The Silent Burden: Addressing Emotional Suppression Among Men in Urban Kenya through Group Therapy

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ABSTRACT

Emotional suppression among men in urban Kenya represents a significant yet under-addressed barrier to individual mental health and relational wellbeing. Rooted in rigid masculine socialisation, this pattern of self-silencing is reinforced by cultural norms that equate emotional openness with weakness, contributing to depression, anxiety, substance misuse, and, in its most severe manifestations, aggression, intimate partner violence, and femicide. This paper examines the scope and psychological impact of emotional suppression among men in Nairobi and Mombasa, drawing on regional and international literature to trace the pathway from suppressed emotion to relational and societal harm, and to identify the cultural and developmental mechanisms that sustain this silence. It then argues for group psychotherapy as a culturally responsive and clinically effective intervention, given its documented capacity to foster cohesion, peer modelling, accountability, and corrective emotional experiences within a protected, male-only therapeutic space. Building on this evidence base, the paper proposes The Silent Burden, a group therapy model grounded in Mentalization-Based Group Therapy, narrative therapy, and Emotionally Focused Therapy principles, designed specifically for emotionally suppressed men in urban Kenyan contexts. The model centres the repair of epistemic trust, structured emotion-regulation training, and the narrative re-authoring of masculine identity, while remaining attentive to multicultural considerations such as collectivist values and indigenous communal frameworks. The paper further considers the model's anticipated limitations, including initial resistance to vulnerability, risk of participant dropout, and the high level of facilitator skill required to manage emotionally sensitive material safely. It concludes that culturally grounded, male-only group interventions offer a promising and clinically sound pathway for helping men move from silence toward emotional expression, with benefits extending to individual wellbeing as well as family and community relationships across urban Kenya.

Keywords: Emotional Suppression; Masculinity; Group Psychotherapy; Men's Mental Health; Kenya

INTRODUCTION:

Emotional Suppression in Urban Kenyan Men

According to Gross and Levenson [1], emotional suppression refers to the conscious inhibition of emotional expression, often in response to cultural, psychological, or interpersonal demands. For men, this suppression is frequently reinforced by traditional gender norms that equate emotional openness with weakness, particularly in patriarchal societies. Chaplin [2] found that, over time, this self-silencing can lead to mental health concerns such as depression, anxiety, and increased relational conflict. Suppression is not simply about not expressing emotion; it is about the internalisation of distress, often without tools for safe or healthy release.

In Kenya, urban male populations, particularly in cities like Nairobi and Mombasa, are increasingly caught between traditional masculinity and evolving emotional expectations. Wachira and colleagues [3] observed that many men are socialised to be stoic providers, discouraged from showing vulnerability, while urban life simultaneously presents stressors such as unemployment, relationship strain, and rapid cultural shifts. Kimani et

al. [4] concluded that emotional suppression among urban Kenyan men is often rooted in early childhood trauma, rigid gender roles, and peer policing. Moreover, Macharia [5] found that emotional expression is often seen as incompatible with dominant constructions of "real manhood," reinforcing a harmful silence.

Mutiso et al. [6] conducted a qualitative study in Nairobi indicating that men report feeling emotionally "trapped," unable to articulate distress or seek support for fear of ridicule or emasculation. A study conducted in Mombasa by Mwangi and Mwakazi [7] revealed that young men express emotional numbness as a survival tactic amidst economic uncertainty and social disconnection. An unfortunate finding, according to Omondi and Kilonzo [8], is that the few available mental health resources remain largely feminised in perception and inaccessible to working-class urban men.

Despite rising mental health concerns among Kenyan men, emotional suppression remains under-researched, under-discussed, and deeply normalised. There is an urgent need to examine how urban Kenyan men navigate emotional suppression, how it impacts their well-being and relationships, and what culturally attuned interventions could promote healthier emotional expression.

Scope and Impact of the Problem

Masculinity and Emotional Suppression

Across diverse societies, the emotional development of boys is often curtailed by narrow definitions of masculinity that associate vulnerability with weakness. From a young age, many boys are taught to "toughen up" and refrain from expressing sadness, fear, or emotional pain—messages that are reinforced through cultural scripts, family dynamics, and peer interactions. As Jansen [9] argued, these expectations form a psychological "armour" that men carry into adulthood, making emotional suppression a normalised coping strategy. Martin [10] extended this point by showing that traditional masculinity scripts not only suppress emotional expression but also reward emotional detachment, stoicism, and dominance as ideal traits in men.

Within the African context, and specifically in urban Kenya, these gendered norms take on an intensified form. Njoroge and colleagues [11] noted that in major cities like Nairobi and Mombasa, men are not only burdened with economic and familial expectations but are also culturally discouraged from seeking emotional support or appearing emotionally vulnerable. This creates a high-pressure environment where emotions are internalised rather than processed or expressed. Winter Mokhwelepa and Sumbane [12], in their systematic review, found that men's reluctance to seek mental health support is deeply tied to fears of emasculation and social shame. They emphasised that mental health stigma is inextricably linked to gender socialisation and must be addressed at both interpersonal and policy levels.

While emotional restraint is often praised as discipline or strength, it becomes maladaptive when it is the only available emotional response. As Herren et al. [13] pointed out, men who engage in chronic suppression of emotion experience heightened physiological stress responses, which can contribute to burnout, somatic illness, and affective disorders. These patterns are frequently misunderstood as "acting out" rather than as symptoms of underlying emotional injury. According to Logoz and colleagues [14], emotional suppression has a cascading effect: it begins with muted emotional awareness, which leads to poor self-regulation, and culminates in externalised behaviour such as aggression or withdrawal.

Mental Health Consequences of Emotional Suppression

The psychological cost of emotional suppression is profound. Men who lack the tools or language to understand and process their emotions are more likely to experience internal psychological distress and external behavioural issues. Herren et al. [13] explained that emotional inhibition in men is significantly correlated with depression, anxiety, substance misuse, and even suicidal ideation. Ongeri and colleagues [11], studying urban populations in Kenya, found that men were less likely than women to access mental health services, despite exhibiting higher levels of distress and more acute presentations in clinical settings. They concluded that mental health disparities among Kenyan men cannot be addressed without interrogating the emotional socialisation that discourages vulnerability.

Bliton and colleagues [15] offered insight into the psychosomatic manifestations of emotional suppression, arguing that chronic emotional avoidance can disrupt emotional clarity and identity coherence. Men who consistently avoid emotional processing tend to have lower resilience and are more reactive to stress, which increases the likelihood of impulsive or aggressive behaviour. This aligns with findings by Bueso-Izquierdo et al. [16], who demonstrated that emotional suppression impairs executive functioning, which is essential for reflective decision-making and conflict resolution.

Neuroscientific research has added further depth to these observations. Marín-Morales and colleagues [17] studied brain activity in male batterers when shown images of intimate partner violence and found marked differences in neural responses compared to non-violent controls. Their findings suggest that men who engage in IPV may have disrupted neural pathways related to empathy and emotional regulation. These disruptions, the researchers argued, are likely the result of long-standing emotional suppression, emotional neglect, and normative reinforcement of aggression as an acceptable male response to emotional distress.

In Kenya, the societal consequences of these patterns are becoming increasingly visible. Ongeri and colleagues [11] documented a disturbing increase in mental health crises among men under 40, often exacerbated by economic strain, social isolation, and unprocessed grief. These crises sometimes manifest as self-harm or suicidal behaviour, but just as often, they erupt outwardly, in the form of aggression, intimate partner violence, and even femicide.

Understanding the psychological toll of emotional suppression sets the stage for a deeper exploration of the cultural and gendered frameworks that sustain it, particularly within urban Kenyan contexts where masculinity is tightly policed and emotionally restrictive norms are pervasive.

From Suppression to Aggression

Perhaps one of the most alarming consequences of emotional suppression in men is its documented link to aggression, particularly violence directed at intimate partners. The pathway from suppressed emotion to aggressive behaviour is now well established in psychological literature. Repressed emotions, particularly anger, shame, and grief, often resurface in distorted forms, such as rage or hostility. Bliton et al. [15] emphasised that emotional suppression is a key predictor of emotional dysregulation, which in turn increases the likelihood of reactive violence. When men are unable or unwilling to verbally express their emotions, they are more likely to act them out in harmful ways.

This connection is particularly salient in the context of Kenya's rising femicide rates. Njoroge et al. [11] reported a troubling pattern in which men who had no prior history of criminal behaviour perpetrated violent acts against female partners, often citing emotional betrayal, abandonment, or humiliation as triggers. While these explanations do not justify the violence, they underscore how emotional suppression and underdeveloped emotional intelligence can become lethal in environments where masculinity is fragile and identity is tied to control.

The Kenyan media and public have increasingly highlighted these tragedies, but the psychological dimensions of femicide remain underexplored. Marín-Morales et al. [17] provided empirical evidence that male perpetrators of violence often score low on measures of emotional awareness and high on defensiveness and externalisation of blame. Their impaired emotional regulation becomes a risk factor not only for domestic violence but for extreme forms of relational aggression such as femicide.

Furthermore, Logoz et al. [14] argued that the failure to address emotional suppression contributes to a broader culture of silence and violence. Without interventions aimed at fostering emotional intelligence and relational skills, these patterns are likely to repeat across generations. The authors emphasised that emotionally illiterate men — men who cannot name, tolerate, or express their emotions — are not just at risk to themselves but pose a danger to those closest to them.

In conclusion, the scope and impact of emotional suppression among men, especially in urban Kenya, extend far beyond individual suffering. Rooted in rigid gender norms, it affects men's ability to maintain emotional

wellness and healthy relationships. It contributes to mental health deterioration, fuels interpersonal violence, and, in its most devastating forms, leads to femicide. Understanding and interrupting this cycle requires a culturally responsive approach to therapy, particularly group therapy, where men can begin to unlearn harmful beliefs, access emotional expression, and re-author their identities as emotionally attuned individuals.

Group Psychotherapy as an Effective Intervention

Group psychotherapy is increasingly recognised as a culturally responsive and clinically effective approach for addressing emotional suppression among men. In urban Kenyan contexts, particularly in cities like Nairobi and Mombasa, men often struggle with emotional isolation that stems from rigid gender roles, early traumatic experiences, and the influence of peer surveillance, as highlighted by Kimani, Mwaniki, and Omondi [4] and further illustrated by Mutiso, Musyimi, and Ndetei [6]. The group therapy modality offers more than just an emotional outlet; it provides a relational space in which masculine norms can be safely examined and redefined through peer modelling, shared vulnerability, and guided emotional education. This section explores the theoretical and empirical foundations of group psychotherapy, focusing on the specific mechanisms — such as male-only spaces, emotional cohesion, and peer accountability — that are particularly relevant to the psychological needs of men in urban Kenyan settings.

Theoretical and Empirical Support for Group Therapy

Group therapy draws from core principles of attachment theory, social learning, and group process theory. It offers a context where emotional expression is facilitated through shared experience, mutual recognition, and corrective interpersonal feedback. Cuijpers et al. [18] found in a meta-analysis that group-based psychotherapy significantly reduces symptoms of depression and emotional dysregulation, particularly when delivered in structured, theory-driven formats. The American Psychological Association [19] outlines key therapeutic mechanisms in group settings, including cohesion, universality, imitative behaviour, and interpersonal learning.

These mechanisms are particularly relevant in urban Kenyan environments, where collectivist values coexist with masculinities that discourage vulnerability. Kimani et al. [4] found that emotional suppression among Kenyan men often stems from early experiences of violence and gender-role expectations, while Mutiso et al. [6] described men in Nairobi as emotionally "trapped," reluctant to seek help due to stigma and shame. Group psychotherapy offers a communal approach that aligns with culturally embedded relational values and provides a counter-narrative to emotional silence.

Benefits of Male-Only Groups: Trust, Normalisation, and Shame Reduction

Male-only group formats reduce the performance pressures that often inhibit emotional openness in mixed-gender spaces. These groups provide a setting in which men can engage with peers without fear of emasculation or judgment. Jansen [9] described how Ubuntu-informed therapy groups in South Africa created kinship-like bonds among men, transforming shame into solidarity and enabling emotional expression. Macharia [5] found similar dynamics in Kenya, where peer-based support aligns with indigenous communal frameworks and offers a non-threatening space for self-exploration.

Kealy et al. [20] found that men attending outpatient clinics preferred male-specific spaces that reflected their emotional language and needs. This normalisation of vulnerability allows men to revise their internal narratives and build emotional fluency within a trusting and affirming environment.

Emotional Expression and Group Cohesion

According to the American Psychological Association [19], group cohesion — defined as the emotional bonding among group members — is a foundational mechanism in effective group therapy. It fosters safety, empathy, and a sense of belonging that enables deeper self-disclosure. In practice, this cohesion emerges through structured sharing activities, group rituals, and mutual recognition of emotional experiences.

In a Kenyan context, Mwangi and Mwakazi [7] found that young men in Mombasa who participated in peer-based discussion groups reported a shift from emotional numbness to expressive engagement. As group members witnessed others name and process difficult feelings, they developed trust and began to reinterpret vulnerability as a sign of strength rather than weakness. These findings underscore the importance of culturally responsive facilitation methods that enhance emotional bonding while respecting community norms.

Peer Modelling and Accountability

Farnan et al. [21] indicated that peer modelling — the process of learning through observation — is a powerful agent of change in male group therapy. Men who witness others expressing emotion without ridicule are more likely to internalise new norms of emotional expression. Bandura's social learning theory, as cited in Cohen et al. [22], explains how behaviours are reinforced through observation and perceived safety. Within the group, this manifests as mutual accountability, where members support one another in challenging stoic ideals and experimenting with new emotional behaviours.

In Nairobi-based groups, Omondi and Kilonzo [8] observed that men often "police" each other's emotional expression outside therapy but encourage vulnerability inside well-facilitated groups. Mutiso et al. [6] similarly found that group settings enabled men to co-create alternative masculine scripts centred around care, empathy, and self-reflection.

Improved Emotional Regulation, Coping, and Self-Esteem

Numerous studies demonstrate that group therapy significantly improves emotional regulation, stress management, and self-esteem. A systematic review by Cohen et al. [22] found that group-based emotion regulation training produced medium to large improvements in participants' ability to identify, manage, and express emotions. Similarly, a recent study published in BMC Psychology [23] involving Northern Sotho male youth reported significant reductions in aggression and anxiety following participation in psychoeducational support groups.

These outcomes are highly relevant in urban Kenyan contexts. Wachira et al. [3] found that suppressed emotion often contributes to interpersonal violence, substance use, and mental health crises. Group therapy interventions, especially those integrating psychoeducation, narrative practices, and culturally sensitive facilitation, can support men in reinterpreting emotional expression as a sign of strength and relational competence.

Building on this evidence base, Marmarosh et al. [24] show that group psychotherapy grounded in positive psychology principles produces benefits that extend beyond symptom reduction alone, cultivating a stronger sense of belonging, purpose, hope, and meaning among members — outcomes that are especially relevant for men whose primary difficulty is not distress alone but a felt absence of connection and direction.

Together, these mechanisms — cultural trust, group cohesion, peer accountability, and emotional literacy — form a compelling framework for group psychotherapy with urban Kenyan men. The following section outlines a tailored group therapy model, The Silent Burden, designed to operationalise these insights into a culturally grounded clinical intervention.

Proposed Group Therapy Model: "The Silent Burden"

Group Formation and Theoretical Rationale

Group psychotherapy offers a compelling intervention for emotionally suppressed men in Kenya, particularly given the cultural and developmental pathways that reinforce silence and stoicism. In many Kenyan communities, emotional expression is framed as weakness, especially for boys, leading to a trajectory in which emotional needs are either ignored or disciplined out of existence. These early relational messages are deeply internalised and often remain unchallenged into adulthood. As Messina et al. [25] explain, group therapy offers a corrective emotional experience, where individuals can witness and practice new ways of being with their emotions, especially in environments that normalise and support emotional risk-taking.

The theoretical foundation for The Silent Burden is grounded in Mentalization-Based Group Therapy (MBT-G) and recent literature on emotion regulation in male populations. Bateman, Campbell, and Fonagy [26] note that group settings provide fertile ground for the rupture and repair of interpersonal relationships, critical processes for rebuilding epistemic trust (defined as the capacity to treat social communication as personally relevant, reliable, and trustworthy). Men who were raised to suppress emotions often develop high epistemic vigilance, a defensive stance marked by emotional guardedness and distrust of interpersonal input. This can manifest in therapy as resistance, minimisation, or deflection.

Within a psychologically safe group setting, however, ostensive cues — clear emotional signals such as consistent eye contact, verbal attunement, open posture, and naming of emotions — communicate care and attention. Bateman et al. [26] argue that such cues can lower epistemic vigilance and invite openness to new emotional information, thereby fostering epistemic trust. When modelled by both facilitators and peers, these cues promote a relational environment where suppressed men can begin to internalise new scripts about vulnerability and emotional engagement.

Moore, Gillanders, and Stuart [27], in their review of group-based emotion regulation interventions, emphasise that group settings allow for co-regulation, peer modelling, and shared emotional insight, all of which contribute to improved emotional expression. Eggenberger et al. [28] further support the idea that group contexts help men challenge traditional gender norms, especially when they witness other men safely expressing vulnerability. The Silent Burden group uses this group process intentionally, understanding that peer learning, rather than therapist instruction alone, is the primary vehicle for therapeutic change.

To facilitate emotional safety and transformation, the group will establish therapeutic norms around confidentiality, curiosity, emotional openness, and active participation. Structural expectations, such as no tardiness, limited absences, and prior communication with facilitators, will also be clearly outlined in the first session. These logistics serve not just as administrative boundaries but as rituals of relational reliability, reinforcing epistemic trust and predictability within the group.

Group Goals and Objectives

The overarching goal of The Silent Burden is to support men in moving from emotional suppression toward greater emotional awareness, expression, and relational engagement. The group seeks to create a space where participants can gradually unlearn the emotional rigidity they have internalised and begin cultivating healthier masculine identities. Through collective storytelling and shared processing, the group aims to foster emotional insight, self-acceptance, and a capacity for vulnerability that has often been denied or discouraged in their socialisation.

Additionally, the group intends to enhance participants' emotional regulation skills and communication abilities within both the therapeutic context and their broader relational environments. By engaging in structured exercises, reflective dialogue, and mutual support, men will be encouraged to identify, name, and manage complex emotional experiences that may have previously been suppressed or misdirected. Ultimately, the group intends to cultivate a climate of trust, emotional safety, and mutual respect, one in which participants can witness and support each other's transformation in a male-only environment that minimises shame and fosters connection.

By the end of the eight-week group process, participants will have identified at least three personal emotions they tend to suppress and will have learned concrete strategies to regulate these emotions effectively. By the midpoint of the programme, each participant will have shared a significant emotional experience with the group, demonstrating increased comfort with vulnerability and self-disclosure. By the final session, participants are expected to report noticeable improvements in their ability to communicate more openly and empathetically in at least one important relationship outside the group. Furthermore, participants will be able to articulate the ways in which cultural narratives around masculinity have influenced their emotional behaviours, offering insight into how these narratives can be challenged and redefined in healthier, more relationally engaged ways.

Agent of Change

The primary agent of change in The Silent Burden is the relational context fostered within the group setting. This environment offers participants emotionally corrective experiences, especially in response to early patterns of emotional dismissal or invalidation. By observing others model vulnerability, whether through sharing difficult emotions, offering support, or tolerating emotional discomfort, participants are invited to challenge their own internalised beliefs about emotional expression. The group becomes a living laboratory for trust and intimacy, as facilitators and peers consistently provide ostensive cues such as attuned listening, emotional naming, and warm eye contact. These relational signals help build epistemic trust — the belief that interpersonal information is safe, reliable, and worth integrating — while decreasing epistemic vigilance, which typically keeps emotionally suppressed men guarded. Through repeated experiences of co-regulation and peer validation, group members begin to mirror healthier emotional patterns and reframe vulnerability not as weakness, but as strength.

Core Elements of the Group Model

This group model is anchored in a mentalization-based framework, which emphasises the importance of understanding one's own and others' internal mental states in the context of interpersonal relationships. It promotes insight into how emotions are formed and regulated, and how misattunement in early life may have contributed to emotional distancing in adulthood. A core component is the repair of epistemic trust, built through repeated experiences of consistency, transparency, and emotional responsiveness within the group. Facilitators and peers model ostensive cues, both verbal and non-verbal, which signal attentiveness and investment, reinforcing a sense of emotional safety.

In parallel, the group integrates structured emotion regulation training drawn from evidence-based approaches. These exercises help participants name, tolerate, and express a wider range of feelings. Narrative re-authoring is also central to the process, as participants are encouraged to identify the masculine scripts they inherited and consciously reconstruct them in ways that align with healthier, more relationally engaged identities. The closed, male-only format is essential to the model. It minimises shame, creates a protected space for emotional risk-taking, and centres the shared lived experience of masculine emotional suppression. Together, these core elements create a therapeutic container where suppressed emotion can be safely unpacked and integrated.

Multicultural Considerations

This model addresses multicultural dynamics at several levels. First, it is culturally relevant to Kenyan men in urban contexts, many of whom face unique psychological stressors, including economic strain, shifting gender roles, and social expectations about masculine strength. The group intentionally creates space to explore how these cultural messages shape emotional behaviour, particularly the suppression of vulnerability. Facilitators are encouraged to use language that resonates culturally and emotionally with the group, incorporating local idioms, proverbs, and metaphors when appropriate.

Rather than pathologising the emotional styles men bring into therapy, the model adopts a norm-critical approach that recognises suppression as a culturally adaptive response — one that may have once served a protective function but is now contributing to emotional distress. Finally, the group structure reflects a collectivist orientation consistent with many African cultural values. Emphasising community, mutual care, and shared healing, the process aligns naturally with the participants' broader cultural narratives and relational worldviews, increasing the likelihood of engagement and transformation.

MFT Interventions Suited to the Model

Although the group does not operate within the traditional bounds of family therapy, several interventions from Marriage and Family Therapy (MFT) practice are particularly well-suited to its structure and goals. Narrative therapy is central, as it enables participants to externalise problematic identity scripts, such as those linking masculinity with emotional numbness, and to re-author these stories in ways that support connection and

emotional vitality. Through storytelling, men begin to see themselves not as broken or weak, but as whole individuals capable of change and meaning-making.

Relational reframing, as seen in narrative therapy, is also integral. Group members are guided to explore how their patterns of emotional avoidance or suppression have impacted relationships with partners, children, siblings, and friends. This shift in focus, from internal pathology to interpersonal consequences, helps participants understand the importance of change not just for themselves, but for those they care about. It offers men a structured way to re-author their life stories and deconstruct harmful societal messages about masculinity, as seen in the work of Negota [29], who, working with South African boys, used music-based narrative therapy to help participants express complex emotions and reclaim agency in defining their identities. This approach can be adapted for urban Kenyan men through storytelling, journaling, and creative expression that reconnects emotion with masculinity in empowering ways.

Emotionally Focused Therapy (EFT) is also a viable contributor to male group therapy by focusing on emotional attunement and bodily awareness. Though EFT is most common in couple therapy, its principles, such as identifying core emotional needs and reshaping emotional responses, are highly applicable in group settings.

Psychoeducation remains an essential component, offering men cognitive frameworks to understand emotional suppression and its consequences. Robinson et al. [30] demonstrate how male-focused psychoeducation programmes in the UK led to increased resilience, improved emotional regulation, and stronger peer bonds. A similar model could be adapted for Nairobi, Mombasa, as well as other cities in Kenya, integrating local language, values, and metaphors to enhance engagement and relevance.

Finally, the use of collaborative language systems creates a co-constructed therapeutic space where language, insight, and emotional meaning are generated collectively. Rather than imposing predefined psychological terms, facilitators and group members work together to define what emotional growth looks like in their specific context, increasing ownership and cultural fit.

Drawbacks of the Model

Despite its strengths, the model is not without limitations. One anticipated challenge is participants' initial resistance to vulnerability. Given the depth of emotional suppression most men bring to therapy, the group may experience slow trust-building in its early sessions. Related to this is the risk of dropout. Because the therapeutic process invites men into emotional spaces they have long avoided, some participants may disengage, especially if they perceive the group as threatening their identity or sense of control.

The model also requires a high level of skill from facilitators, who must be deeply attuned to gender dynamics, cultural narratives, and group process. Facilitators must balance safety with emotional challenge and be able to manage emotional ruptures when they arise. In addition, the model prioritises emotional and relational growth over immediate symptom relief, which may frustrate participants who are seeking direct and rapid solutions for distress. Lastly, the content of the group — focused on masculinity, vulnerability, and relational patterns — is inherently sensitive. Without careful timing and skilled pacing, therapeutic interventions might evoke defensiveness or emotional shutdown, which could compromise the depth of engagement and the integrity of the process.

It is also worth noting that the male-only design, while central to the model's rationale, means that partners, families, and wider community systems are not directly engaged within the group itself. This is a deliberate trade-off intended to lower shame and performance pressure, but it also limits the model's reach into the broader relational systems that both shape and are shaped by men's emotional suppression — a limitation discussed further in Section 5.

Limitations And Future Directions

This paper is grounded primarily in secondary literature and theoretical synthesis rather than primary empirical data collected from men in Nairobi and Mombasa. While the reviewed studies offer converging evidence for

patterns of emotional suppression among Kenyan men, few were designed specifically to test the mechanisms proposed here, and the paper's account of how suppression operates in this population remains an interpretive synthesis rather than a directly validated finding. Future research should prioritise empirical studies, both qualitative and quantitative, involving men from diverse urban Kenyan backgrounds — across age, socioeconomic status, ethnicity, and religious affiliation — to test and refine the patterns identified here.

Relatedly, the connections drawn between emotional suppression and severe relational outcomes such as intimate partner violence and femicide should be read as associative rather than causal. The literature cited documents correlations and plausible mechanisms, not controlled or longitudinal evidence establishing that suppression directly produces violence. Femicide and intimate partner violence are shaped by a wide range of structural, economic, and social factors beyond individual emotion regulation, including poverty, alcohol use, power imbalances, and legal and institutional failures. Framing emotional suppression as one contributing factor among many, rather than a primary explanatory mechanism, guards against oversimplifying a complex social problem and avoids inadvertently pathologising suppressed men as inherently dangerous.

The Silent Burden model itself has not yet been piloted or clinically evaluated, and its proposed benefits remain theoretical. Future work should test the model through a structured pilot implementation, ideally using a pre-post or controlled design with validated outcome measures for emotional regulation, depressive and anxiety symptoms, and relationship quality. Mixed-methods evaluation would allow researchers to assess not only quantitative changes in these outcomes but also participants' subjective experience of the group process, including which elements of the model — epistemic trust-building, narrative re-authoring, psychoeducation — are experienced as most therapeutically active.

Finally, while the male-only format is intended to reduce shame and facilitate disclosure, it necessarily limits the model's engagement with the broader relational systems — partners, children, extended family, and community — that both shape and are shaped by men's emotional suppression. Future iterations of the model, and future research, should consider how family- or couple-inclusive components might complement the male-only group, alongside attention to culturally appropriate recruitment strategies, confidentiality safeguards, and stigma-reduction approaches that make it easier for men to enter treatment in the first place.

CONCLUSION

Emotional suppression among men in urban Kenya represents both a personal and societal burden, deeply rooted in gendered expectations, early trauma, and social policing. As the evidence presented in this paper suggests, group psychotherapy, when designed with cultural humility and gender sensitivity, offers a transformative pathway toward healing. Male-only therapeutic spaces grounded in peer connection, narrative re-authoring, and emotional education can dismantle the silencing norms of masculinity while restoring relational and emotional health.

The proposed Silent Burden model not only addresses the psychological impacts of emotional suppression but also reframes vulnerability as an act of courage and resistance within a society that often equates silence with strength. By integrating Emotionally Focused Therapy, Narrative Therapy, and Mentalization-Based approaches, this model meets men where they are — linguistically, emotionally, and culturally — and guides them toward healthier emotional functioning. It further recognises that therapy for men must account for systemic and interpersonal barriers, while promoting peer accountability and collective growth. To fully address this silent crisis, Kenya's mental health practitioners, community leaders, and policymakers must invest in culturally grounded group interventions that empower men to speak, feel, and connect. Only by doing so can we begin to interrupt cycles of emotional isolation and offer men the possibility of wholeness, individually and collectively. These conclusions, however, should be read alongside the limitations discussed above: the arguments advanced here are theoretical and synthesis-based, and the proposed model awaits empirical piloting and evaluation before its clinical benefits can be confirmed.

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