overcoming stigma and ostracization is a hard task for most people. Asking college students with an average age of 18-22 to do so is extremely difficult. They might not have developed the skills needed to do so. However, they are forced to do so if they are to move on from feelings of being stigmatized and ostracized. Stigma resistance comes in two forms: deflecting and challenging (Mango et al., 2017). The participants in this study used both to overcome stigma.

On overcoming stigma and ostracization, Evan had this to say.

> *I do visit home frequently to check up on myself and do some therapy sessions because, like I said, down here in school, bipolar disorder is not considered a big deal. And so you don't really get access to mental healthcare on campus. So, it makes me travel home on several occasions*.

Thomas used education and connecting with other people with bipolar disorder to overcome stigma and ostracization. He also educated himself on bipolar disorder so he can learn about the symptoms and treatment.

> *I'll say there were a few different things I did to overcome the stigmas of bipolar disorder. Firstly, I educated myself as much as possible about the disorder. I learned about the symptoms, the treatment options, and the prognosis. This helped me to feel more in control of my mental disorder and my mental health and to be able to advocate*

> *for myself. I also connected with other people who have bipolar disorder either through support groups or online communities. This helped me feel less alone to know that others are going through similar experiences, and finally, I try to be open and honest about my diagnosis with the people in my life.*

Raymond overcame stigma and ostracization by taking a step back and listening to music.

> *There was a time I had to quit some things for myself to rid my mind while doing that. I used music to try to calm myself down and also try to face reality work on myself and also get myself through.*

Shane built a support network to overcome stigma.

> *I build supports network. I connect with my family and friends who can offer emotional supports, and secondly, also work with my therapist. My therapist can help me to identify triggers and develop coping skills. Sometimes I also relax. I go to the beach, I meditate and I do yoga a little bit.*

Andy overcomes stigma by creating a support network and practicing self-care. They state, *"How I overcome the stigma, I actually build a social support network and I practice self-care and how to take care of myself and keep myself normal. And I actually create support groups."*

Jeffery overcomes stigma and ostracization by getting outside and using music to think of good memories.

> *I need to give myself free time to get some fresh air. I also get in touch with my exercise, trying to get myself to country music. That will bring some good memories to me because I need to stand strong. I need to face my fears, and also I need to make sure I'm balanced.*

Gene, on overcoming stigma, said, *"I had to talk to my parents and get with my peer groups, and many gave me the joy that I needed. And also with that, you need music to keep to yourself, dance and also have fun."*

Donovan used music to overcome stigma and ostracization. This is similar to several students in this study.

> *I would say I like playing music whenever I'm being treated like that. Whenever I'm depressed, I can listen to some calm music that helps me also, and whenever I'm feeling down or in any kind of awkward situation, I just seem to find something to distract myself from such thoughts. For example, if I was in an awkward situation in a place, I would just look at the sky.*

Ashton believes that a support group will help Black men with bipolar disorder overcome stigma and ostracization.

> *I'd love to see a support group. I'd love to see it. Yeah, I think that support group would look like regular meetings where we're building community and inviting others into the space to break the stigma of number one, being Black on campus. Number two is having bipolar disorder, bringing in guest speakers, broadening awareness, and kind of taking a sense of pride in that disability.*

Bruno says that Black men with bipolar disorder must be given the ability to show up as themselves.

> *They need to show up. That's it. They need to feel comfortable with themselves, but they also need to remain. There's that intrinsic motivation, but there's also that self-efficacy where they need to feel some confidence too, but I don't think that there's work that we need to be doing with them. They're not the culprits that we need to be holding*

> *responsible. We need to be pointing the fingers internally within ourselves to figure out what we need to be doing differently. How can I fix myself? How can I recount those narratives? How can I figure out what I need to be doing differently to allow this space to be more inclusive, to bust the walls open, and to eliminate the barriers for these students to stop being not successful for them to be successful?*

Lilly says educating and normalizing bipolar disorder will help Black men overcome stigma and ostracization.

> *I think partially it's us educating. I always try to normalize, I'm working with students now that are in very competitive field where there's high stakes testing involved. I've had conversations with law students who told me that even though they can get accommodations, they don't want to use it because they don't want to be different than their peers. So I try to normalize it. I try to give analogies in terms of, well, also educating it is, I know that in one of the institutions it easier.*

Elisha believes that creating a culture on campus that destigmatizes mental health will help Black men with bipolar disorder overcome stigma and ostracization.

> *I think going back to creating a culture on campus, and that's up to administrators and faculty to create a culture on campus where being anything but normal with any stigma attached. There shouldn't be any stigma attached to neurodivergent students, students with physical disabilities, mental health challenges. That's about creating a welcoming environment. And that's not up to the students. That's up to the administration and I'm not sure how to do that. But that's I think what needs to be done.*

The participants shared what they need to do to overcome stigma and ostracization. For some, it is finding healthy escapes such as listening to music or going outside. For others, it is building a support network that allows them to be themselves. Self-care is an important part of overcoming stigma and ostracization. Others want the campus to step up to create a safer campus that destigmatizes mental health and allows Black men with bipolar disorder to be themselves.

Figure 4.3

First Three Stages of Scott's Model of Disability Acceptance

Acceptance

Almost all participants said it took time to accept the diagnosis, but they eventually did. Acceptance is the final stage of the model. Without it, a student would not have progressed through the model. They would instead still be in the stigma and ostracization stage.

Carlos did not want to believe he was suffering from an illness, but with the help of his faith, he was able to accept that he had bipolar disorder.

> *Well, yes. It actually took time for me to accept my diagnosis. At first, I didn't want it to be true. I didn't want to believe that I can be suffering from that kind of illness and mental disorder. But then I got to realize that it is God's wish. They say in everything, we should give thanks. The Bible says in everything, we should give thanks. So I had to accept my fate and know that it is the will of God for me. So I actually had to accept it and move on with my life, even though it's not as it was before*

Jay also denied that he had an illness before accepting it because he knew nothing about bipolar disorder. With the help of family members, he was able to accept that he had bipolar disorder.

> *Yeah, it took time. It took time because there were times I go to bed and then I wait and then I tell myself, no, no, no, no, I'm fine. I'm fine. It's very normal. I don't think I have any mental disorder because I haven't heard from any person in my family. So, it was difficult for me to accept, very difficult for me to accept. My whole fears was it escalating. That was probably because I never knew anything about the disorder. So, it took me time to accept that, indeed this thing has come, and I had to brace myself for the things I'm to face, especially I was actually preparing for college then. So, my sister would talk to me, my mom, and a whole lot of words of encouragement, that everything will be fine, that they'll be on my side and hopefully, I'll have to, I'll make friends that will understand, and they will love me for who I am, so those words were very, very helpful and I always appreciate them for that.*

Jesse realized he was doing himself a disservice by not accepting the diagnosis. He was able to accept it over time.

> *Yeah, I had to notice that as time went on, I didn't get better. Denial didn't really help me get better. So, I noticed that things were still drifting. And unlike in high school, college was more of a different experience. It was more physical; it was more interactive. So, I saw that the more I used, the more I got engaged in activities, the more I socialize, the more I was around people and things, I saw myself shifting and sulking down much more. And I knew that, okay, if I continue in this path, if I continue trying to shift off help, I'm trying to do this on my own, I'm not seeing the results. I knew that I had to just let it be and try to see if maybe someone else or a specialist could help me.*

Jesse then speaks about how he gradually accepted it despite his family not believing in mental health issues.

> *Because like I said, my family doesn't really believe in those things. We stand more on you being able to have control. So even at that, I felt more like if I wasn't able to control this thing on my own, I would feel like a failure and I would feel less of a man. But later on, after a while, like I said, it took time and some science, and I was able to just let it be and accept it gradually.*

Anthony took two weeks to accept the diagnosis. He did so after overreacting to a situation in class.

> *Yes. About the time it took me to get over it. When I was mad at somebody in class for staring at me, I screamed at her, and she fired back. Why are you acting? Why are you acting like you have bipolar? A minute ago, you were just sober, and now you are very, very aggressive. It was crazy. I think it took about two weeks. I stopped going to school for two weeks. I was just on my own. I started meeting with people. So, it took about two weeks if I'm very correct.*

Jaime used self-reflection to accept the fact that he had bipolar disorder.

> *Yeah, I had to adjust, had to cope with the diagnosis. I discovered that I had bipolar disorder, so I kind of came to this kind of self-reflection that I can't do anything about it. I just have to cope with it and live with it. From there, I'll be able to make a meaningful thing out of my life instead of always blaming myself or blaming it on anybody. So, I had to just cope, be diagnosed, and learn how to move on and how to cope with my diagnosis so that I won't be involved in any health crisis.*

Erick thought he was making the diagnosis up but, after starting medication, realized that he did indeed have bipolar disorder.

> *Yes. I would say there was definitely a period afterward where I was getting worried that I was actually just making all up and that going on the medication that I'm on for today, I thought going on that I was starting to get worried that maybe it was a mistake and that maybe I was kind of like, I hate the word, but manifesting it or making it a reality when it wasn't before. So, I would say upon getting it immediately I felt good, but a few weeks into it I felt like, oh, maybe I was just making things up or maybe I was just being dramatic. But I do think after seeing how the medication helped me a whole lot, that's kind of when I was able to fully accept it. But it definitely took a few months to get to the point where I'm now.*

Fletcher was in the hospital when diagnosed and was able to accept that he had bipolar disorder with the help of friends. He states that his community played a big role in accepting the diagnosis.

> *Yeah, about a day or two. Yeah. I mean, of course, I was in the hospital too. I was under psychological watch, so a lot of it was happening at the time. But talking to social workers, talking to family, talking to some of my best friends here, we made a plan. But I think if I didn't have the community that I have here, I wouldn't have been able to process it. So, I think I really attribute my community here in (city). I think it is sad that's what made (city) home, but in that situation, at least, my community here has been something that I've never regretted or taken for granted or whatever. So, I think they helped me through a lot of that and just showed their appreciation for my life and my being there and vice versa for me, too. So, I think that was something that really helped me process it a lot faster.*

Dalton realized he had to accept and adapt to his new reality. At first, he did not see it as a big deal, but eventually began to accept it. He also relied on a friend who was diagnosed with a similar condition.

> *Yeah, it did. I just, I actually felt that it wasn't really going to be that serious. I just felt that it is not, it's something that I can actually control myself. So, I didn't really see it as a very, very serious kind of thing. But at the end of the day, I just have to accept that I have to live that way, and I have to adapt. So, I talked to my family. I have a friend who also has a similar (condition). So, it just tells me how it keeps off. Cause he was diagnosed before me, it just tells me how it keeps up, and I have my family; I'll talk to my family almost every day. They check up on me almost every day, so I keep moving on.*

Marion eventually accepted it but was hesitant since his medication presented itself with side effects that he did not like. He did not feel like his normal self and had side effects like grogginess in the morning.

> *Yes, it took me time to accept it. I didn't want to take the medication because it definitely alters what you feel, and when I guess it changes the way you feel and then being aware of how different it is. In some ways, I felt like I wasn't myself. I was on this one medication that really made me jittery, and restless, and that really didn't really bold well for my lifestyle and how I live and operate. And then also there's a medication that I would take at night that made me sleepy. And when I would wake up, I kind of have a sleep hangover, I guess you could say. Like, you still feel the effects of it. And to the point where I try to, I'm kind of an early riser, so I'll be up at six, maybe five in the morning. I usually try to start my day with just breakfast and stuff like that and just get ready, and*

> *have the time before I need to leave the house. I definitely could not drive my car because I just still felt drowsy from the effects of the medication.*

Ronan had to meet with a therapist before he accepted that he had bipolar disorder.

> *Yeah, it took time. Yeah, it took time. I had to meet the therapist. He actually had to speak it into me, and tell me things I am supposed to know. So, I had no point. I just had to accept the fact that I was being diagnosed with a diagnosis.*

Jermaine battled with the fact that he was disabled before accepting the diagnosis. He believed that disabilities were only physical and not mental.

> *Yeah, it took time because, like I said, I wasn't really ready to say fine, I'm disabled. Because to me I always felt that people who are disabled are people with physical disabilities. Maybe hard of hearing, crippled, or stuff like that. So, for me to say bipolar disability. It made me feel weird, and it took me like six months to accept that, okay, fine, this is what's going on with me. And I accepted it because I really needed help at that point. That was why I was convicted to accept it.*

Aaron denies it sometimes but ultimately accepts it to get better.

> *It took time. It takes time. Even until now, I'm not sure I'm fully alright with the diagnosis and just, yeah. But I would say to a great extent I'm okay and trying to get better, trying to seek help, but yeah, it took a while.*

Samir took time to accept it and turned to drugs as a getaway. He also made excuses for himself before accepting the diagnosis over the course of several months.

> *Yeah, it did. I said that earlier. I said just now. It did take time. It takes time. I mean, my rate of taking weed as of then increased by a crazy amount because I was just looking for*

> *an escape route, and I was just trying to find that weed out of everything and just probably you take the pain away. I just felt they were just saying stuff. And personally, I tried making up different excuses for myself. It took several months.*

Thomas accepted that the diagnosis was real after he saw how it explained the things he was struggling to cope with.

> *I must confess it took a bit of time. I must confess due to some, let me say, how would I put it? It took a long time for me to accept the diagnosis of bipolar disorder. At first, I would say I was in denial, and I couldn't believe that something of such was happening to me. I was embarrassed and felt like I had to keep my diagnosis a secret. I didn't want anyone to hear of it, but eventually, I started to see how the diagnosis actually explained a lot of things I had been struggling with, and I also realized that I wasn't alone and that there were people who could help me with time. With time, I became more comfortable with the diagnosis and saw it as an opportunity to learn and grow. I'm still on that journey, but I mean in a much time in a better place.*

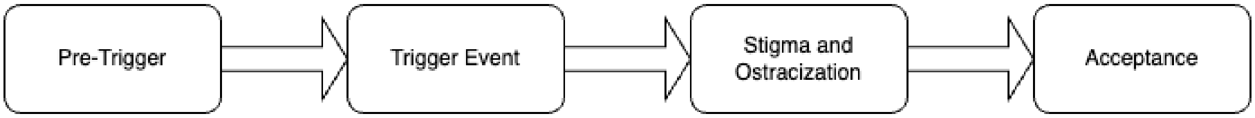
Shane also took time to accept his diagnosis. He says, *"Yeah, it took me a lot of time to understand the diagnosis and to accept that I really have this diagnosis."*

Though denial is a common sub theme when it comes to acceptance, it is not factored into this model as the researcher believes that looking at it through the lens of denial will create unintended consequences, such as using the model as a tool to look at disability from a deficit lens instead of a strength-based one. As mentioned in the literature review, most literature about Black men has been through a deficit lens (Gordon et al., 1994). Continuing the trend will be a disservice to both Black men and people with disabilities. Instead, the model focuses on the fact that Black men with bipolar disorder accept that they have bipolar disorder.

Acceptance took time and came in many forms. Some did not know a lot about bipolar disorder and had to learn what it was before accepting the diagnosis. Others were forced to accept it given the way that they were diagnosed, such as being hospitalized or on medication. Others used the help of a friend or therapist to accept the diagnosis. They all decided to accept their new reality of living with bipolar disorder as a Black man.

Figure 4.4

Scott's Model of Disability Acceptance



The new Scott's Model of Disability Acceptance is a model that consists of four stages. The first stage, pre-trigger, is categorized by the lack of awareness when it comes to disability. Black men with bipolar disorder in this category are yet to be diagnosed. They feel all types of emotions, such as denial, euphoria, hopelessness, and loneliness. They are displaying symptoms of bipolar disorder but think the symptoms are natural.

The second stage, the trigger event, is categorized as an event that uproots Black men with bipolar disorder being and thinking. It brings the student face-to-face with their disability. The trigger event takes many shapes and forms, including extreme mood swings and hospitalization.

In the third stage, stigma and ostracization, the weight of being different is felt by Black men with bipolar disorder. The students are rejected by their peers and cast out of groups. They lack a sense of belonging and have feelings of loneliness. The students also deal with negative stereotypes. Students also find triumph in this stage. They overcome both stigma and ostracization. Black men with bipolar disorder find healthy outlets such as going outside and listening to music. They build support networks and start self-care routines.

In the final stage, acceptance, Black men with bipolar disorder begin to accept that they have a disability. They do so in various ways. They rely on their support system or need to learn what bipolar disorder is to accept it. Black men with bipolar disorder are sometimes forced to accept that they have a diagnosis because they were hospitalized.

Scott's Model Compared to Other Disability Models

Though it will be discussed in detail in Chapter V, it is important to compare and contrast the theories in the findings. The models all have the same goal. That is to explain the paradigm of people with disabilities. However, each theory goes about it in different ways. In Gibson's Disability Identity Model (2006) and Forber-Pratt and Zape's Model of Social & Psychosocial Disability Identity Development (2017), people with disabilities become role models for others with disabilities. In Scott's Model of Disability Acceptance and Johnstone's Categories of Disability Identity (2004) they do not. Instead, they find meaning in the disability. Johnstone's Categories (2004) differs in a few ways. The key difference is that the fourth category of Johnsonte's Categories of Disability Identity (2004) says that people with disabilities will form connections with the disability community. For the majority of participants in SMDA, no such connection exists. This is because being Black and bipolar can both be seen as isolating identities. Since they are isolated, forming connections with peers, faculty, and staff can be hard. Some Black men with bipolar disorder are even isolated from joining groups on campus.

Model Development

The analysis of research question three resulted in four significant sub themes: a) pre-trigger, b) trigger event, c) stigma and ostracization, and d) acceptance. Together, these sub themes led to the creation of Scott’s Model of Disability Acceptance. The model was developed through constant comparison of the data. Each sub theme was created following a series of steps that compared the data points to one another. The sub theme pre-trigger was settled on through the participants sharing their experiences of struggling through life not knowing that they had a disability. The participants shared that they were starting to display signs of a mental health disability. The participants were asked about their lives before and after the diagnosis. The trigger sub theme was created through meticulous tinkering with the presented data. The data revealed that each participant went through an event that caused them to get diagnosed with bipolar disorder. The participants discussed the event that led to their diagnosis. The stigma and ostracization sub theme was created through the stories of how the participants dealt with and overcame stigma and ostracization. They discussed how others stigmatized them and how they overcame them. Finally, acceptance was settled upon as part of the model. This was done through the stories of the participants. The participants learned to accept their diagnosis through various means. For some, it was forced upon them; for others, it took time.

Each sub theme is a model component. The final model was created after several rounds of data analysis using the grounded theory method. The model shows how participants’ identities as Black men with bipolar disorder are central to navigating through the model. Together, these four sub themes contribute to disability acceptance in Black men with bipolar disorder.

Summary

This chapter provided an in-depth analysis of the findings using grounded theory. The purpose of this study was to understand the experiences of Black men with bipolar disorder on college campuses. It was also to know how the intersection of race and disability plays a role in navigating college for Black men with bipolar disorder. As a result, this study helped to understand the development of the identities of Black men with bipolar disorder. The findings were presented in a way that amplified the participants' voices and the researcher's analysis. There were 11 sub themes as a result of this grounded theory study. The first research question yielded three sub themes. They are navigating college, campus connections, and serving Black men with bipolar disorder. The second research question resulted in four sub themes. They are classroom experience, extracurricular activities, peer relationships, and university support. The final question, which resulted in the creation of Scott’s Model of Disability Acceptance, resulted in four sub themes. They are pre-trigger, trigger events, stigma and ostracization, and acceptance. The theory explains how students move from a lack of understanding of their disability to understanding it. In chapter V, a discussion around the findings will be presented.

CHAPTER V: DISCUSSION

Chapter five is arranged threefold. First, it discusses the experiences of Black men with bipolar disorder on four-year college and university campuses. Second, it discusses the role race and disability play in navigating retention, progression, and graduation for Black men with bipolar disorder. Finally, it discusses the development theory as it pertains to Black men with bipolar disorder. Grounded theory methodology was used to develop a theoretical model for how Black men with bipolar disorder accept their diagnosis.

The following research questions served as a guide to this study:

RQ1: How does being a Black male college student with bipolar disorder impact their college-going experience at a four-year institution?

RQ2: What role does the intersection of race, gender, and disability play in navigating retention, progression, and graduation for Black men with bipolar disorder?

RQ3: How do Black men who are college students with bipolar disorder develop their identity based on the intersection of their race and disability?

The first research question aimed to understand how bipolar disorder impacts the college-going experience of Black men. As a result, three sub themes emerged. They were navigating college, campus connections, and serving Black men with bipolar disorder.

The second question sought to learn the role that being a Black man with bipolar disorder has in retention, progression, and graduation. Four sub themes fall under retention, progression, and graduation. They were classroom experience, extracurricular activities, peer relationships, and university support.

Finally, the third research question hoped to generate a theory of development for Black men with bipolar disorder. As a result, Scott's Model of Disability Acceptance emerged. The theory has four core sub themes: pre-trigger, trigger event, stigma and ostracization, and acceptance.

Critical Race Theory and DisCrit frameworks proved central to the answers to the research questions. Howard and Navarro's (2016) five tenets of CRT are:

> 1. Centrality of race and racism—All CRT research within education must centralize race and racism, including intersections with other forms of subordination, such as gender, class, and citizenship.
>
> 2. Challenging the dominant perspective—CRT research works to challenge dominant narratives and re-center marginalized perspectives.
>
> 3. Commitment to social justice—CRT research must always be motivated by a social justice agenda.
>
> 4. Valuing experiential knowledge—CRT builds on the oral traditions of many indigenous communities of color around the world. CRT research centers the narratives of people of color when attempting to understand social inequality.
>
> 5. Being interdisciplinary—CRT scholars believe that the world is multidimensional, and similarly, research about the world should reflect multiple perspectives (p. 258-259).

This study touched on all five of its tenets—the research centralized research and intersectionality identities. The research also challenged dominant narratives and centered on marginalized perspectives. The research was also motivated by a social justice agenda. The experiential knowledge of the participants was used. Finally, the research reflected multiple perspectives.

The tenets of DisCrit were also essential to the study. There are seven tenets of Disability Critical Race Theory (Annamma et al., 2018). They are as follows:

> (1) DisCrit focuses on ways that the forces of racism and ableism circulate interdependently, often in neutralized and invisible ways, to uphold notions of normalcy.

> (2) DisCrit values multidimensional identities and troubles singular notions of identity such as race or dis/ability or class or gender or sexuality, and so on.
>
> (3) DisCrit emphasizes the social constructions of race and ability and yet recognizes the material and psychological impacts of being labeled as raced or dis/abled, which sets one outside of the western cultural norms.
>
> (4) DisCrit privileges voices of marginalized populations, traditionally not acknowledged within research.
>
> (5) DisCrit considers legal and historical aspects of dis/ability and race and how both have been used separately and together to deny the rights of some citizens.
>
> (6) DisCrit recognizes whiteness and Ability as Property and that gains for people labeled with dis/abilities have largely been made as the result of interest convergence of white, middle-class citizens.
>
> (7) DisCrit requires activism and supports all forms of resistance (pp. 55-61).

Discussion of Findings

In this chapter, I will discuss the findings of this study. This section will relate the results to the literature review found in chapter two. As mentioned in previous chapters, there was no research on collegiate Black men with bipolar disorder that could be found. Although there are models of disability and student development, there are none that take into account the specific challenges that Black men with bipolar disorder face. As both a Black student and a person with a disability, there are unique challenges that this population must overcome. As shown in the literature, Black men and students with disabilities graduate at lower rates than their peer groups (Strayhorn, 2015; Pederson, 2020). By understanding how Black men with bipolar disorder experience college, navigate retention, progression, and graduation, and develop their identity, administrators can draw upon their strengths to support students with disabilities.

Meaning of Being Black and Disabled

The first piece of the literature is intersectionality. Intersectionality is a framework that takes into account multiple identities and how they interact with one another to make up a person. While intersectionality has its roots in the struggle of Black women to be recognized holistically, it can be used to examine multiple identities beyond Black women (Crenshaw, 1989). The students in this study discussed how their identities impacted their college-going experiences. Disability is not a lens that is often looked at when discussing Black men. The participants shared what it means to be Black and disabled. Each student had a unique answer to what it means to be Black and disabled. For students to be taken seriously, there needs to be an examination of disability.

This study touched on two of Else-Quest and Hyde's (2016) three elements of intersectionality. The first one is the meaning of belonging to multiple social identities at once (Else-Quest & Hyde, 2016). Most of the students shared how being Black and disabled can be challenging. They understood that disability can sometimes add an extra level of discrimination and feelings of being less than their able-bodied counterparts.

The second element that the study touched on is attending to social categories as property and the social contexts of those categories (Else-Quest & Hyde, 2016). The participants all alluded to the fact that Blackness and disability are categories in which they are viewed and also view life. The property of being Black and disabled are ones that negatively impact the students in the study.

College Experience

The sub themes of research question one relate to multiple pieces of the literature review. The sub themes were navigating college, campus connections, and serving Black men with bipolar disorder.

Critical Race Theory (CRT) is an important piece of literature that helps to make sense of the college-going experience of Black men with bipolar disorder. According to Cook and Dixon

(2013), race is a social construct that has widespread effects. Being Black is a construct that has loads of widespread effects. The students in the study found that it is difficult to navigate college. This is in part due to the color of their skin. Being a Black man means that people are often mischaracterizing you and not viewing you holistically. This can lead to feelings of isolation and a sense of not belonging to the school.

Though Black men push back at stereotypes, it still is a weight that some Black men are not able to overcome (Harper, 2015). This makes it extremely important to look at factors causing Black men to struggle in school (Gordon et al., 1994). By examining the struggle of Black men from a strength-based lens, institutions will be better prepared to meet the unique challenges of Black men.

Intersectionality is another theme, according to Cook and Dixon (2016). Ladson-Billings and Tate (1995) corroborate this. Ladson-Billings and Tate (1995) believe that one dimension of identity is insufficient to explain the difference in educational outcomes. This lends credence to the look at Black people who are men and disabled. By doing so, you are looking at more than just one category.

Howard and Navarro's (2016) tenets help confirm the findings. They also believe that CRT should account for intersectionality. Two of their tenets are that intersectionality is essential to CRT. CRT research should examine intersectional identities in educational settings and reflect multiple perspectives. Howard and Navarro (2016) also state that CRT should challenge the dominant perspective. This study allows for the perspective of a marginalized group to be heard.

Disability Critical Race Theory (DisCrit) is highlighted in research question one. Since race and disability have not been a research focus, this study helps correct this. The study discusses how the experience of being Black and having bipolar disorder can have a negative impact on the college experience. This study touched on the majority of the tenets. The first one that is touched upon is the tenet one. The participants shared that normalcy is upheld throughout the interviews. This is done through the discrimination that they face for being Black and disabled. The second tenet that shows up throughout the study is tenet two. The participants' identities are valued in a way that affirms that their identities holistically matter. Tenet three is also present in the study. Though race and disability are social constructs, the effects of them are still felt by the students in the study. The fourth tenet is also discussed in the study. The voices of the participants were centered throughout the study. Since Black men with bipolar disorder have not been acknowledged in a previous study, this study aimed to give them a voice and a vehicle to share their experiences. The final tenet that is present in the study is tenet seven. The study supports resistance to the current model of thinking about Black men and Black men with disabilities. The study is also a form of activism. This is present in the fact that this research study is presented as a counter-story to combat the thought that Black men with bipolar disorder are often thought of as less than by society.

Bush and Bush’s (2013) African American Male Theory was created to understand the development of Black men. Several of the tenets came up during this study. The first is that there is something unique about being a man and being of African descent. This shows up in the uniqueness of the answers to the questions concerning research question one. The second tenet that the findings speak to is the resiliency of Black men and boys. This shows up when the participants speak about pushing back against stigmatization and ostracization. The findings also speak to the sixth tenet. The tenet is that research should concern Black men and boys should be to promote social justice. Completing this research adds to the knowledge of social justice concerning Black men with bipolar disorder on college campuses.

Retention, Progression, and Graduation

Four sub themes fall under research question two. They are classroom experience, extracurricular activities, peer relationships, and institutional support. As established by student development theorists such as Tinto (1975) and Astin (1999), key factors go into students' retention, progression, and graduation rates.

The study is connected to multiple propositions of Tinto (1975). The first proposition that the study connects to is proposition three. The entry characteristics of Black men with bipolar disorder have a significant impact on their likelihood of persisting. As established by Pederson (2020), students with disabilities are less likely to be retained by universities. The race of these students also causes them to have lower retention, progression, and graduation rates compared to other groups (Harper, 2015). The following proposition is number eight (Tinto, 1975). The proposition relates to the level of academic integration that a student has. As stated by numerous participants, they did not feel comfortable inside the classroom. The lack of comfortability causes a lack of participation from Black men with bipolar disorder. Proposition nine deals with social integration (Tinto, 1975). Most of the students in the study did not feel socially integrated into the university. This caused a great deal of stress. For the students that were involved, it made the college experience much better. The results also highlight proposition 11 (Tinto, 1975). Black men with bipolar disorder are no different than other students who enter college. The goal is to graduate. However, they face many roadblocks (Gordon et al., 1994; Noguera, 2008). For black men with bipolar disorder to graduate, the roadblocks need to be eliminated. Proposition 12 deals with the persistence of students (Tinto, 1975). Again, similar to most students, the goal is to persist through college to graduate. However, the roadblocks that Black men with bipolar disorder might be too difficult to overcome. Black men with bipolar disorder have mixed results when it comes to proposition 13. The proposition states that students committed to the institution are more likely to persist (Tinto, 1975). Some students in the study felt committed to the institution they attended. Others did not. Administrators must find a way to help Black men with bipolar disorder commit to the university in order to raise their retention, progression, and graduation rates.

According to Kelly (2008), three factors cause the lack of integration for students in college. The first factor is failing to adjust to college's academic rigor or social life (Kelly, 2008). According to the study, most Black men with bipolar disorder have a hard time doing both. This can lead to a negative experience for Black men with bipolar disorder. The second is a disconnect between the intellectual and social life in college (Kelly, 2008). The study provides evidence that some Black men with bipolar disorder struggle with the intellectual demands of college. These students struggle in the classroom. There is also evidence that students are struggling with their social life. Students feel disconnected from their peers, and it can negatively impact the retention, progression, and graduation rates of Black men with bipolar disorder. The final factor is a lack of interaction between the college and students (Kelly, 2008). Most Black men with bipolar disorder lack interaction with the university. The lack of interaction needs to be rectified. Faculty and staff need to be intentional about interacting with Black men with bipolar disorder.

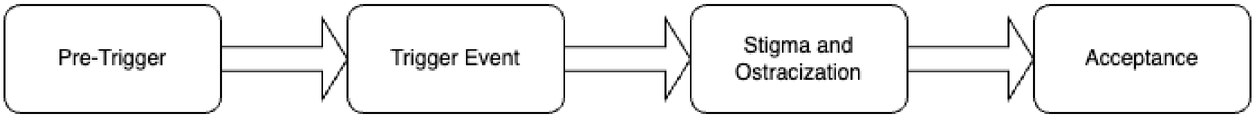
Astin (1999) created five postulates for his theory of involvement. The theory's overarching theme is persistence. Black men with bipolar disorder have mixed results when it comes to involvement. Some students found it easier than others to be involved. Some are not involved due to negative experiences. Others felt that their diagnosis stopped them from being involved. Postulate one states that involvement is the physical and psychological energy invested into various objects (Astin, 1999). Black men with bipolar disorder did not put much energy into objects that aided their involvement. Instead, they felt ostracized for various reasons but mainly due to their race and disorder.

The participants discussed two of Wood and Palmer's (2015) essential factors for Black men's success in higher education. They are faculty-student interaction and peer interaction. Most participants described a lack of interaction with faculty and peers. The students felt that having bipolar disorder caused them to have a disadvantage in talking to faculty and peers. They felt that because of their diagnosis, they did not feel comfortable with creating relationships with faculty and peers.

Scott's Model of Disability Acceptance

Figure 5.1

Scott's Model of Disability Acceptance



The theory for what makes students with disabilities accept their disability comprises four sub themes: a) pre-trigger, b) trigger event, c) stigma and ostracization, and d) acceptance. All of these sub themes help contribute to an environment in which students with disabilities can accept the fact that they have a disability. While their experiences were unique, each of the four sub themes was an essential factor in the development of the students in the study.

Though the study was conducted on Black men with bipolar disorder, the researcher believes that it can be used on most students who are diagnosed with disabilities. This is because most students who are diagnosed with a disability experience the stages. The supporting rationale is provided below.

Pre-Trigger

This study concludes that a pre-trigger is a must for students to accept their disability. It is also the first stage of the model. During this stage, students will not realize that they have a disability. Their focus will be on other identities. In the case of Black men with bipolar disorder, it might be their race.

Black men with bipolar disorder are experiencing vectors of Chickering's theory of identity development (1969). The first and the one that shows up in the pre-trigger phase is managing emotions. The students are dealing with an imbalance of emotions. They are sometimes angry, lost, or feel isolated. Other times, they are depressed. Black men with bipolar disorder are also trying to establish identity on college campuses. They try to do this by making friends and joining organizations, but most are ultimately dissuaded from doing so due to their disability.

Finally, the Cross nigrescence model is vital in the pre-trigger phase, precisely the first stage, pre-encounter (Cross, 1978). Similar to the pre-encounter stage, the pre-trigger phase can be filled with poor mental health. Also, students are not putting much weight on their disability because they are not aware that they have one. The lack of awareness creates feelings of isolation and sometimes self-hate. This leads to the trigger event.

Trigger Event

Most students will go through an event that causes them to realize they have a disability. The trigger event takes place while there is a lack of awareness of a disability. This is similar to the acceptance status in Forber-Pratt and Zape's Model of Social & Psychosocial Disability Identity Development (Kreider et al., 2020). The similarity is that a student will realize that they have a disability. However, in SMDA, the student does not immediately accept that they have a disability. Instead, they are focused on the fact that they were diagnosed and try to find meaning in the diagnosis. The trigger events for Black men with bipolar disorder can range from being upset or sad to hospitalization. Since the typical age of bipolar diagnosis coincides with college, a student might not be in the best position to handle the trigger event (Oswatlt et al., 2020).

The results relate directly to Schlossberg's transition theory (2008). Being diagnosed with bipolar disorder can be seen as a situation. More specifically, an unanticipated situation. Collegiate Black men did not anticipate being diagnosed with bipolar disorder. Because the event is unanticipated, this may cause the student not to be prepared for the diagnosis.

The theory directly relates to another piece of literature. This is the second stage of the Cross Nigrescence Model (1978). The stage is the encounter. During this stage, Black men with bipolar disorder are encountering the fact that they have been diagnosed with bipolar disorder for the first time. This encounter causes them to view disability negatively. Black men with bipolar disorder will then begin to feel the weight of stigma and ostracization.

Stigma and Ostracization

Similar to the socially ascribed, disempowering identities category of Johnstone's categories of disability identity (2004), Black men with bipolar disorder might feel shame. This is because they have yet to accept the fact that they have a disability. Since the category is linked to the medical model, there is a fear that nondisabled people wield power over Black men with bipolar disorder. This fear stems from the stigma and ostracization that Black men with bipolar disorder face.

Schlossberg's transition theory's (2008) self domain can also be linked to stigma and ostracization. Participants support the idea of lenses attached to the self domain. The lens that is supported is personal and demographic characteristics. This lens accounts for the intersectionality that Black men with bipolar have. Being black and having a disability makes for a negative experience. The participants shared that they felt stigmatized and ostracized because of their race and disability.

Since most diagnoses of bipolar disorder occur in college-aged students, they might be in the fifth vector, establishing identity, of Chickering's theory of identity development (1969). In this vector, students are trying to establish who they are. For Black men with bipolar disorder, this means doing so while navigating a disability. The findings suggest that Black men with bipolar disorder struggle to find that identity because of stigma and ostracization.

It also relates to stigma and stigma resistance. Since stigma is in response to individuals who possess undesirable traits or unusual characteristics, Black men with bipolar disorder face a multitude of stigmas (Vasquez, 2010). For example, participants felt stigma when trying to build connections with peers. They also faced ostracization from their peers. For example, because Black men with bipolar disorder might refrain from using alcohol and drugs, they have trouble fitting in with fellow college students.

There is also the stigma around mental health disorders. Since they are not well studied, there is a stigma that people with bipolar disorder are not able to control their emotions or act out impulsively. There is also the stigma that mentally ill people are dangerous and unpredictable.

Acceptance

Stage 3 of Gibson’s (2006) disability identity model, acceptance, is similar to stage four of Scott’s Model of Disability Acceptance. In both the acceptance stage of Gibson’s (2006) disability identity model and SMDA, Black men with bipolar disorder begin to accept that they have disability. They start to see themselves as equal to others in society.

In the acceptance stage, Black men with bipolar disorder begin to see themselves intersectionally. They consider their disability as part of who they are. This is similar to Johnstone’s (2004) category of complex identities. In this category, Black men with bipolar disorder might feel empowered about their identities. They will accept the fact that they have a disability and begin to navigate life accordingly.

Schlossberg’s (2008) transition theory has a domain that relates to the acceptance of having a disability for Black men with bipolar disorder. The domain is strategies. In this domain, students use a strategy to accept that they have a disability. The most likely strategies are changing the meaning of the situation and controlling and managing the situation. These two strategies allow Black men with bipolar disorder to make sense of and accept the diagnosis on their terms.

Generalization to all Students with Disabilities

Though this study was conducted using Black men with bipolar disorder as subjects, there are implications for the rest of the disability community. People who have been diagnosed with a disability may be displaying symptoms of that disability. They could be in the pre-trigger stage. They may not recognize their symptoms as part of a more extensive disability until they are diagnosed. However, to get diagnosed may require some to experience a trigger event. For example, a person who has been diagnosed with ADHD will have displayed symptoms such as difficulty concentrating, inattentiveness, and hyperactivity. The trigger event might be failing a class or a referral from a teacher or trusted adult.

At this point, the student might feel the weight of stigma and ostracization. They may begin to feel out of place or the need to isolate themselves because of the disorder. Finally, they start to overcome stigmas and ostracization of ADHD to reach the acceptance stage. They accept that they have a disability and begin to live life with the disability.

Recommendations

This section offers recommendations for practitioners and Black men with bipolar disorder. The recommendations are divided into multiple sections: the first section includes recommendations for institutions to improve the college-going experience for Black men with bipolar disorder. The second section focuses on how practitioners can help Black men with bipolar disorder. The third section focuses on how Black men with bipolar disorder can improve their own college experience.

Recommendations for Institutions

Several recommendations arise from the study. The first recommendation is to create support groups specifically for Black men with bipolar disorder. This is in line with the belief that counseling centers can offer social support groups for minority students (Wei et al., 2011).

This will create a community of students for a group that feels isolated and alone. According to Grier-Reed (2013), support groups for Black men buffer them from negative stereotypes and psychological distress. The support group will allow students to share their experiences and struggles. Students will understand that their struggles might have commonalities with other students. One way to create a support group is to advertise the service in an email to all students. Another way is to have a Black faculty or staff member with bipolar disorder lead the group so that they see representation. According to Federman (2011) the ideal support group is six to eight students.

Speaking of representation, Black men with bipolar disorder need to see themselves reflected in the people working with them. This will cause them to feel more relaxed and safer. They might feel judged by people who do not look like them. This can cause dissatisfaction with a university, causing Black men with bipolar disorder to drop out or fail out of college. Capers (2019) found that representation is an equally important factor in graduation with factors such as academic preparedness and institutional characteristics.

A third recommendation is to change the way that services are offered especially as it relates to Black men. According to Stevens et al. (2018), counseling staff must look at the toll that discrimination plays on the experience of students. Instead of requiring documentation right away to use services, disability student services can allow students a semester to get the documentation. Disability student services should allow students to receive accommodations for a semester so they do not struggle in school. This will create an equitable situation for Black men with bipolar disorder. Getting the proper paperwork can take months, depending on the availability of someone who can diagnose the disorder or provide documentation. By allowing students to use accommodations prior to receiving paperwork, disability student services are ensuring that Black men with bipolar disorder will not struggle because of their disability. This creates a playing field that allows Black men with bipolar disorder to find success.

A fourth recommendation is to create a student organization. This organization can be for Black men with disabilities. As Wood and Palmer (2015) researched, there is a positive relationship between student organizational involvement and satisfaction in the university. This directly relates to Astin (1999), who believes there is a correlation between student satisfaction and their ability to persist until graduation. This organization will provide a safe space for Black men with bipolar disorder to express who they are. The safe space will allow for programs to be created to give students the resources they need to succeed in college. The organization can discuss such topics as how to overcome stigma and ostracization.

A fifth recommendation is to increase the faculty-student interaction between faculty, staff, and Black men with bipolar disorder. Black men typically have a negative experience with faculty and staff (Guiffrida, 2005). Creating opportunities for positive interactions will increase the retention, progression, and graduation rates for Black men with bipolar disorder. Kim and Sax (2007) found that students who work with professors have higher satisfaction in the university. That is key as it has been established that the higher the level of satisfaction with the university, the higher the chance a student graduates. Black men with disabilities are less likely to interact with faculty leading to the likely outcome of them failing a class (Banks, 2014)

A sixth recommendation is to create a Black Male Initiative that caters to Black men with disabilities. Brooms (2018) found that Black Male Initiatives help develop the sociocultural capital of Black men. Similar to the creation of an organization for Black men with bipolar, this will provide a safe space in which Black men can be themselves and find refuge from the struggles or dealing with a hostile campus. Brooms (2018) also found that Black Make Initiatives offer a safe space for Black men. Black Male Initiatives can go further than student organizations. Black Male Initiatives allow students to live together and take classes with one another. This can help form close bonds to increase the sense of belonging. It can also help with the grades of Black men with disabilities as they will know others in their class.

Recommendations for Practitioners

The following are recommendations for practitioners. The first recommendation is to nurture a safe space where Black men with bipolar disorder can show up as their authentic selves. According to Campen et al. (2022), students support the idea that faculty and staff should be included in safe spaces. By creating a safe space for these students, faculty and staff are showing an intentional effort to understand Black men with bipolar disorder.

The second recommendation is to learn about bipolar disorder and other mental health disorders. There are several books, including *Understanding Bipolar Disorder* by Kathy MacMillan (2020) and *Disability in Higher Education: A Social Justice Approach* by Evans et al. (2017). These books, combined with other resources, will help practitioners such as advisors become more aware of the issues that students go through. According to Freer and Kaefer (2021), the attitude of professors towards student with disabilities can be a factor in success or a barrier impeding success. Freer and Kaefer (2021) state that faculty and staff have an easier time accepting students with physical disabilities than student with mental health disorders. This can cause students with bipolar disorder to be afraid to get help if they fear they will not be understood. To combat this, faculty and staff must learn about mental health disorders.

The third recommendation is participating in professional development opportunities centered around mental health disorders. Professional development presents an opportunity for faculty and staff to learn about disabilities in an environment that is conducive to learning and growth. There are trainings for working with other subpopulations such as LGBTQ+ (Safe Zone) and Military Students (Green Zone) but there is lack of training for working with students with disabilities. Training can consist of many aspects such as how to make proper referrals and signs of trouble. According to Cabler et al. (2022), diversity training can foster a sense of belonging and inclusion in higher education professionals.

Recommendations for Black Men with Bipolar Disorder

The following are recommendations for Black men with bipolar disorder. The first recommendation is to get help as soon as possible. Once a diagnosis is reached, contact the campus disability student services for accommodations. These accommodations can be the difference between having a successful college career and not having one. Since most students with disabilities do not graduate, seeking accommodations can help alleviate the problem (Pederson, 2020).

A second recommendation is to join an organization centered around mental health awareness. Becoming part of a group like this gives them access to like-minded people. The group will allow a safe space to express themselves freely and escape the stigmatization and ostracization they may face from the general public. Getting involved also increases the likelihood that students will graduate (Astin, 1999)

A third recommendation is to create a support network. Even informal support groups for Black men can offer coping skills (Grier-Reed, 2013). This can be done in a multitude of ways.

For example, one can write down trusted friends or faculty/staff members that they can visit when they have an issue. Doing this will allow Black men with bipolar disorder to identify safe spaces that they can go to when needed.

A fourth recommendation is to get advice on and stay with your medication. Antipsychotics and antidepressants are most effective when they are taken every day. Finding the correct dose can be challenging, but it is necessary to succeed in college. The right dosage could be the difference between success and failure. The initial adjustment is not an easy task, but it must be done to succeed in college (Federman, 2011).

A fifth recommendation is to seek therapy in addition to meeting with a psychiatrist. Therapy is a tool that is there to help you with your journey. By going to therapy, Black men with bipolar disorder are gaining the skills needed to cope with bipolar disorder. According to Sun (2023), cognitive behavior therapy is effective in treating a student’s disorder. These skills will help Black men with bipolar disorder navigate a world that is hostile towards them.

Limitations

Several limitations arose from this study. One such limitation centers around participants where in order to participate, they had to have been diagnosed with bipolar disorder. This study did not consider the impact that other mental health illnesses have on students. Another limitation is that it focused on Black college men as participants. Other groups and demographics might face unique challenges that cannot be accounted for in the current study. As a result, this study focused on two dimensions of intersectionality. Other identities might play a role in the experience of Black men with bipolar disorder. They might also impact the retention, progression, and graduate rates of Black men with bipolar disorder.

Future Research

There are multiple avenues that future research can take. One is to see how applicable Scott’s Model of Disability Acceptance is to other races, genders, and disabilities. Doing this will show the adaptability of the model. This can be done by working with other population groups with disabilities. A second avenue is to conduct a follow-up study that uses quantitative methods regarding disability acceptance. It would also be helpful to explore the level of support students receive from others, such as family, friends, and collegiate institutions. Directly measuring the sense of belonging of Black men with bipolar is also something that needs to be done. Designing a quantitative study that looks at Black men with bipolar’s retention, progression, and graduation rates will be a critical key to holistically looking at this population.

Conclusion

The experiences of Black men with bipolar disorder on college campuses needed to be studied. So was the role of disability and race in navigating college retention, progression, and graduation for Black men with bipolar disorder. Lastly, there needed to be a model that spoke to the identity development of Black men with bipolar disorder. This final chapter serves as the concluding chapter of that needed study.

The purpose of this study was to understand the experiences of Black men with bipolar disorder on college campuses. By understanding the experiences of Black men with bipolar disorder on college campuses practitioners can be intentional about the services they offer. This will create a campus where Black men with bipolar disorder will feel welcomed. The study’s purpose was also to gain understanding as to how the intersection of race and disability plays a role in navigating college for Black men with bipolar disorder. Black men with bipolar disorder belong to two groups that struggle the most on campus. Looking at the intersection of both allows for students to be seen multi-dimensionally. Once the students are seen holistically, they might have a better chance at navigating college. As a result, this study contributed to the literature of better understanding the identity development of Black men with bipolar disorder.

The generation of theory is the purpose of conducting research using the grounded theory method. This study was able to generate a theory that highlights the development of Black men with bipolar disorder. This led to the creation of Scott's Model of Disability Acceptance. The model can serve as a catalyst to understanding Black men with bipolar disorder. This will allow Black men with bipolar disorder to be looked at from a strength-based lens. The study also has shown that it can be applicable to other groups with disabilities. The significance of this cannot be overlooked. Creating a theory that looks at how students with disabilities come to accept their disability allows for intentional actions to take place. It can help practitioners move from viewing from disability as a deficit to viewing it as a strength.

Final Thoughts

I want to leave you with this final thought. To draw from the popular slogan, Black Lives Matter; Black Men Matter. Even further, Black Men with Disabilities Matter. This dissertation is proof of that.

I remember my welcome home party from when I was in the hospital for six weeks when I became an amputee. It was meant to be a joyous occasion. Instead, I cried throughout most of it. I was confined to a wheelchair while the other kids were running around and dancing. I have never felt that isolated in my life. There was nothing that I wanted more than to get out of that wheelchair and run around. It also made me realize that I had a disability. At age nine, I felt what it was like to feel shame and stigma. No person, let alone a kid, should have to experience that. I remember the years of self-hate and pity from the thoughts of being different. I questioned why this happened to me. Why me, of all people? What did I do to deserve this? I was scared to look down. I showered with a bag over my foot. I did not want to see what was not there. I remember the day that I accepted that I had a disability. I was at my cousin's house, and she was cleaning the wound and she told me that this was not going away, and I needed to get used to it. That was the day I decided to be brave and accept the fact that I have a disability.

Years later, I would finally become comfortable talking to people about it. That is when I knew I could become an advocate for people who are considered othered by society. I did not know I would create a dissertation allowing me to share the voices of 25 Black male participants. I am being used as a vehicle to share narratives of people who are often overlooked and counted out from the start.

I hope that writing this will help destigmatize mental health, specifically for Black men. There is a lot of talk about breaking generational curses, but I do not believe in that. Curses imply that someone did something wrong to deserve it. I do not believe being born Black and having a disability is a curse. I believe in breaking generational trauma. The trauma that I went through is something that I do not want anyone in my family to experience. Breaking generational trauma is hard. It requires a lot of self-awareness and a lot of painful days. But it is worth it. Once the trauma is broken, you will set the next generation up for success.

Writing a dissertation that hit so close to home was the hardest thing I’ve ever done. I could hear the pain in the voices of my participants. Their shame screams at me. I felt the same. I felt shameful and lonely once I was diagnosed. I felt like I was cursed to live a damned life. That no one will want to be around me. For me, I was wrong. I still have the same friends that I had before I was diagnosed. They understand and support me fully.

I was diagnosed with bipolar disorder halfway through my program. It completely changed the way I viewed myself. I was living on cloud nine, and once the medication started to take effect, that cloud disappeared. I hit the ground with a loud thud. I cried for months on end, not knowing the reason why. After a while, I realized that my tears helped a garden bloom. The tears allowed me to share my testimony and the testimonies of the participants. That is the greatest gift of all.

In a post-Covid world, mental health has become increasingly important. However, there is still a large gap in the mental health care that is provided to Black men, in particular when compared to other groups. Society plays a strong role in stigmatizing mental health. This dissertation attempts to push back at the narrative that mental health is something to be feared. I believe it needs to be embraced. If embraced, people with mental health conditions will feel safer and less like pariahs in the community.

This grounded theory rooted study has become more than just a collection of words. It has become a testimony for myself and the participants. It has allowed words and thoughts that have never been captured before to be written. That is the importance of work like this. It allows for the stories of minoritized people to be heard.

This study’s importance is that it has never been attempted before. Until now, there has been no research on the intersection of having bipolar and being a Black man. This study intended to rectify this gap in the literature. I want Black men to be able to show up and get the help that they need. I do not want them to be defined by stereotypes and generalizations. I want them to experience Black boy joy. As I did.

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Appendix A
Student Recruitment Email

Subject line: Paid Research Study About Bipolar Disorder-Interview Invitation

Dear Student,

My name is Gerron Scott, and I am a Doctoral Student in the School of Education at Virginia Commonwealth University. I am conducting a research study examining Black men with bipolar disorder on college campuses, and you are invited to participate. Participants will receive a $20 gift card after the study. The interview will take 60-90 minutes to complete and will be recorded for transcription. The recording will be destroyed once the study is complete.

Participation in this study is voluntary. Your identity as a participant will remain confidential during and after the study. Your name, face, and use of disability student services will be de-identified.

If you would like to participate, please contact me at grscott2@vcu.edu or fill out this form: https://forms.gle/48aSgw2R3Qyz7nqu6.

If you have any questions, please contact me at grscott2@vcu.edu or Dr. Jeffery Wilson at jlwilson4@vcu.edu (Advisor).

If you would like to opt out of future emails, please reply to this email, and you will be taken off the list.

Thank you for your participation,

Gerron Scott

Virginia Commonwealth University

School of Education

Doctoral Student

APPENDIX B
Personnel Recruitment Email

Subject line: Interview Invitation

Dear _____,

My name is Gerron Scott, and I am a Doctoral Student in the School of Education at Virginia Commonwealth University. I am conducting a research study examining Black men with bipolar disorder on college campuses, and you are invited to participate. The interview will take 60-90 minutes to complete and will be recorded for transcription. The recording will be destroyed once the study is complete.

Participation in this study is voluntary. Your identity as a participant will remain confidential during and after the study.

If you would like to participate, please contact me at grscott2@vcu.edu.

If you have any questions, please contact me at grscott2@vcu.edu or Dr. Jeffery Wilson at jlwilson4@vcu.edu (Advisor).

If you would like to opt out of future emails, please reply to this email, and you will be taken off the list.

Thank you for your participation,

Gerron Scott

Virginia Commonwealth University

School of Education

Doctoral Student

Appendix C
Interview Guide for Students

R1: What are the experiences of Black males with bipolar disorder on four-year college and university campuses?

1. In your own words, what does it mean to be Black and disabled?
2. How do you navigate college as a Black male with bipolar disorder?
3. What is your relationship like with the disability student services office?
4. What are some ways that you feel connected to campus?
5. Is your race or disability more impactful on your college experience? And why?
6. Are there times when you feel ostracized because of your disability and race?
7. Do you have any suggestions on how college campuses can better serve Black men with bipolar disorder?

R2: What role does the intersection of race and disability play in navigating retention, progression, and graduation for Black males with bipolar disorder?

1. To what extent does bipolar disorder impact your ability to participate in class?
2. To what extent does bipolar disorder impact your ability to participate in extracurricular activities?
3. To what extent does bipolar disorder impact your ability to connect with peers?

R3: How do Black male college students with bipolar disorder develop their identity based on the intersection of their race and disability?

1. To what extent does your race intersect with disability?
2. Tell me about a time you felt ostracized based on race and disability.
    Probe: Can you describe how you felt?
3. What was your life like before and after the diagnosis?
4. When did you become aware of the diagnosis? In other words, how did you discover that you had bipolar disorder?

- Probes:
- How did you feel when you heard the diagnosis?
- Did it take time for you to accept the diagnosis?
- Are there times when you deny your diagnosis?

5. What does mania look like for you?
6. What does depression look like for you?
7. In what ways do you feel others stigmatize bipolar disorder?

Ending Question

1. Is there anything else you want to discuss about this topic?

APPENDIX D
Interview Guide for Personnel

R1: What are the experiences of Black males with bipolar disorder on four-year college and university campuses?

1. On college campuses, what challenges do Black men with bipolar disorder face compared to other groups?
2. How would you describe your interactions with collegiate Black men with bipolar disorder compared to interactions with other groups?
3. Do you have any suggestions for how college campuses can better serve Black men with bipolar disorder?
4. What do you think would make Black men more comfortable with using disability student services/ seeking mental health counseling?

R2: What role does the intersection of race and disability play in navigating retention, progression, and graduation for Black males with bipolar disorder?

1. In what ways can universities better support collegiate Black men with bipolar disorder?
2. What do collegiate Black men with bipolar need to succeed on college campuses?
3. What type of programming can help aid retention, progression, and graduation for Black males with bipolar disorder?
4. Do you work with other campus partners to serve this population?
5. Are there services that are distinct to this group?

R3: How do Black male college students with bipolar disorder develop their identity based on the intersection of their race and disability?

1. How does the diagnosis process work?
2. What does hypo/mania and depression look like in collegiate Black men with bipolar disorder?
3. Do any behaviors concern you about collegiate Black men with bipolar disorder?
4. Is race or disability more critical to the students you work with? Why?

Ending Question

1. Is there anything else you want to discuss about this topic?

APPENDIX E
Updated Interview Guide for Students

R1: What are the experiences of Black males with bipolar disorder on four-year college and university campuses?

1. In your own words, what does it mean to be Black and disabled?
2. How do you navigate college as a Black male with bipolar disorder?
3. What is your relationship like with the disability student services office?
4. What are some ways that you feel connected to campus?
5. Is your race or disability more impactful on your college experience? And why?
6. Are there times when you feel ostracized because of your disability and race?
7. Do you have any suggestions on how college campuses can better serve Black men with bipolar disorder?

R2: What role does the intersection of race and disability play in navigating retention, progression, and graduation for Black males with bipolar disorder?

1. To what extent does bipolar disorder impact your ability to participate in class?
2. To what extent does bipolar disorder impact your ability to participate in extracurricular activities?
3. To what extent does bipolar disorder impact your ability to connect with peers?

R3: How do Black male college students with bipolar disorder develop their identity based on the intersection of their race and disability?

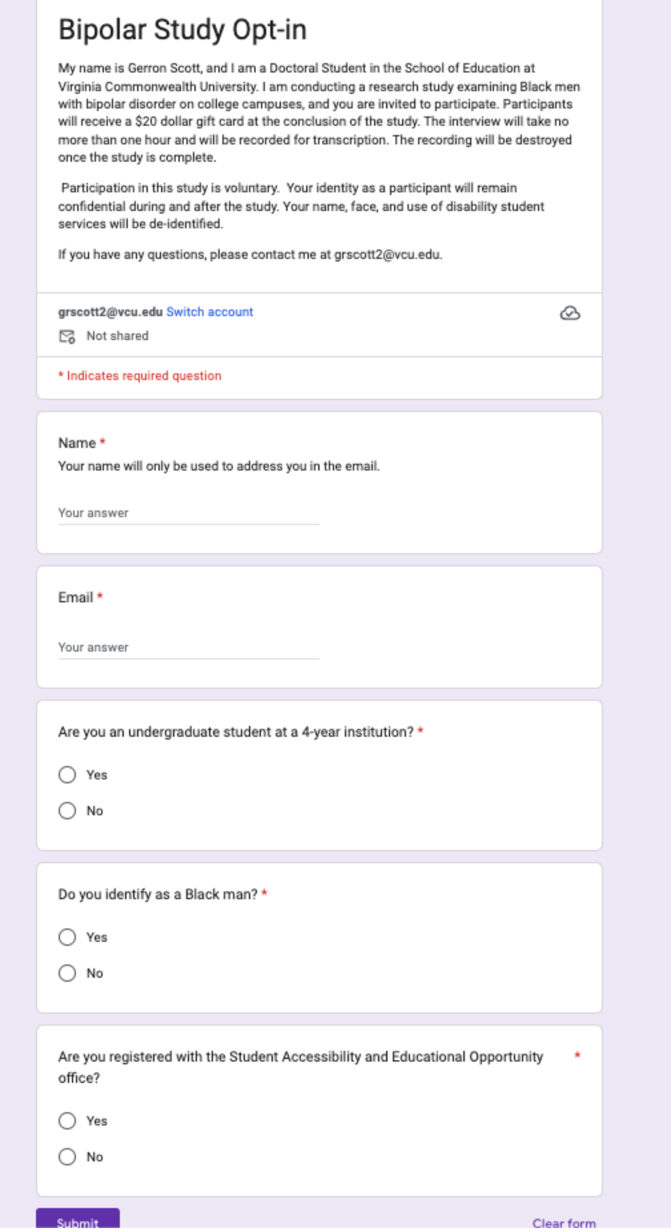
1. To what extent does your race intersect with disability?
2. Tell me about a time you felt ostracized based on race and disability.
    Probe: Can you describe how you felt?
3. What was your life like before and after the diagnosis?
4. When did you become aware of the diagnosis? In other words, how did you discover that you had bipolar disorder?

· Probes:
· How did you feel when you heard the diagnosis?
· Did it take time for you to accept the diagnosis?
· Are there times when you deny your diagnosis?

5. What does mania look like for you?
6. What does depression look like for you?
7. In what ways do you feel others stigmatize bipolar disorder?
8. What stigmas do you face?
9. How do you overcome those stigmas?
10. What support systems do you have in place?
11. What can be done to help others who are dealing with bipolar disorder?

Ending Question
1. Is there anything else you want to discuss about this topic?

APPENDIX F
Opt-in Form



Bipolar Study Opt-in

My name is Gerron Scott, and I am a Doctoral Student in the School of Education at Virginia Commonwealth University. I am conducting a research study examining Black men with bipolar disorder on college campuses, and you are invited to participate. Participants will receive a $20 dollar gift card at the conclusion of the study. The interview will take no more than one hour and will be recorded for transcription. The recording will be destroyed once the study is complete.

Participation in this study is voluntary. Your identity as a participant will remain confidential during and after the study. Your name, face, and use of disability student services will be de-identified.

If you have any questions, please contact me at grscott2@vcu.edu.

* Indicates required question

Name *
Your name will only be used to address you in the email.

Your answer

Email *

Your answer

Are you an undergraduate student at a 4-year institution? *

○ Yes
○ No

Do you identify as a Black man? *

○ Yes
○ No

Are you registered with the Student Accessibility and Educational Opportunity office? *

○ Yes
○ No

APPENDIX G
Advertisement Flyer 1

DO YOU HAVE BIPOLAR DISORDER?

Seeking participants for a paid research study about bipolar disorder on college campuses.

QUALIFACATIONS

Self-identify as an African American/Black Male
Diagnosed with bipolar disorder
Currently enrolled in a bachelor's degree program
Registered with campus disability student services (SAEO)

BENEFITS

Share your story about living with bipolar disorder
Make a difference in the lives of others
Receive a $20 gift card
Help shape research about bipolar disorder

PARTICIPANT INVOLVEMENT

Anonymous one-hour interview
Receivea $20 gift card

FOR MORE INFORMATION PLEASE CONTACT

Gerron Scott grscott2@vcu.edu
Jeffery Wilson jlwilson4@vcu.edu

SIGN UP HERE

APPENDIX H
Advertisement Flyer 2

ATTENTION

BLACK MEN WITH BIPOLAR DISODER

DO YOU HAVE BIPOLAR DISORDER?

SEEKING PARTICIPANTS FOR A PAID RESEARCH STUDY ABOUT BIPOLAR DISORDER ON COLLEGE CAMPUSES

QUALIFICATIONS

- Self-Identify as an African American/ Black Male
- Diagnosed with Bipolar Disorder
- Current enrolled in a Bachelor's Degree Program
- Registered with Campus Disability Student Services (SAEO)

PARTICIPATE INVOLMENT

- Anonymous One-hour Interview
- Receive $20 Gift Card

BENEFITS OF PARTICIPATION

- **Share Your Story of Living with Bipolar Disorder**
- **Make A Difference in The Lives of Others**
- **Receive $20 Gift Card**
- **Help Shape Research About Bipolar Disorder**

SIGN-UP HERE!

FOR MORE INFORMATION CONTACT:

GERRON SCOTT: GRSCOTT2@VCU.EDU
JEFFERY WILSON: JLWILSON4@VCU.EDU

MAKE A DIFFERENCE YOUR STORY IS VALUABLE

APPENDIX I
Advertisement Flyer 3

BLACK & *Bipolar*

Do you have *Bipolar Disorder* ?

Seeking participants for a paid research study about Bipolar Disorder on college campuses.

Share Your Story. Make a Difference. Help shape Research.

Register using QR Code!

Qualifications:

- Self-identify as an African American/Black Man
- Diagnosed with Bipolar Disorder
- Currently enrolled in a bachelor's degree program
- Registered with Campus Disability Student Services (SAEO)

Participant Involvment:

- Anonymous one-hour interview
- Receive a $20 gift card for participation

For more information, please contact Gerron Scott, grscott@vcu.com or Jeffery Wilson, jlwilson4@vcu.edu

APPENDIX J
Advertisement Flyer 4

BLACK & *Bipolar*

Do you have *Bipolar Disorder*?

Seeking participants for a paid research study about Bipolar Disorder on college campuses.

Register using QR Code!

Qualifications:

- Self-identify as an African American/Black Man
- Diagnosed with Bipolar Disorder
- Currently enrolled in a bachelor's degree program
- Registered with Campus Disability Student Services (SAEO)

Participant Involvment:

- Anonymous one-hour interview
- Receive a $20 gift card for participation

Share your Story. Make a Difference. Help shape Research.

For more information, please contact Gerron Scott, grscott@vcu.com or Jeffery Wilson, jlwilson4@vcu.edu

APPENDIX K
Advertisement Flyer 5

BLACK & Bipolar

Do you have *Bipolar Disorder*?

Seeking participants for a paid research study about Bipolar Disorder on college campuses.

Register using QR Code!

Qualifications:

- Self-identify as an African American/Black Man
- Diagnosed with Bipolar Disorder
- Currently enrolled in a bachelor's degree program
- Registered with Campus Disability Student Services (SAEO)

Participant Involvment:

- Anonymous one-hour interview
- Receive a $20 gift card for participation

Share your Story. Make a Difference. Help shape Research.

For more information, please contact Gerron Scott, grscott@vcu.com or Jeffery Wilson, jlwilson4@vcu.edu