“YOU GOOD, BRUH?” AN EXPLORATION OF THE INFLUENCE OF RACE AND MASCULINTY ON MILLENIAL BLACK MEN’S DECISIONS TO SEEK MENTAL HEALTH TREATMENT

by

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A dissertation submitted to the faculty of
The University of North Carolina at Charlotte
in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in
Counselor Education and Supervision

Charlotte

2022

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Abstract

DEMETRIUS COFIELD. "You Good, Bruh?" An Exploration of the Influence of Race and Masculinity on Millennial Black Men's Decisions to Seek Mental Health Treatment. (Under the direction of DR. HENRY L. HARRIS)

In recent years there has been a significant increase in the prevalence of mental illness among millennials. However, there is still a significantly lower rate of Black millennials, specifically Black men, utilizing mental health services compared to other marginalized groups. Black men reportedly have a higher prevalence of mental illness with little to no treatment engagement, which has been linked to the increasingly high rates of suicide completion. Black men and their lack of mental health treatment seeking has become an increasingly popular topic in scholarly literature, yet the research is still scarce thus far. The purpose of this study was to explore the influence of social constructs on millennial Black men's decisions about seeking mental health treatment through the lens of Critical Race Theory (CRT), Black Critical Theory (BlackCrit) and Black Masculinity. Based on previous findings, Black Masculinity, CRT, and BlackCrit were utilized as a multidimensional framework for this critical phenomenology qualitative study. The researcher used semi-structured interviews to investigate the experiences of 16 participants who identified as millennial Black men that had considered seeking mental health treatment regardless of their decision to seek help or not. Following a modified version of Moustakas's phenomenological analysis, results indicated three themes Racialized Gendered Socialization, Cultural Distrust, and Invisibility. All themes were related to racial and masculine factors. Implications and recommendations are provided for future research and improving advocacy efforts to engage more Black men in mental health treatment.

DEDICATION

This dissertation is dedicated to Jai, Dro, Jamal, Andre, TJ, Malik, Micah, Ali, Hakeem, Jarrell, Tariq, Dejerrio, Jamarcus, Travis, Craig, and Khalil for their willingness to share their stories which I hope will encourage more Black men to be open and share their experiences with mental health as well. It is also dedicated to my mother, Barbara Nance, who's hard work and sacrifices made this and every other accomplishment in my life possible.

ACKNOWLEDGEMENTS

First, I would like to acknowledge and express my gratitude to my dissertation committee. I am extremely grateful to my dissertation chair, Dr. Hank Harris, for the support and guidance provided throughout this process. Your guidance and words of wisdom even beyond this dissertation have helped me to grow and embrace my voice and identity as a Black man in counselor education. To Dr. Sejal Foxx, thank you for your support and encouragement since the beginning of this program. Your guidance has meant more to me than you know and I will always be grateful to you for challenging me to be more vocal about the things I am passionate about. To Dr. Taryne Mingo, thank you for the support and guidance you have provided me since the beginning as your TA. I will always be grateful to you for giving me the opportunity to join you in writing my first publication. To Dr. Lisa Merriweather, thank you for your guidance and willingness to assist me in developing a study on a topic that I am so passionate about. I will always be grateful to you for challenging me and helping me to grow as a qualitative researcher. To my whole committee, each of you played a pivotal role in my growth and development as a counselor educator and I want to thank you all for embracing me and guiding me on this journey.

I would also like to thank each of my professors for the roles you played in my academic journey. A special thank you to Dr. Lyndon Abrams, thanks for putting up with the random office visits and always being willing to share your wisdom with me, especially over this last year. Another special thank you to Dr. Bryan Stare, thank you for your guidance with developing the foundation for this study.

I have been fortunate enough to have an amazing support system throughout this journey. Dr. Lamar Johnson, I am forever grateful for your advice and support since the beginning and always being willing to listen. Karena Curry, you have also been there since the beginning of this

journey and been a great friend. Thank you. To Ke, Tori, Jaimie, Lex, and Micah, thank you for being like a second family and supporting me throughout this journey and being there when I needed to take a break from anything related to school. To Sara and Brynt, you two have become more than just classmates and I am grateful for the friendships we have developed. Thank you for your support and being willing to deal with me in and out of class. To Andrea, Bre, Bri Bri, Brittany, Chung, Crystal, Deanna, Devin, Jarrett, Pen, Shanita, my Line Brothers (especially Chieng), and my cohort, thank you for the support you have provided me, especially over this past year while I worked on this dissertation.

Lastly, thank you to my social media followers/friends and anyone else who shared and reposted the flyer for this study. I would not have had a such a quick and unexpectedly large response without it.

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CHAPTER 1: INTRODUCTION

Overview of Problem

Almost half the US adult population will experience a mental health disorder in their lives (National Alliance of Mental Illness [NAMI], 2021). Whether it be depression, anxiety, schizophrenia, or any number of other disorders listed in the Diagnostic and Statistical Manual of Mental Disorders 5th edition (DSM-5), mental health continues to be an issue that impacts the people of our country. In 2019 almost 51.5 million adults in the US experienced some form of mental illness while around 13.1 million of those people experienced serious or severe mental illnesses (NAMI, 2021). These alarming numbers only come with more concern when treatment is considered. In 2018, 43.8% of US adults with mental illnesses received treatment while 50.6% of youth with mental illness received treatment in 2016. The statistics are alarming when considering the prevalence of mental illness among people experiencing homelessness (20.5%), incarcerated adults (37%), youth in the juvenile justice system (70.4%) and veterans (41%) (NAMI, 2021).

Depression is currently the leading cause of disability worldwide and suicide rates have increased 35% since 1999 (NAMI, 2021). Suicide is the second leading cause of death for individuals 10-34 years old. One of the most common causes of hospitalization for people under the age of 45 is mood disorders Almost all suicides are related to mental health disorders with about 90% of them being individuals who demonstrated signs or symptoms of mental illness without formal treatment or diagnosis and 78% were males (NAMI, 2021). According to the Center for Disease Control and Prevention (CDC), in 2019 over half of the reported suicides in the US were identified as Black or African American with the highest in adults ranging from 25-34 years old. In addition, death rates amongst Black men were four times higher than they were

for Black women (CDC, 2021). It is important to note these numbers do not take into consideration the many failed suicide attempts that are not reported.

While mental illness remains prevalent regardless of race, Black Americans reportedly experience more severe psychological distress than any other race in this country (Bailey et al., 2011; Ward & Besson, 2012; Ward & Mengesha, 2013). Black people have also reportedly have more severe and disabling symptoms of depression (Hays & Arranda, 2016; Ward & Mengesha, 2013). Due to racial disparities in healthcare, Black people are also more likely to experience poor outcomes in treatment (Hays & Arranda, 2016; Snowden, 2012). An outcome witnessed by many through the publicized murder of Anthony Hill, a Black military veteran who had been discharged after being diagnosed with bipolar disorder. Hill's family reported that he had been unable to get his medication due to constant unnecessary roadblocks with the Veterans Administration (VA), before he was shot and killed by a police officer in Atlanta during a psychotic episode that could have been prevented with appropriate medical care and restraint (Boone, 2016).

Black men utilize outpatient mental health treatment services at a significantly lower rate than Black women and men of other races (Neighbors et al., 2007; Sellers et al., 2009; Williams & Cabrera-Nguyen, 2016). This can be due to lack of representation, but stigma and other social constructs have a significant impact as well (Ward & Besson, 2012; Rudrow, 2019). Historically, mental health treatment has often been perceived as a sign of weakness for men in general. Society currently has mixed views when it comes to the well-known stigma associated with mental health. Though mental health awareness and advocacy has been on the rise among Black Americans, there is still stigma and uncertainty when it comes to adults between ages 25-40

years old who make up the majority of the current adult population, also known as millennials (White-Cummings, 2017).

Generally, mental health treatment tends to evoke thoughts of those seeking it as lacking masculinity. This view can be prominent among all men regardless of race; however, in minoritized communities it can be more prevalent (Cadaret & Speight, 2018; Thomas, 2016; Ward & Besson, 2012). Some attention has been given to research these issues and concerns, but the literature remains scarce (Ward & Besson, 2012). For this reason, more attention should be given to reasons for the lack of help seeking and Black men's beliefs about mental health treatment.

As a millennial Black man, I have witnessed the negative stigmas associated with seeking mental health treatment. Also, as a Black therapist, I have witnessed the lack of advocacy geared towards improving the rates of Black men engaging in treatment. This lack of insight and advocacy can lead to more severe symptoms and consequences, including suicide for those suffering with depression. Given the current rise in publicized racial trauma and violence, such advocacy is needed even more than before (Logan et al., 2017; Mangan, 2021). Unfortunately, many Black men are unable to look past the negativity associated with mental health treatment and seek the help they need.

The following sections will introduce the theoretical frameworks, Critical Race Theory, Black Critical Theory and Black Masculinity, that guided this critical phenomenological study and the constructs anti-Black racism, mental illness in the Black community, and millennials. For the purposes of this dissertation study, the labels Black and African American were used interchangeably to refer to Black Americans born and/or raised in this country and culture.

Theoretical Framework

Black Masculinity

Masculinity in all forms has been a barrier to healthcare for men of all races (Berger et al., 2013). Masculinity is a social construct that speaks to the inherent strength of the man and the idea that seeking help can come off as a weakness which is often associated with femininity (Berger et al., 2013). Masculinity molds the norms for managing stress, decision making and power and social status (hooks, 2004; Thomas, 2016). Past studies have noted that seeking therapy specifically has been labeled as a major weakness among Black men (Sellers, 2009; Thomas, 2016; Ward & Besson, 2012; Ward & Mengesha, 2013). When it comes to masculinity, Black men particularly are governed by the belief that the image of the White American male is ideal (hooks, 2004). Not conforming to societal norms centered in Whiteness, Black men have been labeled with stereotypes of violence, laziness, disengagement, aggression and hypersexuality (Coleman, 2019; Ferber, 2007; hooks, 2004). These stereotypes come with no regard for outside factors of racial bias and internal factors associated with mental health.

Within the current literature on the issues surrounding the underutilization of mental health treatment by Black men, social constructs such as masculinity and racism are often acknowledged but not explicitly explored. Due to the normalized thinking that showing emotions and talking about one's feelings are feminine, men, especially Black men, are taught not to show such vulnerability (Coleman, 2019; Thomas, 2016). The consequences of this can only lead to the increase of suicidal ideation, suicide completions, and undiagnosed mental health issues (Thomas, 2016). However, looking deeply into masculinity alone as a barrier will not be enough to truly understand why Black men do not seek help for mental illness. Through the lens of Black masculinity alone the diversity and intersectionality of Black men's identities and beliefs are

ignored (Bryan, 2016). With a growing body of literature calling for more exploration of Black masculinity from a Critical Race Theory perspective, utilizing the concepts of both frameworks allows for a more thorough understanding of these socially constructed barriers (Bryan, 2016; hooks, 2004).

Critical Race Theory

Critical Race Theory (CRT) is a movement for social justice with the goal of eliminating racial oppression (Ladson-Billings & Tate, 1995). Critical Race Theory addresses intersectionality in its critiques of the many oppressions that face marginalized races such as gender, religion, sexual orientation, and social class; these intersecting identities can be impactful on one's mental health as well as influential in deciding to seek mental health treatment (Brown, 2003). A CRT framework acknowledges racist foundations engrained in the fabric of American society through social constructs upholding White supremacy, White privilege and White patriarchy (DeCuir & Dixson, 2004).

Black Critical Theory

Critics of CRT have raised concerns that the theory over-emphasizes White versus Black in the literature. Critical Race Theory tends to equate race and racism with anti-Black racism against Black people and fails to accurately acknowledge other marginalized races. This led to the development of other racialized critical theories known as RaceCrits such as LatCrit, AsianCrit and TribalCrit (Dumas & ross, 2016). However, scholars such as Dumas and ross (2016) felt that CRT on its own did not accurately address anti-Blackness and the Black experience. This led to the conception of Black Critical Theory or BlackCrit. Black Critical Theory centralizes the experiences of Black people in a world centered in Whiteness that sees

inferiority in Black skin. It serves as an additional critical lens when seeking to fully understand anti-Black racism using CRT.

Introduction of Constructs

Anti- Black Racism

Racism and oppression have burdened the Black American community since its inception (Pierre et al., 2001; Umeh, 2019). This study addressed a more specific form of racism known as anti-Black racism which focuses solely on the racist ideologies that have impacted the experiences of Black people. In our current racialized society, Black Americans continue to suffer at the hands of the White and privileged through systemic racism that continues to drive this country (Johnson, 2018; Rudrow, 2019; Umeh, 2019).

The plague of racial violence thrives in the current climate of our country. Elijah McClain, Daunte Wright, Ahmaud Arbery, Sean Reed, George Floyd, Trayvon Martin, Sandra Bland, Freddie Gray, Michael Brown, Tamir Rice, Keith Lamont Scott, Philando Castile, Alton Sterling, Eric Gardner, Makiyah Bryant and so many others have suffered and continue to suffer from the affliction of racial injustice that continues to impact the lives of those they left behind (Alang et al., 2017; Belle, 2014; Castle Bell & Harris, 2017; Rudrow, 2019; Smiley & Fakunle, 2016). The Federal Bureau of Investigation (FBI) reported 2,755 violent hate crimes against Black people in the United States last year, a 40% increase from the previous year (Mangan, 2021). Black people, especially Black men, are angry, afraid or traumatized in some way, which only adds to the historical distrust of White people, who dominate helping professions like counseling (Alang et al., 2017; APA, 2020; Umeh, 2019).

There was a time when medical professionals believed that Black people were immune to mental illness. This ideology was later invalidated and led to the implementation of inhumane

forms of treatment, mostly used on Black men, which only inflicted more pain and suffering (Umeh, 2019). The issues surrounding medical racism throughout the years have only led to greater stigma in the community and a genuine distrust for medical professionals (Umeh, 2019). The paradox of anti-Black racism influences this stigma and medical distrust and can be seen as a barrier to seeking all forms of healthcare, including mental health treatment, while also serving as a contributing factor to the mental health issues in the Black community.

Mental Illness in the Black Community

Black people have historically struggled with mental illness in silence (McGee & Stovall, 2015; Rudrow, 2019). The all too popular belief that mental illness is just something that can be prayed away by going to church has also played a role in their lack of help seeking and silent suffering (Avent & Cashwell, 2015; Cook & Wiley, 2000; Dempsey et al., 2016; Hardy, 2014; Kolivoski et al., 2014; Payne, 2008; Ward et al., 2013). Black people reportedly have more severe and debilitating symptoms of depression, yet they still experience poorer outcomes than other races when it comes to treatment (Hays & Arranda, 2016; Walton & Payne, 2016). The lack of appropriate treatment and engagement is evident in the rise in the number of Black American suicides each year (Umeh, 2019).

Attention to the trend of the underutilization of mental health treatment in the Black community only recently became a focus over the past 30 years (Thomas, 2016). Doyle et al. (2012) found mental health treatment use significantly low for Black men. This lack of utilization raised the question of what prevents them from seeking the help and treatment they need (Doyle et al., 2012; Ward & Besson, 2012).

Stigma

Stigma is a huge deterrent in the Black community in relation to mental

health, especially among Black men (Caderet & Speight, 2018; Holden et al., 2012; Rudrow, 2019; Ward & Besson, 2012). Social stigma, the negative beliefs towards mental health treatment within one's social network; and self-stigma, the internalized negative beliefs someone may feel about engaging in mental health treatment themselves based on social beliefs have both been reported in literature as significant barriers to Black men seeking treatment (Caderet & Speight, 2018). Social stigma has been shown to be more of a deterrent to mental health treatment and plays an influential role in higher self-stigma related to help seeking (Caderet & Speight, 2018; Ward & Besson, 2012). The thought of being labeled with a mental health diagnosis, or the suggestion of it, only leads to negative reactions from men in general, with more negative reactions among Black men (Berger et al., 2013).

Millennials

Millennial is a socially constructed label given to a generation of people born between 1981 and 1996 (Dimock, 2019). Though there are some discrepancies in the exact age range of millennials, this study identified millennials as adults ages 25-40 years old at the time it was conducted (Dimock, 2019). In recent years there has been a significant increase in the prevalence of mental illness among millennials (Harvey, 2020; Hoffower & Akhatar, 2020). This change in mental illness has led to more awareness and advocacy within the whole generation. However, there is still a significantly lower rate of Black millennials, men specifically, utilizing mental health services compared to other races (Kim, 2018; White-Cummings, 2017). While stigma continues to be addressed more with this generation, Black men are still reluctant to express their struggles with mental illness and seek the appropriate care. The lack of treatment seeking would be considered a norm in older generations that were more dismissive of mental health and its importance, but in a generation that is working to normalize mental health treatment, this raises

concerns about the barriers these Black men face when considering or seeking mental health help (Kim, 2018; White-Cummings, 2017).

Need

Black men and their lack of mental health treatment seeking has become an increasingly popular topic in scholarly literature. However, there are still unanswered questions and factors influencing barriers that have not been adequately addressed. There is a great need for more attention to address these concerns as many researchers have acknowledged through past studies (Cadaret & Speight, 2018; Coleman, 2019; Hoggard et al., 2019; Holden et al., 2012; Ward & Besson, 2012; Ward & Collins, 2010; Woodward et al., 2011). While many social structures have been identified as barriers to treatment seeking such as stigma, race, and masculine norms, specific attention to Black masculinity in such racialized times has been suggested by scholars such as Bryan (2016). As previously mentioned, current literature has implicated the need for more exploration of Black masculinity from a Critical Race Theory perspective as well (Bryan, 2016; hooks, 2004).

Scholars have utilized multi-dimensional frameworks to study race-related issues since its initial conception by Leonardo (2013) who stressed the importance of utilizing more than one framework when dealing with the complexities of analyzing race. With the attention specifically focused on the Black experience and anti-Black racist ideals that may impact these barriers, BlackCrit provides a more thorough critical lens for this exploration. Engaging critical theories with a phenomenological research approach, creates a critical phenomenological design that seeks to develop a detailed understanding of the experiences of the participants and how they interpret them, while critically questioning societal structures that create and support these experiences (Guenther, 2020). Using this multi-dimensional framework and critical

phenomenology, this study helps to fill a gap in the literature and the need for a better understanding of what prevents Black men from seeking mental health treatment and why.

Purpose

Utilizing CRT, BlackCrit and Black Masculinity, the purpose of this critical phenomenological study is to explore the influence of social constructs on millennial Black men's decisions about seeking mental health treatment.

Research Questions

The research questions that guided this study were informed by a pilot study previously conducted using a similar framework and question. The following research questions will guide this study:

(1) How do anti-Black racism and Black masculinity influence millennial Black men's decisions to seek mental health treatment?

(2) What are the socially constructed barriers to mental health treatment for millennial Black men?

Assumptions

- Participants will answer all questions honestly.
- All millennial Black men experience anti-Black racism.
- Racism and masculinity influence Black men's views on mental health treatment.

Delimitation

- Participation is limited to Black cisgender males.
- Participation is limited to millennial Black men between the ages of 25-40.

- Participation is limited to Black men who have considered seeking counseling whether they have gone or not

Limitations

- Social desirability is a limitation of this study as participants' responses may be impacted by the desire to appeal to the interviewer.
- Generalizability limits this study due to the results not being generalizable or transferrable which is expected from a qualitative study.
- The sample size of 16 participants is also a limitation in regard to generalizing the results.

Operational Definitions

- Black/African American/Black American- These labels will be used interchangeably to define people of African descent who were born in and/or grew up in the US. This information will be confirmed through self-identification on a demographics questionnaire when determining eligibility.
- Cisgender-participation is limited to those who were biologically identified as males at birth and have identified themselves as male throughout their lives. This will be self-reported on a demographic questionnaire to determine eligibility.
- Mental Health Treatment/Therapy/Counseling- these labels will be used interchangeably to refer to direct mental health care provided by a mental health professional.
- Counselor/Therapist- these labels will be used interchangeably to refer to a mental health clinician who may be a licensed counselor, social worker or psychologist.
- Millennial- This study identifies millennials as individuals between the ages 25-40 based on the reported birth years of the generation (Dimock, 2019).

- Racism-discrimination against someone from a different racial background by those who believe they are superior to that race and have the power to oppress them
- Social Construct- an idea that exists subjectively as a result of human creation and acceptance; existing because humans believe that it exists but not in objective reality.
- Stigma- a mark of disgrace associated with a particular circumstance, quality, or person

Summary

The prevalence of mental illness has drastically increased among millennials and Black Americans over recent years. Existing literature has addressed the lack of mental health treatment utilization among Black men but there are still many gaps in the current research (Cadaret & Speight, 2018; Coleman, 2019; Hoggard et al., 2019; Holden et al., 2012; Sellers et al., 2009; Ward & Besson, 2012; Ward & Collins, 2010; Woodward et al., 2011). This chapter has introduced the significance of understanding the reasons for the lack of engagement. Social constructs such as racism and masculinity have been identified as factors that may contribute to the lack of treatment engagement; however, such factors and their influence have not been thoroughly explored in previous research. This study aimed to fill that gap in the literature by exploring the influence of social constructs on millennial Black men's decisions about seeking mental health treatment utilizing a critical phenomenology research design and a multi-dimensional theoretical framework consisting of Black Masculinity, Critical Race Theory and Black Critical Theory.

CHAPTER 2: LITERATURE REVIEW

Introduction

The purpose of this study was to explore the influence of social constructs on millennial Black men's decisions about seeking mental health treatment through the lens of Critical Race Theory, Black Critical Theory and Black Masculinity. A comprehensive review of current literature related to the frameworks and constructs of this study was conducted using the following databases: Eric, PsycINFO, PsycARTICLES and Google Scholar. The following key search words were used to locate relevant literature: Black men, African American men, mental health, Black mental health, mental health treatment, help seeking, masculinity, Black masculinity, Critical Race Theory, Black Critical Theory, Black millennials, and millennials. This chapter reviews existing literature as it relates to significant factors contributing to the study. These topics include an overview of (a) the multidimensional framework, consisting of Black Masculinity, Critical Race Theory and Black Critical Theory, (b) Millennials, (c) mental health in the Black community, (d) anti-Black racism, (e) Black masculinity, and (f) Black men and mental health treatment.

Theoretical Framework

The Black man is an intersection of multiple socially constructed identities. A one dimensional analysis of such a diverse marginalized population does not fully illustrate the Black male experience. As previously mentioned, Leonardo (2013) suggests that multidimensional frameworks are essential in providing holistic analyses in race work (Bryan, 2016). Hence the use of a multidimensional framework to provide a more encompassing theoretical lens for this study using (a) Black Masculinity, (b) Critical Race Theory, and (c) Black Critical Theory.

Black Masculinity

Black Masculinity scholars, such as Ferber (2007), hooks (2004) and Pierre et al. (2001), describe the Black male image as being heavily influenced by stereotypes derived from the image of what it means to be White and masculine. Pierre et al. (2001) credits enslavement for this loss of identity as African men were mentally and physically forced to relinquish their cultural ideas of manhood and masculinity. The idea of what it means to be successful or a positively viewed Black man is determined by what society views as masculine and successful in terms of the White male image (Brassel et al., 2020; Curry, 2017; Ferber, 2007; hooks, 2004; Pelzer, 2016; Pierre et al., 2001). Such views may often force unrealistic expectations on Black men to be something they are not or often unable to be. These unrealistic expectations feed into the negative stereotypes that Black men often receive such as being criminals, thugs, hyper-sexual, violent, and lazy (Curry, 2017; Ferber, 2007; hooks, 2004; Pelzer, 2016; Smiley & Fakunle, 2016). In a world that expects so much negativity from Black men, they are often subconsciously programmed to hate themselves, and strive to be a part of an image that was created to make them look bad or dysfunctional (hooks, 2004; Pierre et al., 2001; Thomas, 2016).

Current literature provides evidence that masculine norms established by society set the standard for how men navigate the stresses of life and develop their identity based on their views and actions (Berger et al., 2013, Bryan, 2016; Ferber, 2007; Pelzer, 2016; Thomas, 2016). These standards dictate how a man is expected to deal with emotions and health issues, including mental health issues (Pierre et al., 2001). Men, especially Black men, are expected to be too strong and too busy being providers and protectors to have the time and luxury to deal with emotions and mental health issues (Brassel et al., 2020; hooks, 2004).

Using the ideas that influence socially constructed masculine norms and Black Masculinity, I utilized this conceptual framework to critically analyze the influence of Black masculine ideas and expectations on the views and experiences of Black men and mental health treatment. Black Masculinity provided one portion of the multidimensional framework used for this study along with Critical Race Theory and Black Critical Theory. Utilizing a multidimensional framework provided a more holistic focus for the study embodying the influences of masculinity and race as well as other intersecting social constructs on Black men seeking mental health treatment. Black Masculinity provided a theoretical lens focusing on the masculine norms while CRT and BlackCrit provided a lens for focusing on the intersectionality of racism and the lived experiences of being a Black man.

Critical Race Theory

Critical Race Theory is a movement for social justice with the goal of eliminating racial oppression (DeCuir, & Dixson, 2004). Advocates of Critical Race Theory believe that racism is a relentless and fluid process that changes with the times and circumstances (Ladson-Billings & Tate, 1995). Critical Race Theory examines societal power structures bringing attention to the White privilege and White supremacy that thrives within their foundations (Delgado & Stefancic, 2001; Johnson, 2018; Ladson-Billings & Tate, 1995). Critical Race Theorists support the ideology that the more things change the more they will stay the same unless the root issue of racism is considered and addressed (Delgado & Stefancic, 2001; Gillborn, 2018; Ladson-Billings & Tate, 1995).

The five major tenets of CRT applicable to this study are (a) the permanence and intersectionality of race and racism, (b) critique of liberalism and color blindness, (c) counter storytelling, (d) the idea of interest convergence, and (e)Whiteness as property (Delgado &

Stefancic, 2001; Haskins & Singh, 2015). The first tenet, the permanence and intersectionality of race, considers racism to be deeply ingrained in everyday life. Racism is a social construct at the foundation of modern society and intersects with other aspects of identity such as gender, sexual orientation, class, and nationality (Delgado & Stefancic, 2001; Haskins & Singh, 2015; Rocco et al., 2014). The intersectionality of these identities create systems of privilege for some while further marginalizing others. This tenet applied to the study by providing a focus on the prevalence of White privilege and systemic racism in counseling and mental healthcare. It addresses the potential of identifying racism as a barrier when exploring the experiences and views of participants of the study.

The second major tenet of CRT refers to the critique of liberal ideology and its acceptance of color blindness (Delgado & Stefancic, 2001; Ladson-Billings, 2010). This tenet acknowledges the role of White privilege and oppression in conceptualizing color blindness and its reluctance to address race and racism. The criticism of liberalism speaks to the naïve thinking that racism no longer exists because of the societal changes brought about during the Civil Rights Movement. This tenet speaks to current institutions and systems, such as those related to health care and mental health treatment that continue to uphold a system centered in Whiteness minimizing White privilege and the oppression of marginalized races (Rocco et al., 2014). This tenet aids in bringing awareness to these critiques and racial power structures that may inhibit Black men from seeking mental health treatment in a field with predominantly White clinicians providing services (American Psychological Association, 2020).

The third tenet of CRT is counter storytelling, which gives a voice to the experiences of marginalized races (Delgado & Stefancic, 2001; Haskin & Singh, 2015). Allowing marginalized groups to tell their own stories often challenges the dominant narratives centered in Whiteness

(Johnson, 2018). It is a tool of empowerment to the oppressed to be able to name their own experiences and challenge the ethnocentrism of White privilege (Haskins & Singh, 2015). For Black men, telling their life experiences that have impacted their mental health can be a form of counter storytelling that allows them to speak to the impact of racism and oppression in their lives and how it might influence their mental health.

The fourth applicable tenet is the idea of interest convergence or the idea that things only change for marginalized races when it is in the best interest of the majority, White people (Delgado & Stefancic, 2001; Haskins & Singh, 2015). An example that is often used to explain this tenet is Brown v Board of Education and how desegregation was also beneficial to White America by adding to their perceived prestigious image in world politics (Bell, 1980). This tenet cautions against seeing the perceived victories of the civil rights movement as significant progress when policies almost always were created or changed to improve the White image throughout history (Haskins & Singh, 2015). This tenet applied to the study in the specific experiences of participants when discussing their life experiences and views on mental health treatment.

The fifth and final applicable tenet is Whiteness as property. This tenet identifies the social, economic, and educational construction and value of being White (Delgado & Stefancic, 2001; Haskins & Singh, 2015). It reinforces the idea of White privilege and power in a society where being White is often seen as the standard. This tenet also focuses on how White privilege may potentially present itself in the power dynamics of a counseling relationship that might consist of a White clinician and Black man. A cross racial relationship is likely, based on current statistics which state that Black Americans make up 5.4 % of the psychology workforce (American Psychological Association, 2020).

The five tenets of CRT guided this study in bringing attention to potential issues that may be present when discussing the influence of racism on Black men seeking mental health treatment. The tenets discussed have been applied specifically to Black issues with race and racism, but CRT does not specifically address all aspects of the experiences of Black people. For this reason, Black Critical Theory or BlackCrit was also utilized as a framework.

BlackCrit

Dumas and ross (2016) introduced Black Critical Theory as a response to the argument that CRT over-emphasized Whites vs Blacks in the literature without regard for other races. Dumas and ross (2016) introduced the foundational principles of Black Critical Theory to address the specific racialized experiences of Black people beyond the generalized issues of racism addressed by CRT. The first foundational principle is the concept of Blackness as being central to how all of us make sense of the social, economic, historical, and cultural dimensions of human life. This principle states that Anti-Blackness is more than just racism against Black people. Anti-Blackness refers to a broader antagonistic relationship between Blackness and humanity. The essence of anti-Blackness questions the humanity of Black people and justifies all forms of violence against Black bodies (Dumas & ross, 2016). With the current racial and political climate, this principle was applicable in exploring how Black men may deal with the trauma of seeing Black bodies unjustly killed in the media while still maintaining their Black masculine identities that are not meant to show emotional harm.

The second applicable principle of BlackCrit is Blackness existing in tension with the neo-liberal multicultural imagination. This principle further critiques the idea of liberalism challenged by CRT; the concept of multiculturalism and the ideology that racism no longer exists is also challenged (Dumas & ross, 2016). The controversy involving multiculturalism and

diversity is that they are often positioned against the lives of Black people who continue to be seen as problematic. Black people are viewed as less likely to assimilate to dominant cultural expectations than other marginalized groups (Dumas & ross, 2016). For this reason, the lack of equal opportunities and hardships faced by Black people, specifically Black men, could heavily impact their mental health and views on seeking treatment.

Millennials

The literature concerning millennial Black men and mental health is currently scarce. While studies show a recent rise in the prevalence of mental illness among this generation, there are still significantly lower rates of Black millennial men engaging in mental health treatment (Harvey, 2020; Hoffower & Akhatar, 2020; Kim, 2018; White-Cummings, 2017). There is a need for this phenomenon to be studied more given the increase in mental health advocacy among Black millennials today (Kim, 2018; White-Cummings, 2017). This study aimed to fill that gap and add to current literature concerning mental health and Black millennials.

Mental Health in the Black Community

Mental illness is a topic that until recently was not openly discussed in the Black community. A general distrust of the medical field has led us as a people to rely on family, peers, vices, and religious beliefs to cope with mental and emotional distress or just ignore it altogether (Avent & Cashwell, 2015; Dempsey et al., 2016; Rudrow, 2019; Woodward et al., 2011). As a population significantly impacted by mental illness with more severe symptoms and lower utilization of treatment, one must wonder what led to the majority of one race suffering in silence for so long.

Historical Context

Historically, mental health has often been ignored or minimized in the Black community, and not just with Black men (Umeh, 2019). Black people were once believed to be unburdened by mental illness and thought to be a psychologically inferior race with naturally high spirits (Thomas, 2016; Umeh, 2019). Following the American Revolution, Dr. Benjamin Rush introduced the idea that enslaved Black people suffered from the irrational desire to become White, which he referred to as negritude (Umeh, 2019). Referencing negritude, Rush advocated against interracial marriage to prevent its spread beyond the African race (Umeh, 2019). These irrational beliefs about Black mental health continued to be modified over the years and developed into more barbaric views of treating mental illnesses Black people experienced using methods that would never be allowed in ethical practice today (Jackson, 2003; Rostain et al., 2015; Umeh, 2019).

Prior to The Civil War, when enslavement was considered a natural condition for Black people, drapetomania and dysaethesia aethiopica were conceptualized as slave-specific mental illnesses by Dr. Samuel Cartwright (Jackson, 2003; Rostain et al., 2015). The symptoms associated with drapetomania were running away, destroying plantation property, disobedience, talking back to or fighting with their enslavers, and refusing to work (Jackson, 2003; Rostain et al., 2015). Dyseathesia aethiopica was associated with lethargic affect and behavior accompanied by lesions on the body that were logically a result of whipping (Jackson, 2003). Proper medical care for both disorders consisted of being severely whipped.

Mental health practices for Black Americans begin to change following the Civil War, however the former superintendent of the Georgia Lunatic Asylum, Dr. T.O Powell still believed freedom negatively impacted those formerly enslaved (Umeh, 2019). After witnessing an

increase in insanity and tuberculosis, Powell believed these illnesses were a result of thirty years of freedom which caused Black people to lose control and engage in unhealthy habits that led to lunacy (Umeh, 2019). Medical experts at the time lacked logic and consideration of social issues effecting the Black community such as poverty, racism, and lynching (Hill, 2010; Thomas, 2016; Umeh, 2019)

More barbaric methods of mental health treatment were introduced in the 1930-1960's when it was believed that African American men's violent behaviors stemmed from a brain disorder that required surgically removing parts of the brain, otherwise known as a lobotomy (Umeh, 2019). It was also believed that mental illness resulted in bad genetics which resulted in higher rates of sterilization among Black Americans who were deemed mentally defective (Umeh, 2019). These are some of the historical factors that led to a history of medical distrust within the Black community when addressing mental health.

The distrust of mental health practices continues to be present today. For example, Masuda et al., (2012) conducted a study on attitudes towards mental health help seeking and stigma among Black college students and found psychosocial factors, such as poverty, lack of accessibility, racial mismatch, and mistrust of providers to be reasons for the significant lack of utilization of mental health services among Black students. These factors were consistent with those historically associated with medical distrust (Thomas, 2016).

Mental health in the Black community has become a popular area of study in many social science fields over the years (Coleman, 2019; Thomas, 2016; Ward & Besson, 2012; Ward & Mengesha, 2013). Following events such as the riots at a Texas insane asylum for Black men in 1955, the Association of Black Psychologists was established in 1968 with a goal to understand why Black Americans were not utilizing mental health treatment (Thomas, 2016). Those Black

men involved in the Texas riot were labeled “criminally insane Negroes” after holding the asylum workers captive and demanding to receive the same treatment as White men (Thomas, 2016). Following this incident and the assassination of the late Reverend Dr Martin Luther King Jr., two psychiatrists called for more attention to Black mental health. These psychiatrists referenced the effects of the evil acts associated with being enslaved and the mental distress influenced by the discrimination Black people constantly endured during a time when the Black life was often considered meaningless, as factors contributing to mental illness among Black Americans (Hill, 2010; Jackson, 2013; Pierre et al., 2001; Thomas, 2016; Umeh, 2019). As a result, more scholars slowly began to study mental illness among Black Americans.

Modern Day Trends and Concerns

Previous research acknowledges the impact of current world events on the mental health of the Black community. One study on the impact of the Black Lives Matter Movement and racial violence on Black mothers raising Black males found the impact of acts of racism presented in the media had a negative impact on their mental health (Joe et al., 2019). Another example is how the increase in anger and racism towards President Barack Obama, after his election, led to a significant increase in Black mental health concerns (Brown et al., 2021).

Research continues to identify higher rates of mental illness among Black Americans while acknowledging the lack of treatment utilization (Ward & Mengesha, 2013). Many studies have identified factors such as stigma, attitudes towards mental health labels, lack of access, medical distrust, neglectful practices, negative experiences, lack of education about mental health, and available resources among others (Ward & Mengesha, 2013). In an effort to shed light on the barriers to mental health treatment for Black people, Hackett (2014) conducted a qualitative study of the experiences of licensed Black clinicians in the state of Minesota who

provided therapeutic services to Black clients. Using a multidimensional framework consisting of Ecological Systems Theory and Historical Trauma Theory to identify barriers to treatment and explore the impact of historical trauma on Black American mental health, Hackett (2014) interviewed a sample of five licensed clinicians. Consistent with previous research, the results of the study revealed the following twelve themes: historical trauma, stigma, cultural stereotypes, cultural mistrust, informal support, lack of African American professionals, cultural competency, issues in assessment, misdiagnosis, cultural paranoia, treatment, and economic inequality (Hackett, 2014).

Newhill & Harris (2007) took a different approach to examine barriers to treatment by utilizing focus groups of Black mental health clients. This study consisted of five focus groups of Black clients at three outpatient clinics with six to fifteen participants in each group while the other two groups were located at state inpatient mental health facilities with an approximate total of thirty-five people. Participants were both male and female with ages ranging from mid-twenties to late fifties. Results identified the following barriers: stigma, racial segregation, the belief that mental illness is a family issue that should be kept in the home, seeking solutions from informal sources such as churches, poverty, lack of insurance coverage, providers' lack of empathy and cultural understanding, poor fit between the client's problems and the available programs, clients having no input regarding treatment decisions, and the lack of accessible Black clinicians (Newhill & Harris, 2007).

Though these studies have focused on Black people in general with no regard for gender, research studies have identified Black men as having a greater need for mental health services yet lacking in utilization (Cadaret & Speight, 2018; Doyle et al., 2012; Holden et al., 2012; Ward & Besson, 2012; Ward & Collins, 2010; Ward et al., 2013; Woodward et al., 2011). These

research studies, some of which will later be discussed in more detail, further provide evidence for the need to continue exploring what influences Black men and their decisions about engaging in mental health treatment. With such an obvious need for the services one would expect more engagement, however it continues to be a common issue. Though many factors have been identified, there has not been enough attention given to the actual impact of identified barriers and how they specifically influence Black men. This study aimed to fill that gap by focusing specifically on racism and masculinity as potential barriers and learning more about how these and other social constructs continue to impact and influence the views and decisions concerning treatment engagement among Black men.

Anti-Black Racism

Racism is a social construct defined by discrimination against someone from a different racial background and the idea of being superior to that race (Merriam-Webster, nd). More recently, the definition of racism has grown to require the presence of both prejudice and power. The idea is that one cannot be considered racist without the power to oppress those they discriminate against. Anti-Black racism speaks specifically to the unique ways Black people experience racism. Anti-Black racism is often used synonymously with anti-Blackness which questions the humanity of Black people and influences the racial violence they experience (Dumas & ross, 2016; Johnson, 2017, 2018).

Anti-Blackness and Trauma

For centuries, Anti-Black racism and oppression have burdened the Black community. Black people continue to suffer at the hands of the anti-Black systems that have driven this country since its inception (Umeh, 2019; Johnson, 2018). Current literature features many studies documenting the presence and impact of anti-Black racism on the Black community.

Historical Trauma

Historical trauma is one phenomenon that has been studied highlighting the impact of Black people suffering from trauma being passed down throughout generations as a result of racism, White privilege, and White supremacy (Danzer et al., 2016; Halloran, 2019; Hanna et al., 2016; Williams-Washington & Mills, 2018). Scholars argue that psychological and emotional stress can be passed down through generations of Black people leading to feelings of inferiority, powerlessness, and concerns of identity development (Williams-Washington & Mills, 2018) Harper (2005) introduced the concept of epigenetic inheritance, which speaks to the phenotypic responses to environmental challenges being transmitted from parents to their children. These genetic responses are not dependent on the offspring experiencing the challenges themselves but are often inherited from maternal or even grandmaternal traumas (Harper, 2005).

DeGruy (2017) conceptualized Post Traumatic Slave Syndrome (PTSS) from a series of both quantitative and qualitative studies in the United States and Africa over a twelve-year span. Unlike the individual focused diagnosis of Posttraumatic Stress Disorder (PTSD), PTSS is a result of multigenerational oppression of the descendants of enslaved Black people (DeGruy, 2017; Halloran, 2019). Vacant or low self-esteem, anger or Black rage, and internalized racism or self-hatred are symptoms associated with PTSS (DeGruy, 2017). DeGruy attributes these symptoms and this disorder to the family, parental and sexual dysfunctions, and numerous social disparities that are common among Black Americans (DeGruy, 2017; Halloran, 2019).

Prevalence of Anti-Blackness

The trauma associated with anti-Blackness is present in the research surrounding racism and Black people which has led to much greater incidents of activism along with an increase in researching the Black experience in multiple fields including education and counseling (Henfield

et al., 2010; Henfield et al., 2013; Johnson, 2017; Logan et al., 2017). Examples include Dr. Lamar Johnson and his autoethnographic study of how racism impacted his life and experiences in academia (Johnson, 2017); and Dr. Natheniel Bryan who studied how racism, among other factors, influenced the identity and pedagogical styles of Black male kindergarten teachers (Bryan, 2016). Similar studies in the counselor education field have explored the impact of race on counselor educator's job satisfaction and counselor education students' experiences in counseling programs (Henfield et al., 2013; Holcomb-McCoy & Addison-Bradley, 2005).

Anti-Black racism is prevalent even in what some might label multicultural spaces such as counselor education, a field that promotes diversity and social justice. In a study by Henfield et al. (2013), the experiences of Black students in a doctoral counselor education program were explored using a phenomenological qualitative study. Eleven participants who identified as Black Americans were interviewed using semi structured interviews. The participants attended Counselor Education programs located at Predominantly White Institutions (PWI's) with two in their first year, one in their second year, six in their third year, one in their fourth year and one participant did not report what year they were in their program. Using Critical Race Theory as a framework, the following race related themes were identified: feelings of isolation, peer disconnection, and faculty misunderstandings and disrespect (Henfield et al., 2013). These results provide evidence of the prevalence of anti-Black racism and the impact it can even have on Black students as they are being prepared for multicultural and social justice counseling.

Anti-Blackness and Mental Health

Current literature also indicates that anti-Black racism is negatively linked to mental health. In 2011, researchers conducted a meta-analysis of 66 studies published between 1996 and 2011 comprised of 18,140 participants and focused on racism and mental health among Black

Americans (Pieterse et al., 2011). Results found a connection between perceived racism and psychological distress associated with depression, anxiety, and other mental disorders (Pieterse et al., 2011). These findings supported a common theme that continues to be prevalent in literature concerning racism in mental health (English et al., 2014).

There is also growing literature around the impact of racism on the mental health of Black men. One study discovered that racial discrimination continued to significantly impact depression in Black men across multiple factors including age, education, and income (Hoggard et al., 2019). Their findings were consistent with a previous inquiry that explored the impact of racial discrimination on the mental and physical health of middle class African American men (Sellers et al., 2009). The initial perception was that Black men with higher education and success did not experience racial discrimination as much as those Black men who had not reached that particular status. The quantitative study surveyed 399 "well educated" Black men in a historically Black fraternity located in Michigan and surrounding states; findings concluded that experiences of racial discrimination contributed to poorer mental health even among middle class Black men (Sellars et al, 2009). However, this study was conducted with significant limitations. Black men in Wisconsin, Indianna, and Minnesota were oversampled, and the participants were limited to only members of the specific fraternity which has exclusive membership qualifications.

Anti-Blackness and Masculinity

Generally, masculinity is defined in terms of hegemonic masculinity, which posits that traditional masculine norms prioritize whiteness, heterosexuality, and able-bodied men (Belle, 2014; Christensen et al., 2016; Goodwill et al., 2019; Harris et al., 2011; Luisi et al., 2020; Pelzer, 2016). Defining characteristics such as toughness, physical control, violent behavior,

aggression, emotional distance, occupational achievement, family patriarchy, a sense of adventure, heterosexuality and homophobia are often labeled toxic masculinity (hooks, 2004; Luis et al., 2020). However, these common defining traits fail to fully encompass the experiences, portrayals, and interpretations of the Black male (Belle, 2014; Brown, 2017; Goodwill et al., 2019; hooks, 2004; Luisi et al., 2020)

As previously mentioned, Black Masculinity is a concept riddled with stereotypes and unrealistic expectations centered in Whiteness. Stereotypical labels such as Uncle Tom, Brute, Buck and thug are often associated with the image of the Black man (Brown, 2017; Castle Bell & Harris, 2017; Ferber, 2007; Smiley & Fakunle, 2016). Conceptually, Black masculinity acknowledges these stereotypes and differences between the Black and White male experiences due to the prevalence of anti-Black social norms (Brown, 2017; Harris et al., 2011; hooks, 2004). Scholarly literature is ripe with explorations of the Black masculine phenomenon which often examines how Black men work for or against the anti-Blackness associated with masculine norms (Belle, 2014; Brown, 2017; Castle Bell & Harris, 2017; Ferber, 2007; Rudrow, 2019; Smiley & Fakunle, 2016).

The infamous Cool Pose is frequently associated with Black masculinity. Cool Pose is a term that originated in the 1990's (Harris et al., 2011) and is further defined as the masculine behavior expression of a tough, fearless, and pseudo-prideful Black man to cope with the oppression and social alienation of the daily Black male experience. Harris et al. (2011) conducted a study to assess the prevalence of the Cool Pose and masculine expression among Black men enrolled at a private research institution. The sample, comprised of 22 participants, was taken from a previous qualitative study that consisted of 68 undergraduate men from diverse backgrounds. Results of the study aligned with traditional masculine and Black masculine norms

such as toughness, aggressiveness, material wealth, restricted emotional expression, and responsibility (Harris et al., 2011; hooks, 2004; Luis et al., 2020). Consistent with the Cool Pose, the behavioral expressions of these traits were aspirations of leadership, academic success, homophobia, fear of femininity, and emotionally detached sexual relationships with women. Whether it be images of the Cool Pose or general images of Black masculinity, scholars have found Black masculinity in all aspects of the Black male experience (Brown, 2017; Harris et al., 2011).

Anti-Black Media

Racial Violence. One popular influence on the Black male image and its associated norms is the anti-Black portrayal of Black men in all aspects of the media. Central to anti-Blackness is the violence against Black bodies, particularly Black men. As previously, mentioned more attention is currently being given to racial violence and police brutality than ever before. However, this is not a phenomenon isolated to current times, the racist attacks and murders of Rodney King, Prince Jones, and Timothy Thomas by police officers in the late 90's and early 2000's offer evidence of publicized violence in the past with similar outcomes to the more current murders of Michael Brown, Elijah McClain, Tamir Rice and George Floyd to name a few (Pierre et al., 2001; Smiley & Fakunle, 2016).

Technology and digitized media only add to the public presentation of these murders which one would expect to help improve judicial outcomes; however, the media continues to work from a place of anti-Blackness as they portray Black victims in a guilty and thug-like manner. Media coverage of racial violence and murder fail to see the Black man as a victim even after his death. King (2017) utilized Critical Media Literacy to conceptualize and acknowledge the power of the media when it comes to Black bodies and Black culture. King (2017) places the

blame on a field that consists of predominantly White reporters telling the stories of Black communities while at the same time suppressing narratives that contradict White ideas of the Black experience.

Smiley and Fakunle (2016) explored the posthumous violence against Black males in the media. Smiley and Fakunle examined the language used to describe Black men who were murdered by police from July 2014-April 2015. Exploring the evolution of the historically derogatory term Brute as it was modernized to label Black men as thugs, the media coverage of the executions of Eric Garner, Michael Brown Jr, Akai Gurley, Tamir Rice, Tony Madison and Freddie Gray were used for this study. Results identified the victims' appearance, location, lifestyle, behavior at the time of their death, and behaviors before the incident leading to their death as themes of anti-Blackness used to posthumously criminalize these victims. The works of King (2017) and Smiley and Fakunle (2016) shed light on the powerful influence of the media to support White centered ideologies that police officers are just hardworking individuals who risk their lives against less than human people of color. These ideologies support the beliefs that it is only coincidental that victims of police violence are predominantly Black men, and that Black neighborhoods are filled with dangerous and suspicious Black men who the police are justified in killing for any perceived transgression with no regard for their guilt or innocence (King, 2017; Smiley & Fakunle, 2016).

Anti-Blackness in Sports. Signs of anti-Blackness and masculinity are not just present in media coverage of murdered Black men, but also in the portrayals of the living, particularly in coverage of athletes and sports related stories (Goodwill et al., 2019). Ferber (2007) investigated the construction of Black masculinity in a White supremacist nation that both admires and demonizes Black athletes. Reminiscent of the Buck stereotype, Ferber argues that athletes are

just a modern-day example of controlling and taming the Black male body. Reflecting on the numerous front-page stories and media coverage of physical and sexual assault done by athletes, Ferber discusses the stereotypes of Black men being hypersexual, violent, and aggressive.

Brown (2017) supports Ferber's work and argues that the sports industry is built on the same foundations of anti-Black racism that is ingrained in all aspects of this country. The influential images of sports, particularly the National Football League (NFL), provide a materialistic foundation for Black masculinity in a capitalistic society (Brown, 2017; Ferber, 2007). Some might even refer to the NFL as a modern-day plantation showcasing examples of the Good Black Man, or what is acceptable and tolerable for White consumption.

Incidents like that of Ray Rice and his recorded abuse of his wife provides an example of how the NFL maintains power and control when the *Good Black Man* becomes the *Bad Black Boy* (Christensen et al., 2016). Supporting the image of Black men being violent and aggressive, the NFL initially gave Rice the lenient punishment of a two-game suspension, however after the pressure from the public and the release of a second video, his contract was terminated only to be reinstated once he appealed the decision (Christensen et al., 2016). Using a case study method, Christensen et al. (2016) analyzed the media portrayal of the violent incident which failed to acknowledge his wife as a victim but instead focused on racial stereotypes and the NFL's financial losses. This is just one example of how athletes and violence often co-exist with no real consequence for their actions as long as they continue to perform and bring in money for their White [team] owners.

Black Men On TV. Anti-Blackness also exists in how Black masculinity is conceptualized in television characters. This is demonstrated and examined by Castle Bell and Harris (2017) and Luisi et al. (2020). Castle Bell and Harris (2017) explored the character Alex

in *NBC's Parenthood* and how he goes from an initially positive portrayal of a Black man to the stereotypical, aggressive, hypersexual, and fatherless alcoholic. A qualitative analysis of two seasons of the supportive character proves that his story only preserves the Uncle Tom, coon and Buck labels often associated with Black men (Castle Bell & Harris, 2017; Christensen, 2017).

Luisi et al. (2020) analyzed the popular award-winning character, Randall Pearson in the television series *This is Us.* An exploration of Black masculinity and mental health as it relates to the character's development over the first two seasons provides evidence of both positive and negative portrayals of a Black man (Luisa et al., 2020). Pearson's character development is studied as he navigates the world as a Black man raised by a White family (Luis et al., 2020). He also suffers from anxiety while raising children and maintaining a relationship with his wife, kids and adopted family (Luisi et al., 2020). Luisi et al. (2020) acknowledges that contrary to most depictions of Black men in television, Randall is the closest example of a positive image of a Black man who is sometimes shown as emotional, and family oriented going against common stereotypes. Though Randall's story might also include incidents of traditional masculine norms and anti-Black stereotypes, he is seen as a powerful figure influential to White audiences and their perceptions of Black men (Luisi et al., 2020).

Black Masculinity in Hip Hop. When discussing mainstream depictions of anti-Blackness and masculinity, it is important to acknowledge the impact of music, particularly rap music and its influence on the Black male community. Hip Hop or rap music has been seen as an outlet for Black men to tell the stories of their battles against oppression and its impact on their lives (Belle, 2014; Rudrow, 2019). While hip-hop culture often promotes a violent, hypersexual, misogynistic, and homophobic image of the Black man, it also gives insight to the trials and tribulations that led Black men to such detrimental lifestyles (Belle, 2014).

Using Jay-Z as an example of the contradictory nature of hip hop, Belle (2014) examined the rapper's lyrics from his underground rap career to mainstream and identified themes of both positive and negative images of Black men in Jay-Z's lyrics at times present within the same song or even same verse. Belle explored how Jay-Z expressed his experiences as a Black man on the streets and how a difficult life of poverty, oppression and limited resources led him to drug dealing and rapping which led him to a successful career. A career that allowed him to also spotlight the anti-Black practices of the White owned music industry (Belle, 2014). Jay-Z is one example of the influence of rap culture and how it highlights anti-Blackness through self-expression and counter storytelling.

Legendary lyricist and one of my personal favorite rappers, Tupac Shakur was another influential example of a career that both fed into anti-Blackness and brought attention to the Black male experience. Rudrow (2020) uses Shakur's album Me Against the World as a case study that demonstrates the impact of anti-Black racism on his manhood and mental health. Though his music often supported normalized images of Black masculinity, Tupac used this album to be vulnerable and frame the Black male image as a response to the inevitable circumstances of being Black and poor in a White supremacist society (Rudrow, 2020). Specifically, Shakur highlights the struggles of being raised by a single Black mother and how Black men often view their single mothers as unrecognized superheroes who fought against economic hardships and racism in a society riddled with White patriarchy (Rudrow, 2020).

Tupac compared being a Black man to being cursed as they navigate a life of being criminalized, demonized and often susceptible to an early death (Rudrow, 2020). He also used his lyrics to detail his battles with depression and suicidal ideations as he struggled to survive and beat the odds stacked against him as a Black man. The lyrics depicted the impact of racism

on the mental health of Black men who may grow to see themselves as worthless, hopeless, and unloved leading to alcohol and drug use to self-medicate and numb the pain (Rudrow, 2020). Over twenty-five years after his unsolved murder, these struggles are still relevant in the lives of many Black men who also still find the same ways to cope in a more radicalized racist society filled with bolder anti-Black racism and blatant disregard for Black lives.

Given the current racialized climate and rise in publicized racial violence, current research supports the idea that racism is having a significant impact on the mental health of Black men today (Banks et al., 2006; Borrell et al., 2006; Goodwill et al., 2019; Hoggard et al., 2019). Recent social and political events nationwide would lead one to believe that Black men are in greater need of mental health services; yet there is no current research that shows an increase in mental health treatment utilization. There is a need for more research to fill the gap on what is currently preventing or encouraging Black men to engage in mental health treatment and how racism is impacting their decisions and experiences. As mental health advocacy grows in popularity in the Black community, it is important to understand how Black men form decisions on whether to engage in mental health treatment.

Black Men and Mental Health Treatment

Scholars have been calling for more attention to explore the reasons for Black men not seeking mental health treatment when needed for at least the past thirty years (Thomas, 2016; Wade & Rochlen, 2013; Woodward et al., 2011). Black men have been identified as having a high prevalence of mental illness with little to no treatment engagement, which has been linked to higher rates of suicide. A more publicized, yet still not well known, example of this was the death of 17-year old Bryce Gowdy. Gowdy was a young Black man who completed suicide by jumping in front of a freight train just days before starting college with a football scholarship

(Burke, 2020). It was reported that Bryce was struggling with depression and a reluctance to leave his family who had been living in a hotel due to financial struggles (Burke, 2020). His story is one of many like it.

There are also those Black men who may have had negative experiences with treatment due to lack of proper care leading to worsening symptoms. For example, in the case of Anthony Hill's death, he was a young military veteran diagnosed with bipolar disorder but had not received the proper care and medication before a psychotic episode that led to his death at the hands of a police officer in Atlanta, Georgia (Boone, 2016). His death, like others, may have been prevented with the proper medical attention. Historically, incidents like Gowdy and Hill may be linked to issues associated with racism. These incidents among so many others only give Black men more reasons to feel as though they are expendable and powerless in a radicalized racist society (Pierre et al., 2001).

#YouGoodMan

On October 4, 2016, a Black male rapper known as Kid Cudi announced that he had been diagnosed with depression and was suffering from suicidal ideations that led him to admit himself into an inpatient mental health facility (Francis, 2018, 2021). This led to an influx of social media dialogue about the mental health of Black men and the creation of the Twitter hashtag #YouGoodMan (Francis, 2018, 2021). This hashtag provided a space for Black men to tell their stories and struggles of mental illness while potentially receiving recommendations for mental health resources (Francis, 2018, 2021). This phenomenon received a lot of media attention due to the common struggle of getting Black men to not only admit to their mental health issues but openly discuss them among others as well.

Francis (2018) used a quantitative analysis to survey a sample of 182 of the men who had participated in the mental health discussion on Twitter. One of the research questions that guided this study was *How did young Black men respond to a celebrity's depression disclosure in terms of information seeking?* Francis (2018) reported that half of the sample admitted to seeking information about depression and mental health following Cudi's announcement. The concern of having potential depression symptoms was proven as a motivating force for some of the information seeking with some seeking online screenings for depression. It is interesting to note that empathy did not have a significant impact on seeking this information which was inconsistent with findings from a previous study conducted by Francis. Regardless of the motivation, this incident led to an increase in mental health information seeking and at least began the process of getting Black men to seek help for their mental health concerns.

In a more recent study Francis (2021) used a qualitative approach to explore and identify themes from what Black men were saying about mental health following Cudi's announcement. Using a sample of 1,482 of the tweets that mentioned the hashtag #YouGoodMan over the week following the announcement, Francis analyzed the tweets for common themes utilizing Thematic Analysis. Many of the participants used the hashtag to provide explicit details about their mental health diagnoses and some went as far as discussing the mental health medications they had been prescribed as well as their experiences with therapy. Findings from the study reported the following three themes: (a) advocating for mental health disclosure, (b) providing online and offline support and (c) acknowledging the impact society has on mental health (Francis, 2021). Francis (2018, 2021) illustrated the significant struggles of mental illness prevalent among Black men who often suffer in silence and refuse to admit to the emotional distress of mental illness or discuss their experiences. The results from both studies also indicate that there are a significant

number of Black men who have engaged in mental health treatment although still at lower rates than other marginalized groups.

Mental Health Help Seeking

Woodward et al. (2011) investigated the trends of Black men using mental health services through a quantitative analysis of the use of professional and informal supports. Utilizing data from the National Survey of American Life (NSAL), the sample consisted of 371 African American and 138 Caribbean Black men meeting the criteria for a mood disorder, anxiety disorder, or substance disorder (Woodward et al., 2011). The authors used four categories to describe mental health help seeking behaviors among the sampled participants: professional services only (14%), informal supports only (24%), both professional and informal supports (33%) and no help (29%) (Woodward et al., 2011). It should be noted that the authors failed to provide a clear understanding of how they were defining informal supports with the assumption being this would entail seeking support among family, peers, and non-professional resources. Findings suggest the importance of both professional and informal support for Black men with psychiatric disorders and analysis of the demographic data suggests that those Black men with low income are disadvantaged lacking both forms of support (Woodward et al., 2011).

This study had significant limitations noted by the authors including no determination of whether those who used both forms of support did so concurrently or on separate occasions and not being clear on whether those who used only one support, or none, were having their mental health needs met. However, the authors acknowledged the results of this study being a step in the right direction in understanding mental health help seeking among Black men. Woodward et al. (2011) described the need for more exploration of how racism and masculinity impact help seeking both separately and together.

Cadaret and Speight (2018) saw the need to investigate attitudes about mental health help seeking among Black men based on the significant disparities noted in statistics and literature. The authors wanted to understand if social and self-stigma influenced help seeking as well as how social demographics effect the relationship between stigma and help seeking (Cadaret & Speight, 2018). This quantitative study consisted of 123 Black men attending a Black Exposition in a Midwestern city. The surveys consisted of multiple scales assessing stigma, attitudes towards help seeking, hardiness and John Henryism. Based on a folk tale character, John Henryism is considered a coping strategy for prolonged exposure to stress by overworking and overexerting oneself to the detriment of their physical health. In contrast, hardiness is a response to stress centered in resiliency and correlated with positive health and performance outcomes (Cadaret & Speight, 2018).

Findings from this study suggest that self-stigma is a significant deterrent to mental health help seeking influenced by age and occupation and hardiness negatively influences self-stigma which led to more positive attitudes toward help seeking and decreased the impact of self-stigma's influence on help seeking. The statistical analysis also suggested the insignificant impact of John Henryism on mental health help seeking. The authors acknowledge this study being a gateway into understanding help seeking attitudes while also calling for future studies to address racism and masculinity as barriers to mental health treatment seeking (Cadaret & Speight, 2018).

Perceptions of Mental Health Treatment

Dr. Earlise Ward has made significant scholarly contributions to the exploration of Black men and mental health (Ward & Besson, 2012; Ward & Collins, 2010; Ward & Mengesha, 2013; Ward et al., 2013). A significant contribution being a qualitative study examining Black men's

beliefs about mental illness, perceptions of mental health stigma, and barriers to seeking treatment (Ward & Besson, 2012). Using the Common Sense Model (CSM) as a theoretical framework, the authors interviewed 17 local Black men over 25 years old. Dimensional Analysis results found that most of the men demonstrated an understanding of mental illness and contributing factors (Ward & Besson, 2012). Contrary to previous research, most men in the study did not report perceptions of stigma associated with mental illness nor did they feel that stigma was a barrier to treatment (Ward & Besson, 2012). According to Ward and Besson, participants reported positive views of mental health treatment, were open to seeking it, supported the idea of encouraging others to seek treatment, and expressed interest in mental health research.

The authors acknowledged the use of the CSM as a limitation to this study which lacked direct questions about stigma and may have contributed to the low significance (Ward & Besson, 2012). While a mental health diagnosis was not a requirement for participation, only 36% reported being diagnosed with a mental illness and no assessment of mental illness was utilized making this study limited in application to the Black men who suffer from mental illness and need treatment (Ward & Besson, 2012). Another considerable limitation is how the participants connected with the interviewer in terms of fully honest responses. The interviews were conducted by a Black female graduate student and while participants may have felt a same race connection, gender differences could have influenced comfort level and transparency. Another finding reported from this study was the participants' beliefs that having a mental illness could result in criminalization and imprisonment. With an extremely high number of Black men in prison and high percentages of inmate mental illness in both state and federal prisons, this phenomenon is one that is worth exploring.

In a phenomenological qualitative study, Stare and Fernando (2019) examined Black men's perceptions of treatment in court mandated mental health diversion programs. Stare and Fernando recruited participants over a four-month period from a misdemeanor mental health court program and two felony mental health courts programs. The programs used similar forms of treatment including medication, anger management, group therapy and individual therapy. The sample consisted of twelve Black men between the ages 18-41 that had been released from incarceration to participate in the program, committed a mental health related offense, and had a documented diagnosis of Bipolar Disorder, Major Depressive Disorder, Schizophrenia or Schizoaffective Disorder. Findings from this study suggested the following three themes: helpful treatment factors related to positive emotional and cognitive experiences, cognitive dissonance between preconceived negative views of the judicial system and mental health treatment and positive treatment experiences, and treatment barriers such as stigma, oppression, isolation, medication side effects, lack of knowledge about treatments and given diagnoses, mistrust, and powerlessness. Participants reported positive experiences with providers that normalized and validated their experiences within an oppressive system (Stare & Fernando, 2019).

In summary, this study provided examples of positive experiences and the benefits of mental health treatment for Black men further supporting the need to work against perceived barriers to engage more Black men in mental health services. However, this study did have significant limitations such as no involvement of Black researchers, interviews conducted by a White male, and feelings of powerlessness and perceived coercion among the participants. The authors acknowledge these factors and document ways they worked to address these limitations as much as possible (Stare & Fernando, 2019).

The silent mental health struggles and low mental health treatment utilization of Black men has been the focus of many studies for over thirty years (Wade & Rochlen, 2013; Woodward et al., 2011). Current literature has found many factors influencing Black men and their decisions to seek mental health treatment (Cadaret & Speight, 2018; Francis, 2018, 2021; Stare & Fernando, 2019; Ward & Besson, 2012; Ward & Collins, 2010; Ward & Mengesha, 2013; Ward et al., 2013; Woodward et al., 2011). Two consistent factors have been those associated with race and masculinity. A common implication in the previously discussed studies is the impact of race and masculinity and the need to further explore how these social constructs act as barriers to mental health treatment.

The scarcity of scholarly exploration of the lack of mental health treatment engagement by Black men provides evidence of a gap in the literature that needs to be filled. This study was conducted to fill that gap in an effort to advocate for the silent struggles of Black men while also allowing their stories to help improve treatment outcomes, available resources, and treatment engagement. This study addressed some of the mentioned gaps in the literature by exploring the specific influence of masculinity and racism on Black men seeking mental health treatment (Cadaret & Speight, 2018; Woodward et al., 2011) and utilizing a Black male interviewer to provide a racial and gender connection with participants (Stare & Fernando, 2019; Ward & Besson, 2012).

Summary

This study sought to fill the gap in the current literature concerning the influence of social constructs on millennial Black men's decisions to seek mental health treatment. This chapter provided an analysis of current literature on the factors and concepts important to this study by reviewing (a) the multidimensional framework, consisting of Black Masculinity, Critical Race

Theory and Black Critical Theory, (b) Millennials, (c) mental health in the Black community, (d) anti-Black racism, (e) Black masculinity, and (f) Black men and mental health treatment. The following chapter provides a detailed description of the methodology used for this study.

CHAPTER 3: METHODOLOGY

Introduction

This study sought to fill the gap in the current literature concerning the influence of social constructs on millennial Black men's decisions to seek mental health treatment. The findings of this study add to the literature and inform outreach and advocacy efforts to help improve treatment outcomes, available resources and increase treatment engagement. This chapter will introduce the methodology used for this study after receiving Institutional Review Board approval from the University of North Carolina at Charlotte. The following sections include a review of the research questions, subjectivity statement, research framework, participants, sampling and recruitment, procedures, data analysis, and trustworthiness.

Research Question

The following research questions guided this study:

(1) How do anti-Black racism and Black masculinity influence millennial Black men's decisions to seek mental health treatment?

(2) What are the socially constructed barriers to mental health treatment seeking for millennial Black men?

Subjectivity Statement

Men, specifically, Black men, do not experience depression. We do not seek therapy or need medication; instead, we attend church to pray to eliminate problems, abuse drugs or alcohol, engage in excessive and sometimes risky sexual relationships, or do nothing about it at all. As a Black man who has suffered with depression most of my life, it was not until adulthood that I finally understood what this emotionally and mentally exhausting battle was. The signs were there even as a child but the lack of knowledge and understanding of mental illness led to

my silent struggle for so many years. Even after the realization that I had been fighting with mental illness for so long, it still took me years and getting to one of the lowest points in my life before I finally decided to seek therapy and medication. Much like most men, especially Black men, I struggled and assumed that receiving assistance would portray me as vulnerable and weak. That is what makes this topic personal. Because of my personal experiences, tribulations, and triumphs with therapy, I want to support and uplift other Black men who are battling mental illness through my research and advocacy.

A close friend and mentor, Dr. Lamar Johnson, helped to spark my interest in research concerning Critical Race Theory (CRT) and Black Critical Theory (BlackCrit) which only fed the passion I already had for research and advocacy pertaining to issues of anti-Black racism and mental health. Critical Race Theory and Black Critical Theory have allowed me to be more critical of the innate racism in our society as well as become more mindful of microaggressions evident in my interactions with others and my own prejudices and micro-aggressive behaviors. It has opened my eyes and given me a more exploratory way of analyzing anti-Black racism that I did not have before (Dumas & ross, 2016; Gillborn, 2018). Utilizing CRT and BlackCrit has even provided me with the framework to recognize the impact racism has had on my own mental health (Brown, 2003). It has allowed me a better understanding of how I have and continue to process the ongoing trauma from watching Black bodies murdered on screens. It provides a framework to understanding the violence of racism of all forms in all settings. Through processing my own trauma from these experiences, my motivation to be more of an advocate against anti-Black racism and its impact on the mental health of Black men has grown exponentially. My goal with this study was to add to the current literature through humanizing

the experiences of Black men and providing them with spaces to share their stories and move their knowledge and experiences from the margin to the center.

Research Design

The purpose and research question guided the methodology for this study. Qualitative research is utilized to gain a contextualized understanding of how people make meaning and interpret their experiences in the world (Ravitch & Carl, 2019). Because my interest is how social constructs such as race and masculinity influence Black men's decisions to seek mental health treatment, a qualitative design was identified as the appropriate methodological approach.

Phenomenology

Phenomenology is a philosophical methodological approach in which the researcher seeks to understand the individual's perceptions of experiences to conceptualize a better understanding of the phenomenon being investigated (Davis, 2020; Mertens, 2005; Ravitch & Carl, 2019; Wertz, 2005). Davis (2005) described this approach as an "attempt to see our world as if for the first time, through unjaded eyes" (p.4). The focus is to improve the understanding and description of an event or experience from the view of how the person or group interprets the world around them (Mertens, 2005).

Phenomenology differs from other qualitative methodologies by centralizing the subjective experience of the participants (Mertens, 2005). Phenomenological reduction calls for the researcher to take a nonjudgmental and open-minded approach to the participants experiences by placing aside their personal views and biases to be receptive of an unprejudiced interpretation (Brinkmann & Kvale, 2015; Moustakas, 1994). Phenomenological reduction can also be referred to as bracketing which is an initial step in this approach to research that will be discussed later in this chapter. Critical scholars have taken a specific approach to this

methodology and conceptualized an extension of phenomenology known as critical phenomenology (Davis, 2020; Guenther, 2020).

Critical Phenomenology

This study followed a critical phenomenological design to explore how social constructs such as anti-Black racism and Black masculinity influence Black men when deciding to seek mental health treatment (Davis, 2020; Guenther, 2020). Qualitative scholars have explored the traces of phenomenology in critical theory and the traces of critical theory in phenomenology, providing evidence that the practice of phenomenology can be incorporative of critical theories such as CRT and BlackCrit (Guenther, 2020).

At its foundation, traditional phenomenology fails to also consider the historical and social structures that shape the lived experiences of the participants in both empirical and quasi-transcendental ways (Guenther, 2020). Transcendental structures are ideas or constructs, meant to understand the true nature of the how the word is experienced uninfluenced by human assumptions, prejudices, or scientific theories, that remain constant and consistent (Davis, 2020). Social constructs such as racism, white supremacy, white patriarchy, and heteronormativity are seen as quasi-transcendental structures because they are not constantly operating in consistent ways across all contexts and may be experienced differently among participants (Guenter, 2020).

Critical phenomenology is an extension of phenomenology that reflects on the "quasi-transcendental social structures that make our experience of the world possible and meaningful" and seeks to "generate new and liberatory possibilities for meaningful experience and existence" (Guenther, 2020, p.15). Critical phenomenology involves both philosophy and political activism by seeking deeper understandings of a phenomenon through critical analysis of the experiences of marginalized individuals (Guenther, 2020). The phenomenon analyzed in this study, using

semi-structured interviews, explored how anti-Black racism and Black masculinity influence Black men and their decision to seek mental health treatment (Ravitch & Carl, 2019).

Participants

Participants in the study were self-identified millennial Black American men who reported an interest in seeking mental health treatment. Eligibility was determined through a pre-screening that consisted of demographic questions and questions regarding interest in seeking treatment and experiences with treatment if they had gone before. This study included cisgender Black men only, regardless of sexual orientation. Participation was limited to Black men between the ages of 25-40, following the reported age range of millennials (Dimock, 2019). The sample consisted of sixteen Black men with an age range of 29-34 years old located in multiple states in the United States with the majority of them being in the southeast.

Sampling and Recruitment

Purposeful sampling and snowball sampling were used to recruit Black men interested in this study (Ravitch & Carl, 2019). Two methods were used for recruitment in this study. It was advertised through my personal and professional social media accounts and virtual counselor groups. Permission was requested from administrators of the social media groups before posting. The flyer and prescreening link were also shared by many of my followers on social media which helped to reach a broader audience. I also used snowball sampling by reaching out to potential participants that were recommended by identified eligible participants, colleagues, or peers (Ravitch & Carl, 2019). The recruitment posts included my contact information for additional questions prior to participating in the screening process. Potential participants were provided a link to a virtual written statement on consent, demographic questions to confirm race and age, and a screening with questions about inquiring if they had ever considered mental health

treatment before. Additional demographic information such as location, education, marital status and sexuality were collected. Responses to the demographic questions can be found in Appendix E, Table 2.

After completing the screening, those who reported an interest in seeking mental health treatment, were asked if they were willing to move forward with the study and engage in interviews. Responses to the screening remained anonymous until eligible participants agreed to move forward with participation. Once they agreed to participate, they provided their contact information with the understanding that by providing the information their results would no longer be anonymous. The results and contact information of those who agreed to move forward was collected and reviewed to ensure eligibility. Unexpectedly, forty eligible participants completed the screening and agreed to participate in the study. From these forty participants, I attempted to contact a sample of twenty with the expectation that all twenty would not respond and I would at least have a sample of 10-15 participants. The twenty were selected in an attempt to form a diverse sample of Black men who had gone to therapy and those who had not as well as those who reported positive experiences and those who reported neutral and negative experiences. Follow up emails were also sent out after a week if they had not responded. The initial contact emails included a link to a doodle poll with possible interview times for the participants to sign up for. The informed consent document was also attached to this email. Once participants signed up for an interview time, they received a confirmation email with a zoom link and a copy of potential interview questions to help prepare well thought out responses.

Method

Interviews are a data collecting method in qualitative research used when attempting to understand the world from the participants' point of view, understand the meaning of their

experiences, and to uncover their world prior to scientific explanations (Brinkmann & Kvale, 2015). Interviews are often used in phenomenological methodology. Key characteristics of interviews are relational, contextual and contextualized, non-evaluative, person centered, temporal, partial, subjective and non-neutral (Ravitch & Carl, 2019).

Though the interview may be brief, all interviews consist of a relationship between the researcher and participant. Ideally, interviews do not involve power differentials and avoid interrogation methods that may negatively impact the participant responses. To ensure the relational aspect of an interview, researchers should remain mindful of trust and reciprocity throughout all aspects of the study including before and after an interview. Researchers should also ensure interviews are contextual considering the intersections of multiple circumstances within the interview as they may relate to participant identities and settings. Contextualizing an interview also ensures mutual understanding of different concepts and terminology used by both parties. The interview should also be non-evaluative and researchers should be mindful of their own biases in order to prevent judgement during the interviews, ensuring the interview is not an evaluation of the participant. The aim is to understand the experience through collecting information, not judging what is said. The participants should also be the focus of the interview as the expert of their experiences to ensure that it is person centered. Understanding the temporal aspect of the interview and how the participant and story are impacted by the current time of the interview or experience being discussed is another important characteristic of interviewing. Because interviews are brief descriptions of an experience, they should be considered a partial account of the experience. They are also considered subjective as they are based on the participants interpretation of their experiences based on who they are. It is also important that interviews are non-neutral meaning that there will always be multiple influences on the

interpretation of the interview from both the researcher and participant perspective and these interpretations should be without judgement towards the participant to remain non evaluative.

Interviews can be in multiple formats that include structured, semi-structured and unstructured. Semi-structured interviews are utilized to understand themes of the subject's lived experience from their own perspective (Brinkmann & Kvale, 2015). With a focus on the lived experience of a specific phenomenon this type of interview aligns with phenomenological philosophies. The semi-structured interview is neither structured or unstructured meaning it does not have a closed questionnaire type format nor is it comparable to everyday conversation (Brinkmann & Kvale, 2015). Semi-structured interviews use interview guides that provide an outline of topics and potential questions (Brinkmann &Kvale, 2015). The interviews for this study followed a semi-structured format with a guide of topics and potential questions related to participants' experiences with racism, masculinity and their decisions on seeking mental health treatment.

Procedures

Data collection began once participants had been selected and scheduled times for semi-structured interviews. Participants were provided a list of interview questions before the interview. I conducted the semi-structured interviews with the hope that me being a Black man would provide a more comfortable and safe space for participants to honestly reflect on their experiences. Interviews were done via Zoom and lasted approximately one hour to discuss the responses to the provided questions as well as topics and follow up questions that came up from their initial responses. Interviews were recorded and stored on the secure Zoom network provided with Zoom access through the University of North Carolina at Charlotte. Participants were asked questions regarding beliefs towards mental illness and treatment, issues they believe

prevent Black men (including themselves if applicable) from seeking treatment, their own experiences with treatment (if applicable), how societal norms associated with masculinity have impacted their beliefs towards mental illness and treatment engagement, and how race has impacted their beliefs towards mental illness and treatment. The questions were guided by the multidimensional framework of the study consisting of Black Masculinity, CRT and BlackCrit. Refer to Appendix D for a list of the interview questions used.

Data Analysis

After all sixteen interviews were completed, I began reviewing the automatic transcripts provided through Zoom and edited them for accuracy. Part of this editing process included removing any personal identifying information and assigning each participant a new name, or pseudonym. Participants were informed of the name changed at the end of the interview and asked about a name they preferred. Some names were chosen by participants and I assigned the others if they did not have a preference. Once the transcripts were reviewed and edited, member checking was attempted and all participants received a copy of their transcript to review and make any changes. Some participants responded confirming approval while others did not. After giving each of them a week to respond, I began analyzing the transcripts. This week also allowed me time to step away from the research and begin the analysis with a refreshed mindset to avoid feeling burned out during the analysis process.

I analyzed the data using a similar modification of Moustakas's (1994) phenomenological analysis used by Eddles-Hirsch (2015). This process actually began during my initial edit of the transcripts provided by Zoom. During the editing process I would journal about any trends I was beginning to notice after each transcript. Next, I reviewed each transcript while listening to the interviews. This allowed me to become familiar with each participant's story and become more

aware of tone changes and moments of silence (Eddles-Hirsch. 2015). As I read the transcripts following along with the interview recordings, I also highlighted significant statements in each transcript. During this process I also referred back to journal entries I had written following each interview reflecting on my thoughts and things I thought were significant at the time. Then I reviewed each transcript again without listening to the interview and began selecting statements specifically relevant to the study and research questions. These statements were recorded in another document. Moustakas referred to this process as horizontalization (Eddles-Hirsch, 2015). Each of the statements recorded in a separate document were known as horizons (Eddles-Hirsch, 2015; Moustakas, 1994).

After reviewing the list of horizons to ensure there were no repetitive, overlapping, or unrelated statements, I began grouping them based on categories developed from my review of the transcripts. This grouping process was specific to each transcript and resulted in different group labels for each one. The initial grouping process was done on the first eight transcripts, in no specific order. At that time, I had different groups labeled for each of the eight transcripts and began comparing the groups across transcripts forming clusters of the groups and statements modifying the labels as I began to notice more specific trends and connections. This process led to the identification of three themes and eventually subthemes for each theme. Once the themes had been identified I completed the grouping process with the remaining eight transcripts categorizing the horizons by the established three themes.

Trustworthiness

In qualitative research the researcher is considered the instrument in collecting and analyzing data (Ravitch & Carl, 2019). With this topic being so personal to me, it was important to make all necessary efforts to maintain the trustworthiness of the results. This was done using

bracketing, reflexive writing, member checking and meetings with my dissertation chair. Bracketing is a preliminary step in phenomenological research that involves acknowledging the biases and assumptions the researcher may have associated with the topic of the study to have a nonjudgmental approach and remain open to different viewpoints and interpretations of experiences (Brinkmann & Kvale, 2015; Ravitch & Carl, 2019). This was done using the subjectivity statement section of this chapter. Reflexive writing was done using a journal to reflect and process on any thoughts and emotions that came up throughout the data collection and analysis process (Ravitch & Carl, 2019). I journaled following each interview to keep track of initial thoughts and reactions to the data collected. I also journaled during the initial editing of the transcripts and Horizontalization process. Member checking involves presenting the participants with interview transcripts to ensure validity. Following the interviews, member checking was attempted with the participants by emailing them the transcripts to review. Transcripts and themes were also reviewed and agreed upon with a cohort member to provide a more trustworthy analysis of the data and codes.

Summary

Chapter three provides an exploration of the methodology for this study. As previously mentioned, this study will fill the gap in the current literature concerning how anti-Black racism and Black masculinity influence millennial Black men seeking mental health treatment. A critical phenomenological research design was utilized consisting of semi-structured interviews of sixteen participants from a purposeful sample of millennial Black American men who expressed interest in seeking mental health treatment. As the instrument of the study, I used a modified version of Moustakas' phenomenological analysis to analyze the interview data

(Eddles-Hirsch, 2015; Moustakas, 1994). I also used bracketing, reflexive writing, and member checking to maintain trustworthiness of the study.

CHAPTER 4: FINDINGS

Introduction

The purpose of this study was to explore the influence of social constructs on millennial Black men's decisions about seeking mental health treatment through the lens of Critical Race Theory (CRT), Black Critical Theory (BlackCrit), and Black Masculinity. This study was conducted to fill the gap in the literature concerning why Black men engage in mental health treatment at significantly lower rates than other racialized groups. Chapter four provides the results of the analysis of the data collected from the semi-structured interviews of the sixteen participants. The research questions guiding this study were: (1) How do anti-Black racism and Black masculinity influence millennial Black men's decisions to seek mental health treatment? and (2) What are the socially constructed barriers to mental health treatment-seeking for millennial Black men? This chapter begins with an introduction to the participants followed by an introduction and discussion of the identified themes and a conclusion leading into the discussion of the findings in the next chapter.

Participants

In this section, I provide a brief description of each of the sixteen participants based on reported demographic information and data gathered during interviews. The descriptions will detail age, location, education level, sexual orientation, and marital status followed by a brief statement about their views and experiences with mental health treatment. The participants are listed in no specific order.

Jai

Jai is a 33-year-old single Black man with a doctoral degree residing in California. Jai chooses not to label his sexuality but acknowledges that he is not heterosexual. He reported that

he has never been diagnosed with a mental illness but he has engaged in therapy. He stated that he sought therapy after his father was murdered during a time in his life when he was dealing with a lot of personal and professional transitions. Jai reported having nothing but good experiences with therapy.

Travis

A 32-year-old Black man living in Tennessee pursuing a doctoral degree, Travis is married and identifies as bisexual. Travis has engaged in both individual and premarital counseling. He reported that he has never been diagnosed with a mental illness but has engaged in individual therapy in the past during significant periods of transition in his life. His first attempt at seeking therapy was a negative experience that led him to quit going for years before seeing a new therapist recently. Travis reported having a positive experience with his new therapist as well as with the premarital therapy with his wife.

Dro

Dro is a 31-year-old heterosexual Black male who is married and living in Florida. Dro reported he is currently pursuing a college degree. He has never been to individual therapy but he and his wife have seen multiple clinicians for couples' therapy due to communication issues. He reported that every experience with therapy so far has been negative for him.

Dejerrio

Dejerrio is a 32-year-old college-educated Black man living in North Carolina. Dejerrio identifies as heterosexual and reported being single. He has never engaged in therapy though he admitted he has considered it but never followed through.

Jamarcus

Jamarcus is a 33-year-old Black man with two master's degrees. He currently resides in North Carolina. Jamarcus identifies as bisexual and has never been married. He has never been to therapy but has had unsuccessful attempts during emotional periods of his life in the past.

TJ

TJ is a 31-year-old heterosexual married Black man. TJ has a master's degree and lives in South Carolina. TJ has had concerns that he struggles with an anxiety disorder for years and feels that it started when he was a teenager. He has never been professionally diagnosed and has never attempted to seek treatment though he feels it is something he may be ready to do now.

Tariq

Tariq is a heterosexual Black male with a Juris Doctorate living in Maryland. He is 30 years old and has never been married. He has never been to therapy but reported he has considered it before when dealing with grief or feeling overwhelmed in life.

Hakeem

Hakeem is a 31-year-old college-educated Black man living in South Carolina. Hakeem is homosexual and also identifies as queer and femme. As someone who identifies as femme, Hakeem acknowledges and owns his feminine qualities and appearance while still identifying as a man. Hakeem has been diagnosed with Major Depressive Disorder, Generalized Anxiety, and Panic Disorder in the past. He has been in therapy and prescribed medication periodically since he was a teenager and though some experiences were negative, he stated that his experiences overall have been positive.

Ali

Ali is a 31-year-old heterosexual Black man currently working towards a doctoral degree. He is married and lives in Pennsylvania. He previously decided to go to therapy due to the

frustrations of being newly married. He reported a negative experience with therapy in the past. Ali was never officially diagnosed with anything and decided to stop going after two sessions.

Jarrell

Jarrell is a 32-year-old single Black man with a doctoral degree. He identifies as heterosexual and currently lives in Texas. He also stopped going to therapy after two sessions and stated it was a neutral experience for him. He has never been diagnosed with a mental illness and decided to seek therapy after his relationship ended with his ex-girlfriend.

Craig

Craig is 33 years old and lives in Maryland. He identifies as bisexual and has never been married. He is currently pursuing a master's degree. He has engaged in therapy once when he was going through a challenging time in college. He stated the experience was positive and extremely helpful.

Khalil

Khalil is a 32-year-old Black man with a master's degree living in North Carolina. He is married and identifies as heterosexual. Khalil has been to both individual and premarital counseling. He decided to seek therapy to learn to get better at meeting his wife's emotional needs and for general maintenance of his mental health. He reported a positive and rewarding experience with couple's counseling. He discontinued therapy because he felt that it was not adding or taking away anything for him so it was not beneficial. He described it as a neutral experience.

Micah

Micah is a 30-year-old heterosexual Black man living in Colorado. He is college-educated and has never been married. Micah has been diagnosed and treated for anxiety and

depression, with a history of suicidal ideations and attempts. Since his first attempt at completing suicide in college, he has been in and of treatment which has consisted of medication and therapy. He reported having positive experiences with therapy.

Andre

Andre is a 34-year-old heterosexual married Black man. He has a master's degree and lives in Maryland. He has gone to both individual and couples therapy sessions. He stated his wife being in therapy motivated him to want to try it for himself when dealing with grief after the death of a parent. He stated it has been helpful and both have been positive experiences.

Jamal

Jamal is a 31-year-old college-educated Black man living in South Carolina. He identifies as heterosexual and has never been married. Though he initially started therapy to cope with breaking up with his ex-girlfriend, Jamal has been diagnosed and treated for depression and anxiety. He reported that his initial experience with therapy was negative and led to him seeking a new therapist which ended up being a more positive experience for him.

Jamal

Jamal is a 31 year old college educated Black man living in South Carolina. He identifies as heterosexual and has never been married. Though he initially started therapy to cope with breaking up with his ex-girlfriend, Jamal has been diagnosed and treated for depression and anxiety. He reported that his initial experience with therapy was negative and led to him seeking a new therapist that ended up being a more positive experience for him.

Malik

Malik is a 29-year-old Black man with a master’s degree living in North Carolina. He has never been married and identifies as heterosexual. Malik has never received a mental health

diagnosis but initially sought therapy due to concerns he might have had Asperger's and after being accused of being a narcissist. Since being in therapy he knows he does not have those disorders and continues his counseling to deal with his general mental health. He reported a positive experience with therapy so far.

Themes

Following an extensive analysis of the data that included multiple readings and peer debriefing with a cohort member, the findings from the sixteen interviews resulted in the following three themes: *Racialized Gendered Socialization, Cultural Distrust,* and *Invisibility*. The first theme, *Racialized Gendered Socialization,* includes the subthemes: Black Masculine Fragility and Media Influence. The next theme, *Cultural Distrust*, includes the subthemes: Racial Distrust, Gender Distrust, and LGBTQ+ Distrust. The third theme, *Invisibility,* consists of the subthemes: Lack of Visible Black Therapists, Lack of Positive Testimonies, and Lack of Clear Knowledge and Understanding. All three themes apply to both research questions though some subthemes may not fully address the first research question regarding the influence of race and masculinity on millennial Black men's decision to seek mental health treatment. Table 1 provides a breakdown of the themes and subthemes including the number of participants who reported each of them. The identified themes and subthemes are discussed in more detail in the following sections.

Table 1: Themes and Subthemes

Themes	**Subthemes**	**# of Participants**
Racialized Gendered Socialization		16
	Black Masculine Fragility	16

	Media Influence	15
Cultural Distrust		16
	Racial Distrust	16
	Gender Distrust	16
	LGBTQ+ Distrust	7
Invisibility		16
	Lack of visible Black Therapist	9
	Lack of Positive Testimonies	14
	Lack of Clear Knowledge and Understanding	15

Racialized Gendered Socialization

The theme *Racialized Gendered Socialization* refers to the way society has influenced the behaviors, perceptions, values, and attitudes of how Black men view and define Black masculinity. This theme was evident in all participants interviews when asked about their thoughts on Black masculinity and living life as a Black man. Each participant's explanation of the Black male lived experience, no matter how unique, included reasons Black men do not typically seek therapy. Participant responses were categorized into the subthemes Black Masculine Fragility and Media Influence.

Black Masculine Fragility

Black Masculine Fragility refers to Black men's discomfort, defensiveness, and avoidance of anything contradictory to perceptions of Black Masculinity. This subtheme is characterized by Black men and their need to focus on maintaining a masculine identity, avoid

feelings and emotions that threaten their masculinity, and the societal and cultural pressure placed on them to maintain their masculine image and never be seen as anything else. Black Masculinity Fragility was a prevalent theme with all participants in their explanation of their views on masculinity and the socialized need to protect that image.

Defining Black Masculinity. The initial questioning that led to this theme was asking the participants what masculinity and Black masculinity meant to them. Acknowledging masculinity as a social construct Jai stated, “Masculinity is basically a social construction based upon how [society] thinks boys and men should move in, exist, and speak within the world.” Other participants discussed what they believed masculinity was which followed the generalized definition provided by Jai illuminating the fact that masculinity is defined by societal influences. After providing his general definition of masculinity, Dejerrio went on to describe the added nuances of Black masculinity stating, “You gotta have the threat of danger around you for Black masculinity. Even if you not that dangerous.” Dejerrio like many of the participants acknowledged that Black masculinity will always be different from masculinity because of the difference in expectations for White men and Black men. Participants also discussed the added pressure to be more hypermasculine. Some, like Dejerrio, felt they needed to be tough and at least appear to be dangerous even if that is not who they are. Andre stated, "I always felt like being a Black man, I had to be a certain way and act a certain way," when discussing the added need to present as stronger, tougher, and more dangerous than White men.

In a statement that was repeated verbatim in many of the participant interviews, Travis stated that as a Black man "you have to be twice as good" when referencing the pressures that come with being a Black man in today's society. This statement speaks to the common mentality that Black men have to be twice as good to get half as much in life as White men. In maintaining

their masculine image Black men have to be hard workers because that's what they have to do to provide for their families and protect those they care about. Dro stated, "My idea of a [Black] man is somebody who's able to protect and provide. Unfortunately." The final word of Dro's statement alludes to the often unspoken desire many Black men have to be defined by more than just a protector and provider. An idea more explicitly expressed by Micah:

> Black men are supposed to be strong and deal with it and get back to the grind. I see so many of my brothers that are struggling to deal with things because they've been taught whenever you're struggling grind harder. (…) I hate the motto 'nobody cares work harder' like okay if you feel like nobody cares and you need to work harder, I guarantee you that when you work harder, nobody still cares. It's like you're still left dealing with the same stuff.

Micah's statement sheds light on the idea that Black men are conditioned to believe that regardless of what they may be going through it is not important because the answer is always to grind harder. Some Black men like Micah, who has actively engaged in therapy for years, work to challenge that narrative while acknowledging that it is still the normative way of thinking to maintain the Black masculine image.

Emotional Expression. Acknowledging the difficulty that comes with Black masculinity and emotional expression, Dro added, "Being a Black man is hard because you're not able to express emotionally everything that you're feeling when you feel it. (…) You're not allowed to have feelings. How dare you." Furthering the discussion on the dismissiveness of Black men and their emotions, Craig stated, "They want to see a [Black] masculine man be this kind of way regardless if he fucked up on the inside or not." Statements like these show that while these Black men have been taught to be emotionless that is not always the case. However, if they show

it, they are wrong and looked down upon. Emotional expression is equated to weakness and lacking the strength required of Black masculinity. Jai stated:

> We're always told that Black men can't be vulnerable. Men can't express and we can't want love. We want love. Men want love and so because of how we're taught by society, we think that you can't want those things. If you do want those things then you look weak, and so you can't show any emotions.

Some participants like Tariq explained their discomfort with the idea of openly expressing themselves and possibly being labeled weak:

> As a [Black] man it's not something that you really want to talk about. It's something that you want to keep to yourself. I don't want to let too many people know what's going on with me. (…) I don't want to let a lot of people know I'm sad or let a lot of people know that I'm too stressed or too overwhelmed to deal with my own problems.

In this statement, Tariq speaks of the desire to not allow others to see his perceived weaknesses, and how internalizing his struggles provides a sense of safety. From this and similar statements among the participants, it would lead one to believe that any form of emotional expression is a threat to Black men and their masculinity.

The fragility of Black masculinity means the inherent need to avoid any threats to their masculinity. For many Black men, femininity is a threat to masculinity that must be avoided at all costs. Ali stated:

> You show anything that's not like hyper strong, hyper tough, hyper emotionless then you're not a man. That's feminine. (…) When Black men tend to exude things that society has deemed to be feminine or Black women deem to be feminine you really get

> talked about to the point where you get shamed for doing it. He can't ask for help. His struggles must be kept secret.

Ali also discussed femininity being a threat to masculinity that also threatens a Black man's heterosexual identity when expressing emotions:

> Emotional language isn't something [Black] men are encouraged nor do we get so we don't know how to express ourselves. It's either rage or love. It's when I see you in the street if I don't know you and you're looking at me now I got to prepare myself to fight you. Even if I don't know you, even if we just at a concert, even if I'm walking past, you in the mall. You looked at me a little too long. [If] you complimented me, you gay!

Hakeem, a homosexual femme Black man, stated:

> Masculinity is a performance. (…) and when I think of masculinity I think of a straight person, a straight man, not because that is what is masculine but that is what the idea of masculinity is. I don't agree with that.

Hakeem went on to discuss how he still views himself as masculine even though he identifies as a femme. The heteronormative idea that showing most emotions is unacceptable and feminine further details the fragility of Black masculinity and the social constructs that threaten it.

An important aspect of engaging in therapy and other mental health treatment is acknowledging and processing emotions. Unfortunately, as a Black man, showing emotions supposedly makes you feminine and threatens your Black masculinity making you weak. Therefore, for some Black men like TJ, masculinity has no place in a therapy session:

> The way I define masculinity, which I never had done that before, I'm gonna feel like I got to cut it off to go to therapy, but as soon as I leave therapy I gotta cut it back on.

> That'd be crazy cause then I'm gonna feel less productive. I want to go though, I feel like that definitely plays a factor.

Comments like TJ's shed light on the internal struggles Black men face when deciding if they will actually seek therapy. Other participants also shared similar internal struggles. Travis stated:

> It's harder for us to go to therapy because it's harder for us to admit that we need help. Access to help even, like getting across barriers that I think Black men will face going into a room with a therapist.

Similarly, Craig discussed internally minimizing his need for therapy stating "We don't do therapy and it was like 'Do you really need to go? You alright, you can handle it. You've been overwhelmed before and it ain't that big of a deal.'" Before deciding to seek therapy, Andre admitted to also minimizing his need:

> Tricking myself into thinking that I didn't need to do it. Like 'Oh I'm not as bad as somebody that has depression, I mean I can get out of bed or I'm not doing something crazy like eating soap or something.

Minimizing the need for therapy and comparing himself to more severe cases was something Jarrell also struggled with after attending no more than two therapy sessions:

> [I was like] hey, some people are literally going through like midlife crises and they need this more than I do at this point so I just kind of shouldered the burden of my mental health on my own. (…) I was kind of just trying to be selfless and think of other people outside of myself and potentially free up an opportunity for them to seek help for their needs cause I felt that even though it's not necessarily good to think of that, it was the mindset that I had when I elected to stop going to therapy. (…) Self-sacrifice feels like the most glorious thing that you can do in life and I think that's ultimately why I decided

> to give up my space to give somebody else an opportunity that I felt might have been more deserving or needing of it and I just felt like that self-sacrifice would go down as a bit more glorious.

Jarrell illustrates the masculine need to just keep pushing and dealing with things on his own. In the latter part of his statement, Jarrell provides a clear example of Black men glorifying the act of sacrificing their emotional wellbeing for the needs of others. Being socialized to think this way makes therapy seem like such a foreign concept that some of them are just not equipped to handle. Malik stated:

> We’re not set up or taught or it's not made acceptable to ask for help or to look out for help. We just deal with it and keep pushing just because we've had to do that since we got here, pretty much.

Malik's comment aligned with those of other participants who generally felt like seeking help, expressing emotions, and going to therapy are foreign concepts to many Black men who were taught to never want or need help. Adjusting to such a foreign concept was particularly difficult for Jamal when he initially started therapy:

> There's never been a point in my life where I have actively practiced just being open and just open communication about my emotions, my feelings, [or] my thoughts. Never in my life and I think that ties into like my perception growing up of Black masculinity. I've never witnessed my uncles and never witnessed any male figures in my life just like openly communicating about their emotional wellbeing [or] their feelings. It was never, never a thing.

Jamal and Malik both acknowledge that being socialized to avoid emotional expression and seeking help was something that was both implicitly and explicitly instilled in them by family and community members throughout their childhood.

Community Influence. Many participants described the impact their family and childhood environments had on their beliefs about asking for help and seeking therapy. Some acknowledged common thinking among Black people when it comes to therapy and seeking help through the church and prayer. Micah stated, “Growing up in church all my life it was just like you pray, you leave it at the altar [and] you let God worry about it.” His statement is one of many that addressed the normalized thinking that emotional healing through prayer was the only necessary treatment for any emotional issues among Black people, especially Black men. He also acknowledged the stigma about seeking therapy in the Black community:

> There's still a decent amount of our community that looks at it like 'Oh, my goodness, you're not a real man if you got to go and talk about stuff. If you're dealing with this stuff and you can't figure it out because that's one of the tenants of masculinity.

Similarly, Dro stated:

> Therapy was never an option for me. (…) If you're a Black man and you're raised by Black parents and you're in a Black community it almost seems like something's wrong with you. Like something not right in your mind that caused you to want to go to therapy and people treat you differently because you choose to go to therapy.

This thinking is often connected to the concept of keeping things in house and within the Black family or community, an important lesson that many Black people learn in their youth. Tariq stated, “We feel like we’re all family and we can support each other. We’re all we got. We don’t need anybody from the outside.” Jamarcus acknowledged learning to deal with his problems

from other men in his life stating, “I’ve resorted to some of the ways I’ve seen other men in my life handle issues,” in a statement echoing Jamal about looking to other Black men for guidance on how to cope with emotional distress.

Many participants also discussed the generational differences when it comes to views on therapy. Dejerrio stated, "Nobody ever mentioned therapy growing up. Ever. For a lot of my life, it wasn't even a thought. (…) The older generation, the older Black generation especially, I think they still think therapy just means you're crazy." A discouraging message many Black men receive when it comes to doing something so beneficial to bettering themselves. Dejerrio also discussed the common perceptions of masculinity in the Black community, "People view Black masculinity just like a typical street nigga basically." This and other negative stereotypes such as being labeled as thugs, gangstas, and drug dealers are more than just a result of family and childhood environments and are often attributed to outside factors such as the influence of the media.

Media Influence

The *Racialized Gendered Socialization* of Black men when it comes to seeking help and going to therapy is also significantly impacted by Media Influence. This subtheme is characterized by media influencing the images of what Black men should be like and how they should behave, the lack of media portraying Black men going to therapy, and the rare media portrayal of Black people that do go to therapy not being taken seriously. This subtheme was significant in fifteen of the participant interviews.

Stereotypes. Many of the participants acknowledged being influenced by the media when it came to the image of what Black men were supposed to be like. Malik stated, “It’s part of the demonization. We don’t really have control over our narrative or perception.” Jamal

commented, “We get a lot of media…like dudes from the hood [and] super tough." Similar narratives portrayed by the media illustrate how Black men should be too prideful to seek therapy. Many depictions show Black men making fun of therapy, being dismissive of mental health, or dramatizing their counseling experience to add to the narrative of being crazy or dangerous to benefit storylines.

Representation. Another aspect of media influence is the idea that only White people go to therapy. It even acknowledges the different masculine views between White and Black men and how it is more socially acceptable for White men to go to therapy. Dejerrio stated:

> You see it on TV. It's like okay that's White people doing therapy in movies. (…) White men going to therapy is what I always saw on TV when they sit on the couch and talk to a shrink.

Jai described the influence of media when watching TV growing up stating, “You think about our shows and what we watched growing up in the 90s. You didn't see no [Black men] going to therapy. That wasn't a thing. You didn't get scenes like that." Both Jai and Dejerrio provided examples of TV shows from their childhood that would normalize White men in therapy such as *Frazier*. These images and stories further solidify the belief that therapy is for White people and they are the only ones who can benefit from it.

When discussing the lack of representation of Black men going to therapy in the media, Andre stated there was a need for "more push from the media to get more media portrayal of Black men going to therapy and see it can help." However, instead, our generation grew up watching TV that either never included Black men going to therapy or made a joke of it. Jai discussed how the media gave inaccurate portrayals of therapy to Black people:

> Think about on *Fresh Prince of Bel Air* when they went to therapy, well couples therapy with him and Lisa, Nia Long's character, and they started hitting each other with the balls and bats and they got into it with other people. People actually think like 'Oh this is what therapy is it causes more drama.'

When thinking about his memories of Black men going to therapy on TV, Dejerrio stated, "The only therapy with a Black man I can think of in a movie was like *Bad Boys* when he went to a therapist and he ends up [having sex with] her." Inaccurate portrayals of therapy can also lead Black men to develop issues with trusting their therapists. Jamarcus stated:

> I guess it would be the trust factor of talking to a therapist like am I trusting them, are they really giving me real advice, are they really listening, are they judging, and like so many questions (…) if I would be cool to talk to you if I don't feel like you'd be writing a blog about it at night. (…) I see yall on movies and stuff and yall be crazy. Or exploiting the person or doing all that stuff. Just bad media. This is the kind of craziness out there about yall.

These examples of therapy being portrayed in the media contribute to the dramatic and inaccurate depiction of therapy that has historically taught our generation that it cannot be trusted and has no benefit to Black men.

Cultural Distrust

Trust is essential to the counseling relationship and therapeutic process. Clients should feel comfortable opening up and expressing things to their therapist in confidence without the fear of judgment or a breach of confidentiality. They should also feel like their therapist has an understanding and acceptance of their cultural identities. The second theme, *Cultural Distrust*, refers to Black men's trust issues and discomfort with seeking counseling as it relates to their

cultural identity and the cultural identity of their therapist. With the counseling field being predominantly White, a common barrier among the participants was trust issues related to the likely possibility of seeing a White therapist as well as other cultural concerns. This theme was evident in all participants interviews when explaining their reasons for not seeking therapy or their initial reluctance. Participant responses were categorized into the subthemes Racial Distrust, Gender Distrust, and LGBTQ+ Distrust.

Racial Distrust

Racial Distrust refers to Black men's discomfort and refusal to seek therapy from White therapists. A common viewpoint expressed by the participants was not feeling like they could engage with a White therapist whether based on expectations or experience. Based on previous experience Jamal stated:

> I knew I wanted somebody Black cause the first person that I worked with was White so I was like nah, I might just like wipe off all White therapists and say they ain't for me. So I knew I wanted somebody Black.

Hakeem, who had also had experiences with white therapists, stated, "I look for someone who is on the margins in some way. I don't want a White man. I've done that, I done it twice, it was terrible both times, or not terrible but just not helpful." Some were not even willing to try working with a White therapist based solely on their expectations as evident when Jai stated, "I will not, I cannot, and I do not go to any White therapists." This subtheme is characterized by the racial differences in access to mental health treatment, how racism impacts mental health, and the lack of cultural connections. Racial Distrust was a significant factor in the Cultural Distrust theme prevalent in all participant interviews.

Access. Many of the participants discussed the issues with access to therapy for Black communities, especially Black men. TJ stated, “I feel like White men go in general like that’s normal. Well, just something they have access to.” Hakeem stated, “Its more accessible for them and it’s been more accessible to them.” TJ and Hakeem addressed the fact that access to therapy being limited for Black men and more accessible to White men made it more likely that seeking therapy would result in them seeing a White therapist when none of them were open to it.

Accessibility issues are also relevant when it comes to seeking mental health medication. Black men are often finding it difficult to receive appropriate medical care when it comes to medication for their mental health. Some like Hakeem, find that doctors may be dismissive of their requests for medication simply because of their race. Hakeem stated:

> I take Lexapro. Been on Lexapro for years now and my experience as a Black man going to a provider and asking for Lexapro has not been the best. I have to essentially prove myself and audition for this shit. (…) After experiencing it with three different providers I know now. [They] just don’t want to give me my medicine, and it is simply because of how Black men are treated in healthcare. (…) They were White doctors.

In this statement, Hakeem not only brings up an issue with access to appropriate mental health treatment he also highlights the disparities in healthcare for Black men and other racialized minorities. Hakeem and other participants acknowledge the racism not just in mental health care but in the overall healthcare system.

Racism and Mental Health. The lack of access and the overall perception that therapy is for White people is related to the impact of racism in Black men's lives that has led to them not trusting White therapists or, for some, White people in general. When asked whether he would have the same level of distrust with both White and Black therapists, Jamarcus stated in regards

to White people, “it will be much more. Double at least.” In describing his trust issues with therapy Jamarcus stated:

> When I see or have experiences with White people, and I'm being honest right here, sometimes I think about not if they're racist or whether they like Black people, it's sometimes like when are they gonna show me that certain side of them.

Hakeem stated, “Race changes everything. It’s all still ‘the man’ so it’s like ‘you trying to send me away?” The statements by Jamarcus and Hakeem illustrate the distrust of White therapists impacted by their lived experiences with White people and racism.

Seeking therapy with a White therapist also becomes an issue when considering the fact that some Black men may need counseling to process how racism has impacted their mental health. When discussing potential reasons for seeking therapy, Tariq stated:

> Racism falls into mental health. Racism has definitely contributed a lot to the stress that I face. (…) If I’m trying to talk about my mental health and things that are stressing me but then I also have to explain or feel like I have to explain what racism feels like then I feel like what’s the point?

Acknowledging the traumatic impact of racism, Jai stated, “I think Black men, for one, we might seek therapy for racial trauma. (…) When I went to therapy this past time, we did talk a lot about racial trauma because of what was going on with the uprisings." Given the prevalence of traumatic media representation of racist violence against Black men, it is understandable why they might consider therapy; however, when faced with the belief that going to therapy means seeing someone White it is also understandable why they would feel discouraged and choose not to go.

Cultural Comfort and Connection. Beyond the impact of racism on their mental health, participants also expressed concerns about White therapists not being able to understand their culture and identify with what they may be experiencing. Malik stated:

> I chose my therapist based off research and stuff online. It's like oh find somebody you're most comfortable with who you can identify with and for me that's a Black man. (…) [White therapists] don't have an understanding of the culture, I mean they can read about it but they don't know what it is to experience those things up close.

Craig stated:

> [A Black therapist] will better understand versus someone who's white unless he was White and grew up with a Black family, I don't feel like he would understand the stereotypes and why we don't believe in therapy. (…) I don't want to take the time to explain it to you.

When discussing his preferences in a therapist Khalil pointed out the cultural differences in those who identify as Black stating:

> African American for sure. Being very intentional because I think the African American experience is very different than the Nigerian American experience and very different across the Black Diaspora. So African American specifically because I think there's just some cultural nuance that you won't get unless you experience it.

Though Khalil was the only one to specifically mention the preference of an African American Black therapist, it would seem based on the prevalence of participants mentioning cultural connections with Black therapists that they would also prefer them not to be Black and from another country or culture.

Some participants even reflected on their firsthand experiences with the lack of cultural connections with a White therapist. Ali discussed his experience stating:

> I had therapy with this White guy, really cool private practice, older White gentleman. The environment was just not an environment that I felt was for culturally relevant healing. It was a space that I wasn't used to. I was in this man's home. I'm walking in and I'm like 'bruh I don't even think you know how people like me grew up. I don't think you know the struggles of average everyday people like me.' (…) To follow that up with "well what are you looking to fix about yourself?" and I'm like everything. I got anger issues. I got this, I go that. I don't know how to do this and my wife says this and the triggers and Post Traumatic Slave Disorder. I'm freakin Black! (…) I'm trusting what you say comes from a place of understanding and not from 'well my book told me this and I'm going to reiterate that' I'm Black, I'm probably not covered well in your book anyway. (…) I came there open but it was just reminders to stay in your place boy, 'I'm big you're small. I'm right you're wrong. White is right and Black is wack' (…) I just was like you don't get it. You don't get me, you don't get us, and I think that's why it impacted my decision to not continue therapy. But it didn't affect my decision to not believe in therapy.

Ali's experience specifically points out the lack of culturally relevant practices in counseling and the minimal consideration, if any, of Black people in theoretical approaches taught in counselor education. His experience also shows the impact that just one negative experience can have on discouraging Black men from going to therapy, which he has still yet to do. Similarly, Travis stated:

> I don't feel like I had the best therapist when I was in undergrad and that led me to discontinue the therapy process. (…) My therapist was also a White male and I wasn't

> connecting the dots well enough to realize that I couldn't connect with this person sitting across from me because they don't understand me.

Though both Travis and Ali were discouraged by their negative experiences and discontinued therapy, they still remained optimistic in their views on believing in therapy as long as it is with someone Black.

Some, like Dejerrio, were completely against a therapist of any race other than Black stating, "I don't feel like a White person or a person of another ethnic background, will be able to really help me as much as a Black person." However, Micah felt his options were too limited due to his location stating he was open to someone who is not Black but from another marginalized racial group:

> If I were to have a therapist that is not Black or another person of color, you can't change the fact that you're not Black but can you be aware? Are you aware of it? Are you speaking about it? (…) I could go to a therapist that wasn't Black if that therapist was willing to acknowledge the ways and how anti-Blackness has shaped the field and shaped even maybe the way in which they entered into the field and continues to shape the way that the field is going. So I need someone who is critically aware. (…) I think going forward I'm going to be even more intentional on finding someone who not only looks like me but has similar worldviews but can relate to the experiences of what it means to be a Black man.

Though Micah's options are limited due to the lack of diversity where he currently lives, he has been in therapy with a Black therapist before moving. He reported that his most recent therapist was a Black woman and that he had never gone to a Black man even though he would be interested in the experience.

Gender Distrust

Gender Distrust refers to Black men's discomfort when it comes to their gender preferences for therapists. As with Racial Distrust, this theme is also related to the connection Black men expect to have with their therapist. While all participants found it hard to trust a White therapist, there were discrepancies when it came to gender preferences. Some participants preferred a Black man while others preferred a Black woman. Some participants were open to either gender but still acknowledged a preference for one over the other while others were adamant about only seeing a Black man or Black woman. This subtheme is characterized by the preferences for working with a Black man or woman and the significant reasons for feeling drawn to Black female therapists.

Black Men. When participants were asked about their preferences for their ideal therapists an expected response was for them to prefer working with Black men and many of them did. Andre stated, "Now I did specifically choose a Black man because I'm a Black man." Like other participants, Andre found that he was able to form a better connection with a Black male therapist who would be able to relate to him more than a Black woman or therapist of another gender or race. Tariq explained this by relating it to similar life experiences stating, "If you're a Black guy you've been in or hopefully you can relate to some of the situations I'm talking about." Travis attributed his preference to a sense of comfort between him and another Black man stating, "It's a part of him being culturally aware and sensitive and knowing how to make a space feel safe or comfortable for another Black man to really just be able to be present and engaged fully." When explaining why he would not prefer counseling with a Black woman Jarrell discussed the possibility of benefiting from it but also the uncertainty about trusting her. He stated, "Being able to learn from her would be able to help better me but at the same time it

could easily flip and well she could judge me, and then I'd just elect to move on." While Jarrell was willing to at least consider it, there were those like Ali who did not feel it was worth thinking about:

> Personally, based on my first experience, I don't really feel comfortable going straight to Black women. (…) I have some nurturing that I need and I don't think I'd get it from a Black woman. (…) When you change behavior in a way that Black women are not ready to receive it's more so shame.

Jarrell and Ali consider the possibility of being judged by a Black female therapist to justify their preference for a Black male. However, Travis, who prefers a Black man, still admitted to having reservations about fully expressing his emotions in the presence of a Black male therapist when describing his first session with his current therapist stating:

> I felt so heavy. I just wanted to have one that you just unload. I wanted to cry and ball out but I'm also like I'm sitting across from a Black man. (…) I know he's a psychologist and I know this is where I'm supposed to do this at but I'm still a Black man. I got to have a sense of pride about me.

This masculine sense of pride being a barrier to emotional expression with a Black male therapist is one that seemed to influence those with the preference for working with Black female therapists. This was not necessarily the case for Khalil who seemed to feel like his experience was ineffective due to the influence of masculinity and the connection between him and his Black male therapist. In describing his experience Khalil stated:

> It felt like he was making excuses for the gap that I had. He was like "Oh yeah man, I'm dealing with that man and that's not a big deal." (…) I didn't feel like I was being pushed. I didn't feel like I was being challenged and also my input about me doing things that

> weren't meeting my wife's needs was just being brushed under the rug. (…) The tools that I got just were ineffective and it wasn't a good fit for me and we weren't able to have that back and forth about this is what I care about, this is what I've done before etc. It was just like here do these three things and holla at me next week.

Khalil's experience shows that too much of a connection with a Black male therapist could interfere with the counseling process due to masculinity. So for some having a connection with their therapist due to shared masculine identities was a deterrent leading them to prefer therapy from Black women.

Black Women. While it was assumed that Black men might report a stronger preference for Black male therapists, those participants who did not share that preference seemed to have similar explanations for why they would rather be therapized by a Black woman instead. Dejerrio stated:

> By a slight margin, I would probably prefer a [Black] woman. (…) The notion that women have more emotional intelligence and stuff like that will lead me to prefer a woman. It's probably not true but this is a preconceived notion that women are better listeners, and they have more emotional intelligence. They're better able to empathize.

When describing his work with a Black female therapist, Micah felt unsure that he could have a similar experience with a Black man stating, "I think having a [Black] woman as my recent therapist has helped me to lean into the softer parts of myself. I'll be interested to see if it could continue with a Black man." Some felt it would depend on the reason for seeking therapy as evident in Jamal's initial preference when seeking therapy after a breakup:

> I knew that I wanted a woman because it was breakup-related stuff that drove me to therapy. (…) I know my perspective as a man and I didn't think I wanted another man's

> perspective. I wanted to see the opposite side of the coin, so I wanted to see a woman's perspective.

Jamal's explanation for his preference could be supported by Khalil's experience with seeing a Black male therapist for his concerns related to his marriage and connecting with his wife. Khalil felt his experience led him to realize his preference for working with a Black female therapist stating:

> I was just reminded of the Black women in my life who challenged me, who made me uncomfortable. I think those times of discomfort have always pushed me to be different, to be better, and it did not feel like that. (…) My behaviors were just accepted there and not highlighted as an issue.

Khalil's experience reminded him of the influence Black women have had in his life. An experience that was echoed by other participants.

Comfort. Being raised by Black women in a matriarchal family seemed to have a heavy influence on those with a preference for a Black female therapist. Participants related their preferences and experiences to maternal connections and reminders of their mothers and childhood. Khalil stated:

> I'm finding that I think females are my preference. (…) Black women they do remind me of my mom. They remind me of my aunties and I've always gotten tough love from them and you know I haven't always responded well to it, but as an adult, I find this real appreciation for it.

TJ also admitted to having trust issues when it comes to Black men and feeling more comfortable with Black women. While he stated he would prefer a therapist that was the opposite of his mother, he still connected what he expected from therapy to the feelings he associated with her:

> I would definitely be more nervous in front of a Black woman too but at the same time, I think it'd be more comfortable. (…) I connect to comfort and relaxation and release via my mother. (…) Like, hold me with your presence. Hold me with your words. Cook a home-cooked meal for me with your conversation. I think I want that feeling.

Jai's most recent therapist was a Black woman who he felt more comfortable with than his previous therapist. When describing his comfort with her he stated:

> I felt a level of comfortability with Black women that I don't feel with men sometimes. It's something about talking to the Black woman. I also come from a pretty matriarchal family. (…) That kind of love that they've given me throughout my childhood about any issues. I feel like I want my therapist to kind of do the same thing and that's what I have gotten from them. Now my current therapist doesn't nurse me like my mom does but she just had a way of talking to me in a way that I still felt comfortable. (…) [Black women are] nurturing in a way that Black men can't nurture and I think the Black guy I went to was gay and he was cool, he was nice, and I didn't think he played into masculinity from a very toxic way. It was a very positive way of being from a place of Black masculinity but it's something about women in general to me, particularly Black women, that other mother spirit that they have.

Unlike the others, Hakeem reported that his comfort with Black women was not related to maternal experiences and more related to issues of safety due to his queer identity. When discussing his preference he stated, "If I can't have you be gay then I want you to be a woman." Though not equated with his mother, Hakeem, like the others, still somehow found a preference for a connection with the femininity of a Black woman over the masculinity of a Black man.

LGBTQ+ Distrust

Five participants did not identify as heterosexual and saw this aspect of their identity and the trust issues that come with it as a significant barrier leading to the subtheme LGBTQ+ Distrust. This particular subtheme was not common among the majority of the participants, however, it was very common among those who identify as members of the LGBTQ+ population. Aligning with the CRT tenets of intersectionality and counter storytelling this subtheme needed to be included in this study to help shed light on the specific experiences of Black men in the LGBTQ+ community. These Black men often face discrimination from within this community as well as among their race. This theme is characterized by the participants' experiences with queerphobia, biphobia, and acceptance from heterosexual men.

Queerphobia. Identifying as queer and femme, Hakeem was very vocal about how these intersections of his identity have impacted his experiences with seeking mental health treatment. He discussed the trust issues that developed as a result of the explicit discrimination and trauma he has experienced throughout his life. Describing his reluctance to engage in therapy initially, Hakeem stated:

> I think it has made me extremely hesitant to trust the therapists and counselors that I've worked with. It takes me a while to feel comfortable. (…) My experiences being queer and the loneliness that comes with being queer and the fear, the fight or flight that you have to deal with, the constant unknown so I was like 'it can't make me any worse so let's give it a shot.

He reported that those trust issues also developed from traumatic experiences he has had during therapy sessions. Hakeem's story about seeing one therapist particularly stood out:

> Grief and anxiety management, that's what I was really there for, specifically grief. I went there for my first session [and] my second session two weeks after we spent 45

> minutes to an hour discussing me having Gender Dysphoria and me potentially being transgender and me not understanding (…) And had I not been me and I had been other people in my community that I know, that could have caused me to take my life. (…) I thank God that I am educated and knowledgeable as much as I am because I can look back on it and kind of chuckle at the situation but it angers me because that could have been so damaging to someone.

Given this experience and others, it would make sense that Hakeem had a strong preference for a therapist who also identified as queer stating, "I haven't had a queer therapist yet. That's what I want. That's what I look for." Unfortunately, Hakeem spoke of how he still struggles to find a queer therapist and stated the ones he had found were not able to take more clients due to their high demand. Giving more detail about his preference for Black women, Hakeem stated:

> I haven't had a Black male therapist to even compare this to but just based on my particular inherent bias that I have, women are typically more receptive. (…) I need someone who can be okay with what they're going to see heavy on me, which is my queerness, and not let that affect us doing what we need to do. My queerness affects men, specifically cis-straight men, in a way that can prevent business being handled and I've experienced that enough to know that. When it comes to my mental health I'm not gonna play those games. So give me a [Black] woman. She can take it, she can soak it in and we can make shit happen typically.

He also described his trust issues related to religion when discussing what he would want in a therapist if they were not queer:

> 'Do you see queer people? Have you had any queer clients? Are you affiliated with any churches or any type of religion?' Because all of that stuff impacts the experience. (…)

> Someone who is not overtly religious or spiritual. Someone that I cannot physically perceive you as being spiritual or religious. I don't care if you are, I just don't want to know. (…) I've had better experiences with therapists who are almost enigmas to me. Like I don't know anything about you other than what I see.

His experiences and statements highlight the issues and barriers Black queer men are faced with in addition to those already mentioned for heterosexual Black men. Hakeem also made it clear that his interest in participating in this study was to make queer voices heard because of their specific barriers to mental health treatment that are not often considered.

Biphobia. Another group of voices that are not often considered are those of bisexual Black men. Three participants in this study identified as bisexual. All three discussed not only the trust issues related to their identity but also the impact of having such a stigmatized identity on their mental health. Jamarcus spoke of the impact on his mental health stating:

> Being in Black circles [and] then not being straight, especially if you present as something else. I feel like I have to pick and choose whether to just not say anything about that side of me or to say something about that and who to say something about that too. Being bombarded with those questions internally a lot definitely impacts my mental health.

Travis stated:

> Growing up bisexual was a lot less acceptable and it is still in some circles and places not acceptable, even within the Black community. (…) Societal stereotypes have impacted me specifically being able to show up as my genuine self in different places. Knowing where I am and what's acceptable in a setting even among Black people, that's hard

> because you feel like you're acting or putting on a show not being able to open up and share in those spaces about who you are.

Travis and Jamarcus speak of the internal struggle of choosing who to open up to about their authentic identity and sexuality and how it carries over into their experiences in therapy. Even though they expressed this concern with acceptance they both still expressed the preference for working with Black male therapists who could be expected to be less accepting due to the influence of Black masculinity.

Acceptance. Notably, only two heterosexual participants mentioned anything related to the LGBTQ+ community when discussing the barriers to mental health treatment for Black men. When discussing his preferences for a therapist, Ali mentioned the possibility of working with a therapist who is not heterosexual stating instead that it was more dependent on their personalities and the connection between them. He stated, "I don't have a straight or gay preference. If you're a straight Carlton then I don't feel that I can connect to you (…) nor can I connect to like a RuPaul." However, Micah was more adamant about the importance of his advocacy to his identity and how it could present in his sessions. Discussing his preference for a therapist, he stated:

> I don't want a therapist who is rooted in anti-Blackness, who is rooted in homophobia, who's rooted in transphobia. (…) Going to a straight man as a therapist I want him to be willing to recognize how homophobia has played into this whole thing. Like you may not have all the identities but you got to be aware and diligent in your work and making sure that the biases that have been created by the systems of oppression are not showing up in what you do, to the best of your abilities.

These statements by Ali and Micah acknowledge LGBTQ+ related trust issues from a heterosexual perspective that could also be seen as barriers to treatment for some Black men depending on their preferences and beliefs.

Invisibility

The final theme, *Invisibility* connects to the previous theme, *Cultural Distrust*. The racial and gender preferences that led to the cultural distrust were identified as barriers due to the belief that there are not a lot of or enough Black therapists or Black male therapists. While some might agree with this, others might find it is simply from a lack of knowledge of the presence of Black therapists. Some participants acknowledged the importance of representation like Travis who stated, "Representation does matter whether they're white-washed or not. (...) A lot of times it's easier coming from somebody who looks like you." Even though Jai discussed his preference for having a Black female therapist, he also spoke of enjoying his experience seeing a Black male therapist:

> He was amazing. He was younger than me too so that didn't even bother me. It was more so I felt comfortable talking to him just being another Black man I enjoyed. (…) I even enjoyed the way he dressed like this cool swag which also made me comfortable and open up to share with him. To be honest with you even his office mattered. I looked at the artwork, he had pro-Black art, I saw some of his books, so all that mattered.

This theme is characterized by the subthemes: Lack of Visible Black Therapists, Lack of Positive Testimonies, and Lack of Clear Knowledge and Understanding. This theme was present in all participant interviews.

Lack of Visible Black Therapists

Lack of Visible Black Therapists refers to Black men not knowing about or seeing the presence of Black therapists in their communities. This subtheme was identified by nine of the participants. Those who spoke about it as a barrier to treatment discussed how seeing Black therapists would help to encourage more Black men to seek therapy. Micah stated, “The more you see the people who are providing the services and look like you it absolutely helps to kind of destigmatize and rewrite that narrative.” Hakeem spoke of the impact the invisibility of Black therapists had on the image of counseling:

> When I think therapy or when I think psychologist or counselor or shrink, I think of a little old White man or White lady and I think of a couch that’s what I think of. We have to change that.

This subtheme is characterized by the need for Black therapists to promote themselves more and the need for more Black therapists.

Promotion. Those who thought Black therapists could be more visible felt that Black therapists were not promoting themselves enough. They felt that more promotion could change the narrative that therapy is for White people and show Black men that there are therapists available they can trust. Jamal stated:

> If I'm a person living in a town and the only therapist that I've heard of or saw ads for are White and I'm Black that's probably going to dissuade me from seeking therapy. So I think absolutely we need more Black therapists, more Black male therapists, in order to make therapy more accessible, more sought after, and more desirable.

Similarly, Hakeem stated:

> I know there are Black male mental health professionals. We need more visibility of them. We need that because we need to see you. We need to be stuffing that down the

> throats of everybody. What you're doing and your particular profession is powerful and needed and you being the demographic you are I need to know that. Even on a Higher Ed outreach thing, maybe giving people the ways on how to become a therapist.

The latter part of Hakeem's statement also acknowledges another aspect of the invisibility of Black therapists being the need for more of them in the profession.

More Black Therapists. Black people account for a ridiculously small percentage of mental health professionals. This is concerning when it is clear that Black people prefer therapy with Black therapists making it difficult for them to meet the needs of the Black community. Ali expressed concerns about this barrier:

> They literally have Black therapists in your area and none of them are taking new clients so it's sad. (…) It's a lot of yall that's coming through trying to say 'hey we here, look at us. Like nah, we really are here' but sadly to have thousands in the field to meet the needs of hundreds of thousands…they're overworked so then you get Black women.

Ali spoke specifically about the need for more Black male therapists but the numbers are also low for Black female therapists. Micah, who is open to therapy with men or women, stated, "Most of the people of color even that I have come to learn about are booked full of the few Black or people of color that already exists here." Micah's comment also acknowledges geographical location as a factor for this particular barrier making it harder to find Black therapists in areas where there is a smaller population of Black people.

Lack of Positive Testimonies

The subtheme Lack of Positive Testimonies refers to the need for more Black men who have been to therapy and had positive experiences to share their stories. This subtheme was reported by fourteen of the participants. They believe that another reason Black men do not

engage in therapy is because they do not know of any Black men who have gone and benefited from it. Micah stated, “The more you see people who look like you doing it or being a therapist, it makes it easier.” Jai addressed the increase in Black men advocating for therapy and the impact he has seen from it stating, “I just love how a lot of Black men now are open about going to therapy and pushing other Black men to go to therapy. I have a lot of Black male friends who have just started therapy actually.” This subtheme is characterized by the impact of Black men sharing positive testimonies of therapy and how some Black men might struggle with feeling comfortable sharing their experiences.

Sharing Positive Testimonies. The impact of hearing about the positive experiences of Black men going to therapy was evident for some of the participants who struggled with whether they should seek therapy or not. Jamal stated:

> I’ve got two close friends that had been through similar experiences (…) had they not had those discussions with me I don’t know that I would have decided to go. (…) Even being willing to throw yourself out there to people that might not be friends or family I think that those are the conversation that are necessary to make it more acceptable. To make it cool, to make it okay.

While Jamarcus also acknowledged the benefit of Black men sharing positive experiences with therapy, the negative experiences were more significant among those he knew. He stated:

> I’ve talked to some people that have gone to therapy and I guess I would say the majority of them, of course, it helps but I feel like there’s still a large portion as well that would say ‘I didn’t get what I really wanted from therapy.’

Even after getting past the stories of negative experiences and attempting to seek therapy, Jamarcus found himself having his negative testimony:

> I was also looking for a Black person then too. It was very scarce, but they had like two or three Black women. I had researched it before and I was like I definitely wanna find a Black person because I feel like a Black person will be able to relate. (…) I ended up looking online to see if I could talk to a therapist and I ended up calling this Black lady. I called her and she didn't answer. This was morning and I called later in the afternoon, no answer so I left a voicemail saying my name, you know I never been to therapy but I feel like I need to talk to somebody right now please call me back. You know she ain't never reach out! So from that moment I just did some meditation for myself.

While one can only speculate on the reason for Jamarcus' discouraging experience, it highlights the possibility of the Black therapist he reached out to being overworked and too busy to take on more clients. It also highlights how easily an experience like this can add to the wealth of negative experiences with counseling and counseling attempts. Still, his experience does not negate the important impact that positive testimonies can have on encouraging Black men to seek therapy. Andre discussed this importance stating:

> Doing my part to help get more Black people, Black men, and people in general into therapy. I think if something is good share it. Spread the word, Black people we get down with the word of mouth man, we don't usually do much of anything unless somebody we know has recommended it. It's in our nature. (…) More word of mouth is good. I think more Black men admitting they go and showing others who might need to go like' okay this guy goes, I can go.'

While Malik also supported the idea that more testimonies would be beneficial, he also discussed why this might not happen as much as it should stating:

> I don't think it's an obligation, you share what you are most comfortable with. I'm comfortable with saying that I go, I mean I don't share everything I talked about in it, but things that come up and stuff I talk about with different people in my life. (…) I just share what I'm comfortable with who I'm comfortable with. (…) They shouldn't feel obligated but they should have such a good experience where they want to share with other people.

In his statement, Malik makes a good point that having these positive experiences should lead to Black men wanting to share their stories. However, there are other factors to consider that might discourage Black men from openly discussing their experiences.

Comfort with Advocacy. It is evident that Black men are not being vocal enough about their experiences with going to therapy and while some participants felt this was necessary, they admitted they had not been vocal enough themselves. When asked if he felt he was a mental health advocate Jamal replied:

> If I consider you a friend or an acquaintance, like a close acquaintance, I think I am a mental health advocate but beyond that not at all. (…) My friends, my inner circle, it's not something I've ever hid from them. I've encouraged all of them to seek therapy if they haven't already. I don't just walk around in public saying 'yeah man, I went to therapy.' (…) If I don't have a personal relationship with that person if it's just like a viral tweet or something I'm not weighing in. I think at some level that's hiding it because I feel like maybe my experiences might be beneficial to that total stranger but I don't put myself out there like that.

Ali credited the stigma associated with therapy as a deterrent to Black men sharing their stories:

> I know Black men are talking about it more but I really don't know Black men that go to therapy. If they do they don't talk about it because of the stigma that exists (…) that's the stigma, 'I would rather do this in quiet than you to make me feel bad or me to have to defend it' I made one post about therapy and then a couple of Black men that follow me were like "yo man, I've been doing therapy for x amount of time it's so dope." These people never post about it, but you post about everything else. I'm not saying you need to but it's not normalized.

Khalil discussed working on being more of an advocate and the importance of sharing his story:

> It starts with sharing. It starts with having conversations with the people that you trust first and then going out. So I mean I'm not one to put a lot of things out in social media, although I think that could be a very convincing way of getting more people to at least explore the idea. (…) These days I don't want to say I look for opportunities to talk about it but I'm very open to talking about it with my friends and a lot of my friends it brought me closer to because either they are going through it as well or were considering it and didn't really understand it and it just gave us something else to connect on. (…) I'm generally excited to share with more Black men my experience, because of our emotional capacity, I think we all have it right, we all have this emotional threshold but our ability to express and put words to those emotions, by and large, it is not even there and I was one of those guys who had like the emotional expression of a kid.

These statements shed light on another internal struggle Black men are faced with when it comes to mental health treatment and sharing their stories. They can acknowledge that it is a barrier to treatment yet they still struggle with doing their part to eliminate it.

Lack of Clear Knowledge and Understanding

Lack of Clear Knowledge and Understanding refers to myths and misconceptions Black men have about therapy. Many participants had the wrong idea about therapy or lacked general knowledge of what the process would be like. Jai discussed this issue and how to address it stating, "Talk about what are the myths around Black men going to therapy. So let's begin to dispel those myths and begin to create these humanizing spaces for Black men and not just put it on social media." Malik provided what he believed were the top three barriers to treatment for Black men stating:

> The reason, why [they] don't go is one, people gonna think you crazy. Number two, they think it's expensive and number three, they don't know how to find one or what they should look for, so I think if you break those three barriers down there's no reason for a person to not go.

This subtheme was identified by fourteen of the participants and is characterized by the stigma and misconceptions about therapy and the process of starting it.

Stigma and Reasons to Go. The stigma associated with therapy and other mental health treatment also limits the understanding of how to access it. With so much negativity associated with it, Black men do not take the time to seek accurate information or clearly understand the resources that may be available to them. The inaccurate belief that therapy is only for severe situations was common among participants who had not gone to therapy. Tariq stated:

> People say you should worry about your mental health the same as your physical health and I guess if I'm using that metaphor, I think most of the things that I've dealt with mentally and emotionally had been akin to colds and stuff like that, things I wouldn't go see a doctor for.

Tariq went on to relate discussing his issues with family as a substitute for therapy for less severe situations:

> I feel like I got friends that's what your friends are for. I talk to my friends. I talk to my girl about what's bothering me. (…) We can help each other so I can call my brother and talk to him. I don't need to go see a therapist.

Like Tariq, Jamarcus also felt that therapy was only for the worst situations stating, "I think I've always had the stigma that you need therapy when bad things are going on, like if you need help." This misunderstanding of why to seek mental health treatment is one influenced by masculinity when it comes down to Black men feeling they have to admit to things being bad or more severe than "a cold" to seek therapy. This would mean admitting to needing help and that would not be perceived as masculine. Still, there are other misunderstandings when it comes to therapy that can be viewed as barriers.

Too Expensive. Almost every participant who had never gone to therapy shared the belief that therapy was too expensive and unaffordable. When asked if he had been diagnosed with a mental illness, TJ stated, "No, I can't afford to go to no doctor man." When asked what he believed his barriers to treatment were he stated, "I'd say two things are barriers, money and not having insurance." Similarly, when describing his reasons for not seeking therapy Tariq stated, "Looking at the price to some of these services definitely plays into it. (…) I don't know if this is a $400 session problem or not." While $400 is most likely an inaccurate cost, Tariq and TJ like other participants were unaware that most health insurance plans cover mental health counseling. However, it is understandable why this would not be common knowledge because of how insurance plans are typically explained overlooking the mental health coverage that for some may be hard to find or understand when reviewing their policy. Dejerrio stated:

> There should be more information readily available and the current insurance system doesn't help anything because it's so confusing. You have to find people within your insurance network to go to. Insurance, I think, is a big hindrance, especially for people that don't have insurance.

Beyond the lack of understanding of insurance policies, Dejerrio also acknowledges that therapy can still be expensive for some Black men who do not have health insurance and cannot afford to pay out of pocket. In his statement, he also highlights the confusion that comes with finding a therapist.

How to Get Started. With so much stigma and negativity associated with mental health treatment among Black men, it is understandable that many do not choose to make the effort to understand how to find a therapist and start the counseling process with them. Dejerrio stated:

> It's like inertia really. It's like I haven't gone before so it's like getting the ball rolling. You have to find somebody then you have to make sure that they fall in line with your insurance. [Then] the awkwardness to get started. How does it go? Do you just sit down and be okay…or how does the introduction go? What do you do?

Tariq had similar views stating:

> Not really understanding the resources plays into it. (…) Not really knowing how to reach out and to find somebody for that sort of thing. I guess I kind of understand how you go about finding a therapist but I think I'm still a little bit less clear about how to secure something like that. (…) It's not as clear to me where to go for therapy.

Tariq, Dejerrio, and other participants who did not understand the process of getting started with therapy were given a thorough explanation with suggestions and resources to assist them. However, the information they were provided with is not something that is commonly provided

to all Black men making it clear that a lack of knowledge and understanding is a significant barrier. TJ felt this barrier was specific to Black men and all Black people stating:

> Black people wouldn't know what to do. I feel like the things you just told me, Black people would have to go through every time compared to a White person. So if a White man thinks 'I want to go to therapy' I feel like they're just kind of two steps from doing it, maybe even one step from doing it. One call away.

TJ also admitted to still having reservations about starting the process stating:

> Even if I google somebody I'm gonna be like 'what if this ain't the right person?' (…) I also know, once you find the right one it's gonna work. So I guess if I can mentally look at it like that and make time to whether I gotta go through one or go through seven.

However, starting the process was not the only barrier when it comes to the lack of knowledge of therapy and what to expect.

What It Will Be Like. Starting the search and knowing how to select a therapist is one thing but the idea of actually going to a session is also an overwhelming issue with starting therapy. Hakeem admitted to initially being nervous before starting therapy stating:

> The main factor that made me nervous was that I didn't know anything about it. I'm a Black gay man from South Carolina. (…) I had no familiarity with it at all outside of what I had learned in college.

Not knowing what to expect in therapy could also lead to questioning the efficacy of the therapist as evident in TJ expressing his concerns:

> That fear of talking to somebody who actually isn't connecting to what I'm talking about. (…) Somebody who may just be going through the motions or somebody who doesn't have the wherewithal to provide a larger perspective to gather mine and then help bring

> me in (…) I would think if I get somebody who has a smaller perspective than myself then I feel like 'Oh how is this even beneficial.'

TJ's concerns might seem exaggerated but also valid. The expectation is that he will find himself working with an educated and competent counselor but this is not always the experience everyone has when going through the process of finding the right therapist. This was something Ali made clear from his past experiences stating:

> I know what I want out of therapy. I'm not against the institution of therapy, I'm not against what it stands for, but I know there are bad therapists.

The reality is that Ali's statement is true and all therapists will not be able to provide him with the best experience. However, in many cases, Black men are entering these sessions with reservations and unclear expectations of what therapy should be like. Unlike Ali, they may not yet know what they want out of therapy or how to articulate it and find themselves traumatized by the experience or just discouraged enough to lose hope and give up on therapy because of their lack of clear knowledge and understanding.

Conclusion

The purpose of this study was to explore the influence of social constructs on millennial Black men's decisions about seeking mental health treatment through the lens of CRT, BlackCrit, and Black Masculinity. This chapter provides a detailed description of the findings of this study which was conducted to answer the research questions: (1) How do anti-Black racism and Black masculinity influence millennial Black men's decisions to seek mental health treatment? and (2) What are the socially constructed barriers to mental health treatment- seeking for millennial Black men? A phenomenological analysis of semi-structured interviews with sixteen participants indicated three themes: (1) *Racialized Gendered Socialization*, (2) *Cultural*

Distrust, and (3) *Invisibility*. The findings indicated that all participants (*n* =16) revealed all three themes. These themes provide insight into what millennial Black men perceive as barriers to mental health treatment and how they are influenced by racism and masculinity. While the theme of *Invisibility* is identified as a barrier, it also highlights participant suggestions for how mental health professionals can improve efforts to effectively engage Black men in mental health treatment. These suggestions will be incorporated into the implications of this study's findings in the next chapter.

CHAPTER 5: DISCUSSION

Introduction

The purpose of this critical phenomenological study was to explore the influence of social constructs on millennial Black men's decisions about seeking mental health treatment through the lens of Critical Race Theory (CRT), Black Critical Theory (BlackCrit), and Black Masculinity. The research questions guiding this study were: (1) How do anti-Black racism and Black masculinity influence millennial Black men's decisions to seek mental health treatment? and (2) What are the socially constructed barriers to mental health treatment-seeking for millennial Black men? Semi-structured interviews were conducted with sixteen participants who reported they had at least considered seeking mental health treatment regardless if they had chosen to seek help or not. An in-depth exploration of their experiences and views on Black men and mental health treatment resulted in the following three themes: (1) *Racialized Gendered Socialization*, (2) *Cultural Distrust*, and (3) *Invisibility*. This chapter consists of the following sections: (a) a discussion of the findings, (b) implications of the findings, (c) limitations of the study, and (d) recommendations for future research.

Discussion

The multi-dimensional theoretical framework that guided this study consisted of CRT, BlackCrit and Black Masculinity. The theoretical frameworks were utilized after the data analysis to allow for themes to be identified organically to ensure that no significant themes were overlooked that may not have aligned with the theories. However, the three themes and subthemes were all consistent with the tenets and principles of the three theories guiding the study. Additionally, the three themes provide answers to both research questions.

Racialized Gendered Socialization

The first theme, *Racialized Gendered Socialization*, was identified in all participant interviews. *Racialized Gendered Socialization* is the way society influences the behaviors, perceptions, values, and attitudes of how Black men conceptualize Black masculinity. How Black men have been socialized to view their masculinity is heavily influenced by their race and gender. This influence was noted in all participant interviews when discussing personal barriers to treatment or what they perceived to be barriers for Black men in general. This theme includes the subthemes: Black Masculine Fragility and Media Influence.

Black Masculine Fragility

Aligning with CRT, BlackCrit and Black Masculinity, Black Masculine Fragility is a concept referring to Black men and their discomfort, defensiveness, and avoidance of anything contradictory to perceptions of Black Masculinity. All participants reported socialized perceptions of Black masculinity when referring to reasons for not seeking treatment. The expectation that Black men are supposed to be hypermasculine, emotionless, hypersexual, heterosexual, cis-gender, dangerous, providers, and protectors were fluently expressed in all participant interviews. Participants' definitions of Black masculinity accurately aligned with the already established views in current literature (Coleman, 2019; Ferber, 2007; hooks, 2004; Pierre et al., 2001). Black Masculinity establishes norms for dealing with emotions and decision-making; specifically, how Black men should not have or express emotions, which are important when dealing with mental health, leading to the decision not to acknowledge their mental health concerns and seek treatment.

Participants reported that issues with or threats to Black masculinity were meant to be avoided at all costs. Though not all participants agreed with this idea, they acknowledged it is a

common way of thinking among Black men. Emotions and femininity were identified as threats to Black masculinity since showing emotions is often viewed as feminine. Participants who had never been to therapy discussed how avoiding therapy was related to not wanting to show or deal with emotions and be perceived as feminine, gay, or weak.

These aspects of Black Masculine Fragility can be related to the Cool Pose and John Henryism (Cadaret & Speight, 2018; Harris et al., 2011). Cool Pose is used to define Black men's masculine behavior expression of being tough, fearless, and pseudo-prideful to cope with the oppressions of living life as a Black man (Harris et al., 2011). The lack of emotional expression and fear of femininity associated with Cool Pose relates to what the participants identified as barriers to treatment under this subtheme. John Henryism is defined as a coping strategy for prolonged exposure to stress by overworking and overexerting themselves to the detriment of their physical health (Cadaret & Speight, 2018). Though Cadaret and Speight (2018) found John Henryism had no statistically significant impact on mental health help-seeking, this study found that participants reported how being overworked protectors and providers were more important than dealing with their mental health. John Henryism speaks to overworking and ignoring physical health but applying it to mental health connects it to the reported barriers to mental health help-seeking among Black men as well.

Black Masculine Fragility was also influenced by the Black community and their views on emotional expression, mental illness, and mental health treatment. This aspect of it was heavily influenced by generational differences and going to church instead of therapy. The influence of the church in discouraging mental health treatment utilization is consistent with the findings of Newhill and Harris (2017) who found it to be a common barrier for Black mental health clients. Newhill and Harris (2017) also found the need to keep family issues such as

mental illness in house which was also addressed by the participants of this study. The Black community's support for using informal supports like the church is consistent with the results of past studies (Avent & Cashwell, 2015; Cook & Wiley, 2000; Dempsey et al., 2016; Hardy, 2014; Kolivoski et al., 2014; Payne, 2008; Ward et al., 2013). Though generational differences have not been specifically addressed in the literature it can be inferred that previous generations were responsible for passing their views on to millennials, who may or may not have been influenced by them.

Media Influence

The subtheme, Media Influence, focused on the media's impact on stereotypes and images of Black men and the views of Black men going to therapy through inaccurate depictions and lack of positive representation. Participants discussed the positive examples of White men going to therapy in TV shows like *Frazier* and the dramatized examples of Black men going to therapy and having inappropriate relationships with their therapist in TV shows like *Fresh Prince of Bel Air* and movies like *Bad Boys*. They discussed how these images and inaccurate portrayals gave them and other Black men more reasons to feel like therapy was not for Black men and could not be trusted.

Similar to the way media influences society's views of Black men as discussed in chapter two, the media also influences Black men and their views on seeking mental health treatment (Castle Bell & Harris, 2017; King, 2017; Luis et al., 2020; Smiley & Fakunle, 2016). The power of the media is shown in how not seeing Black men going to therapy served as proof that Black men did not go or need to go for some of the participants. Though some acknowledged that more current trends in media are starting to show a positive representation of therapy and Black men

going, it still seems that the damage has been done to millennials who grew up without this representation.

Though it was not as significant, a few participants mentioned the impact of music, specifically hip hop, on views of Black masculinity and going to therapy. One participant spoke of a song lyric about not being able to trust a therapist and feeling like they are counseling them instead. The few that mentioned hip hop only connected it to Black masculinity and not specific to mental health, however, they connected Black masculinity to barriers to treatment for Black men. This connection to hip hop is consistent with the findings of Belle (2014) and Rudrow (2020) who explored the impact of music sampled from Jay-Z and Tupac on Black masculinity.

Theme Summary

After identifying this theme, I discovered that a concept already existed with a similar name known as Gendered Racial Socialization (Brown et al., 2017). Gendered Racial Socialization has been used in exploring the socialization of Black women and in some cases how Black parents socialize their Black children (Brown, et al., 2017; Davis-Tribble et al., 2019; Thomas & King, 2007). It speaks to the realities of Black women and girls experiencing gendered racism or racial sexual stereotypes (Brown et al., 2017). Similarly, this concept has recently been applied to Black women and mental health, specifically adolescent girls, in exploring how gendered racism has impacted their mental health (Winchester et al., 2022). Though somewhat similar, the theme of *Racialized Gendered Socialization* focuses on how racial and gender socialization has influenced millennial Black men and their identities and view on seeking mental health treatment.

Relating to the theoretical framework, *Racialized Gendered Socialization* aligns with Black Masculinity and BlackCrit. Both subthemes are heavily influenced by Black masculinity.

Specifically, this theme acknowledges the prevalence and influence of anti-Blackness when it comes to Black men and their mental health. It aligns with the first principle of BlackCrit: Blackness is central to how all of us make sense of the social, economic, historical, and cultural dimensions of our humanity. Dumas and ross (2016) spoke of the significance of anti-Blackness being more than just racism but questioning the humanity of Black people and justifying violence against Black bodies. For so many Black men to be socialized to believe that their emotions do not matter and they are only as good as the work they do to provide and protect shows a disregard for their humanity that many have internalized. Having emotions and expressing them are very human traits, yet Black men have been taught not to have and express them. The idea that something as beneficial to their health as therapy is only meant for White people also illustrates the internalized disregard of their humanity as a result of *Racialized Gendered Socialization*.

While detailing this theme and exploring the internal struggles associated with it, the idea of Double Consciousness was something significant that came to mind. A term coined by the late W. E. B Dubois, Double Consciousness is the psychological conflict experienced by Black people seeing themselves through the eyes of a racist White society and comparing themselves to standards centered on Whiteness (Dubois, 1903). The term later grew to be used when comparing the struggles of other marginalized groups living in oppressive systems (Pittman, 2016). The Double Consciousness of Black men is the struggle between who they feel they are supposed to be, by anti-Black Eurocentric standards, and who they are. A statement by Micah directly connected to this concept:

> The constant battle seeing what I think I'm supposed to be versus the reality of who I am whether that be in media, whether that be in any other agency of socialization, whether it be religious communities, [or] whether that be in friend groups.

Like Micah, many participants spoke of their internal struggle with Black masculinity and how it impacted their decisions about seeking mental health treatment. *Racialized Gendered Socialization* aligns with the struggle associated with Double Consciousness and addresses the conflict Black men face when deciding to engage in a humanizing act against anti-Blackness and prioritize their mental health.

Cultural Distrust

The theme, *Cultural Distrust*, was also identified in all participant interviews. This theme refers to Black men having trust issues when it comes to seeking mental health treatment as a result of a disconnect between their cultural identities and their therapists. As previously mentioned, clients should feel comfortable and accepted by their therapist for successful treatment. It has been reported that Black men who seek therapy have experienced poor treatment outcomes, especially in comparison to other gender and racial groups (Hays & Arranda, 2016; Snowden, 2012). Studies have shown that Black men have trust issues when it comes to seeking mental health treatment (Hackett, 2014; NewHill & Haris, 2007). Many studies linked this distrust to the common distrust of the healthcare system in the Black community as a result of the history of racism and oppression they have experienced (Avent & Cashwell, 2015; Dempsey et al., 2016; Rudrow, 2019; Woodward et al., 2011). The results of this study provide more detail to this identified barrier by breaking it down into the subthemes of Racial Distrust, Gender Distrust, and LGBTQ+ Distrust.

Racial Distrust

The subtheme, Racial Distrust, was prevalent among all participants. This subtheme refers to the lack of trust and comfort Black men have with seeking therapy from White therapists and their refusal to do so. Racism plays a significant role in this lack of trust due to the historical racial violence against Black people. The counseling field is dominated by White counselors so this is a significant barrier to treatment for Black men (APA, 2020).

Participants discussed the lack of access to mental health treatment for Black men and Black people in general. It was noticeably clear they all felt therapy was something that was easily accessible for White people and many of them admitted to having general trust issues with White people. The perception of access to mental health treatment as a barrier was also noted in previous studies such as Masuda et al. (2021), NewHill and Haris (2007), and Ward and Mengesha (2013). It is also worth noting that this barrier to treatment also impacts access to mental health medication as evident by Hakeem's experiences with feeling the need to audition for medication from White doctors.

Racial trauma was mentioned throughout some of the interviews and how this could be a reason many Black men might seek treatment as well as a barrier to treatment. The previously discussed centuries of racism and oppression have understandably had a significant impact on the mental health of Black men and the Black community (English et al., 2014; Hoggard, 2019; Pieterse et al., 2011; Sellars et al, 2009). Finding a safe space to process the trauma of navigating a racist society and witnessing so much public racial violence may seem impossible to many Black men who feel they would have no choice but seek therapy from a White therapist. Though it may not be a well-known fact, the barbaric mental health "treatment" Black men endured during and after enslavement is an example of historical trauma that could have been passed on

through generations adding to the distrust of mental healthcare (DeGruy, 2017; Jackson, 2003; Rostain et al., 2015).

While some participants still made attempts to seek counseling with White therapists none of them reported positive results. The importance of feeling connected and understood by their therapist was expressed in participant interviews. This connection and understanding was absent from the experiences of those who had given a White therapist a chance. Participants expressed the desire to have a therapist with similar lived experiences and not have to explain cultural references during sessions with White therapists. This subtheme also acknowledges the perceived and apparent lack of cultural competence for working with Black men among White therapists. It reflects the concerns that standard counseling practices derived from theories created by and for White men are not appropriate and effective (Goode-Cross & Grim, 2016; Thorn & Sarata, 1998; Williams, 2005).

Racial Distrust was more than just the lack of trust for White therapists among the participants. Most did not feel they could connect to someone from another marginalized racial group. There was a concern about working with Black therapists as well. With the importance of cultural understanding and connection, it made sense that participants either explicitly or implicitly expressed the preference to have a Black (African) American therapist and feeling like there would not be a connection with a Black therapist from a different culture across the Black Diaspora.

Gender Distrust

Gender Distrust was identified as the lack of trust and comfort with therapy based on gender preference. This subtheme was significant with all participants but it did not yield the results I would have expected. From my personal and professional experiences, I believed Black

men would prefer mental health treatment from other Black men, especially considering the need for a cultural connection. However, while some participant preferences aligned with this expectation, some preferred working with Black women instead, and others did not have a preference as long as they were Black.

With so much focus on Black men and mental health treatment engagement, there is not much literature on their gender preferences for seeking help. A significant aspect of this theme was the prevalence of Black men preferring Black female therapists based on their interactions and experiences with Black women who had impacted their lives. Expressions of feeling safe, comforted, and nurtured were common among those preferring therapy with Black women.

This subtheme also demonstrates the diverse ways masculinity can influence Black men's preferences for therapists. While some Black men identified the need for the connection with Black male therapists, others found that this connection centered on masculinity might be more harmful or counterproductive to the counseling relationship and process. It is important to acknowledge that all participants stressed the need for a cultural connection but some felt the masculine connection with another Black man was essentially too much of a cultural connection that could impact trust and comfort in sessions.

LGBTQ+ Distrust

Initially, I did not expect to get many Black men who identified as members of the LGBTQ+ community. In my review of the literature, I did not find researchers addressing Black men and their sexuality when exploring their lack of mental health treatment engagement. I chose to highlight the experiences of the five participants who did not identify as heterosexual because their unique experiences are also beneficial to understanding the barriers and improving

mental health treatment engagement among all Black men including those in the LGBTQ+ community.

The lack of focus or inclusion was a reason that Hakeem chose to participate in the study. He was able to provide significant statements telling a story that is likely common among other LGBTQ+ Black men who have struggled with the decision to seek therapy. Specifically speaking to the experiences of queer Black men who may present as something other than heterosexual, Hakeem shed light on the queerphobia that initially made him reluctant to seek therapy and prevents other queer Black men from seeking it. His experience with a therapist wanting to diagnose him with Gender Dysphoria due to him being femme also highlights how harmful the diagnosis can be to queer Black men and their mental health.

Something else unexpected was the responses from Black men who identified as bisexual or another identity attracted to more than one gender. As the participants expressed, the stigma associated with Black men and bisexuality makes it hard enough for them to feel comfortable being their authentic selves and this uncertainty and lack of trust adds to their difficulty with trusting mental health professionals. Their stories helped to identify additional aspects of the barriers associated with this overall theme.

Theme Summary

The theme, *Cultural Distrust*, and its subthemes align with aspects of all three theories of the theoretical framework. The second tenet of CRT, the critique of liberal ideology and its acceptance of color blindness and dismissal of race and racism, is evident in the subtheme Racial Distrust (Delgado & Stefancic, 2001). This CRT tenet addresses how current systems continue to minimize White privilege and remain centered in Whiteness (Delgado & Stefancic, 2001). Racial Distrust also relates to the first principle of BlackCrit (Dumas & ross, 2016).

The CRT tenets, the permanence and intersectionality of race and racism, and counter storytelling relate to the other subthemes, Gender Distrust and LGBTQ+ Distrust (Delgado & Stefancic, 2001; Haskin & Singh, 2015; Ladson-Billings & Tate, 1995). Gender Distrust acknowledges the intersectionality of gender and race while LGBTQ+ Distrust connects sexuality and race and how they work together when identifying barriers to mental health treatment. Counter storytelling is evident in the stories of these Black men who discussed their experiences with barriers to mental health as they relate to these intersecting identities. Counter storytelling is also a tenet that drives this study and all its themes and subthemes as it relates to this marginalized population telling their own unique stories.

The aspects of Black Masculinity in this theme related to gender and sexual identities are factors that have not been explicitly explored in the literature reviewed for this study. These results show how this study was meant to further examine the previously established barrier of masculinity to mental health treatment. The subthemes Gender Distrust and LGBTQ+ Distrust illustrate the complexity of Black masculinity that should be addressed when working against barriers to encourage more Black men to utilize mental health treatment.

Invisibility

The cultural distrust Black men reported having towards White therapists was influenced by the same views that led to the final theme, *Invisibility. Invisibility* refers to reported views that there are not any or enough Black therapists and Black men who have gone to therapy. The perceived lack of visibility relates to the lack of knowledge about mental health treatment, as reported by the participants. This theme was consistent among all participants and consists of the subthemes: Lack of Visible Black Therapists, Lack of Positive Testimonies, and Lack of Clear Knowledge and Understanding.

Lack of Visible Black Therapists

Lack of Visible Black Therapists addresses how Black men feel that not seeing enough or knowing about enough Black therapists and view this as a barrier to treatment seeking. This subtheme was reported by nine of the participants who discussed not knowing about Black therapists in their area and struggling to find them due to their limited options. Many participants acknowledged the importance of representation and lack of it as a reason they chose not to go to therapy or were initially reluctant to go. This subtheme is consistent with the finding of previous studies such as Hackett (2014) and Ward and Besson (2012) who found that lack of Black representation among mental health professionals was a perceived barrier to treatment. It is worth mentioning the significance of this theme being reported by Black men and Black clinicians in previous research (Hackett, 2014; Ward & Besson, 2012).

Participants discussed wanting to see more promotion by Black therapists and felt that they should be more vocal about their presence and the services offered. This was a significant request among more than half of the participants in the study. While lack of representation was an established barrier in previous literature, it did not specifically address participants reporting the need for more promotion among Black therapists.

Black therapists not making themselves more visible is not entirely their fault. As previously mentioned, the mental health profession is predominantly White (APA, 2020; West & Moore, 2015). This means that while it may be beneficial for Black therapists to be more visible and promote themselves more, this problem also refers to the need for more Black therapists. This is a concern that has also been reported in past literature and though the number of Black people entering the profession has consistently increased, they still represent a low percentage of mental health professionals (CACREP, 2017). Some participants also discussed the possibility

that Black therapists are overworked and often are not taking new clients due to the overwhelming demand. A demand that has increased recently due to the mental health advocacy efforts of millennials, yet Black men are still less represented among those that seek help (Kim, 2018; White-Cummings, 2017).

Lack of Positive Testimonies

This subtheme, Lack of Positive Testimonies, was identified as a result of Black men expressing the need to hear about the positive experiences Black men have had who have gone to therapy. Participants spoke of the impact of word of mouth in the Black community and how it would encourage more Black men to be open to trying therapy. When considering the increase in mental health advocacy among Black millennials, one would think that positive testimonies would be included in the advocacy efforts (Kim, 2018; White-Cummings, 2017). However, this is not the reality that fourteen of the participants reported when expressing the need for Black men who have gone to therapy to make themselves more visible and share their testimonies.

A key component of this subtheme is the need to hear about the experiences of Black men who have had positive experiences. Participants who had struggled when deciding if they would seek therapy highlighted how they were more open to the idea after hearing about the experiences of other Black men they knew who had gone. Ward and Mengesha (2013) found that hearing about negative experiences was a common barrier for Black men seeking mental health treatment which relates to this subtheme. Some participants reported having or hearing about negative experiences with therapy however, most did not speak of negative testimonies and instead spoke of the lack of positive testimonies. For those that did recall hearing about negative experiences or having them, they placed more value on the negative testimonies even if they could admit to hearing more about the positive ones.

The need for positive testimonies has also been acknowledged in previous studies such as those by Francis (2018, 2021) which explored the social media impact Kid Cudi had when he shared his struggles with mental health and the need to seek treatment on Twitter. The celebrity testimony led to many Black men sharing their experiences and an increase in information seeking about mental health and treatment (Francis, 2018). This shed light on the need for more disclosure among Black men who struggled with their mental health and had engaged in some form of treatment (Francis, 2021). This shows the impact of hearing about positive testimonies from Black men whether they be influential public figures or peers as evident by participant responses.

Part of the reason sharing positive experiences continues to be needed is due to the stigma and discomfort Black men have with opening up and sharing their experiences. Also heavily influenced by Black Masculine Fragility, Black men who engage in therapy still have to overcome the need to avoid showing signs of vulnerability or needing help. While most participants who had engaged in therapy agreed there was a need for them to share more, they admitted that this was something they struggled with and could improve on.

Some discussed comfort with sharing their experiences with friends and people they knew but not through more public testimony which would benefit even more Black men than their social circles. This discrepancy between wanting more Black men to share and not wanting to share themselves could have been one that influenced participant responses in a study by Ward and Besson (2012). Among their results that were not consistent with other literature, Ward and Besson also found that Black men supported the idea of encouraging other Black men to share their experiences. While they acknowledged the limitations of this study it might have

been beneficial to explore the participants' personal beliefs and actions regarding sharing their positive experiences with the public (Ward & Besson, 2012).

Lack of Clear Knowledge and Understanding

The misconceptions and lack of knowledge about mental health treatment were a concern reported by fifteen of the study participants resulting in the subtheme, Lack of Clear Knowledge and Understanding. This subtheme was consistent with the findings of previous studies such as Francis (2018, 2021), Stare and Fernando (2019), and Ward and Mengesha (2013) which identified the absence of clear knowledge about mental health and treatment. Beyond the previously mentioned stigma, there are so many myths in the Black community about what therapy is like such as when and how to seek it. Some of these myths were the belief that therapy was only for severe mental crises and the quite common belief that therapy is unaffordable and extremely expensive.

Those participants who discussed therapy being too expensive were shocked and unaware that mental health care is included in their insurance policies. They were equally shocked to find out about financial support offered by some therapists such as sliding scales, connections to community resources, and pro-bono treatment. Some who were aware of mental health insurance coverage admitted that it was information they had to seek out because it was not appropriately addressed in the explanations of their policies.

There were also reported concerns about not having a clear understanding of how to go about starting mental health treatment. Based on responses, Black men are not aware of how to start looking for a therapist and the resources available to them such as online directories and social media. The existence of online counseling directories and how to use them was also surprising to the participants who had never gone to therapy. Some believed that this information

was more accessible to White men and harder to find in Black communities resulting in them feeling discouraged about seeking it due to there being too many hoops to jump through.

Knowing how to get started was one barrier but knowing what to expect was something else that added to Black men not having a clear understanding of mental health treatment. Participants expressed interest in resources on what to look for in a therapist and what therapy sessions might be like. Relating to the influence of media, some discussed the inaccurate portrayals of therapy and concerns it might be like what they have seen on TV and in movies. Others expressed a lack of clarity about their rights in sessions and how to go about addressing issues rather than giving up on therapy.

Theme Summary

The theme, *Invisibility*, and its subthemes also align with aspects of all three theories of the theoretical framework. As expected, the CRT tenet, counter storytelling framed the process of identifying this theme and the others (Delgado & Stefancic, 2001; Haskin & Singh, 2015; Ladson-Billings & Tate, 1995). Counter storytelling is also significantly related to the subtheme Lack of Positive Testimonies which calls for Black men to tell their own stories and experiences which would contradict common negative beliefs and expectations.

The second principle of BlackCrit, Blackness existing in tension with the neo-liberal multicultural imagination aligns with this theme and the subthemes Lack of Black Therapists and Lack of Clear Knowledge and Understanding. Further critiquing the ideas associated with liberalism challenged by CRT, this principle addresses multiculturalism and diversity efforts being against Black people who are seen as less likely to assimilate to dominant societal norms and expectations (Dumas & ross, 2016; Ladson-Billings & Tate, 1995). The lack of available

knowledge and resources and lack of Black therapists in a predominantly White field related to these aspects of BlackCrit and CRT.

Aspects of Black Masculinity in this theme are not as clearly related to the theme overall but directly impacted the need for more Black men to share their positive experiences with therapy. Black men wanting to see and hear about other Black men who have engaged in therapy relates to their need to protect their Black masculine image in feeling a sense of connection and acceptance with those who have gone. The inconsistent preferences for a Black male therapist or a Black female therapist meant addressing the need for more Black therapists in general but for those who seek the benefits of a masculine connection with their therapist it highlights the need for more Black male therapists for some. This provides some connection to Black Masculinity however, it does not seem as significant for this subtheme and the need for more knowledge which could be an issue for the Black community as a whole.

Summary of Themes

In response to the first research question, *How do anti-Black racism and Black masculinity influence millennial Black men's decisions to seek mental health treatment,* all three themes provided insight into how the social constructs of race and masculinity act as barriers. Black men are socialized based on their race and gender which impacts their views on mental health treatment and decisions to seek it. Due to the influence of anti-Black racism, Black men find it hard to trust White therapists which creates a barrier to treatment when the common belief is that therapy is for and provided by White people. The influence of Black masculinity impacted their trust issues when it related to gender and their preferences for a male or female therapist. Race and masculinity both influence the visibility of Black therapists and Black men sharing their testimonies with therapy, while only race was evident in the lack of knowledge and

misconceptions of therapy. Together the three themes provide evidence to conclude that anti-Black racism and Black masculinity are barriers to mental health treatment for Black men and discourages them from seeking treatment.

It is worth noting that participants had differing views when it came to specifically identifying racism and masculinity as barriers working together or separately. When asked whether race or masculinity was more significant regarding their reluctance to seek therapy some like Andre believed masculinity was more significant, stating: “I don’t think racism, for me, was as bad as masculinity and the whole thinking I don’t need help. [It] probably subconsciously kept me from going sooner.” Some felt racism was more significant and others, like Micah, felt they had an equal impact:

> The ideas that I've been given about masculinity are shaped in Whiteness. (…) I think my masculinity was so greatly shaped by Whiteness and White supremacy that it's impossible to separate them from one another regarding why I was hesitant to seek out therapy, or mental health services.

Though the prevalence of one over the other was not a specific focus of the study, it can be concluded that how much race and masculinity impact their decisions is based on their personal lived experiences as Black men.

In response to the second research question, *What are the socially constructed barriers to mental health treatment seeking for millennial Black men,* the three themes provide more specific insight about socially constructed barriers to mental health treatment for Black men. *Racialized Gendered Socialization* details how the social construction of race and masculinity influences the behaviors, perceptions, values, and attitudes of Black men which impacts their decisions about seeking help. *Cultural Distrust* is a result of socially constructed cultural identities that lead to

cross-cultural trust issues for Black men when deciding if they will seek mental health treatment. Lastly, knowledge itself is a social construct as well as therapy as a profession and service making the *Invisibility* of Black therapists, Black men who engage in therapy, and information about therapy a result of social construction.

Implications

The purpose of this study was to explore the influence of social constructs on millennial Black men's decisions about seeking mental health treatment. The results of the study provide a detailed look at how social constructs, particularly race and masculinity, act as barriers to mental health treatment adding to the literature on barriers to mental health treatment for Black men. The findings provide implications for improving counselors' social justice advocacy efforts to increase mental health treatment engagement for Black men.

Knowledge and Resources

The myths and lack of knowledge millennial Black men reported about mental health treatment make this one of the most important implications of this study. If the goal is to get more Black men to engage in therapy, then they need to first understand what therapy is, why they should seek it and how to get started. Advocacy efforts should be revised to include accurate education and resources about mental health geared toward Black men.

Part of the education about mental health treatment should also include knowledge about affording therapy. It should be common knowledge that mental health is part of most insurance plans yet so many participants were not aware of this. This should be something highlighted and addressed when explaining benefits the same way that medical, dental, and vision coverage are detailed in the policy information. Knowledge about financial assistance for uninsured Black men should also be made available.

Another aspect of improving knowledge is making information accessible about resources to help find therapists. Therapist directories such as Psychology Today are easily accessible and Black men need to be made aware that they exist to help reduce some of the perceived hoops to jump through that discourage them from seeking help. Some participants inquired about resources for checklists of things to consider when trying to identify the right therapist. Others asked about information to help clarify their rights as clients and how to address issues within sessions. While there are many online sources and social media posts that might provide suggestions for things like this, it could be beneficial to find ways to increase these resources and find ways to reach a broader audience.

The results of this study also call attention to the limited resources available in Black communities. This highlights the impact of racist systems that make it difficult for Black people in general to receive necessary mental health knowledge, treatment, and exposure to mental health professionals. Addressing the systemic racism that prevents Black men from seeking mental health treatment requires fighting against anti-Black systems and policies that act as barriers to increasing mental health resources and education in Black communities.

Promotion

Another implication and way to increase knowledge and resources is more promotion geared toward Black men. Participants reported it is often difficult finding Black therapists, especially in less diverse areas. While current advocacy efforts heavily promote seeking therapy, increasing promotion efforts highlighting actual Black therapists could help encourage more Black men to seek therapy with the understanding that they do not have to work with a White therapist. Participants also felt that Black therapists generally do not promote themselves well enough and could do more to increase their visibility.

Representation

Lack of representation is a factor preventing Black men from engaging in therapy that has been consistent across the literature. As participants of this study made clear, Black men are not likely to want to seek therapy from a White therapist. An increase in promotion is a start to reaching more Black men but the overall issue is there not being enough Black therapists. Black people make up a small percentage of mental health professionals so there needs to be more Black therapists available. This can also be addressed through efforts to increase diversity in counselor education programs to recruit more Black people to join the profession. However, increasing diversity becomes an issue when trying to recruit Black people to join a profession that many view as anti-Black and meant only for White people. It should also be noted that previous research provides evidence of cultural incompetence when it comes to educating Black counselors (Henfield et al., 2010; Henfield et al., 2013). It is important to acknowledge the presence of racism as a barrier to appropriately recruiting and educating Black counselors in counselor education programs that are expected to provide safe and inclusive environments for students from diverse backgrounds.

Media representation can also be improved to help encourage more Black men to get therapy. Participants discussed dramatized media representation and the overall lack of Black men being depicted as therapists or therapy clients. This is something that is getting better but an improved focus would be ensuring more representation in media consumed by Black men.

Culturally Appropriate Advocacy

Improving social justice advocacy to engage more millennial Black men in mental health treatment means finding newer ways to dispense information and connect with them. Participants discussed the cultural relevance of word of mouth and firsthand experiences. A result of the

theme, *Invisibility,* is how impactful it would be to have more Black men share their positive experiences with therapy and how they have benefited from it. This means making more effort to encourage Black men to share their testimonies publicly and not just within their social circles and friend groups. Another way to improve these efforts would be to find ways to specifically connect with millennials acknowledging the generational shifts occurring in views about mental health treatment.

Critical Cultural Competency

The findings of this study also provided implications for clinical practice when counseling Black men. One of the findings consistent with previous literature was the influence of negative experiences with counseling that Black men experience or hear about. Participants who had engaged with White therapists reported issues with feeling understood or having counselors that would use interventions that were not culturally relevant during sessions. These reports do not align with the expectation that counselor education programs will develop culturally competent counselors. The Multicultural Social Justice Counseling Competencies (MCSJCC) and ethical standards established by the American Counseling Association (ACA) call for counselors to be knowledgeable and understanding of diverse racial groups and be able to provide culturally appropriate care (ACA, 2014; Ratts et al., 2016). However it seems that counselor education programs are not being as effective at developing culturally competent counselors as they have been charged to do by the established professional standards. Following the critiques of multiculturalism established by CRT and BlackCrit, there needs to be an increase in multicultural counseling education or restructure it to provide a more critical approach to working with Black men and their intersecting identities to help improve engagement and treatment outcomes.

Addressing the need to improve cultural competency means holding counselor educators more accountable for following program standards and implementing multiculturalism in all courses and not just the multicultural counseling course(s). It also means making efforts to eliminate all forms of racism in counselor education by holding faculty accountable for personal ideologies that may be influenced by or support racism and impact the experiences of Black students. Additionally, eliminating racism in counselor education includes gatekeeping and working to prevent counselors with racist views and practices from entering the profession which means continuing to monitor students even after being admitted into the program.

Another way of improving clinical practice in working with Black men could be utilizing CRT and BlackCrit to influence theoretical approaches to working with Black men. Using these theories as a critical lens to a counselor's theoretical orientation could help to reduce culturally insensitive approaches and help to form culturally appropriate treatment plans that cater to all aspects of their identity. Providing specific examples of how to incorporate these theories into clinical practice goes beyond the scope of this paper and should be considered for future research and publications.

Speaking specifically to the subtheme, LGBTQ+ Distrust, counselors need to be well educated and culturally aware of ways to engage LGBTQ+ clients. This also means understanding how Eurocentric, cisgender, heteronormative practices in diagnosing can be harmful to queer-identifying Black men who may not conform to heteronormative ways of representing their masculinity. Making more efforts to engage Black LGBTQ+ men in mental health treatment is also another way to improve advocacy and address ways to overcome the specific barriers associated with their intersecting identities.

Limitations

The results of this study should be considered within the context of multiple limitations. The first limitation is the small sample size used in the study. The use of small sample sizes in qualitative research is an expected limitation to the generalizability of the findings which is not considered a goal for this style of research. A second limitation also related to the sample is the use of purposeful and snowball sampling to recruit participants. The use of social media and word of mouth risks the possibility of recruiting many participants with similar views based on established social connections. This limitation also highlights the possibility that similar education and class might have impacted the results with all participants having some amount of college education. This could lead to inconsistent findings with Black men who do not have the same level of education or similar social status. Another limitation of the sample size is the limited age range representing the millennial generation. The age range required for participation was 25-40 years old but the age range of the sample was 29-34 years old with the majority being 31-33 years old. The study sample was also limited by location in terms of cultural differences in different areas or regions. This limitation is significant with eleven of the sixteen participants residing on the east coast and nine of them residing in southern states. The last limitation is the lack of participants who had not engaged in mental health treatment. The findings may have been different had the sample included more Black men who had never been to therapy.

Recommendations for Future Research

This study provided useful findings to add to the literature concerning Black men engaging in mental health treatment at significantly low rates. However, there is still a significant need for more research in this area. The following are recommendations for future research based on this study's findings.

The first recommendation is for future research to identify ways to effectively present similar findings back to the Black community. This topic is important to improving the mental health of Black men and unfortunately even if published these results will be made available to a limited audience of academic scholars and mental health professionals. One of the themes and implications was the need to share positive testimonies of Black men who have been to therapy and the testimonies of the participants of this study could be beneficial in improving advocacy efforts to engage more Black men in therapy. This recommendation is one that I hope to address with future research projects as I work to provide space for Black men and other marginalized groups to tell their stories and have positive impacts on their communities.

A second recommendation is for future research to explore generational differences in perceptions of mental health treatment by recruiting Black men from different generations and not just focusing on one. This could potentially identify ways to specifically address generational differences to help improve advocacy efforts for older or younger Black men as well as millennials.

A future study exploring gender preferences for therapists among Black men is a third recommendation that could also be beneficial based on the results of this study. Results could identify a majority preference and explain what influences their preferences. Results might also provide more data to support the lack of a majority preference for a Black male or Black female therapist among Black men. Based on participant descriptions of their preference and connection to working with a Black female therapist, future research might be able to determine if this connection is related to the presence or absence of a father or father figure in their lives. Many of those who reported stronger connections to Black women related it to a maternal connection and being raised by women. A more detailed exploration of the factors that contribute to the comfort

and discomfort of working with Black male or female therapist would also be beneficial. A specific factor for exploration would be the role of masculinity when it comes to discomfort with opening up to Black male therapists as well as its impact on the discomfort with opening up to Black female therapists.

Another recommendation for future research could be a study focusing on the barriers to treatment for LGBTQ+ Black men. While this was not a specific focus of this study, results found barriers unique to the experiences of queer and bisexual Black men. Future research focused specifically on the LGBTQ+ experiences could help to improve treatment engagement for Black men who do not identify as heterosexual.

The last recommendation is related to the initial forty Black men who expressed interest in this study. Even though the sample of sixteen was taken from the larger sample, those other twenty-four Black men who completed the screening were at least open to completing a screening or survey on the topic of mental health treatment. With this level of unexpected interest, it might be worth considering a quantitative approach to this study that could potentially attract enough Black men for statistical analysis of views on mental health treatment, barriers to treatment, past experiences, or factors related to help-seeking behaviors.

Conclusion

The findings of this study identified three major themes: *Racialized Gendered Socialization, Cultural Distrust,* and *Invisibility.* These themes support the finding of previous research exploring the barriers to mental health treatment for Black men. The findings provide more detail into previously established barriers related to race and masculinity by looking specifically at how these social constructs influence the decision about mental health treatment seeking among Black millennial men. Based on the results, this study shows that anti-Black

racism and Black masculinity negatively influence millennial Black men's decisions to seek mental health treatment. It also identifies race, gender, masculinity, culture, sexual orientation, and knowledge as socially constructed barriers to treatment. Implications of this study will help to shed light on how to improve social justice advocacy efforts to increase mental health treatment engagement among Black men. Implications also provided suggestions for how to improve treatment approaches to working with Black men that might increase treatment retention rates and improve outcomes. Identified limitations provided insight into ways to revise and replicate this study to reduce limitations where possible. Recommendations for future research indicated suggestions for continuing to explore ways to effectively engage Black men in mental health treatment. In closing, I am hopeful that this study will motivate more counselor educators and researchers to further explore mental health treatment barriers Black men encounter. Furthermore, solutions are needed to help improve our mental health as we continue to navigate a society that oppresses, traumatizes, and dehumanizes our existence.

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APPENDICES

Appendix A: Recruitment Letter

College of Education
9201 University City Boulevard, Charlotte, NC 28223-0001

A CRITICAL PHENOMENOLOGICAL EXPLORATION OF THE INFLUENCE OF RACE AND MASCULINTY ON MILLENIAL BLACK MEN'S DECISION TO SEEK MENTAL HEALTH TREATMENT

Hello,

My name is Demetrius Cofield and I am a doctoral candidate in the Counselor Education and Supervision Program at University of North Carolina at Charlotte. I am preparing to begin my Doctoral Dissertation on how racism and masculinity influence Black men when deciding to seek mental health treatment. The purpose of this study is to gain insight into how social constructs such as racism and masculinity influence Black men when deciding whether to seek mental health treatment. Black men, who have considered mental health treatment or think they might benefit from it even if they have never been, will provide their views on mental health treatment and what influenced their decisions regarding whether to seek mental health treatment. Specific attention is given to factors relating to racism and masculinity. The goal of sharing this information is to increase knowledge and awareness about why Black men do not seek the necessary mental health treatment and provide insight into eliminating or addressing these behaviors in both the Black community and the Mental Health field.

Participants will engage in individual interviews, via Zoom, discussing their views and/or experiences with seeking mental health treatment. Interviews will last approximately 60 minutes and will be recorded. Only non-identifiable data will be considered for use in research or publication.

I am seeking participants who:

- Are 25-40 years old
- Identify as a cisgender Black male
- Have been to therapy in their adult life
- Have considered therapy but chose not to go
- Participants are not required to have a history of participation in mental health treatment.

If you or someone you know meets the criteria for participation. Study information, consent form and screening questions can be found here <Link to screening>

Thank you for considering participating in this study. Questions can be directed to the study investigator using the contact information below.

Demetrius Cofield, M.Ed., LCMHCS, LCAS, CSI
Doctoral Candidate | Counselor Education and Supervision
University of North Carolina at Charlotte
Dcofiel1@uncc.edu

Faculty Advisor:
Henry L. Harris, Ph.D., LCMHC
Professor
Department of Counseling
Cato College of Education
UNC-Charlotte
hharris2@uncc.edu

UNCC IRB Approval Number: 21-0118

Appendix B: Consent Form

Department of Counseling

9201 University City Boulevard, Charlotte, NC 28223-0001

Consent to Participate in a Research Study

Title of the Project: An Exploration of the influence of race and masculinity on millennial Black men's decisions to seek mental health treatment

Principle Investigator: Demetrius Cofield, LCMHCS, LCAS, CSI, Doctoral Candidate, Counselor Education & Supervision

Study Sponsor: Dr. Hank Harris, Ph.D., Professor, Counselor Education and Supervision

You are invited to participate in a research study. Participation in this research study is voluntary. The information provided is to help you decide whether or not to participate. If you have any questions, please ask.

Important Information You Need to Know

- The purpose of this study is to gain insight into what Black men perceive as barriers to seeking mental health treatment. Black men who have considered mental health treatment or think they might benefit from mental health treatment even if they have never been to treatment. Specific attention is given to factors relating to racism and masculinity. The goal of sharing this information is to increase knowledge and awareness about why Black men do not seek the necessary mental health treatment and provide insight into eliminating or addressing these behaviors in both the Black community and the Mental Health field.
- You must be between 25-40 years old
- You are asked to complete a demographic questionnaire which will determine if you meet criteria based on your responses
- The initial screening will take about 5-10 minutes.
- Should you meet the criteria based on your responses you will be given the opportunity to move forward with participation in the study. Requirements for participation:
    - You will be asked to take part in an interview virtually via Zoom that will be recorded.
    - If you choose to participate following the initial screening it will require approximately 60 minutes of your time
    - Risks or discomforts from this research are minimal, but may include emotional distress, depending on your experiences/recall.
- Benefits may include contributions to education and awareness to encourage Black men to seek mental health treatment when necessary.
- Participation is voluntary. You may choose not to take part in the screening. You may start participating in the screening and change your mind and stop participation at any time. You may choose not to take part in the study.

- All responses will remain anonymous unless you decide to move forward with participation and your information will be shared with the research team. Once this is done, the primary research team will contact you about moving forward in the study.
- Risks or discomforts from this research are minimal, but may include emotional distress, depending on your experiences/recall.
- Following the interview you will be provided with a transcript of the audio to review for accuracy. This will be sent to you via email to respond with any changes you feel are needed.

Please read this form and ask any questions you may have before you decide whether to participate in this research study.

Why are we doing this study?

The purpose of this study is to gain insight into what Black men perceive as barriers to seeking mental health treatment. Black men who have considered mental health treatment or think they might benefit from mental health treatment even if they have never been to treatment. Specific attention is given to factors relating to racism and masculinity. The goal of sharing this information is to increase knowledge and awareness about why Black men do not seek the necessary mental health treatment and provide insight into eliminating or addressing these behaviors in both the Black community and the Mental Health field.

Why are you being asked to be in this research study.

You are being asked to be in this study because you identify as a Black man between ages 25-40 years old who has engaged in mental health treatment, felt like he might benefit from it but never engaged, or have been recommended for mental health services even though you may not have agreed with the recommendation.

What will happen if I take part in this study?

If you choose to participate in this study, you will be asked to take part in an interview via Zoom. The investigator conducting your interview will work with you to determine the best day and time for your interview. Your time commitment will be about 60 minutes. We will also collect information about your current or past mental health symptoms and experiences. You will be provided a transcript of the interview via email and asked to review it for accuracy and to remove any information you may not want included. This should be a brief review that should take no more than 10-20 minutes of your time.

What benefits might I experience?

Your participation will contribute to the collection of data that will be used to understand how to address barriers to Black men seeking mental health treatment.

What risks might I experience?

Risks include distress during recall/interview, depending on your experiences. However, we do not expect this risk to be common.

How will my information be protected?

To protect the identity (privacy) of participants your name will not be shared once research has been made public. We plan to publish the results of this study. To protect your privacy we will not include any information that could identify you. We will protect the confidentiality of the research data by destroying

recorded data once the study is complete. Other people may need to see the information we collect about you. Including people who work for UNC Charlotte and other agencies as required by law or allowed by federal regulations.

How will my information be used after the study is over?

All recorded data and information will be destroyed once the study is complete.

What are my rights if I take part in this study?

It is up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer.

Who can answer my questions about this study and my rights as a participant?

For questions about this research, you may contact Demetrius Cofield dcofiel1@uncc.edu or Dr. Henry Harris hharris2@uncc.edu

If you have questions about your rights as a research participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the Office of Research Protections and Integrity at 704-687-1871 or uncc-irb@uncc.edu.

Consent to Participate

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will receive a copy of this document for your records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study.

_____

Name (PRINT)

_____

Signature Date

Appendix C: Demographic Questionnaire

1. Do you identify as a cisgender Black man? (gender assigned at birth)
    a. Yes
    b. No
2. How old are you? _____
3. If you are comfortable answering, what is your sexual orientation?
    a. Heterosexual/Straight (Attracted to the opposite gender)
    b. Homosexual/Gay (Attracted to the same gender)
    c. Bisexual (Attracted to both opposite and same gender)
    d. Pansexual (Attracted to people regardless of gender)
4. What is your current marital status?
    a. Single/Never Married
    b. Married
    c. Divorced/Widowed
5. What state do you currently reside in? _____
6. Have you ever felt the need to or considered seeking mental health treatment (counseling, therapy, medication management)?
    a. Yes
    b. No
7. Have you ever felt the need to or considered seeking mental health treatment but chose not to do so?
    a. Yes
    b. No
8. Have you ever been to at least one session with a counselor or therapist?
    a. Yes
    b. No
9. If you have seen a counselor or therapist what best describes your experience?
    a. Positive
    b. Negative
    c. Neutral

If you are identified as an eligible participant based on a review of your responses and you are willing to move forward with participation in this study please provide your contact information below. If you are not willing to participate you may now exit this survey.

NOTE: Should you choose to participate and provide the following information your responses will no longer be anonymous and this information will ONLY be shared with the research team. Only provide this information if you choose to participate or would like more information about participating. Please do not provide this information if you do not wish to participate in the study.

10. If you would like to participate, please provide your first name:

11. If you would like to participate, please provide you email address:

Appendix D: Interview Questions

Demographics

- Please tell me your name and age.
- What state do you currently reside in?
- What is your highest level of education?
- If you feel comfortable answering, what is your sexual orientation?

***Masculinity and Racism*:**

- Tell me about what it means to live life as a Black man?
    - How has racism impacted your life as a Black man?
        - Tell me about a time you experienced racism?
    - How have these experiences shaped your perception of racism?
- How would you define 'Masculinity'?
    - In what ways does your answer change if any when I say Black masculinity?
    - How does society view Black masculinity?
    - What would you describe as black masculinity norms/stereotypes?
    - Does race or your masculinity have more impact on how you experience life/how you are perceived by others? Or do they impact equally?
        - Describe a time when you felt the impact

Mental Health-Personal

- What does mental health mean to you?
    - How would you define mental illness?
- If you have been diagnosed or believe you have a mental illness, tell me about your experience
    - Have you ever been to therapy?
    - What factors influenced your decision to go or not go to therapy?
    - How would you describe your experience with therapy if you have been
- What are your perceptions of the difference between therapy seeking behaviors of Black and White men?

Mental health, race and gender

- Tell me about how being a Black man has impacted your mental health?
    - What types of societal events/experiences have had negative impacts on your mental health?
    - What types of societal events/experiences have had positive impacts on your mental health?
- In what ways have societal views of the stereotypical Black man impacted your mental health?
- How have Black masculine norms influenced, if they have, your decision to seek mental health treatment?

    - Do you feel that racism and/or masculinity norms separately influenced your decision to seek mental health treatment? If so, how?
-
- If you have sought treatment, have those norms shaped your mental health treatment?
    - Your decision to continue or discontinue?
    - Your therapy treatment plan?
    - Your choice of therapists?
- What characteristics or factors would you look for in the ideal therapist?
    - Does race matter?
    - Does gender matter?

Closing Questions:

- As you reflect on our conversation, what are your views on Black men going to therapy?
- What advice would you give to Black men facing mental health challenges?
    - Would you recommend therapy to another Black man? Why or why not?
- What do you believe can be done to encourage more Black men to go to therapy?
- Is there anything else you would like to share about this topic before we conclude the interview?

Appendix E: Participants Demographic Information

Table 2: Participants

Name	Age	State	Sexual Orientation	Marital Status	Been to Therapy?	Experience
Jai	33	CA	No Label	Single	Yes	Positive
Dro	31	FL	Heterosexual	Married	Yes (couples only)	Negative
Jamal	31	SC	Heterosexual	Single	Yes	Positive
Andre	34	MD	Heterosexual	Married	Yes	Positive
TJ	31	SC	Heterosexual	Married	No	N/A
Malik	29	NC	Heterosexual	Single	Yes	Positive
Micah	30	CO	Heterosexual	Single	Yes	Positive
Ali	33	PA	Heterosexual	Single	Yes	Negative
Hakeem	31	SC	Homosexual	Single	Yes	Positive
Jarrell	32	TX	Heterosexual	Single	Yes	Neutral
Tariq	30	MD	Heterosexual	Single	No	N/A
Dejerrio	32	NC	Heterosexual	Single	No	N/A
Jamarcus	33	NC	Bisexual	Single	No	N/A
Travis	32	TN	Bisexual	Married	Yes	Positive
Craig	33	MD	Bisexual	Single	Yes	Positive
Khalil	32	NC	Heterosexual	Married	Yes	Neutral