ABSTRACT

Through Their Eyes: A Narrative Case Study Highlighting the Lived Experiences of
African American Male College Students with Low Help-Seeking Behaviors

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Mental health difficulties continue to rise on college campuses. However, students
are not seeking help at the same rate. Hubbard et al. (2018) reported that only 8% to 38%
of students seek help for mental health concerns despite potential academic interruption.
Disparities in seeking help for mental health difficulties is even greater in the African
American community. Schwitzer et al. (2018) reported "… on average 10.3% of students
served by counseling centers were African American and 66.7% were white" (p. 6).
However, the problem is that African Americans are 20% more likely to suffer from
psychological difficulties, they are among the population with the greatest rate of low
help-seeking behaviors (Snyder, 2020). Thus, the purpose of the study was to gain a
better understanding of the lived experiences of African American males as a means of
understanding the past, current, and possible future predicting factors that perpetuate and
exacerbate low help-seeking behaviors.

To highlight the problem and operationalize the purpose, the researcher
implemented a narrative case study design. Utilizing the selected design allowed the
researcher to engage participants in "… telling, retelling, and reliving stories" (Connelly

& Clandinin, 1990, p. 4). In doing so, the researcher achieved a primary goal of providing African American males with a voice. African American male participants (n=4) for the current study were selected based on a criterion sampling strategy and ranged in age from 18–29. Participants engaged in one 60-minute semi-structured interview via zoom and one 30-minute follow-up call. All participant interviews were recorded, securely stored, and uploaded to Otter.ai as a means of obtaining a detailed transcript. Data were analyzed using appropriate qualitative data analysis procedures inclusive of coding, thematic analysis and cross case analysis.

Three overarching themes, Lack of Trust, Family and Upbringing, and Societal Pressures emerged from the participant interviews as the main predicting factors for their low help-seeking behaviors. The findings were consistent with the findings identified in pre-existing literature. To conclude, the implications for the current study highlighted practical and transformative strategies to better identify and engage African Americans males with mental health concerns into therapeutic services.

Through Their Eyes: A Narrative Case Study Highlighting the Lived Experiences of
African American Male College Students with Low Help–Seeking Behaviors

by

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A Dissertation

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LIST OF ABBREVIATIONS

APA: American Psychological Association

CAPS: Counseling and Psychological Services

CDC: Center for Disease Control and Prevention

COVID-19: Coronavirus Disease of 2019

LPC: Licensed Psychological Counselor

RCT: Relational Cultural Theory

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DEDICATION

To my children, Lewis and London

I thank God every day for blessing me with two amazing and intelligent little beings.
You two have provided me with a new definition of purpose and it is because of you that
I strive to be greater in every aspect of my life. This dissertation and everything that I am,
I dedicate to the two of you.

CHAPTER ONE

Background and Needs Assessment

Introduction

Mental health difficulties are on the rise within American society. However, African Americans are 20% more likely to struggle with serious mental health issues (National Alliance on Mental Health, 2020; Snyder, 2020). Unfortunately, for members of the Black community acknowledging and seeking help for mental health difficulties has the potential to evoke several emotions inclusive of fear, shame, and defeat. Snyder (2020) provided a rationale for emotions such as fear and low help-seeking behaviors by noting that seeking help in communities of color is rare and that the stigma alone can be deliberating in the help–seeking process. Thus, to increase help–seeking behaviors within the Black community, it is important to acknowledge what it means to seek help, where low help–seeking behaviors originate, and how larger systems within society influence these behaviors.

Help-seeking behaviors consist of actively engaging in the process of seeking professional help for mental health difficulties. In doing so, an individual makes the choice to improve their identified condition and overall functioning (American Psychological Association, 2018). Thus, seeking help is a powerful or transformative choice. However, for many individuals seeking professional help is noted as a daunting experience. Existing literature suggest that seeking help for mental health needs demonstrates weakness and has the potential to increase anxiety and stigma (Fripp & Carlson, 2017; Williams & Justice, 2010). Such is the case for African Americans who

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display having low help–seeking behaviors based on their lived experiences and attitudes regarding engaging in mental health services.

Lived experiences of African Americans include but are not limited to being negatively labeled, misdiagnosed, and or criminalized for actions that are often out of one's control (Snyder, 2020; Walker, 2020). However, because of these negative reactions to mental health needs and difficulties, African Americans ascribe negative feelings and attitudes towards seeking professional help. For these reasons, mental health difficulties within the Black community are often ignored and untreated as individuals attempt to protect themselves from perceived stigma and continuous societal mistreatment.

However, in an understandable attempt to protect themselves, African Americans validate and perpetuate low help–seeking behaviors. These continued protective factors then highlight the current problem that although there is an increase in mental health difficulties among African Americans, there is a growing deficit in service utilization which causes a great concern (Schwitzer et al., 2018). To expand upon this concern, Evans (2006) noted that due to unmet needs African Americans "…suffer a greater loss to their overall health and productivity" (p. 2). As a result of these concerns, it is important to bring awareness to the problem of low help–seeking behaviors as they occur within varies populations of the Black Community.

With that, this study focused on low help–seeking behaviors among African American male college students. The participant population was chosen due to the understanding that although mental health difficulties are on the rise for college students, there are low rates of service utilization (Hubbard et al., 2018; Schwitzer et al., 2018).

Unfortunately, without seeking help, the overall success of a student is at risk. As a result, the current study sought to better understand low help–seeking predictors as a means of identifying ways to better engage those in need.

Statement of the Problem

Despite continued increases in psychological distress among African American male college students, most students do not seek help for mental health difficulties. Hubbard et al. (2018) reported that only 8% to 38% of students seek help for mental health concerns despite potential academic interruption. Disparities in seeking help for mental health difficulties is even greater in the African American community. Schwitzer et al. (2018) reported "… on average 10.3% of students served by counseling centers were African American and 66.7% were white" (p. 6). However, African Americans are 20% more likely to develop mental health issues than the general population (National Alliance on Mental Illness, 2020; Snyder, 2020). Yet, even with these alarming numbers, seeking help for mental health is not common within the Black community.

Disparities in mental health service utilization, although alarming is not a new phenomenon within the Black community. African Americans historically struggle to trust health care systems due to discrimination, systemic racism and oppression that continues to exist in society today (Evan, 2006; Gee & Ford, 2011; Whaley, 2001). In addition to historical factors, Fripp and Carlson (2017) reported that there are several reasons for low help-seeking behaviors in African Americans inclusive of "… mistrust, stigma, misdiagnosis, little understanding about mental illness, and feeling culturally misunderstood" (p. 82). The factors presented by Fripp and Carlson (2017) are not an exhausted list of factors but are among the more common influential factors.

These factors are especially important to note when examining low help–seeking behaviors in African American men who are more likely to resist seeking help. Duncan (2003) reported that due to conditioning, Black men attempt to handle problems on their own. In the rare moments that Black men do seek help, Williams and Justice (2010) reported that African Americans were more comfortable seeking help from familiar sources instead of unfamiliar sources such as a therapist. Thus, it is important to understand the environments that continue to perpetuate feelings of mistrust and disconnection. With that, this study sought to examine the lived experiences of African American males by applying Relational-Cultural Theory (RCT) as the main framework for the study. RCT suggested that a mutual connection between client and therapist offers a more successful therapeutic experience (Comstock et al., 2008). In turn, individuals might increase help-seeking behaviors.

To conclude, there are several studies (Duncan, 2003; Fripp and Carlson, 2017; Masuda et al. 2012; Williams and Justice, 2010) conducted on the attitudes of African American males regarding mental health and related stigma. However, not many studies have focused on the actual lived experiences as a means of understanding mental health and its meaning in relation to low help-seeking behaviors for African American male college students. Also, important to note is that most of the studies conducted related to mental health and the attitudes of African Americans focused on the quantitative aspect of help-seeking behaviors.

As a result, this narrative case study focused on gaining valuable firsthand information from African American males who exhibit low help–seeking behaviors. In doing so, the researcher hopes to educate and empower more African American male

students to seek help for mental health difficulties. However, before seeking to educate and empower, a thorough examination of the intersecting factors that affect and increase low help–seeking behaviors is necessary. Thus, the researcher explored and highlighted the effects of institutionalized racism, religion, and common attitudes held by African American males in the following chapter.

Literature Review

Mental health has been a taboo for quite some time in American culture. As a result, many individuals went without sufficient and necessary help. Instead, those who suffered from mental health difficulties struggled in silence and fear. Unfortunately, the stigma surrounding mental health continues within the larger society, families and identified cultures (Snyder, 2020; Walker, 2020). Such is the case for African Americans who continue to fight racial injustices and oppression in intersecting areas of their lives. As a result of these inequities in larger systems, researchers (Gee & Ford, 2011; Bailey et al, 2017) suggested that African Americans endure a lower quality of life as it relates to both physical and mental health.

In response to inequities in systems, African Americans adapted attitudes and behaviors over the years that serve to help them survive oppressive and unequal systems. These attitudes and behaviors include being resilient and leaning more on family and religious beliefs to cope with problems (Evans, 2006; Snyder, 2020; Walker, 2020). However, Walker (2020) also noted that African American resiliency and adaptive beliefs also stand in the way of one seeking professional help when necessary. As such, it can be hypothesized that there are many influences such as religious beliefs, cultural norms, and

lived experiences that stand to hinder individuals from seeking help for mental health difficulties despite continued challenges and life interruptions.

For this reason, low help–seeking behaviors among African American males is essential information and is worth highlighting to help increase the overall mental health and awareness of African American males. In addition, learning more about predictors of low help–seeking behaviors, African American males and mental health professionals alike can better educate themselves and become more informed of the ways in which they can be a part of destigmatizing seeking help in the Black community. This increased awareness related to mental health has the potential to empower and reshape many lives within the Black community.

With that, the current literature review serves to close the gap in literature as it highlights the potential intersecting predictors and how these intersecting predictors influence seeking help for mental health difficulties for African American males. This literature review and narrative case study also serves to further advance research on low help–seeking behaviors. To guide readers and to emphasize the importance of each predicting factor and its influence on the next, the researcher organized the current literature review using the inverted pyramid illustrated in Figure 1.1. The outline represents the importance of each factor based on the significant value ascribed by the researcher. To conclude, the researcher is not suggesting that the value of each predicting factor is the same for all. Instead, the researcher is hoping to impart how each of these factors play a significant role in low help–seeking behaviors.
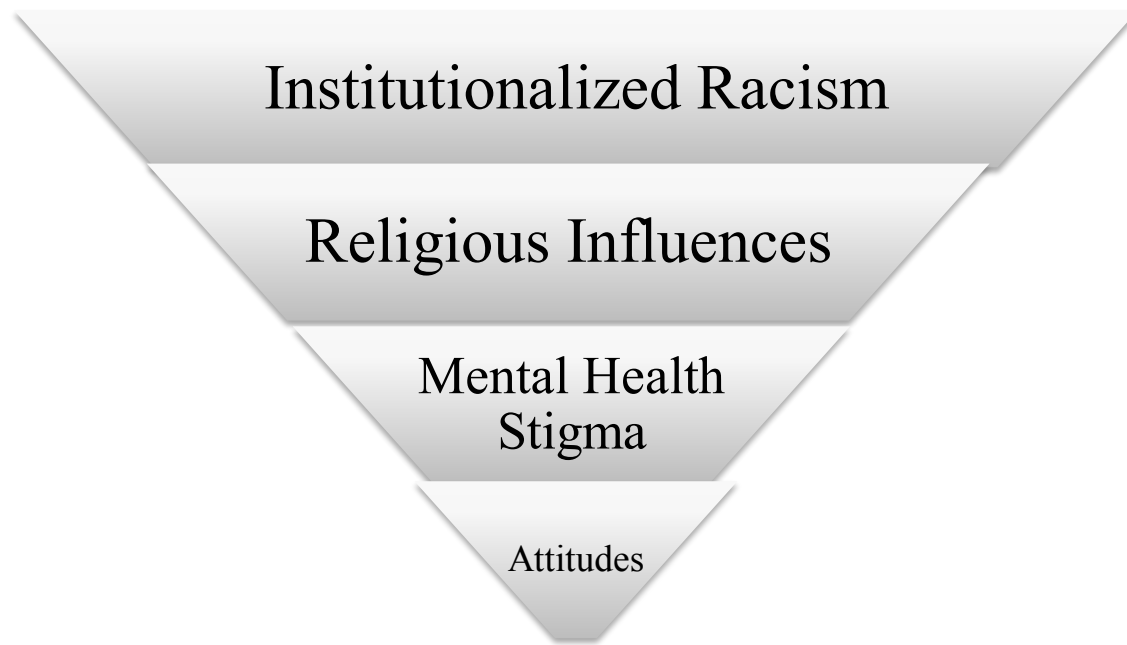
Figure 1.1. Literature review outline.

Low Help-Seeking Influences

In the absence of a streamline definition for low help–seeking behaviors, the researcher developed a definition for the current study. The American Psychological Association (APA) defined treatment-seeking behavior as "the active pursuit of treatment by a person who has a disorder or who wishes to improve his or her general mental or physical functioning" (American Psychological Association, 2018). Based on the provided definition, individuals who exhibit low help-seeking behaviors are not in active pursuit of help or seeking change by way of a mental health professional. For purposes of this study, the researcher defined low help seeking behaviors as follows:

1. Having experienced or are currently experiencing some form of psychological distress with no intent to engage in therapeutic services.

2. Having engaged in therapeutic services but withdrew participation after one meeting.

3. Having engaged in therapeutic services but withdrew participation before observing a decrease in distress or presenting concern.

4. Having little or no awareness of mental health services available

5. Seeking support for mental health difficulties from other sources other than a professional mental health agency such as family member or close friend.

The above definition serves to help readers understand the rationale for low help-seeking behaviors and to highlight influential factors and possible predictors of low help-seeking behaviors. In addition, the researcher utilized the presented definition to develop the pre-determined interview questions as well as to provide the participants with a consistent definition during the semi-structured interviews.

Institutionalized Racism and Inequities

Institutionalized racism can be defined as the way organizations and systems govern their day-to-day operations and practices. Members of marginalized communities such as African Americans face disadvantages due to these governing practices (Cambridge Dictionary, 2020; Gee & Ford, 2011; Robert, 2018; Wallace et al. 2017). In addition, institutionalized racism is as a system, birth from white supremacy that protects itself from change (Hardeman et al, 2016; Walker, 2020). Walker (2020) goes on to state that such racism alters one's daily functioning and that of those around you. Institutionalized racism is not a new concept as such systems began with the enslavement of black men, women, and children. From that enslavement, the government put in place "legal and tacit systems" such as the Jim Crow Laws to maintain the status quo (Bailey, et al., 2017, p. 1454). These laws and systems led to years of continuous oppression and unjust treatment of people of color. To further understand the effects of institutionalized racism, systemic oppression and how these concepts perpetuate low help–seeking

behaviors, it is important to discuss the historical and current offenses made against the Black community.

Historical evidence suggest that Black people face discrimination as it relates to health care practices and services received. Examples of such discrimination exist as Black people have been mistreated and disadvantaged in the name of science (Bailey et al., 2017; Hardeman et al., 2016; Walker, 2020;). The 1932 Tuskegee Study of Untreated Syphilis in the Negro Male more commonly known as the Tuskegee Syphilis Experiment (Center for Disease Control and Prevention, 2020) conducted by the U.S Public Health is a seminal example of such mistreatment.

In this study, Black men were ill-informed about the true nature of the study which was to examine the different effects of Syphilis on Blacks as opposed to the effects of Syphilis on Whites (Center for Disease Control and Prevention, 2020; Evans, 2006; Walker, 2020). Instead, the Black male participants were informed that they were being treated for a condition identified as "bad blood" (Jones, 1993). Unfortunately, due to being deceived because of lack of quality education and awareness, the Black male participants did not receive sufficient care or medication for the disease which resulted in death for some. For others, the effects of the disease were lifelong challenges and failing health (Center for Disease Control and Prevention, 2020; Jones, 1993). Unfortunately, not much has changed as pre-existing literature (Bailey et al., 2017; Gee & Ford, 2011; Wallace et al., 2017) noted that disparities and unequal treatment continue to exist in healthcare for the Black community.

Another historical and continuous example of a Black health disparity within the health care system include the increasing mortality rate of Black women and Black

infants during pregnancy and or delivery. The CDC (2020) reported that Black women have a greater risk of mortality during childbirth at a probability rate of two to three times more likely than that of white women. Similarly, Wallace et al. (2017) and Roberts (2018) reported that the Black infant mortality rate is two times higher than that of the White infant mortality rate. Wallace et al. (2017) went on to highlight that such disparities exist for Black people due to continued structural racism that has perpetuated the disadvantages of people of color as others are afforded better health care and other advantages due to unjust access to benefits. The effects of the recent pandemic, COVID-19 highlights these disadvantages.

COVID-19 has without a doubt affected many organizations, individuals, and families. However, research indicated that members of the Black community, inclusive of individuals from lower-income families were among those impacted the most over the last six-month period (Gravlee, 2020; Krieger, 2020; Vesoulis, 2020). Each of these authors highlighted and discussed how inequities and disproportionate rates are associated with structural racism and unequal access to healthcare or other necessary resources needed to handle such a pandemic.

These disparities are not inclusive of all the healthcare disparities faced by individuals from the Black community. However, the mentioned disparities highlight how institutionalized racism continues to impact members of the Black community and their desire to seek help. These disparities also highlight the many necessary changes needed within the healthcare system for more Black people to experience better health. Yet not much has been done to combat these issues over the years due to a lack of sufficient consideration and knowledge of their being a true problem in the healthcare

Black people receive as it is historically thought that Black people are able to tolerate more pain (Snyder, 2020; Walker, 2020) Thus, some practitioners may think that the healthcare rendered to Black people is sufficient even though is not meeting their basic needs.

In addition to disparities within the healthcare system, the continuous racial trauma inflicted on Black bodies by law enforcement continues to impact and increase low help–seeking behaviors among African Americans. This is especially the case for African American males who are disproportionately targeted and profiled by law enforcement (Alang et al., 2017). This level of law enforcement is not new as this form of discipline began with the enslavement of black people (Alang et al., 2017; Hardeman et al., 2016). This continuous racism and trauma exacerbated the preexisting psychological stress within the Black community in recent years and reinforced the idea that Black people are devalued. (Alang, et al., 2017; Hardeman et al., 2016). These disparities and actions as well as the constant discrimination Black people face within the workplace and educational systems make it extremely difficult to see the changes those in power argue have taken place as they are ignoring much of what is still present.

The researcher made this point not to argue that significant changes have not been made, but to highlight that there is more to be done to create a better system. With that, it is important to note that institutional racism is one area of a system will support and promote itself in other areas of that system (Bailey et al., 2017). Members of the Black community and their allies view this continuous and reinforcement of institutionalized racism as a broken system. However, Snyder (2020) noted "… the system has done exactly what it was designed to do-keep black people in a primitive and docile state, to

benefit those who are in power" (p. 18). As a result of these continuous injustices, African Americans explore other systems and institutions where they feel more confident in their needs being met. One such institution is that of the Black church where African Americans tend to first seek guidance and assistance for mental health needs. With that, the following section serves to highlight the Black church and its influences on Black mental health.

Religious Influences

Due to years of oppression, feeling unsafe, and being unable to trust, Black people turned to the church for guidance and support with problems. Members of the church also seek support when it comes to mental health difficulties as the church attempts to meet those needs as well (Lee & Richardson, 1991; Snyder, 2020; Watkins et al., 2017). Reasons for utilizing the church for mental health support include the church being more familiar and considered a safe place (Bilkins et al., 2016; Harris & Wong, 2018). To further highlight the reason the Black church is so influential, Harris and Wong (2018) found in a phenomenological study of 12 African American undergraduate students that the Black church and its members helped the young generation to see more positive images of themselves and the black family as this is not often portrayed in other sources. Thus, due to the lack of positive representation of Black people in the media and the comfort that the Black church provides, many individuals seek to have their needs met within the church.

This connection to the Black church and religious beliefs goes back to slavery where Africans understandably struggled to conform and adapt to their new environment.

However, to survive the harsh realities enforced on plantations, Africans understood adaptation was necessary. As a result, Africans learned the ways of the plantation and adopted practices that kept them safe. Such was also the case as Africans had to transform their religious beliefs and traditions to fit into their new environment (Erskine, 2014). By adapting instead of completely disregarding their religious beliefs, Africans were able to find a sense of comfort amid uncertainty.

In addition to religious fulfillment, the Black church historically met and continues to meet other needs of its members. With that, the Black church is known to serve as a place of community gathering for socialization and entertainment, but also serves to meet educational and community needs as well (Erskine, 2014; Pattillo-McCoy, 1998). In addition to the Black church serving as a place where its members could get their needs met, certain figures within the church were also highly influential. Those figures were the leaders of the Black church who were respected as having a wealth of knowledge (Erskine, 2014; Lee & Richardson, 1991). It is this level of knowledge and respect that members seek when facing mental health difficulties.

Black church leaders are still held in high regard. Thus, not much has changed. Instead, church leaders are called upon to intervene with meatal health needs as members view them as being familiar both with their concerns, but also with them as a person (Lee & Richardson, 1991). With that being the case, one may be able to better understand how attitudes and beliefs regarding certain matters are learned and perpetuated as Bilkins et al. (2016) identified the church as a "… sociocultural environment where social interactions such as communication between learners (congregants) and more knowledgeable members (church leaders) occur …" (p. 185). As such, it is important to understand how

church leaders perceive certain matters such as mental health and how their teachings might influence low help-seeking behaviors within their members.

To be transparent, there are not many empirical studies on the attitudes of church leaders and the factors that influence their beliefs. However, in a study conducted by Bilkins et al. (2016) the attitudes of 112 church leaders regarding seeking professional help for mental health difficulties were highlighted. The researchers found that leaders of the Black church would prefer to utilize services provided by the church before turning to outside sources for their mental health needs. Likewise, Lee and Richardson (1991) highlighted that a church leader having a prior relationship and understanding of the member's family dynamic might also make receiving counseling within the church more appealing. With that, Lee and Richardson (1991) stated that these are the factors that some mental health professional may be missing. Thus, making them unable to fully meet the needs of the member. Such beliefs held by leaders of the Black church stand to influence how other members of the church view seeking professional help. As a result, low help-seeking behaviors tend to increase in those who need professional help as they are faced with the challenging dilemmas of going outside of the church for help.

As members of the church, it can be quite difficult to step outside of what it taught by its leaders. Harris and Wong (2018) found that many of their participants worried that seeking help outside of the church would damage relationships with church leaders and family members. Thus, their findings suggested that seeking professional help was a last resort when no other alternatives were available within the church. These thoughts then further perpetuate the stigma that seeking professional help is not necessary as the church and other familiar sources should suffice.

However, in recent years some have found themselves arguing the point that church services regarding mental health difficulties may not be enough and that services provided within the church may in fact be hindering individuals from receiving proper help. Walker (2020) and Snyder (2020) both suggest that one's religious beliefs could be hindering their ability to reach better mental health. The authors suggest that Black church members may rely heavily on religious practices such as prayer and that these practices are often used to replace professional mental health services such as therapy However, Lee and Richardson (1991) provide a different argument as to why members may not seek mental health services outside of the church.

The authors suggest that counselors do not take into consideration one's religious beliefs and values. Thus, making it difficult to create a unique plan that is inclusive of all the values of the individual. As a result, Lee and Richardson (1991) suggested that counselors should engage in more communication as it relates to religion as well as more collaboration with the church as a means of obtaining support for religious clients. However, due to the varying perspectives on the problem, such collaboration has yet to be achieved. This unfortunately continues to increase the risk of low help-seeking behaviors for religious Black individuals (Snyder 2020; Walker, 2020). This highlights the argument that religion has played a vital role in the overall stigma related to mental health. To further explore stigma, the next section will highlight the severity if stigma within the Black community.

Mental Health Stigma

Members of the Black community are often hesitant to engage in mental health services due to stigma. Research suggest that stigma is one of the main contributors to

low help-seeking behaviors within African Americans (Masuda et al, 2012; Masuda et al., 2009; Snyder, 2020). Snyder (2020) suggest that there are two forms of stigma: social stigma which explains the "discriminatory and prejudicial attitudes" of others and self-stigma that explains the negative self-perceptions carried by individuals as a result of society's description of individuals faced with mental health difficulties (pp. 7–8). Likewise, Masuda et al. (2012) discussed the concept of self-concealment which refers to the negative way individuals internalize their problems. Self-concealment arises from the fear of self-disclosure and the potential of being labeled as "crazy" should others become aware of an individual's mental health difficulties. So, instead of seeking help, most African Americans opt to struggle in silence to protect themselves.

As a result of feeling trapped and being able to properly process, individuals internalize their experienced stigma. Individuals can experience stigma both personally and vicariously through the experiences of others. In either manner, stigma leads to negative attitudes towards seeking professional help. In a study conducted by Masuda et al. (2009) the researchers found that 182 African American participants held more negative attitudes towards seeking professional help than that of the 254 European participants. Attitudes are different for each person as highlighted by Fischer and Turner (1970) as they worked to build a reliable attitudes scale to indicate one's willingness to engage or accept help. However, there are a few common attitudes shared among members of the Black community.

Attitudes Toward Seeking Professional Help

African Americans hold varying attitudes towards mental health that influence their decision to seek professional help. Those attitudes include but are not limited to

issues of being perceived as weak, fear of loss of masculinity, and mistrust (Crosby, 2007; Fripp & Carlson, 2017; Williams & Justice, 2010) Of these, one of the most common attitudes or ideas held in the Black community regarding mental health is that only weak-minded individuals engage in seeking help for their problems (Snyder, 2020; Williams & Justice, 2010). Thus, African American males often decide not to engage as they fear being perceived as weak individuals by other community members. In addition, Duncan (2003) purported that African American males are conditioned to handle problems on their own and that they are expected to do so without being emotionally stressed. As a result, African American males struggle with a variety of issues in silence as they strive to be perceived as strong men.

The fear that comes with perceived weakness highlights the desire to protect one's masculinity. African American males are depicted in media and larger society as criminals or individuals who are lacking sufficient education (Williams & Justice, 2010; Wood & Hilton, 2013). As a result of these depictions, African American males often feel that their image has been tarnished and worry that engaging in certain behaviors will further this tarnished image (Williams & Justice, 2010). With such a tarnished image cast upon them by others, African American males engage in behaviors that reflect masculine norms as to be approved by others.

Masculine behaviors may protect African American males from stigma within their community, but there is also a great risk that masculine behaviors will turn into hypermasculinity which poses a greater risk. Snyder (2020) argued that being masculine is not the problem, but that masculinity in excessive amounts denotes a problem. Examples of this include being ill and knowing that there are concerns for one's overall

health but engaging in what Powell et al. (2016) describe as the "watch and wait" due to the belief that men should remain strong even in the face of extreme adversity (p. 150). Evans (2006) also discussed gender roles and how men are less likely to engage in behaviors that are consistent with what women may do in similar situations. This is consistent with research (Adams et al.,2016; Duncan, 2003) that suggested that women are more likely to engage in seeking help than men.

Thus, African American males conform to masculinity norms presented by their culture or shared community members inclusive of behaviors, clothing, and language (Evans, 2006; Powell et al., 2016; Snyder, 2020). For African American males this is yet another way to protect themselves. However, these ascribed to masculinity norms increase low help-seeking behaviors as African American males view seeking help as a sign of weakness deducting from their idea of what it means to be masculine.

In addition to issues of masculinity and appearing weak, African American males have a fear that asking for help further enhances their problem and could lead to more intense circumstances. Williams and Justice (2010) and Biddle et al. (2007) suggest that asking for help and disclosing concerns to others is not favorable among African American males. Biddle et al. (2007) found in their qualitative study of 23 young adults that the idea of seeking help also made psychological distress real due to the idea that another individual was made aware. Much of this thinking is linked back to systemic issues in that African Americans do not trust that individuals outside of their community or family would be able to relate or genuinely care enough to effectively help. Thus, the greater fear of asking for help and disclosing sensitive information attributed to cultural mistrust in African Americans.

This stands to be true for African Americans who are among the population of individuals who are often misunderstood, misdiagnosed, and criminalized (Snyder, 2020; Walker, 2020). With that, it is noted that instead of being viewed as someone who has a mental health difficulty requiring mental health services, African Americans are often misdiagnosed due to limited awareness and knowledge of the characteristics displayed by Black people with mental health difficulties (Evans, 2006; Snyder, 2020; Walker, 2020). Black people are criminalized and labeled without proper consideration of their mental health difficulties as a result of this lack of knowledge. This can also result in further trauma should an individual be detained instead of being evaluated and treated.

In addition to the characterization of Black mental health as criminal behavior, there is an overwhelming thought that mental health clinics who are staffed with primarily white professionals will be unable to relate and thus unable to effectively treat Black people. With that, African Americans have a significant amount of mistrust in mental health professionals who have an ethical and legal obligation to report certain information provided by a client should it be thought that the client or someone else was in danger (Snyder, 2020; Whaley, 2001). However, this is especially true when the help is provided by White professionals (Duncan, 2003; Whaley, 2001). Thus, seeking help from a mental health professional is unlikely as Williams and Justice (2010) reported that African Americans are more likely to seek help from familiar sources such as a friend or family member. In doing so African Americans provide a layer of protection for themselves that might not exist in other sectors.

Literature Review Summary

There are many historical and current factors that stand to influence the decision of an African American male to seek professional help for mental health difficulties (Fripp & Carlson, 2017; Williams & Justice, 2010). However, until there is a better understanding of the more salient and continuous predicting factors of low help–seeking behaviors, there will continue to be a huge disparity in service utilization. It is for this reason that this current study seeks to highlight the personal stories and lived experiences of African American males who exhibit low help–seeking behaviors.

The goal of the current study is to build upon the research done by others (Duncan, 2003; Fischer and Turner, 1970; Masuda et al., 2012) by providing a closer look into the phenomenon at hand. The hope is that this first-hand information will help educate and empower African American males as well as afford mental health professionals a better understanding of low help–seeking behaviors. To conclude, the researcher seeks to explore and examine the predicting factors outlined through the lens of Relational-Cultural-Theory (RCT) as a means of better understanding the value of mutual and authentic connections as identified by Comstock et al. (2008). The following chapter provides a more thorough examination of the theoretical framework.

Theoretical Framework

The researcher implemented Jean Miller's Relational Cultural Theory (RCT) as the current study's main framework. More specifically, the researcher selected RCT due to the theory's emphasis on connections and the vital role these connections play in the overall development of an individual. RCT details the importance of relational connections and suggest that individuals "develop more fully through connections with

others" (Duffey & Somody, 2011, p. 224). RCT was criticized like other theories (e.g., Rogerian Theory) for its focus on the client-therapist relationship. However, RCT posit that by expanding the emphasis on the relationship, "everyone's experience is broadened and deepened because people are "emphatically attuned, emotionally responsive, authentically present, and open to change" (Comstock et al., 2008, p. 281). Thus, the theory promotes growth and change on the part of all involved.

As a feminist, Miller initially developed RCT to examine the relational lived experiences of women (Comstock et al., 2008; Duffey & Somody, 2011). However, Duffey and Somody (2011) reported that RCT is now widely utilized to examine a more diverse population of individuals inclusive of people of color and other marginalized groups. The researchers go on to note how RCT emphasizes the importance of mutual relationships in men and highlighted the fact that societal expectations and norms often hinder men from connecting to others and their emotions. Thus, RCT seeks to offer a different perspective to understanding growth and human development through connections with others.

RCT focuses on the mutual relationship between client and therapist and posited that such a relationship has the potential to foster growth and cultural competence for both the client and therapist (Comstock et al., 2008). RCT goes on to posit that by engaging in mutual relationships, both individuals can engage in mutual growth and understanding of how their intersecting worlds affect one another through honest and open dialogue. Such dialogue is purported by Comstock et al. (2008) to have the ability to break down barriers that hinder the therapeutic relationship from being successful. To

further explain the tenets of RCT, Figure 1.2 provides an illustration of the relational

context indicative of the continuous cycle by which two people engage in the process.
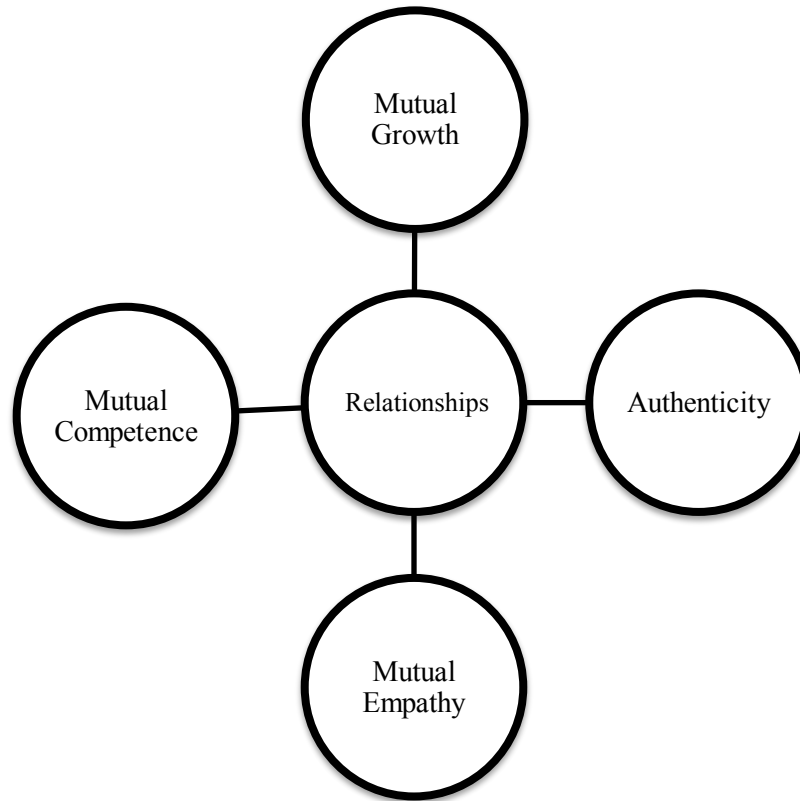
Figure .1.2. Relation Cultural Theory (RCT) Tenets.

Note. Figure language from Comstock at al. (2008). p. 280

When RCT is implemented correctly, Comstock et al., (2008) suggest the

following outcomes will occur. The outcomes are known as the "five good things."

1. Each person feels a greater sense of zest (vitality, energy)

2. Each person feels more able to act and does act in the world

3. Each person has a more accurate picture of her/himself and the other person(s)

4. Each person feels a greater sense of worth

5. Each person feels more connected to other person and exhibits a greater motivation to connect with other people beyond those in one's primary relationships. (p. 282).

The goals of RCT aligned with the overall purpose of the current study in that the researcher aspires to better understand the lived experiences of African American males as it relates to the intersecting predictors of low help-seeking behaviors. In addition, the researcher hopes to educate and empower African Americans males through the exploration of positive connections and disconnections as detailed by RCT as these constructs shape the lives individuals go on to live. Thus, RCT provides the study with a critical framework for evaluating the presenting concern.

Conclusion: Purpose of the Study

The purpose of this narrative case study was to highlight and gain a better understanding of the lived experiences of African American male college students from local Houston universities (n=4) who self-identified with demonstrating low help-seeking behaviors as it relates to mental health difficulties. By helping the participants tell their stories, the researcher obtained valuable information on past, current and possible future low help-seeking predictors as a result of implementing a narrative research design. As a result, the researcher provided the participants with an opportunity to express their accounts of past and current experiences and the various ways in which those experiences shaped their perceptions and attitudes toward seeking help for mental health difficulties.

In addition, the researcher focused on obtaining a better understanding of the meaning African American male college students ascribe to mental health and the choices they make following their attributed meaning. And although, studies have been conducted on the attitudes of African Americans regarding counseling and the related stigma, not many studies have focused on the lived experiences of African American male college students

as a means of informing and transforming programs and procedures within counseling centers.

With that, the researcher hopes that the stories of the participants serve to educate others on low help–seeking predictors and that this valuable firsthand information inform counseling centers of unique and creative ways to identify and encourage more African American male students to seek help for mental health difficulties. In addition, it is the goal that therapists, counseling centers and mental health agencies alike will evaluate current practices and programming as well as access the need to incorporate more cultural and relational knowledge as they seek to serve more African American males. To conclude, the researcher highlighted the problem and operationalize the purpose statement by employing Relational-Cultural Theory which has been vital in the creation of the overarching research and interview questions. Thus, the identified questions guided the researcher to engage in deeper evaluation related to connections and disconnections as detailed in RCT.

CHAPTER TWO

Methodology

Introduction: Research Questions

Several predicting factors inclusive of racism, religion, stigma, and ascribed attitudes stand to influence an African American males' decision to seek help for mental health difficulties. However, African American males are not likely to seek services for mental health concerns as presented in the literature review. Yet, research (Evans, 2006; Office of Minority Health, 2020; Snyder, 2020) suggested that African Americans are at a greater risk of experiencing mental health difficulties. The statistics highlights the grave concern that if low help–seeking behaviors continue to persist, the overall health of African Americans may continue to decline. Thus, a deeper exploration and understanding of low help–seeking behaviors is necessary before change can take place. With that, the current study highlighted common low help–seeking predictors as a means of providing individuals with a better understanding.

To address the current problem statement and to achieve the above stated purpose, the following overarching research questions guided this current study:

1. What are the lived experiences of African American male college students who demonstrate low help-seeking behaviors?

2. How do the personal stories of African American male college students provide a better understanding of their low help-seeking experiences as it relates to mental health difficulties?

The researcher sought to answer the overarching research questions by conducting a narrative case study. For the study, the researcher engaged participants in one semi-

structured interview. The interviews offered the participants an opportunity to explore the RCT's "five good things" and if these factors are essential in their decision to seek professional help as hypothesized by the researcher who acknowledged the value of connections in therapeutic environments.

Researcher Perspective and Positionality

I am an African American female and Licensed Professional Counselor (LPC) with over 15 years of experience in the field of mental health. For most of my career, I worked at a non-profit agency serving the greater New Orleans area. I now hold the title of psychological counselor serving the students at the University of Houston where I provide individual, couples and group therapeutic services to a diverse student body. Through these experiences I have been able to learn more about mental health within the Black community and the importance of awareness and use of services as awareness and service utilization stand to make a difference in the life of an individual struggling with mental health difficulties.

My personal experiences with low help-seeking behaviors helped me to understand the need to address and become more aware of ways in which individuals can begin to destigmatize seeking help for mental health. Only then will more individuals become comfortable with the idea of seeking professional help. With that, the topic of Black mental health is especially important to me as it relates to both my personal life as an African American woman as well as to the world in which I work as a therapist. More specifically, the phenomenon of low help-seeking behaviors impacted both areas of my life as I have witnessed the constant struggles of becoming aware and seeking help for mental health concerns.

Like many others, culture, family experiences and "generational conversations" on strength and resiliency shaped my thoughts on mental health (Walker, 2020). Though these lessons were valuable, they also hindered my younger self from acknowledging and attending to mental health concerns due to fear of stigma and shame. It was not until I gained awareness and provided myself permission to engage in self-care and mental health practices that I learned its true value. So, I remind myself that even though I have been able to learn and better understand mental health, fear of stigma still exists for most individuals within the Black community, especially African American males as they attempt to navigate a world that has proven itself to be untrustworthy.

In my observation and direct experience in my current position as a psychological counselor serving the students at the University of Houston, this is also true as African American males present at a lower rate. Thus, I often question why more African American males are not receiving services even though research suggest that they are more at risk for mental health issues. In addition, I question why they present with a more reserve and passive demeanor than that of their white peers even when they opt to engage in services. I always come back to the understanding that those students are likely influenced by culture and past experiences whether it be historically, personally or through the experiences of others. With that, my goal is to be a part of the change and to help the world better understand the phenomenon of low help–seeking behaviors as I take on a social constructivism perspective. Creswell and Poth (2018) stated, "In social constructivism, individuals seek understanding of the world in which they live and work" (p. 24). Thus, I engaged in a narrative case study research design to better understand the

experiences of African American males who exhibit low help–seeking behaviors in addition to examining my own experiences with the phenomenon at hand.

This narrative case study design and positionality allowed the researcher to achieve the following three goals:

1. To provide a platform for the voices of African American male college students to be heard

2. To enhance my own knowledge related to low help-seeking behaviors exhibited by African American males

3. To engage and help more African American males discover the use of counseling to combat psychological distress

These identified goals afforded me and others the opportunity to better understand the phenomenon of low help-seeking behaviors, but also serves to uncover significant predictors of low help-seeking behaviors.

Theoretical Framework Application

The current study employed Relational Cultural theory (RCT). Jean Miller developed RCT in 1976 as she identified the need to examine relationships through a cultural-relational lens. Miller primarily utilized RCT in therapeutic work with women. However, the theory has since grown to address relational dynamics across genders (Comstock et al., 2008; Duffey & Somody, 2011). RCT expands upon the multicultural/social justice movement and offers a different perspective for which "mental health professionals can explore how issues related to sex socialization, power, dominance, marginalization, and subordination affect the mental health and relational development of all people" (Comstock et al., 2008, p. 279). Thus, RCT seeks to emphasize how connections and disconnections serve to inform the way individuals go forward to engage with other people, institutions, and systems.

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In addition, RCT emphasize connections and disconnections through an expanded view of how multicultural and social justice issues informs how an individual moves froward in relationships. RCTs thorough examination of relationships was pivotal in the development of the current study's overarching research question. To explain, the researcher avoided placing guided language in the questions as to allow each participant to explore the predicting factors that are unique to their experiences. In addition, the researcher formulated the research questions to allow the participants to engage in a discussion on how such connections or disconnections in their lives led to the current low help-seeking behaviors and what systemic changes they feel are necessary. This dialogue allowed the researcher to successfully answer the second overarching research question.

Implementing RCT as a theoretical framework served in the data collection phase of the current study as the core tenets informed the researcher on how to engage with the participants when conducting the 60-minute semi-structured interviews. With that, the researcher implemented the core tents of RCT such as authenticity and employed behaviors indicative of mutual empathy as well as a willingness to grow as it relates to cultural competence. In doing so, the researcher established a deep connection with the participants and their unique stores.

Relational-Cultural-Theory played an important role in the overall development of the current study. The researcher employed the tenets of RCT throughout the research study. In addition, the researcher analyzed the participant's value of connections and disconnections in relation to seeking help and notated the power of the constructs as a means of informing others of the importance. In addition, the researcher sought to examine patterns across all cases as this helped to inform themes. To conclude, the

researcher engaged in pattern matching procedures when analyzing interview material to examine the overall power of connections and disconnections as it relates to seeking help for mental health difficulties. Thus, obtaining the information allowed the researcher to engage in the beginning phases of coding and categorization.

Research Design and Rationale

As noted, the purpose of the current study was to obtain a better understanding of low helping–seeking behaviors and predictors through the eyes of the participants. Thus, the researcher utilized a qualitative design as a means of operationalizing the purpose of the current study. Creswell and Poth (2018) noted that qualitative research is utilized when there is a problem that needs to be further examined. The authors go on to explain that qualitative research also helps to provide a voice to those who are silenced. Such is the case for the current study as there is a need to explore low help–seeking behaviors and predictors among African American male college students.

More specifically, a qualitative narrative case study design was utilized for this study due to obtaining lived experiences and reflections via stories told by the participants (Creswell & Poth, 2018). Connelly and Clandinin (1990) noted that individuals create stories resulting from unique experiences in their lives. With that, a researcher engaged in a narrative design engages participants in "… telling, retelling, and reliving stories" (p. 4). Creswell and Poth (2018) noted "… stories may emerge from a story told to the researcher, a story that is co-constructed between the researcher and the participant, and a story intended as a performance to convey a message or point" (p. 68). Thus, a narrative design was most appropriate for the current study as it allowed the researcher to fulfill her purpose and goal of providing African American males with a

voice as they were engaged in telling personal stories as it relates to low help-seeking behaviors. To further explain the rational for selecting a narrative design, see Figure 2.1 and subsequent information.
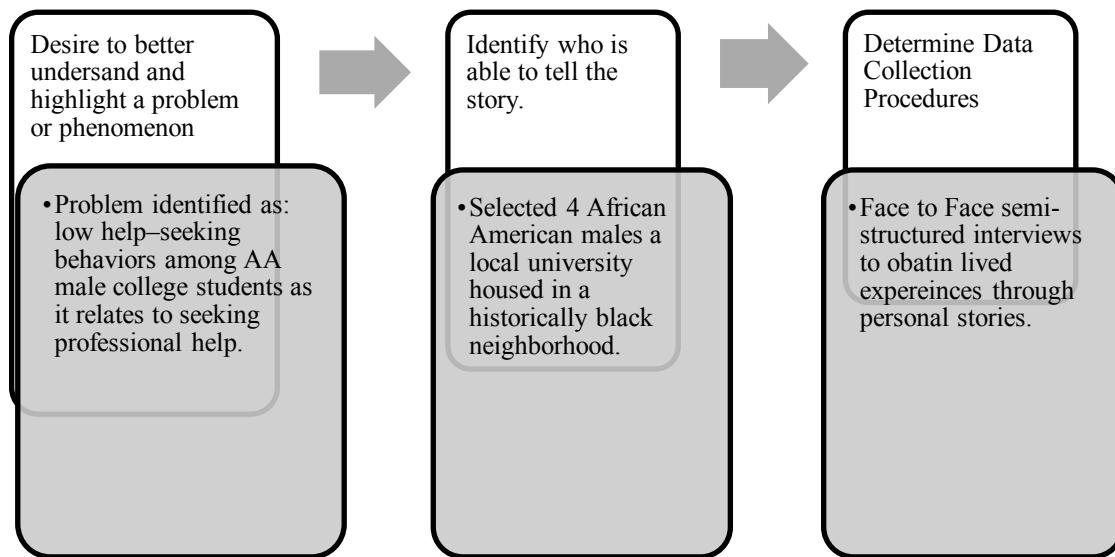

Desire to better undersand and highlight a problem or phenomenon	Identify who is able to tell the story.	Determine Data Collection Procedures
•Problem identified as: low help–seeking behaviors among AA male college students as it relates to seeking professional help.	•Selected 4 African American males a local university housed in a historically black neighborhood.	•Face to Face semi-structured interviews to obatin lived expereinces through personal stories.

Figure 2.1. Narrative design flowchart.

For the current study, four unique cases were explored as the researcher sought to learn more about the phenomenon, low help–seeking behaviors. The identified design allowed the researcher to successfully answer the study's 1st overarching research question: What are the lived experiences of African American male college students who demonstrate low help-seeking behaviors? as a narrative design "… is a study which is historical, personal, factual, causal in an interpretive sense, and designed to reveal what is meaningful in a person's history…" (Connelly & Clandinin, 1986, p. 10). As a result of obtaining the personal accounts of participants, the researcher successfully interpreted how their stores led to a better understanding of low help-seeking behaviors for both the participants as well as for the researcher. This information successfully attended to the 2nd overarching research question: How do the personal stories of African American male

college students provide a better understanding of their low help-seeking experiences as it relates to mental health difficulties?

To conclude, the qualitative narrative design offered the researcher a better understanding of who was best suited to answer the overarching research questions. Creswell and Poth (2018) stated, "We conduct qualitative research when we want to empower individuals to share their stores, hear their voices, and minimize the power relationships that often exist…" (p. 45). As previously noted, this study sought to provide African American males with a voice and to empower them to engage in better mental health practices. The following section will provide a more thorough understanding of participant selection and the criteria-based purposive sampling procedure implemented.

Site Selection and Participant Sampling

For the current study, the researcher collected data from two local Texas universities, Prairie View A&M University and the University of Houston. The researcher selected the two sites based on Creswell and Poth's (2018) explanation of purposeful sampling. The authors stated that a purposeful sample is a "…sample that will intentionally sample a group of people that can best inform the researcher about the research problem under examination" (p. 148). With that, Prairie View A&M University was selected due to its prominence in the community in that the university was established in 1876 and is held as the second oldest public institution in the state of Texas. In addition, the university is a historical Black university and is home to over 9,000 diverse students.

Regarding the University of Houston, the researcher selected the site due to the researcher's familiarity with the site due to current employment. The researcher currently

serves the student population as a licensed counselor in the Counseling and Psychological Services (CAPS) office. In this position, the researcher assists students by providing a wealth of therapeutic services. In this position, the researcher observed the disparity in service utilization by students of color, specifically African American males. Thus, the researcher felt that her knowledge of current operations and student involvement would help to ensure the success of the study.

In addition to the researcher's familiarity with the site, it is important to note the geographical location of the site. The university is housed in the historical 3rd ward district of Houston and is one of Houston's most influential and predominately Black communities. In addition, the University of Houston is home to a large diverse student population with over 73% of students being minority. Of that, 10% identify as Black or African American. Thus, the site offers a unique cultural and diverse aspect in which the researcher felt was necessary for the current study.

To recruit participants, the researcher implemented a purposive sampling procedure. Devers and Frankel (2000) stated,

> Purposive sampling strategies are designed to enhance understandings of selected individuals or groups' experience(s) or for developing theories and concepts. Researchers seek to accomplish this goal by selecting "information rich" cases, that is individuals, groups, organizations, or behaviors that provide the greatest insight into the research question. (p. 264)

More specifically a criterion-based purposive sampling procedure was implemented where participants needed to meet the following criteria:

1. Participant is an African American male

2. Participant is 18 years of age or older

3. Participants is a currently enrolled college student at identified site selection

4. Participants has encountered some experience or exposure to a mental health difficultly that did not result in seeking help.

5. Participants sought treatment, but services were quickly terminated because of certain perspectives and attitudes.

To accurately engage in recruitment, participants were asked to complete an initial online survey. The survey served to omit individuals who did not meet the selected criteria and provided the researcher with a way to select participants with unique experiences. Once the survey was complete, the researcher reached out to those selected for the study and provided more detailed information about the goal and purpose of the study. At this time of contact, the researcher scheduled the face-to-face interview with participants who opted to move forward with participation.

Participants (n=4) for the study were African American males who ranged in age from 18–29 years of age. Participants also ranged in classification from freshmen to graduate level students. This range in age and classification allowed the researcher to gain a variety of unique experiences as it relates to low help–seeking and the main predictors for the participants. The desire to gain detailed descriptive data from each participant weighed on the overall sample size as the researcher felt that conducting and exploring four cases was significant and would allow the researcher to attend to her overall purpose of being able to better understand low help-seeking behaviors and predictors as a result of collecting valuable firsthand data.

Data Collection

Data collection procedures are very important to a qualitative study. Thus, the researcher engaged in thorough exploration as a means of finding the most appropriate data collection procedures for the current study. In addition to acquiring information on

appropriate procedures, the researcher understood the importance of gaining access to the sites where data collection would take place. With that, the following section serves to highlight how the researcher gained access as well as the data collection procedures used for the current study.

Gain Access

To properly engage in ethical data collection, permission from the Institutional Review Board (IRB) was necessary. To secure approval, a written request was submitted to Baylor University's IRB committee. The request contained specific information regarding the intent and purpose of the study and the hope for the potential participants. In addition, the written submission specified the selected number of participants (n=5) and the site for data collection. After receiving the written submission, Baylor's IRB committee granted approval and denoted the current study as non-human subject research due to the small sample size in addition to the knowledge that findings will not be generalized outside of the current sample.

Once approval was granted from Baylor's IRB, the researcher engaged in steps to obtain permission to access participants from the University of Houston and Prairie View A&M University's IRB committee. With that, the researcher submitted a written request to the IRB via email. The request provided the selected site IRB office with specific information about the purpose of the study and the hopeful participants. In addition, the written request served to provide the universities with confirmation that Baylor University IRB Committee granted the researcher approval and exemption status. After providing the above-mentioned information to the recruitment sites, the researcher was informed that no further action or approval was needed.

Data Collection Procedures

        To properly conduct a narrative case study, the researcher engaged participants in one 60-minute semi-structured interview and one 30-minute follow-up phone call. The researcher's initial goal was to conduct face-to-face interviews. However, it is important to note that due to the current COVID-19 pandemic, the researcher conducted participant interviews via zoom. Due to the nature of the platform, the researcher respected participants who desired not to show their face on camera due to confidentiality and privacy concerns. In addition, the researcher requested that the participants remove their name from their zoom screen while recording as an additional layer of security. Regarding participant follow-ups, the researcher provided participants with the option to follow-up via zoom. However, all participants opted to follow-up via phone.

        The above-mentioned procedures allowed the researcher to immerse herself in the unique environment of each participant as a means of fully obtaining and understanding the participant's narratives. In addition, the data collection procedures provided the researcher an opportunity to further engage in discussions related to connections and disconnections emphasized in Miller's (1976) Relational-Cultural-Theory (Comstock et al., 2008). More importantly, the core tenets of RCT provided a guide for the type of information to be obtained during the data collection phase of the study as the theory was influential in the development of the interview questions. With that, this section provides a through explanation of the data collection procedures as illustrated in Figure 2.3.
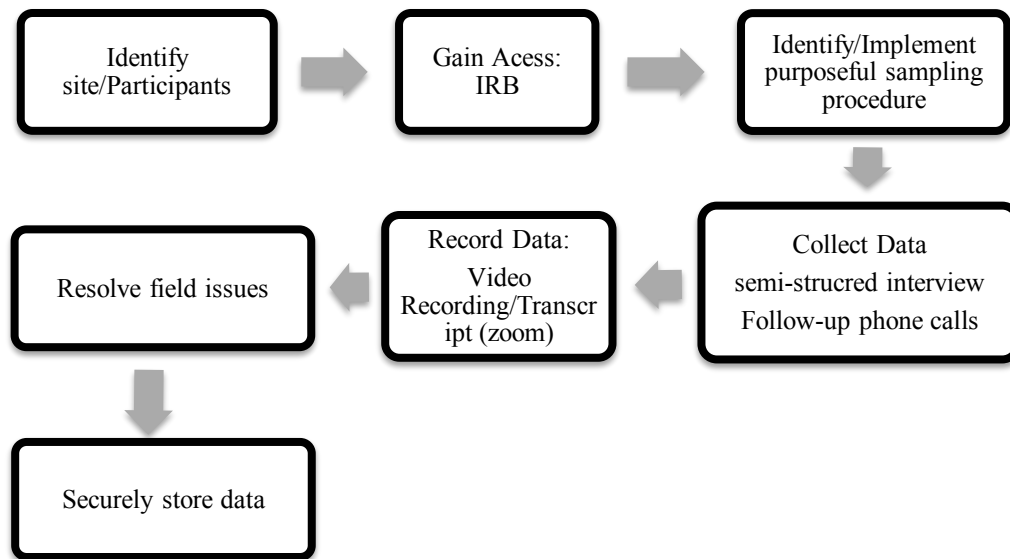
Figure 2.2. Data collection process.

Note: Figure language quoted from *Qualitative inquiry and research design: Choosing among 5 approaches* (*4th ed.,* p. 148), by J. W. Creswell & C. N. Poth, 2018, Sage. Adapted with permission.

To engage in best ethical practices and to ensure that the participant's space and time was properly respected, permission was granted by Baylor University's IRB committee as well as by each participant before accessing personal sites. After obtaining participant permission, the researcher reviewed terms of confidentiality with each participant. Terms included details surrounding how the researcher will provide privacy, confidentiality, and security of recordings and additional files where applicable.

Each participant engaged in one, 60-minute individual interview via zoom. The interviews followed a semi-structured model to answer the "what" and "how" questions identified for the study (Lacey & Luff, 2007, p. 5). All participants were asked the same interview questions. However, the researcher did ask follow-up or clarifying questions depending on participant's answers due to the potential to gain more personal and unique

information. This information, although not gained from the pre-determined interview questions was used when the additional information was relevant to the research topic.

In addition, each participant was informed of the length and time requested for each interview via confirmation email and or phone call. During this confirmation call or email, participants were also informed that the interview would be recorded. Participants were made aware that the recording is for the researchers use only and that it allowed the researcher to be present and attentive during the interview. In addition, participants were informed that the recording would be secured via password protection.

Immediately following the 60-minute interview, each participant provided a preferred contact number for follow-up contact. Initial follow-up contact took place a week after the 60-minute interview at the participants' preferred time. Follow-up calls served to allow the researcher to check in with participants to ensure that they remained intact following their individual interviews and to provide resources when necessary. The initial follow-up contact also served to inform and request additional information and time from participants to engage in the respondent validation procedures (Lacey & Luff, 2007). Researcher attempted to limit follow-up contact to 30-minutes to be respectful of the participant's time. However, the researcher remained flexible in cases where more time was necessary. At the conclusion of each participant follow-up, the researcher evaluated and assessed for the participant's need for referrals by way of a series of questions. However, all participants reported not needing referrals at the time of the follow-up contact.

Data Analysis Procedures

Data collection procedures provided the researcher with a wealth of information. Information included audio recordings and subsequent transcripts from semi-structured interviews and one 30-minute follow–up phone call per participant. As a result of the expansive information, the researcher engaged in key qualitative data analysis procedures such as organizing and familiarizing oneself with the data (Creswell & Poth, 2018; Taylor-Powell & Renner, 2003). The process of organization and familiarization was ongoing throughout the data analysis portion of the study. However initial organization and familiarization started at the end of each participant interview as the researcher thoroughly reviewed the transcript and hand-written notes captured during the time of the interview. In addition, the researcher engaged in procedures such as pattern matching and thematic analysis as a means of highlighting consistent themes as they emerged from the narratives. Finally, data analysis procedures were guided by the study's theoretical framework as the researcher examined data through the lens of Relational-Cultural-Theory's core tenets and constructs.

A thorough step-by step of the data analysis procedures are outlined below. In addition, Figure 2.3 illustrates Creswell and Poth's (2018) data analysis spiral and indicates the primary steps of qualitative data analysis. However, the researcher also adopted and noted steps from Taylor-Powell and Renner (2003) to ensure thorough analysis was conducted before moving into case analysis.
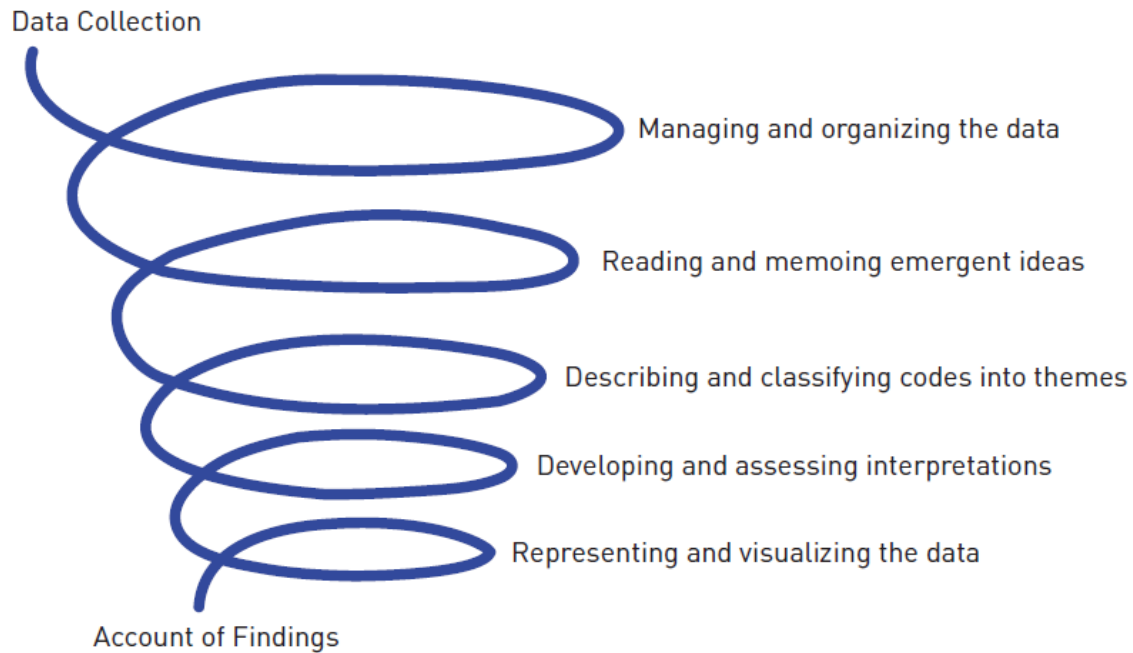
Data Collection

Managing and organizing the data

Reading and memoing emergent ideas

Describing and classifying codes into themes

Developing and assessing interpretations

Representing and visualizing the data

Account of Findings

Figure 2.3 Data Analysis Spiral

Note: Data Analysis Spiral. Reprinted from *Qualitative inquiry and research design: Choosing among 5 approaches (4th ed.,* p. 185*),* by J. W. Creswell & C. N. Poth, 2018, Sage. Reprinted with permission.

As a prerequisite measure to analyzing data, the researcher engaged in two forms of data transcriptions, transcribing by hand as well as via a secure transcription program, Otter.ai. The researcher utilized the two methods to ensure that there was no bias during transcription as discussed by Lacey and Luff (2007). After transcribing the interviews, the researcher engaged in three additional steps prior to moving forward with the completion of data analysis.

The steps followed the narrative data analysis process outlined by Taylor-Powell and Renner (2003) but are also congruent with the first three steps of the data analysis spiral. Step 1 allowed the researcher to get to know the data collected before attempting to analyze. Getting to know that data consisted of reviewing the transcripts and hand-written notes several times. In doing so, the researcher was able to notate what

information held merit and what information would not be useful as Taylor-Powell and Renner (2003) noted that not all information obtained will be valuable.

This process is also termed familiarization by Lacey and Luff (2007) as they too emphasize the importance of thoroughly reviewing collected data as a means of focusing your data. This process helped to ensure validity and accuracy of what the participants reported. Thus, engaging in this first step helped the researcher better interpret and understand the data which then allowed the researcher to identify themes and pull important statements necessary for the second step.

The second step consisted of focusing the data. For the current study, the researcher opted to focus the data based on the interview questions as Taylor-Powell and Renner (2003) stated doing so would allow the researcher to "identify consistencies and differences" across all participants (p. 2). Engaging in this step allowed the researcher to identify if the connections and disconnections as detailed in Relational Cultural Theory (RCT) influenced the participants in similar ways as it pertains to seeking help for mental health needs. Focusing the data also set the researcher up for what Taylor-Powell and Renner (2003) referred to as the "crux of qualitative analysis", categorizing (p. 2). Categorizing is also commonly termed, coding which Nowell et al. (2017) described as "… a process of reflection and a way of interacting with and thinking about data" (p. 5). Likewise, Linneberg and Korsgaard (2019) identified coding as a process that allows researchers to turn "… raw qualitative data into a communicative and trustworthy story" (p. 259). Thus, coding was an essential part of the data analysis process as the researcher aimed to communicate trustworthy and descriptive narratives.

For the current study, coding consisted of identifying emerging codes. After a thorough review of codes and reflexive notes, the researcher identified and labeled text that aligned with those codes as an initial step to coding. If text aligned with more than one code, the researcher engaged in peer debriefing to gain a consensus before moving forward with coding. After identifying initial codes, the researcher engaged in thematic analysis. At which time, the researcher identified common themes across and within the four unique cases. DeSantis and Ugarriza (2000) stated, "A theme is an abstract entity that brings meaning and identity to a recurrent experience and its variant manifestations. As such, a theme captures and unifies the nature or basis of the experience into a meaningful whole" (p. 362). To accurately assess for a theme, the researcher answered Ryan and Bernard (2003) question, "What is this expression an example of?" (p. 87). In doing so, the researcher clearly identified themes across and within all cases.

In conjunction with the guided question, the researcher utilized thematic charts as identified by Lacey and Luff (2007). Utilizing the charts allowed the researcher to effectively organize the identified themes. This process as illustrated in figure 2.4 is termed within-case analysis and cross-case analysis and is highly recommended as it afforded the researcher a more thorough understanding of the material before presenting information to readers (Creswell & Poth, 2018; Yin, 2009). In addition to the use of the charts, the researcher engaged in the constant comparison method identified by Glaser and Strauss (1967). To explain, Ryan and Bernard (2003) stated that the constant comparison method "… involves searching for similarities and differences by making systematic comparisons across units of data" (p. 91). This process also allowed the researcher to further examine data through the lens of Relational-Cultural Theory (RCT).

More specifically, the researcher sought to identify patterns that illuminated the participants thoughts regarding connections and disconnections and how these constructs led to certain decisions in their lives such as low help–seeking behaviors. The researcher also examined the narrative of each participant for similarities in ideologies to the core tenets of RCT such as authenticity and mutual competence. Thus, the thematic analysis procedures offered the researcher a more thorough interpretation of the data which was then compiled into unique individual and collective narratives highlighted in the results.

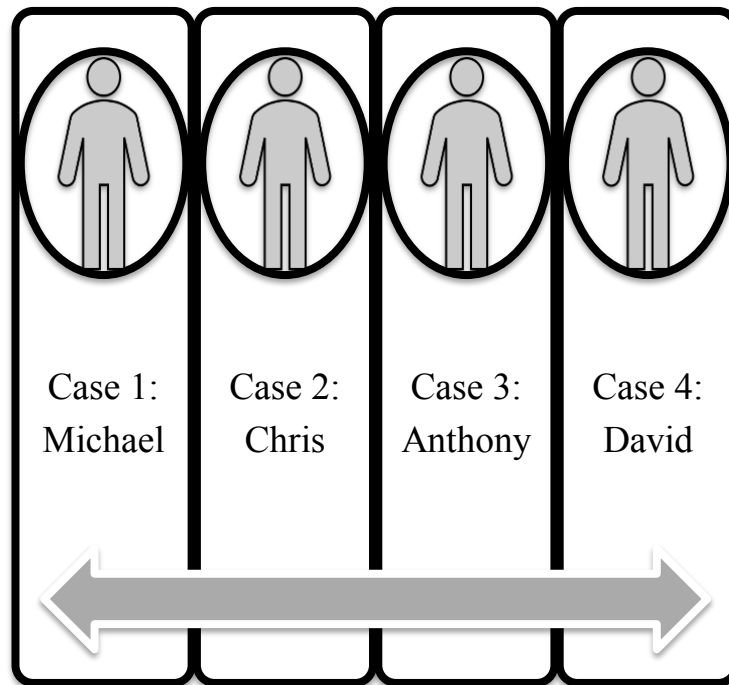*Figure 2.4.* Case analysis.

Ethical Consideration

The current study highlighted past and current low help–seeking predictors as it relates to seeking professional help for mental health difficulties. As a result, there were several ethical matters considered in the current study. The first of those being obtaining an informed consent for all participants. The informed consent provided the participants

with detailed information related to the purpose, goal, and expected duration of the study. The researcher informed participants that participation was not mandated and that should they see a need to remove themselves it could be done without consequences.

In addition to obtaining an informed consent, participants were debriefed on ways in which the researcher planned to maintain confidentiality and privacy. With that, each participant was made aware that information obtained from the start of the study including initial criteria survey information would all be confidential. Thus, no information would be shared with anyone outside of the research team. Participants were then informed that a participant ID and pseudonym would be assigned to each of them to protect their identity should material be damaged or mishandled in any way.

However, participants were made aware that all research material would be secured and locked away when not in use by the researcher. To further enhance confidentiality, participants provided a preferred telephone number and or email for follow-up contact. The preferred contact information allowed the researcher to avoid possibly breaching confidentiality when contacting the participants and or when leaving voicemails. To conclude, the researcher was aware and transparent regarding potential bias due to currently being a staff member at one of the sites where data was collected. As a result, the researcher discussed additional measures with her peer group as well as her advisor and decided that no past or current mental health clients seen by the researcher in her role as a therapist at the University of Houston would be allowed to participate in the study.

Limitations and Delimitations

Participants engaged in the current study were among the population of African American males who experienced or who were currently experiencing mental health difficulties at the time of the study. As such, the researcher was unable to control for limitations such as participant attrition. Attrition during a study may happen for several reasons such as the death of a family member or unforeseen scheduling conflicts. However, for the current study, the researcher prepared for possible attrition due to understanding that participants may desire to cease participation due to increase stress or anxiety due to the nature and subject matter of the current study. Thus, the researcher developed procedures to manage potential participant attrition.

Attrition procedures included speaking with the participant directly to gain more information as to the reason for discontinuing the study. The procedure also consisted of advocating and referring to the participant to local mental health resources should the participant be in need. The researcher also considered that attempting to contact the participant may not be successful. In that event, the researcher would leave a voicemail on the participant's preferred line indicating that should assistance be necessary, that they could reach out at their convenience. Should the researcher be able to reach the participant to obtain this information, the participant would be informed that detailed information pertaining to their decision to end participation would not be included in the study as stated in the consent forms.

Another limitation experienced during the current study was that of the effects of the COVID-19 pandemic on data collection procedures. Due to increased infection rates throughout Harris County, semi-structured interviews took place virtually over zoom

instead of face-to-face as originally designed. Thus, the researcher was not able to fully immerse herself into the participant's environment as detailed by Creswell and Poth (2018). The researcher attended to this limitation by securing a HIPPA compliant zoom account as a means of providing security. In addition, the researcher was transparent with participants and discussed the continued importance of social distancing as stated by the CDC.

In addition to limitations, the current study also presented delimitations. One of the primary delimitations presented in the current study was the small sample size (n=4). The small sample size was done purposely as the researcher focused on quality of interviews versus quantity. In doing so, the researcher was able to gain more detailed information from all participants. However, the small sample size did not allow for generalizations to be made outside of the 5 participants. In addition to the small sample size, the current study was also conducted in one geographical location. Thus, the findings from the current study may not transfer to other geographical locations. Given this information, future researchers may wish to increase the participant sample size as well as conduct the study in more than one geographical location as a means of being able to better generalized findings.

Conclusion

This narrative case study examined and highlighted low help-seeking behaviors and predictors as experienced by African American male college students. The current study sought to focus on the four possible predictors: institutionalized racism, religious influences, mental health stigma and common attitude held regarding seeking professional help within the Black community. The identified predictors are not meant to

be an exhaustive list of all possible predictors. However, the highlighted predictors bring light to both historical and current factors influencing low help–seeking behaviors among African American males.

The researcher sought to bring awareness to the problem as research suggested that African Americans are at greater risk of experiencing psychological distress (Office of Mental Health, 2020; Snyder, 2020). Thus, the current study sought to educate, empower, and identify more African Americans males who need professional help for mental health difficulties. The results of this study have implications for African American males, mental health professionals and counseling centers who strive to support and successfully treat members of the Black community. To conclude, the following chapter will report the results of the current study and detail the implications of the research findings.

CHAPTER THREE

Results and Implications

Introduction

The purpose of this narrative case study was to highlight and gain a better understanding of the lived experiences of African American male college students (n=4) who self-identified with demonstrating low help-seeking behaviors as they relate to mental health difficulties. In addition, the current study served to achieve the following goals: 1) To provide a platform for the voices of African American male college students to be heard. 2) To enhance my own knowledge related to low help-seeking behaviors exhibited by African American males, and 3) To engage and help more African American males discover the use of counseling to combat psychological distress.

To operationalize the purpose and goals of the study, the researcher sought to answer the following overarching research questions:

1. What are the lived experiences of African American male college students who demonstrate low help-seeking behaviors?

2. How do the personal stories of African American male college students provide a better understanding of their low help-seeking experiences as it relates to mental health difficulties?

Chapter One highlighted both past and present predicting factors that stand to impact help seeking behaviors within African American males. Those factors included institutionalized racism and inequities, religious influences, mental health stigma, and ascribed attitudes. These predicting factors served as the current study's a priori themes. Thus, the researcher analyzed each participant's data with the identified factors in mind.

To expand on the pre-existing literature regarding the significant predictors, the researcher utilized a narrative research design. As a result, the researched engaged participants (n=4) in one 60-minute virtual semi-structured interview. The researcher also engaged participants in one 30-minute phone call. Follow-up phone calls served to ensure that each participant was left intact following their individual interview as well as to provide additional resources should participant per request.

Participant interviews allowed the researcher to gain insightful first-hand information pertaining to the participant's unique and collective views on the identified four major themes presented in the literature review. However, the researcher also incorporated the current study's theoretical framework, Relational Cultural Theory (RCT) into the predetermined interview questions. In doing so, the researcher was able to highlight the main tenets of RCT. Those main tenets include authenticity, mutual competence, mutual growth, and mutual empathy.

Utilizing these main tenets allowed the researcher to gain a better understanding of what each Black male participant believed was a necessity when working with a mental health professional. RCT also provided insight into what each participant felt hindered or would increase their chances of engaging in more help–seeking behaviors. Thus, participant interviews allowed the researcher to obtain descriptive cultural information from each unique case related to their views of mental health within the Black community. After conducting data collection procedures, the researcher transcribed and analyzed the data using rigorous qualitative data analysis procedures inclusive of thematic and cross-case analysis.

This current chapter serves to present the overall findings and to provide a deeper look into each unique case narrative. The chapter opens with a brief description of each participant, followed by each participant's unique narrative and responses to the overarching research questions via framework and within case analysis. Next, the researcher moves into an integrated thematic analysis that highlights the embedded cross case analysis and the three overall themes developed out of further analysis of the a priori factors identified in Chapter One. After the thematic analysis, the researcher provides a deeper look into the theoretical framework, RCT and the participants' ascribed value on the core tenets via a detail summary. To conclude, the chapter closes with the three practical implications, recommendation as derived from the results of the study.

Case Description

The researcher selected participants for this narrative case study via a purposive sampling strategy. More specifically, the researcher implemented a criterion sampling procedure in which participants met the following criteria:

1. Participant is an African American male

2. Participant is 18 years of age or older

3. Participants is a currently enrolled college student at identified site selection

4. Participants has encountered some experience or exposure to a mental health difficultly that did not result in seeking help.

5. Participants sought treatment, but services were quickly terminated because of certain perspectives and attitudes.

To ensure that each participant met the identified criteria, each participant completed a short screening survey. The survey was created via Baylor University's Qualtrics Program and allowed the researcher to engage in a systematic approach to final

participant selection. Table 3.1 details the questions and participant responses obtained

from the criteria survey. The following section provides a brief introduction to the four

unique cases examined in the current study. After the introduction of the four cases, a

framework and within case analysis follows as a means of providing a thorough

understanding of the importance of relationships.

Table 3.1

Participant Screening Survey Responses

Participants	Age of Participant	Are you a currently enrolled college student	Have you experienced or are you currently experiencing mental health concerns?	Did you seek professional help for mental health concern?
Anthony	29	Yes	Yes	Yes
Chris	18	Yes	Yes	Yes
Michael	22	Yes	Yes	No
David	25	Yes	Yes	No

Likewise, the individual narratives serve to provide a thorough representation of the

participants' responses to the overarching research questions and the development of the

three emerging themes.

Anthony is a 29-year-old African American senior currently studying finance.

Anthony is also a former member of the military. Anthony provided great insight into

how being in the military opened his eyes to mental health and the severity of leaving

those matters unchecked. As a result, Anthony stated feeling a sense of urgency finally to

attend to his mental health concerns. Finally, Anthony discussed his upbringing and how

family and religious influences impacted his decisions to seek professional help over time.

Chris is an 18-year-old African American freshman. Chris detailed how family relationships as well as religious influences impacted his view of mental health. In addition, Chris provided valuable information into what factors he felt would be necessary to engage younger African American males into mental health services.

Michael is a 22-year-old African American senior. During the interview, Michael highlighted fears associated with seeking professional help for mental health difficulties inclusive of being mis-diagnosed and fear of being perceived as weak for needing help. On top of that, Michael discussed his faith as an important factor in his life and how his faith may have impacted his decision to seek help.

David is a 25-year-old African American senior. During the interview, David discussed understanding the importance of attending to mental health difficulties. However, David stated that due to societal pressures and attitudes held within his community, he did not seek professional help. Instead, he like many others turned to a close friend to discuss his mental health concerns.

Framework and Within Case Analysis

The current study utilized Relational Cultural Theory (RCT) to examine and better understand the importance of relationships and connections on low help–seeking behaviors. As noted in Chapter Two, Jean Miller founded RCT in 1976. Comstock et al. (2008) noted that Miller created and originally utilized the theory to work with women in her clinical practice. In doing so Miller was able to better evaluate and understand the importance and "… centrality of relationships in her client's lives ..." (p. 279). The

researcher felt strongly about the need to understand relationships when contextualizing individuals as community is important and often shapes how an individual thinks and behave. Thus, RCT was utilized to better understand the value and impact of the relationships in the participants' lives and how those relationships influenced their everyday functioning and help–seeking behaviors.

As a result of highlighting the importance of community and individual relationships, the researcher gained additional insight into how relationships and people in the participants' lives ultimately influenced their overall thoughts and decisions regarding mental health and seeking professional help. With that, the next section serves to provide a deeper glimpse into each individual case and the various relationships and community factors that shaped their past and current decisions related to mental health.

Case 1

During the semi-structured interview, Anthony discussed many experiences that led to low help-seeking behaviors throughout his life. First of many things discussed during the interview was stigma. At which time Anthony stated, "…I would say that there's a stigma against mental health and wellness, which I think is a negative thing. But me personally, I've always been an advocate for it. This is why I started seeking help throughout the years". However, Anthony went on to discuss how relationships and experiences within his family impacted his help-seeking behaviors. One of the most salient of those experiences was being the son of a Black pastor. Anthony noted that his relationship with his father was the first of many relationships that impacted his behavior and thoughts regarding mental health throughout his life. As a result of his father's role in the church, Anthony also noted the important role the church played in his family's

decisions and overall life. Anthony went on to detail that his family utilized religious practices such as prayer to combat challenges inclusive of psychological and emotional concerns.

As an example, Anthony recalled a specific time in his life where he and his family endured a difficult time due to his father's infidelity. He went on to state that counseling would have been beneficial for all individuals involved. However, Anthony noted that his family was concerned about the perception of others due to their status and position in the church. This concern ultimately led them to reject the notion of outside help. Anthony noted that due to their concerns of others, "I was not able to seek help and it wasn't good". He also noted how this impacted his life as a young adult as he stated, "I struggled to manage life as a Black man due to holding on to past issues from my childhood". Anthony correlated being unable to manage life better as an early adult to "…things I learned and was taught in my childhood about mental health. Those things really stay with you and shape your mentality". Unfortunately, he noted the intense stress and anxiety this caused. However, like other Black families, Anthony noted that his family was raising him much like they were raised. Thus, they did not believe their teachings to be problematic.

This rejection of outside help from Black religious individuals and families confirms the thought that religious beliefs have the potential to hinder one from obtaining psychological wellness (Snyder 2020; Walker, 2020). This thought led to a thorough discussion on mental health where Anthony stated that his family did not discuss mental health concerns and subsequently ignored signs of suffering due to an overreliance on faith. Anthony noted that although his parents never explicitly stated their lack of concern

for mental health and subsequent treatment, "It was understood through their actions."

Instead, Anthony discussed the use of prayer as the desired course of managing concerns.

This desire to utilize prayer as a means of combating concerns is common within the Black community. Walker (2020) stated, "Our culture is notorious for replacing therapy with prayer" (p. 20). As such, he noted that due to his family's thoughts on mental health and seeking outside help, prayer was the only encouraged coping method. And although Anthony stated that he valued religious practices, he also confirmed ideas highlighted in pre-existing literature (Snyder, 2020; Walker, 2020) that noted that prayer alone may not be sufficient when attempting to navigate mental health difficulties. As a result of these views and coping standards, Anthony discussed a time where he attempted to "push through" his anxiety. In doing so, Anthony demonstrated a desire to be resilient which Walker (2020) described as "both a strength and weakness" as resiliency hinders one's ability to acknowledge their struggle (p. 40). As a result of not receiving help, Anthony was unable to properly cope with anxiety and struggled silently for years.

Unfortunately, the anxiety Anthony experienced was further exacerbated in adulthood as Anthony continued to discuss the struggles of navigating life as a Black male. Wood and Hilton (2013) highlighted the difficulties of being a Black male and noted that, "Black males are frequently presented in the media as amoral beings" (p. 14). The authors went on to note that such depictions altered and shaped society's views of Black males. As such, Anthony highlighted the daily pressures he faced to be successful. In addition, Anthony noted the consistent struggle of having to bear witness to years of social injustices and discrimination that led to further harm and an inability to trust people and larger systems. The outcome of Anthony's experiences aligned with pre-

existing literature (Bailey et al., 2017; Gee & Ford, 2011) that detailed the grave impact racism and injustices have on the lives of African Americans. However, even after those experiences, Anthony described still not being sure about seeking help due to the perceived stigma and thoughts related to seeking help learned in childhood. As a final thought regarding mental health within the Black community, Anthony noted, "Although mental health is being discussed more within the Black community, for example by more famous Black people, it is simply not acknowledged or glamorized enough." Thus, Anthony discussed how this lack of acknowledgment furthers stigma. Expanding on the idea of stigma, he discussed his fear and realities of being judged and how that impacted his relationship with his parents as well as others within his community.

Through recounts of his experiences, Anthony highlighted how predicting factors such as religion and family beliefs led to ongoing struggles with mental health difficulties as a child and well into adulthood. He went on to say that his own beliefs in taking care of his mental health, coupled with his experiences in the military, ultimately led him to seek services. Anthony disclosed that he now engages in counseling and that he is also taking prescribed medication. Although his journey to this place of mental wellness was not easy, Anthony spoke proudly about his decision to finally seek help.

To conclude, Anthony's interview provided the researcher with further insight and understanding regarding the identified low help-seeking predictors highlighted in Chapter One. To provide detail, Anthony's experiences were examples of how family beliefs, lack of support, and religious influences stand to negatively impact an individual's decision to seek professional help when necessary. In addition, Anthony's

interview highlighted the importance of relationships as detailed by Relational Cultural Theory.

Case 2

Chris, the youngest of the four research participants, shared that he is from a very successful family in that both his mother and father are college graduates and have worked very hard to achieve their goals. Chris went on to describe his ongoing struggle with anxiety which he stated started in high school. Chris noted that he was not always able to name his mental health concern, but he knew something changed. He stated, "I was unable to say it was anxiety when I was a junior, around the age of 16 or 17". However, Chris shared that he feels that his anxiety was the result of increased pressure he placed on himself. He stated, "My parents have done really well for themselves. So, there is a lot to live up to and even though I know I can do it, it's a lot." Despite the ongoing anxiety and pressure, Chris mentioned never really contemplating seeking services. He stated, "… I do see mental health as a positive thing, but I just didn't think about it much." Chris's decision not to seek help despite becoming overwhelmed aligned with pre-existing literature (Hubbard et al., 2018) that highlighted the decrease in student service utilization despite students being at- risk for continued or increased problems.

Instead, like other Black males, Chris noted seeking support from a familiar source. Regarding influential relationships, Chris stated, "I go to my sister because we are close, and I feel like I can share my feelings with her. She is one of the people I feel like I can be 100% honest with." Due to the fear of being judged, Chris's decision to seek out a familiar source is not uncommon as pre-existing research (Williams & Justice, 2010)

indicated that familiar sources may make discussing personal matters more comfortable than speaking with a professional.

During the interview Chris recounted a time where he was not the only one to notice the changes in his mental health. Chris discussed his mom coming to him and asking him if he was ok. He stated,

> I wasn't going to say anything because I mean, I was just in high school. Like, it's just high school anxiety. It's not that serious or at least I didn't see it that way, but my mom started asking me questions. I guess she noticed me struggling.

He went on to note that she encouraged him to go to counseling, unlike his father who, he stated, "… doesn't believe in mental health." In addition, Chris noted that due to his father's Christian upbringing, he believed that people should "… just talk to God and work through it." This belief supports the idea that the Black church is highly preferred over alternative methods such as therapy. Dempsey at al. (2016) stated, "The Black church's long and rich history of support for its parishioners and community members is the main reason African Americans recognize the church and spirituality as a major coping mechanism" (p. 77). Unfortunately, for Chris, his father's beliefs and position on seeking help posed a concern as he felt that he could not share his true concerns with his father. However, because of his mother's encouragement, Chris stated, "I did two or three sessions during quarantine." In noting the different influences his parents had on him, Chris provided a clear representation of how influential relationships altered and impacted his thoughts regarding mental health. However, Chris is no longer engaging in therapeutic services. He concluded by stating that he engaged in services for his mother.

Regarding his decision not to seek services for himself, he noted, "I had no plans of saying on anything. I was going to try to stick it out." Chris's desire to manage on his

own is common as many African American males are uncomfortable with seeking services. To conclude, there are several reasons for this lack of comfort with professional services, as highlighted by researchers, Fripp and Carlson (2017) in a study of 212 African American males. In Chris's case, his low help-seeking behaviors were influenced by a lack of understanding of the purpose of counseling, as he noted, "I didn't even know what I was supposed to get out of it". In addition, Chris mentioned the cost of therapy as another reason for not necessarily continuing the service.

Chris's experiences included several predicting factors, inclusive of fear of judgment by peers, lack of trust, and religious family beliefs. Unfortunately, these factors continue to impact and influence Chris's decisions to seek help for his ongoing concerns. In addition, Chris's interview uncovered the relationships that impacted his thoughts pertaining to mental health the most. Those relationships included his mother, father, and sister. In discussing his influential relationships, Chris highlighted how varying perspectives on mental health exhibited by his parents negatively and positively impacted his decision regarding seeking help. To conclude, Chris's interview provided an example of how important relationships are and why RCT emphasized and urged counselors to engage in a thorough assessment of relational influences as they worked with individuals (Comstock et al., 2018). Finally, through Chris's interview, the researcher was able to obtain a unique view of highlighted predicting factors and possible ways to help others Black males understand the severity of these factors.

Case 3

During Michael's interview, he shared several personal experiences and challenges that impacted his thoughts on mental health. First, Michael disclosed that he unfortunately

lost both of his parents, which resulted in him moving in with his uncle at the very young age of 11. He shared that his uncle was someone whom he respected and that his opinion was valued. With that, Michael noted that his uncle's views became his own. This, adoption of beliefs was further examined as Michael discussed being diagnosed with dyslexia, a learning disability, in childhood. As a result, Michael recalled going to his uncle, inquiring about potentially seeking help. However, Michael stated, "My uncle immediately shut it down and that was it." He went on to discuss that his uncle feared that he just would be mislabeled or medicated unnecessarily. As a result, Michael noted engaging in his own research. During this research, Michael stated,

> During my research, I did find information about doctors diagnosing Black boys with ADHD and giving them medication when maybe all they needed was more attention or certain things of that nature. But the doctor just prescribed those drugs, and, you know, just to calm them down in class and stuff like that.

The fear of being misdiagnosed is not rare as pre-existing literature (Fripp & Carlson, 2017; Snyder, 2020; Walker, 2020) noted that Black individuals are commonly misdiagnosed due to a lack of understanding mental health within the Black community. Thus, Michael did not seek treatment.

Instead, Michael concealed his diagnosis due to the fears of what others would think. Regarding stigma, Michael stated,

> I would probably be seen as weak or stupid. Like, if I was to tell someone about my diagnosis, the first thing they would say is 'oh, you can't read.' So, out of fear of being made fun of, I didn't talk about it.

This unfortunate fear of being taunted is real. Thus, Michael attempted to protect himself from further harm. This notion of fear and concern regarding stigma is also highlighted in pre-existing literature (Fripp & Carlson, 2017; Masuda et al, 2009; Snyder, 2020; Williams & Justice, 2010) as researchers noted the harsh realities of stigma.

Michael went on to discuss that although he has not always had the support of his family, he does have the support of a few close friends. However, regarding Michael's ongoing decision not to seek help, he stated coping with his concerns by using his faith. Michael stated, "I don't move without prayer. I pray a lot. Once I get my answers from there, I feel comfortable about moving forward and working through the day." In addition, Michael stated that although as an adult he understands the value of seeking mental health services, he feels as though his faith is a sufficient regime to help navigate challenges. He stated, "I feel like my faith can cure of a lot of diseases." He goes on to discuss barely being ill and the fact that he has not contracted Covid-19 despite being a very active individual. As a result, Michael stated, "So, I just feel like I'm covered." Michael's thoughts regarding his faith keeping him safe, validated pre-existing literature (Bilkins et al., 2016; Dempsey et al., 2016) that noted the Black church as a safe place that provided comfort in times of need. Thus, Michael's strong ties to his faith allowed him to feel safe and secure by way of practices that are not foreign to him such as counseling.

Michael's lived experiences inclusive of family beliefs, fear of being bullied, mislabeled, and stigmatized are all reasons to understand Michael's desire not to seek professional help. Regarding additional reasons for not seeking help, Michael noted, "I also haven't made a decision yet to go seek any professional help because of my past. Maybe I am not into it because of my past research and the way I experienced doctors just trying to get some money." In this moment, Michael highlighted the lack of trust experienced by many African Americans. Thus, Michael's interview magnified several predicting factors inclusive of lack of trust, perceived weakness, and influential

relationships as his relationship with his uncle played a major role in his overall decision and current coping mechanisms. To conclude, Michael provided a thorough explanation of how these factors continue to impact his world today.

Case 4

David, the last of the participants to be interviewed, presented significant data regarding low help-seeking behaviors and how these behaviors are influenced and perpetuated over time. He started by disclosing that he has noticed an increase in some of his own mental health difficulties over time. However, David noted not tending to those needs. He stated,

> I've been struggling with stress a lot because of school, but I kind of just ignored it. But this year, I realized that this is not normal and the more I put it off, I am realizing that my depressive episodes are getting longer. I also discovered that I may have an eating disorder. However, there are times where I am just so stressed about school that I'll end up not doing anything productive to help myself which usually pushes me further into a depressive state.

However, David noted that he has decided not to seek help at this time. He went on to state that his decision stems from his upbringing and overall thoughts regarding seeking professional help for mental health difficulties. Regarding mental health within the black community, David noted that it exists, but many individuals within the Black community choose not to acknowledge it. He stated, "We don't address it, we don't deal with it. We just put it off." More specifically, David noted how his family reacts to mental health. He stated,

> I know family members who have mental health concerns. But for the most part, my family is just like 'yeah we know', but we don't do anything like help them or anything. It's just like, we know, but we let them deal with it.

The lack of family acknowledgment is not uncommon in Black families as many are unaware of how to address or support those with mental health needs (Watkins et al.,

2017). Regarding his continued decision not to seek services, David admitted that stigma

as highlighted by pre-existing literature (Fripp & Carlson, 2017; Masuda et al., 2009;

Masuda et al., 2012; Snyder, 2020, Walker, 2020; Williams & Justice, 2010) played a

huge role in his decision as well as anxiety and the cost of professional services. David

stated, "Stigma is one thing, but I think another thing is money. Therapy is just too

expensive." He goes on to highlight engaging in research to discover possible alternatives

and realizing that there are resources on his prospective campus. However, David

highlighted the anxiety that came with seeking services on campus. He stated,

> I did some research and found some university resources. However, I don't know
> much about it and I started to get a little anxiety about being in whatever space it
> might be. So, I told myself, 'No, I don't want to do that, I'll be okay.

Unfortunately, the anxiety regarding presenting to a common space such as a university

counseling center is not unique to David, as many individuals struggle with the potential

fear of being stigmatized. For this reason, individuals attempt to rationalize their concerns

as a means of coping and being able to move forward without seeking help. In a study

conducted by Biddle et al. (2007), the researchers discussed that participants attempted to

cope by minimizing their symptoms and by "… defining them as normal, everyday

distress. This usually resulted in a decision that help was not needed …" (pp. 993–994).

Thus, David's experiences with stigma and anxiety highlighted how the constructs stand

to hinder one's ability to obtain necessary help which often ends in the perpetuation of

low help–seeking behaviors.

As a result of this fear, David, like other participants, turned to a more familiar

source for support. For David, this support was a close friend who was also experiencing

mental health difficulties. David noted that his friend sharing her mental health concerns

with him allowed him to feel safe with her. Thus, he was able to share his thoughts related to his ongoing mental health concerns as well. David connecting and utilizing the support of a close friend confirmed the ideas purported by Williams and Justice (2010) who noted that African Americans typically seek help from familiar sources due to feeling safe. At the conclusion of the interview, David noted that he knows that he should seek help, but he also noted his fears of asking for help and mentioned that it possibly could be a direct result of his upbringing. He stated,

> I don't know if this is a translation from my childhood, but I've always had an anxiety about asking for help. I wasn't really into it. Maybe it was a fear of being judged and that someone would look at me in a certain way after I asked for help. So, instead of asking for help, I would tell myself "I'll figure it out.

Thus, for David asking for help was difficult. This is not uncommon as Williams and Justice (2010) also notated the difficulties and perceived consequences of asking for help. To close, David's experiences, inclusive of fear of judgment, lack of family acknowledgment, financial concerns and perceived stigma and anxiety, continue to impact his overall mental health and his desire to seek professional help. In addition, David's interview highlighted the significance of influential relationships as well as family disconnections that led the participant to attribute certain meanings to mental health.

Summary of Framework and Within Case Analysis

In summation, each of the participant interviews highlighted unique and collective aspects regarding the four predicting factors identified in the literature review. As a result of the semi-structured interviews, the researcher successfully answered the overarching research questions which resulted in the development of three overarching themes. In doing so, the researcher obtained a better understanding of the participants' unique lived

experiences concerning mental health as well as how the highlighted experiences can help others to understand the continued perpetuation of low help-seeking behaviors in Black males. To conclude, the wealth of information obtained from the interviews and presented narratives allowed the researcher to develop three overarching themes for the current study. The following section highlights those themes in an integrated analysis.

Thematic Analysis and Cross Case Analysis

There are several factors that stand to impact an African American males' decision to seek professional help. For this study, the researcher highlighted four major predicting factors: institutionalized racism, religious factors, mental health stigma, and ascribed attitudes, which served as the study's a priori themes. With those a priori themes in mind, the study sought to examine the identified predicting factors through the eyes of four African American male participants. The semi-structured interviews conducted during the study highlighted how these predicting factors continue to impact the lives of Black men. However, the interviews also highlighted additional barriers and unique perspectives.

Based on the responses to the overarching research questions, the four a priori factors developed into three overall themes. Those themes included: lack of trust, family and upbringing, and societal pressures. In addition to the three overall themes, the researcher highlighted and categorized the sub-themes under each major theme to further analyze each participant's unique lived experience. Table 3.2. displays the three major themes and corresponding sub-themes.

The presented thematic analysis reflects an integrated model. This integrated model serves to highlight collective and unique data points across the four cases while

maintaining focus on the overall theme. As a result of the integrated analysis, the researcher presents a well-articulated cross-case analysis, which allows for a better presentation and understanding of the identified themes. In addition, the following themes serve to highlight the importance of relational connections discussed in Relational Cultural Theory as each of the participants detailed how relationships directly impacted their views on the topic of mental health and their overall decisions regarding seeking help.

Table 3.2

Study Overall Themes and Sub-Themes

Lack of Trust	Family and Upbringing	Societal Pressures
Misdiagnosis	Strong faith	Loss of masculinity "Just
Mislabeled	Christian family	push through"
Unnecessarily Medicated	Prayer is enough "Just pray	Self-identification
Medication Stigma	about it"	Fear of being perceived as
Treatment discrimination	Mental health stigma	weak
Social Injustice	Felt Safe (safety)	Fear of backlash
Racism	Church judgement	Incapable
Financial inequities	Family judgement	Peer relationship
Unequal resources		Social involvement

Theme 1: Lack of Trust

The theme, lack of trust, developed out of the a priori predicting factor, institutionalized racism. More importantly, the overall theme developed out of the desire to accurately represent the robust information obtained from the participant interviews. To further explain the development of the overall theme, lack of trust, it is important to note that the theme encompasses several predicting factors. Of those factors, the most salient factors highlighted in participant interviews included: fear of misdiagnosis, social injustice, lack of representation, racism, and financial inequities. Thus, the researcher

determined that the theme, lack of trust, was highlighted throughout the participant interviews in collective and unique ways.

The theme, lack of trust was first highlighted in the participant recruitment process. To explain, all participants were hesitant, as evident as the initial call for participants went unanswered. The lack of response came as no surprise to the researcher, who understands the rationale for wanting to protect one's safety and peace of mind. However, the hesitation to participate was examined thoroughly during one participant's interview, David, as he was curious how many other African American males responded to recruitment. He stated, "… my interest was piqued, but I also wondered how many people would actually be willing to participant." The researcher was transparent about the struggles to recruit, but also normalized the fear. David then went on to disclose his own fear of participation and stated that he had to talk himself into doing the interview. He stated, "I was a little concerned, but then, I was like, this is a good thing, I'm going to do it." This hesitation and fear to discuss topics surrounding mental health is consistent with pre-existing literature (Fripp & Carlson, 2017; Williams & Justice, 2010) regarding African American males and their reluctance to seek professional help.

In addition to the collective hesitation to engage in the current study, one participant, Michael, acknowledged that his lack of trust stems from his own research and fears of being misdiagnosed. Michael went on to disclose that he tragically lost both of his parents, which resulted in him being raised by his uncle, whom he described as "a man who doubted the medical profession." Michael went on to disclose transparently struggling with a learning disability as a child. For a variety of reasons, Michael stated

that he did not seek professional help. One of the main reasons for not seeking help was the fear of being misdiagnosed. However, this fear was not Michael's alone.

When discussing potentially seeking help, he stated, "My uncle completely shut it down because he feared that doctors were inappropriately diagnosing Black boys with ADHD and putting them on unnecessary medication." As a result of this fear, Michael discussed never moving forward with seeking help for his learning concerns. As unfortunate as not seeking help may be, Michael and his uncle's fear of being misdiagnosed is not uncommon. Existing literature and research (Bilkins et al., 2016; Snyder, 2020; Walker, 2020) validated the fears that African American males hold regarding being misdiagnosed. In addition to the fear of being misdiagnosed, participants also highlighted racial injustice and the potential financial strain of seeking professional help due to lack of adequate resources and systemic struggles.

Witnessing ongoing racial injustices and inequality (Bailey et al. 2017; Wallace et al. 2016) has been proven to cause mental anguish and distress within the Black community. Therefore, many individuals feel pulled to seek mental health services as a means of coping with the daily trauma. However, for others, it was yet another reason to turn away or avoid services. When discussing racial injustice, one participant, Anthony, noted how his anxiety increased, yet it took him some time to own his struggles and eventually seek help. The participant stated, "There were a lot of major events like Ferguson and the Black Lives Matter movement that weighed on me mentally." He went on to note that he carried these traumatic events and experiences with him every day until he begun to realize he was experiencing "… built up stress, depression, and suicidal tendencies." He discussed that even then it was hard to seek help and that he

contemplated his decision for quite some time before eventually seeking professional help. Regarding seeking help, Anthony stated, "After 18 years of not thinking it was important, it was extremely hard at 23 years old to acknowledge needing help." This internal struggle related to seeking help is especially the case when one's upbringing and life experiences causes them not to trust or seek help from others.

Fortunately for Anthony, he was able to move into a space where he was inspired to seek help. No doubt there are many other African American males who believe that their mental health is important. Yet, they are unable to move forward due to a lack of trusted sources. For David, the theme, lack of trust was thoroughly explored as he noted being uncomfortable speaking about his mental health concerns. During his interview, David noted, "I just don't like talking to people" as he described wanting to feel secure before sharing personal matters such as mental health difficulties. Thus, he never sought professional help. Instead, he discussed talking to a close friend whom he trusted to hold space for his mental health concerns. In doing so, David affirmed pre-existing literature (Williams & Justice, 2010) that noted African Americans being more comfortable with familiar sources.

During this discussion, David highlighted another predicting factor that inhibits African American males from seeking professional help: financial strain. David noted that there was a time where he begun to be more intrigued at the thought of seeking professional help for his mental health concerns, inclusive of depression and anxiety. However, what he found was that therapy was costly. This factor, unfortunately, makes the resource inaccessible to many members of the Black community. Regarding doing his own research, David stated, "I discovered that therapy was expensive, even social media

therapy like Better Help. That made me question seeking help even more. Like what is our way into therapy and better mental health if most people can't afford the service"? David went on to shed light on the fact that many people in the Black community struggle to meet their needs and that if therapy is costly, individuals who are struggling to provide for themselves or their families will not see the resource as a necessity.

David's feelings regarding the cost of therapy were not uncommon as Chris shared a similar reaction. Chris discussed not feeling comfortable seeking help as money was a concern. Much like Anthony, Chris noted that after years of not valuing his mental health, he did not see a benefit in spending a lot of money for the service. Thus, the Black male participants in this current study demonstrated how cost and the lack of resources due to ongoing systemic struggles and lack of equitable resources continue to hinder Black individuals from obtaining proper help.

To conclude, predicting factors stemming from a lack of trust such as fear of being misdiagnosed, treatment discrimination, treatment financial strain, and racial injustices perpetuated the idea that mental wellness was not afforded to all. As a result of this misguided understanding of who deserved to be mentally well, African American males and their families often ascribed their own meaning to mental health as they implement practices and beliefs that they perceived as safe. Examples of practices highlighted in pre-existing literature (Bilkins et al., 2016; Dempsey et al., 2016; Snyder, 2020; Walker, 2020; William & Justice, 2010) included but are not limited to seeking help from the church, engaging in prayer, seeking help within the family or with close friends, and, unfortunately, these practices also included not speaking about and acknowledging mental health concerns.

Theme 2: Family and Upbringing

The theme, Family and Upbringing developed out of the a-priori predicting factor, religious influences. For the current study religious influences included strong ties to the church, faith-based practices such as prayer, and an inability to seek help outside of the church due to fear of judgment. Thus, the researcher highlighted religion in relation to low help–seeking behaviors as pre-existing literature argued that religious beliefs are often used over professional mental health services. Watkins et al. (2017) noted that "Many African Americans use faith communities, church in particular, as a buffer for their mental health" (p. 489). Likewise, Dempsey et al. (2016) purported that "African Americans are more likely to rely on the elders of their churches and their own spiritual beliefs, rather than seek support for mental health professionals" (p. 73). Participants confirmed the arguments presented by the identified pre-existing literature as they detailed how religious beliefs impacted their thoughts on mental health.

In addition, participants noted that those beliefs impacted and perpetuated their low help–seeking behaviors. It is important to note that the researcher broadened the theme to include the additional predicting factors such as the lack of mental health acknowledgment, family support and generational teachings that governed the way many Black families navigated their lives as these factors were also highlighted throughout the participant interviews.

To provide context, mental health within the Black community has become a more mainstreamed topic in recent years. However, acknowledging and being aware of mental health treatment has not always been the case as many Black families struggle to acknowledge and attend to mental health concerns (Watkins et al., 2017). During

Michael's interview, he noted that his family members were not accepting of mental health due to certain attitudes regarding larger systems. He stated, "My grandmother suffered and some even say died from depression. So, I know it's real and that people struggle every day. However, there were certain members of my family who downplay mental health." Likewise, Chris noted that because of his father's upbringing and Christian faith, he did not acknowledge or believe in mental health concerns. Unfortunately, this inability to acknowledge mental health perpetuates low help–seeking behaviors.

In addition to not acknowledging mental health, many of the participants discussed being unable to discuss mental health concerns with their family due to other family held beliefs. As an example, Chris, Anthony, and Michael highlighted how their family and individual religious beliefs shaped how they handled mental health. Anthony shared that his father was a pastor of a Black church. Thus, the church was very important, and the family relied on religious practices such as prayer to get through hard times. This information is consistent with pre-existing literature (Bilkins et al., 2016; Bryant et al., 2014; Snyder, 2020; Watkins et al., 2017) that highlighted the use of religious practices to attend to concerns instead of seeking professional help. Because of this heavy reliance on faith-based practices and lack of acknowledgement for mental health, Anthony stated, "I didn't tell them anything". He later discussed his fear of backlash and recounted a time where he felt belittled when mentioning being depressed. Thus, he noted not feeling safe to discuss those matters with his family.

Regarding understandings such as not acknowledging and attending to mental health that are passed down through generations, as highlighted by Walker (2020), the

participants presented a collective thought in that most of their parents were raised traditionally, with religious beliefs, and were not taught to attend to mental health concerns. Regarding generations before him inclusive of his uncle, Michael noted, "They were brought up different. They were brought up to just deal with their problems. It's kind of like they just flushed them down the drain. So, that's how they raised their kids." Likewise, Chris, who previously noted that his father was raised "traditionally," also noted that his father and his siblings were raised in the country and were raised with strong ties to Christianity. In addition, Chris, highlighted that his father was a former member of the military and how being in the military as well as being Christian shaped his mentality on how to handle problems.

The researcher in no way attempted to negate the power of family ties and faith-based practices when presenting this view of generational lessons and parental lived experiences. Instead, the researcher hoped to highlight how often Black families are taught to be resilient in times of need which Snyder (2020) described as both a "strength and weakness for Black people" (p. 40). Thus, the need and desire to be resilient as many have be taught appeared to be an important factor in predicting low help-seeking behaviors. To further explore the idea of resiliency and an over dependence on faith, one participant noted how their faith was used as a crutch. Anthony stated,

> We sort of hide behind the church and throw it out there as way to handle concerns. And although the church can be helpful, it can easily be one of the wickedest places because it preys on, not to say prey in a bad way, but you know, it is in touch with some of the most innocent parts of a person like their emotions and how they live and how they speak and think.

He continued to say that even in his adulthood, religion has been thrown in his face. In a conversation with his mother, he recounted a time where she minimized his ways of

coping. He stated, "My mom once said, 'I know you take medicine for mental health, but I'm a Christian' in a conversation and like the two shouldn't be against one another." Thus, it can be hard for individuals raised in a religious household to gain a sense of approval when needing to seek outside help.

The participants also noted how support and acknowledgment regarding mental health in childhood could have changed their current thoughts towards seeking help. For example, both Chris and Michael noted how different their views and thoughts regarding seeking help might have been if their father and uncle respectively were more open to mental health throughout their childhood. Likewise, Watkins et al. (2017) highlighted the importance of family support and noted that support from and within strong family relationships can lead to increased health and wellness. However, in the absence of family and community support, an individual's health may be lacking due to a negative view of seeking assistance.

In closing, the participants highlighted how family support, upbringing, and lessons learned regarding seeking help were strongly tied to how they navigated their lives. It is these teachings that individuals measure their success in life and relationships with others. Although teachings can provide a positive blueprint at times, certain lessons also can leave individuals feeling judged and attempting to live up to societal pressures. To further explore the idea of societal pressures, the following section will highlight salient pressures lived and witnessed by the four participants.

Theme 3: Societal Pressures

The theme, Societal Pressures, combined the a priori predicting factors: mental health stigma and attitudes towards seeking professional help. The two predicting factors

developed into one overarching theme as the researcher acknowledged the connection between the lived experiences of the Black male participants inclusive of stigma and judgement and how those experiences resulted in their attitudes regarding mental health and seeking help.

One of the salient societal pressures highlighted during the current study was masculinity. This finding is consistent with other studies that highlighted masculinity as a predicting factor to low help-seeking behaviors. In a study of 458 African American men, Adams et al., (2016) noted that, "Masculinity norms theoretically encourage men to avoid help-seeking, display emotional stoicism or toughness, cope autonomously, and maintain a high sense of control even in the face of negative life experiences" (p. 151). For most Black males, the teaching and understanding of masculinity starts early in life as they receive lessons about being strong and not showing too much emotion as this usually characterizes one as being weak (Duncan, 2003). Likewise, Williams and Justice (2010) stated, "Doing something unmanly, such as attending counseling would only threaten the masculine view that has already been diminished by society" (p. 160). Thus, to avoid being perceived as weak and to protect their image, Black males often avoid seeking help. This avoidance related to masculinity and weakness was further examined as the participants discussed norms around Black males showing emotions and being weak as it relates to mental health.

Chris noted very early on in his interview that his father did not believe in mental health due to his religious upbringing. With that, he noted how this disbelief in mental health impacted his own decision to seek help. More importantly, Chris discussed that his decision not to seek help was not just due to his religious beliefs, but that it was also due

to his understanding of how men were to handle their concerns. Regarding reasons why Black males don't seek help. He stated, "I feel like it's because they're told to keep their feelings in check and not to talk about it. Instead, they are told to 'keep it pushing' which is an issue, and it makes it seem like emotions or feelings aren't as important for men." Unfortunately, these feelings and beliefs did not end with Chris's father as he also detailed a time when he was fearful of judgment due to his own mental health concerns.

Much like Chris, Michael discussed his fear of being judged for what he felt at the time was a shortcoming. As previously noted, Michael disclosed having a learning disability. However, he did not seek help, nor did he share this information with others outside of his family. Regarding his fear and lived experiences with judgement, Michael stated, "I am usually someone who doesn't care what other people think, but as a kid I did. I never told people about my situation because I didn't want them to think I was stupid or weak for needing assistance." Unfortunately, this fear of being judged and being viewed as week is common in the Black community and is noted by Pre-existing literature (Adam et al., 2016; Duncan, 2003; Snyder, 2020; Williams & Justice, 2010) as a major factor in decreased service utilization for Black males.

Anthony shared a similar experience during his interview where he recalled his fear of being perceived as weak by others due to his mental health concerns. Anthony recalled struggling. However, he noted that his fear of being perceived as weak hindered him from seeking help. As it related to showing emotions and asking for help, he stated, "You do feel weak after hearing 'Stop crying about this and stop doing that' from family and friends, yet still contemplating or needing help. So, in many ways, this did influence how I moved forward." In support of Anthony's thoughts, Williams and Justice (2010)

reported that "… in most cases, African American men thought that seeking out counseling services was a sign of weakness or thought that others would consider them unmanly" (p. 159). As a result, Anthony discussed downplaying real emotions to avoid being seen as weak. With that, he discussed his rationale for why Black males inclusive of himself answered questions related to how they are feeling with "I'm good." He stated, "I think it's scary because you start to get emotional when you open up. But you don't want to take it to that level because that's weak." In summary, the participants were all impacted by their fears of being perceived as weak from others within their community. As a result, the participants further highlighted and confirmed prior research that described masculinity and perceived weakness are barriers to seeking help.

However, masculinity and perceived weakness were not the only societal constructs that impacted the participants as David noted the impact of family pressure. He detailed being impacted by family pressure as he recalled feeling pressured to always "have it all together." With that pressure, he also stated having to put on a brave face even when struggling due to wanting to continue to make his mom proud. When discussing judgment and family pressure, He stated,

> I think it's an image thing for my family. Because I'm the only one in my family in college right now, I often hear 'you're doing big things' and I am constantly reminded of my mom's excitement as she sends pictures of me to her friends to show them how I am doing in school. So, even when I am facing a hard time. I put on my happy face and continue to do what I need to do for them."

Likewise, Anthony mentioned struggling to manage stress, anxiety, and an external pressure to always "represent himself and his community" in a positive light. His thoughts suggested that his mental health was not important. As a result, both Anthony and David's experiences highlighted and explained the pressure that many Black males

experience. Their experiences also highlighted why many Black males struggle in silence as they often worry about what their loved ones.

To conclude, societal pressures concerning masculinity, weakness, stigma, and anxiety due to community judgment were highlighted by the participants as predicting factors to low help–seeking behaviors. The identified societal pressures were confirmed barriers to seeking help as this form of pressure often negates the benefits of asking and receiving help. In addition, societal pressures were found to hinder opportunities for Black males to express their thoughts and emotions fully and authentically. Thus, societal pressures perpetuate low help–seeking behaviors and upholds unrealistic expectations set for Black males regarding norms and behavioral standards.

Discussion

This section serves to present a thorough discussion of the current study's major findings. The findings are based on the valuable data collected during the one 60-minute semi-structured interview where participants (n=4), detailed their lived experiences with low help–seeking behaviors as it relates to mental health difficulties. In addition, this section serves to highlight three future implications based on the identified findings and overall themes, Lack of Trust, Family, and Upbringing, and Societal Pressures.

Before discussing the findings, it is important to note the current study's theoretical framework, Relational Cultural Theory (RCT). The framework provided the researcher with a lens to explore relational influences. Having a framework to explore influential relationships was very important due to the researcher's awareness of Black males and their relationship to their community. With that, the researcher wanted to honor and acknowledge the importance of community as a means of avoiding what

Comstock et al. (2008) noted as the potential for "misunderstanding and devaluing how these important factors contribute to the psychological well-being of all people" (p. 279). Thus, RCT allowed the researcher to understand and discuss the participants' lived experiences and the many influential relationships that impacted their thoughts and decisions regarding seeking help for mental health concerns.

In addition to utilizing Relational Cultural Theory to better understand the influential relationships in the participants' lives, the researcher utilized the theory to understand and evaluate the main tenets, authenticity, mutual empathy, mutual growth, and mutual competence as highlighted in Chapter Two. Exploring these main tenets with each of the participants led to a better understanding of what the participants believed would be beneficial or necessary in a successful therapeutic relationship. In addition, this valuable information served to inform later implications. Thus, the following section serves to highlight the participants' collective and unique feelings toward the identified tenets.

Discussion of Relational Cultural Theory Main Tenets

Relational cultural Theory identified four main tenets. Out of the four identified tenets, authenticity was undoubtedly the most important tenet to the participants as each participant explained the importance of authentic interactions. Specifically, Chris noted that although he is not seeking services at this time, he would hope that a therapist would be authentic as this would allow him to be "... 100% honest about his concerns and feelings." He went on to state that without authenticity, he would be guarded. This attempt to guard oneself is common and spoke to an overwhelming desire to protect oneself. Thus, further perpetuating low help-seeking behaviors. Like Chris, Anthony also

noted how difficult an interaction would be if a person, specifically a therapist was not being authentic. He stated, "For instance, if someone struggles with depression, you feel and sense every little thing. It's like having this discernment. So, if someone is being inauthentic and they're there to help you, you will probably feel that almost immediately." The participants' thoughts regarding authenticity further confirmed Miller's belief that "Authenticity is necessary for real engagement" (p. 280). Thus, the participants noted that lacking authenticity could prevent successful treatment.

Next, the researcher explored the tenet, mutual competence with the participants. It is important to note that the researcher originally hypothesized that competence would be of high importance and that Black males would be more comfortable with a therapist of color as this has been found in her current practice. However, the researcher found that the race of the therapist was not especially important for the four participants as they collectively detailed that although it would be beneficial to have a therapist of color as the individual may be more knowledgeable about Black struggles, the race of the therapist is not as important as their willingness to learn and sit with a Black males' struggle.

Regarding the importance of being able to understand and sit with the Black struggle, Michael stated,

> I do feel like it does have to be somebody who can understand the struggle of being a Black male. This person will need to be willing to listen. Like even if this person was White, I would just want them to put themselves in my shoes.

Likewise, David stated, "If it is someone that's outside of the race as long as there's something that we can match on and there's a willingness to grow and learn, I don't think the race of the person would matter as much." The participants' desire for a clinician or

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future clinician to learn and explore with others aligned with Miller's beliefs. In addition, the desire to learn and grow encompasses the values of another major tenet, mutual empathy. Comstock et al. (2008) noted Miller's concept of mutual empathy as "…opportunities for counselors to become more culturally competent" (p. 281). The authors noted that such a growth in cultural competence is obtained via emphatic interactions as counselors should lean in, share, discuss, and explore cultures as a mean of bridging the gaps. Thus, the participants understood the value of mutual competence. However, the current study found that empathy and mutual growth which stands to increase competence were of higher concern.

To conclude, Relational Cultural Theory highlighted the importance of relationships and detailed the grave potential consequences of counselors who minimize and devalue relational influences. Each of the main tenets of RCT was found to be of high value for the participants. However, two tenets, authenticity and mutual empathy were magnified throughout the participant interviews. As a result, the researcher obtained valuable information that support the improvement of therapeutic services for Black males and utilized this information to inform practical implications explored in the following section.

Findings and Implications

As a result of utilizing RCT as a lens to explore, one finding, desire for family and community support presented itself throughout each participants' interview. To explain, each of the participants detailed how certain family members were influential in their overall decision regarding seeking help. As a collective, the participants noted that at some time in their lives, whether past or current, a lack of family support regarding

mental health impacted their decision to seek professional help. With that, the participants noted a desire for family support and detailed how this could have positively impacted their mental health concerns.

This desire for support aligned with pre-existing literature that highlighted the importance of family support. Watkins et al. (2017) stated that African American males often utilize "… informal social support, such as family and friends, as buffers to reduce the effects of stress and distress on their mental health" (p. 489). Likewise, Williams and Justice (2010) noted that Black males often turn to familiar sources for help. However, due to a lack of family support and acknowledgment of mental health concerns, the participants noted struggling in silence as they felt unable to truly express their concerns with family. This inability to express themselves to family ultimately hindered their desire to seek professional help. Thus, the current study found that family and community support are necessary factors to decreasing low help-seeking behaviors.

In addition to a desire for family and community support, the current study found that an integrated system between religious involvement and mental health services was preferred. To expound, the participants noted that upbringing inclusive of not discussing emotions or mental health concerns coupled with rigid religious beliefs negatively impacted their opportunities or decisions to seek help. Regarding discussing mental health, the participants detailed the normalcy around avoiding sensitive topics such as mental health concerns. In addition, participants who spoke of being raised by parents with rigid religious beliefs detailed consistently being told to "pray about it" or having religion thrown at them when faced with difficulties.

Before moving forward, the researcher would like to note the historical significance of the Black church as the church has played a vital role in providing safety and additional resources to Black individuals and families when no other resources were available to them. However, due to the significant role and teachings of the Black church, many are often conflicted when contemplating seeking outside help. Regarding seeking help outside of the church, Dempsey et al. (2016) stated, "… seeking professional help for emotional problems is a sign of spiritual flaws in one's life" (p. 75). As a result of such thinking, many Black individuals and families negate the need for professional help and instead turn more to their faith-based practices.

Without a doubt, such practices are considered helpful and are highly regarded. However, the participants noted that such practices were not always sufficient in helping to decrease their mental health concerns. The participants' thoughts regarding religious practices not being enough, however still not seeking additional help, aligned with pre-existing literature (Snyder 2020; Walker, 2020) that believed rigid religious beliefs hinder an individual's well-being. To conclude, the participants noted their understanding of the Black church and how pivotal it was even in their own lives. However, the participants detailed the understanding that sometimes there is a need to obtain additional help. Thus, the participants valued both their religious values but marveled at the idea of being able to utilize faith-based practices and professional help to combat mental health concerns.

The final finding suggests that there is an overwhelming sense of stigma impacting the help–seeking behaviors of Black male college students. This overwhelming sense of stigma became evident as each participant discussed stigma and its negative impact. To further explain, each participant presented a unique interaction with stigma

inclusive of being judged by family and peers, and feelings of weakness for struggling with mental health and contemplating seeking help. This finding aligned with the information presented by Masuda et al. (2012) as the researchers noted "African American college students tend to have greater mental health stigma and less favorable help-seeking attitudes than their European counterparts do" (p. 775). Likewise, Hubbard et al. (2018) noted low help-seeking behaviors, yet an increase in stressors that have the potential to interrupt academic performance. Thus, the participants' experiences confirmed pre-existing literature (Fripp & Carlson, 2017; Masuda et al, 2012; Snyder, 2020; Williams & Justice, 2010) regarding the negative impact of stigma. Thus, the current study found that there is a need for further destigmatizing practices for Black mental health on college campuses.

As a result of the identified findings and overall themes, three major implications were developed. The implications serve to highlight practical activities to help increase help-seeking behaviors as it relates to each of the overarching themes. In addition, the researcher developed the implications with each of the current study's stakeholders in mind. As a reminder, those stakeholders include Black males, Black families, college counseling centers, mental health agencies, therapists, and other mental health professionals. The implications are as follow:

For Black males, individuals, and or families, the researcher suggest cultivating a safe environment to discuss Black mental health within the home and family as a means of engaging in proactive wellness. The participants noted the absence of such a space throughout their childhood and even now in their current daily lives with their families. This lack of communication surrounding mental health and wellness may provide

individuals with a false reality of their and their family's overall emotional health. Walker (2020) used the term psychological fortitude which is defined as the ability to "withstand, endure, persevere through, and recover from difficult situations" (p. 7). However, without properly and regularly engaging in communication about emotional concerns, there is no way to truly assess. Thus, there is no way to discuss the potential need for help. As such, Walker, (2020) discussed the idea that Black individuals may need to "… reject what you have come to understand about what it means to be emotionally healthy" (p. 5). The researcher agrees as Black males and Black families have distorted views of what it means to be well.

However, to engage in a more proactive understanding and assessment of emotional health, the researcher suggests that families cultivate a safe space to engage in dialogue focusing on mental health. This space will look different for every individual or family. However, the following suggestions may be helpful. First, create family check-in opportunities where members can safely explore and discuss their feelings without judgment. These opportunities stand to normalize mental health and expressing emotions. Second, families might find it helpful to create a list of local and relevant sources to help stimulate dialogue. For example, young children may struggle to accurately express themselves. Therefore, help may be necessary. Help may come in many forms, but books are great ways to engage children. A great resource and book for young black males is *The Boy with Big, Big Feelings* by Lee (2019). Third and final suggestion for families is to discuss, research, and be open to seeking professional help should this step be necessary.

More specifically, for adult males, it can be difficult to openly discuss mental health concerns due to stigma, judgments, and feelings related to mistrust and weakness as evident from information obtained in the current study. In those moments, the researcher suggests cultivating a circle, big or small that will support and promote open and authentic communication.

For college counseling centers, mental health agencies, therapists, and mental health professionals, it is important to engage and create creative and culturally responsive programs to better identify Black male students in need. To explain further, College students experience a variety of emotional concerns inclusive of but not limited to academic distress, adjustment concerns, anxiety, stress, and depression. These concerns are also common in Black males. However, the literature suggests that Black male college students witness a greater level of stigma when contemplating seeking help (Fripp & Carlson, 2017; Masuda et al., 2012). Thus, impacting their overall decision to seek help. With that, identifying and serving Black male college students may require different or alternative approaches to traditional therapy.

In the researcher experience as a counselor, traditional therapy is beneficial for some. However, it does not work for all individuals as it may reflect views that are not congruent with the individual's style or goals. Additionally, traditional therapy, especially on a college campus is usually only accessible by presenting to the counseling center on campus. Unfortunately, the center's location can provoke anxiety as students may be concerned with being seen by other students as noted during the participant interviews. As such, the researcher would suggest implementing programs and activities that can be conducted away from the traditional space.

Such programs include but are not limited to Let's Talk and processing groups utilizing the REACH modality. Let's talk is described by Boone et al. (2011) is a therapeutic program "… designed to reach students who are less likely to seek mental health services" (p. 195). As a result of the Let's Talk program, students can engage in preliminary consultations where they can receive helpful suggestions and resources. Additionally, the Let's Talk program dedicates itself to servicing more students by offering the service in multiple locations on campus. Thus, the program is convenient and helps to diminish the anxiety of entering the traditional counseling center location. Likewise, the REACH model for therapeutic groups allows students to engage in therapeutic service away from the traditional campus counseling center and in some cases off-campus altogether, Thus, the REACH model provides an additional sense of privacy and comfort by removing the inflexibility of traditional group counseling.

In addition to alternative programs, it is also necessary for counselors to engage in culturally mindful activities and training that will allow them to better serve diverse and marginalized populations such as Black males. Harper et al. (2009) suggested that counselors working with Black males need to be "… aware of cultural and lifestyle factors that affect Black males as well as the diverse intersections of race, gender, social class, and age" (p. 216). Without such knowledge, counselors attempting to serve Black males might fall prey to common pitfalls. One such pitfall identified by Lee and Richardson (1991) is the misunderstanding that "… there is an all-encompassing reality for a particular cultural group and that all people from that group act, feel, and think in a homogeneous fashion" (p. 6). Unfortunately, the lack of understanding the cultural background of Black males often lead counselor to misunderstand, misdiagnosis, and

ineffectively treat Black males. Thus, for therapy to be successful, counselors must engage in ongoing assessment of themselves and be willing to learn.

Regarding learning, the researcher believes that such understanding should come from getting to know and connecting with members of the cultural group. This connection may look different for each campus counseling center, mental health agency, and individual practitioners. However, a great way to connect would be to hold focus groups where members of the cultural group can attend voluntarily to discuss their understandings, fears, and attitudes regarding mental health. In doing so, counselors will be able to collect valuable information related to the intersecting factors that hinder Black males from seeking services. Thus, counselors may be able to tailor therapeutic services to effectively serve members of the identified cultural group.

To conclude, the identified implications are not meant to be an exhaustive list of all the possible ways to increase help-seeking behaviors for Black males, individuals, and families. Nor are the implications implying that the identified suggestions are the only way for counseling centers to increase the cultural knowledge of Black males. However, these implications are practical and may provide the above-mentioned stakeholders with additional resources and opportunities to increase help-seeking for African American male college students.

Summary and Conclusion

Mental health difficulties continue to be an overwhelming concern on college campuses. However, pre-existing literature (Biddle et al., 2007; Hubbard et al., 2018) highlighted a lack of service utilization despite the potential for increased academic and psychological distress. More specifically, there is a grave disparity in service utilization

for African Americans as Schwitzer et al. (2018) reported that African Americans made up only 10.3% of utilized services while their white classmates made up 66.7 % of service utilization. Such percentages highlighted an ongoing concern as it is noted that African Americans are at greater risk for psychological distress than the greater population (National Alliance on Mental Health, 2020; Snyder, 2020). Thus, the current qualitative study examined low help-seeking behaviors exhibited by African American male college students as they are among the population of individuals with increased low help-seeking behaviors due to issues related to stigma and overall negatives views regarding seeking professional help.

To properly examine low help-seeking behaviors, the researcher identified four predicting factors, institutionalized racism, religious influences, mental health stigma, and attitudes towards seeking professional help. These predicting factors were highlighted throughout the literature review and were found to have negatively impacted help-seeking behaviors for African American males. To further explore these factors, the researcher utilized a qualitative design. More specifically, the researcher employed a qualitative narrative case study design as this designed allowed the researcher to better understand the unique and cultural lived experiences of the participants (n=4). This design also proved to be well suited for the current study as the researcher sought to highlight a phenomenon while also empowering a population of individuals that are often voiceless. The research design was operationalized as the researcher conducted one 60-minute semi-structured interview with each participant. The participants were also engaged in one 30-minute follow-up call a week following their interview. After conducting the interview, the researcher organized and analyzed the data using traditional

qualitative methods such as patterning matching procedures that led to in-depth within-case and cross-case analysis.

To conclude, the researcher embarked upon this study to shed light on past, current, and future low help-seeking predictors. As a result of conducting the current study, the researcher gained a better understanding of the origin and perpetuation of low help-seeking behaviors exhibited by African American males. The researcher is now hoping to apply this knowledge to her current work as a means of being able to better identify and serve more Black males in need. In addition, the hope is that the current study will expand the research completed on low help-seeking behaviors and provide the identified stakeholders, Black males, Black families, campus counseling centers, mental health agencies, and individual mental health practitioners with greater opportunities to increase service utilization for Black males. With that, the following section serves to highlight the researcher's plan to distribute the current study's findings to the identified stakeholder. In addition, the following section serves to highlight an interactive proposal plan that will further engage the diverse stakeholders.

CHAPTER FOUR

Distribution of Findings

Executive Summary

The topic of mental health within the Black community is taboo. As a result, many Black individuals and families struggle to attend to rising mental health concerns. There are several reasons for low help-seeking behaviors in African Americans such as stigma, discrimination, and inequitable health services highlighted throughout pre-existing literature (Biddle et al., 2007; Duncan, 2003; Fripp & Carlson, 2017; Masuda et al, 2012; Snyder, 2020). To add to this valuable information and to highlight the mental health crisis on college campuses, this narrative case study sought to highlight and gain a better understanding of the lived experiences of African American male college students (n=4) who self-identified with demonstrating low help-seeking behaviors as it relates to mental health difficulties. This study was necessary as mental health difficulties continue to rise on college campuses as many students are struggling with adjustment, academic concerns, anxiety, and depression just to name a few.

However, pre-existing literature (Biddle et al., 2007) noted that despite the growing concern of mental health difficulties, students are not seeking help at an increased rate. To further highlight this point, Hubbard et al. (2018) reported that only 8% to 38% of students seek help for mental health concerns despite potential academic interruption. Unfortunately, this disparity in service utilization is even greater for African Americans (Snowden, 1999). In a study conducted by Schwitzer et al. (2018), the researchers reported "… on average 10.3% of students served by counseling centers were

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African American and 66.7% were white" (p. 6). The presented data and statistics are alarming as Snyder (2020) purported that African Americans were 20% more likely to develop and struggle with psychological difficulties than others. However, African Americans are among the population with the highest rate of low help-seeking behaviors.

To provide a greater understanding of the current study, the researcher defined low help-seeking behaviors as the following:

- Having experienced or are currently experiencing some form of psychological distress with no intent to engage in therapeutic services.

- Having engaged in therapeutic services but withdrew participation after one meeting.

- Having engaged in therapeutic services but withdrew participation before observing a decrease in distress or presenting concern.

- Having little or no awareness of mental health services available

- Seeking support for mental health difficulties from other sources other than a professional mental health agency such as a family member or a close friend.

There are several reasons why African Americans exhibit low help-seeking behaviors. Those reasons may include an historical lack of trust in the health care system due to treatment discrimination and harmful experiments conducting on African Americans in the name of medicine (Evans, 2006; Gee & Ford, 2011; Whaley, 2001). In addition, Fripp and Carlson (2017) highlighted, "… mistrust, stigma, misdiagnosis, little understanding about mental illness, and feeling culturally misunderstood" as additional factors perpetuating low help-seeking behaviors (p. 82). Without a doubt these factors continue to impact African Americans from seeking help for mental health difficulties. However, the researcher found that pre-existing literature and studies conducted on low help-seeking behaviors focused more on the attitudes of African Americans males and were more quantitative in nature.

Thus, the current study sought to fill a gap in the literature by conducting a qualitative study that highlighted the lived experiences of African Americans and how relational factors impacted their overall decisions and attitudes regarding seeking help. To explore these factors the researcher highlighted four a priori predicting factors, institutionalized racism, religious influences, mental health stigma and attitudes towards seeking professional help. The following sections serve to highlight the methodology, key findings, and implications as a result of exploring the identified factors.

Overview of Data Collection and Analysis Procedures

The researcher aimed to examine and highlight low help-seeking predicting factors as a means of highlighting the grave disparity in mental health service utilization by African American males. To operationalize the goal and to properly explore the predicting factors, the researcher utilized a qualitative research design. Creswell and Poth (2018) noted that qualitative research is utilized when there is a problem that needs to be further examined. In addition, qualitative research engages participants in answering the "what" and "how" questions (Lacey and Luff, 2007, p. 5). Thus, the qualitative research design allowed participants to answer the following research questions:

1. What are the lived experiences of African American male college students who demonstrate low help-seeking behaviors?

2. How do the personal stories of African American male college students provide a better understanding of their low help-seeking experiences as it relates to mental health difficulties?

More specifically, a narrative case study design was utilized for the current study. Connelly and Clandinin (1990) noted that individuals create stories resulting from unique experiences in their lives. With that, a researcher utilizing a narrative design engages

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participants in "…telling, retelling, and reliving stories" (p. 4). Thus, a narrative design allowed the researcher to operationalize her purpose and to achieve the following goals:

1. To provide a platform for the voices of African American male college students to be heard.

2. To enhance my own knowledge related to low help-seeking behaviors exhibited by African American males.

3. To engage and help more African American males discover the use of counseling to combat psychological distress.

Following the selection of a narrative case study design, the researcher engaged the participants (n=4) in traditional qualitative data collections procedures. As such, the researcher engaged each participant in one 60-minute semi-structured interview via Zoom. During the interview, the researcher utilized an open and closing script which denoted the pre-determined interview questions that were created through the lens of Jean Miller's Relational Cultural Theory (RCT). The researcher utilized RCT as the theory emphasized and highlighted the importance of understanding an individual's worldview and actions based on their relational connections and disconnections (Comstock et al., 2008). Thus, the researcher implemented RCT as a means of being able to better understand how relationships in the participants' lives impacted their values, beliefs, and actions regarding seeking help for mental health difficulties.

In addition to engaging each participant in one semi-structured interview, the researcher conducted one 30-minute follow-up via phone with each participant. The follow-up calls served multiple purposes. First, was to ensure that each participant remained mentally intact following their thorough examination of sensitive and personal mental health experience during the interview. Second, the follow-up phone calls provided the researcher with an opportunity to gain clarity when necessary and to allow

the participants to view their transcript for member checking. Lastly, the follow-up phone calls served to provide the participants with necessary resources upon request. After the conclusion of the data collection procedures, the researcher moved into data analysis procedures.

Data analysis procedures started with organizing and transcribing the data collected from each recorded interview (Creswell & Poth, 2018; Lacey &. Luff, 2007). To assist with this process, the researcher utilized Otter.ai to obtain detailed transcripts for review. In doing so, the researcher was able to notate what information held merit and what information would not be useful as Taylor-Powell and Renner (2003) noted that not all information obtained will be valuable. This process is also termed familiarization by Lacey and Luff (2007) as they too emphasize the importance of thoroughly reviewing collected data as a means of focusing your data. During review, the researcher compared detailed notes to information provided by the participants during interviews and follow-up calls. Engaging in this thorough examination of notes allowed the researcher to ensure validity and accuracy of what the participants reported.

The process of familiarizing oneself with the data allowed the researcher to better organize and prepare the data for later qualitative data analysis procedures such as framework analysis, pattern matching and thematic analysis. In addition, focusing the data also set the researcher up for what Taylor-Powell and Renner (2003) referred to as the "crux of qualitative analysis," categorizing (p. 2). This technique is also commonly termed coding. Linneberg and Korsgaard (2019) noted the process of coding as a tool that aids researchers in "… turning the raw qualitative data into a communicative and

trustworthy story" (p. 259). Thus, the coding process allowed the researcher to dig deeper into each individual story.

Due to such thorough exploration provided by the coding process, the researcher uncovered collective and unique values, beliefs, and thoughts related to seeking help for mental health difficulties. The researched reported this information in the integrated thematic analysis that reflected the findings from both within case and cross case analysis. As a result, the researcher was able to illuminate major themes that highlighted predicting factors for low help-seeking behaviors. Thus, the next section details three overarching themes and three critical findings highlighted as a result of the current research study.

Summary of Overarching Themes

The current study engaged the participants (n=4) in exploring and retelling their diverse stories. As a result, the participants highlighted unique and collective predictors to low help-seeking behaviors. As a result of this exploration, three overarching themes, Lack of Trust, Family and Upbringing, and Societal Pressures emerged. The themes emerged as participants answered the overarching research question: What are the lived experiences of African American male college students who demonstrate low help-seeking behaviors? Thus, each participant detailed being impacted by factors associated with each theme and noted how these factors shaped their overall decisions regarding seeking professional help for mental health concerns. The theme, Lack of Trust developed from the a priori predicting factor, institutionalized racism and was noted as participants described not being able to trust health care systems due to fear of being misdiagnosed, labeled, and being underrepresented.

The next theme, Family and Upbringing developed from the a priori predicting factor, Religious Influences, as a means of highlighting not only religion and its influences on Black mental health but also that of generational teachings, beliefs and behaviors that govern Black families. In doing so, the researcher was able to highlight and gain a greater understanding of the impact of family support and relationships as it pertains to one's overall health and well-being. The final theme, Societal pressures developed from two a priori predicting factors, Mental health Sigma and Attitudes towards seeking professional help. In doing so, the researcher captured the essence of community influences and how constructs such as masculinity and fear of judgement impacted the participants' views pertaining to seeking help for mental health difficulties.

Summary of Major Findings

In addition to the three overreaching themes, the researcher noted three additional findings. First, a need for increased family and community support to help engage more African American males. As a collective, the participants noted that at some time in their lives, whether past or current, a lack of family support regarding mental health impacted their decision to seek professional help. With that, the participants noted a desire for family support and detailed how this could have positively impacted their mental health concerns. This desire for support aligned with pre-existing literature that highlighted the importance of family support. Watkins et al. (2017) stated that African American males often utilize "… informal social support, such as family and friends, as buffers to reduce the effects of stress and distress on their mental health" (p. 489). Thus, the current study found that family and community support are necessary factors to decreasing low help-seeking behaviors.

Second, religious practices and mental health services need to adopt an integrated system for continuity of help. Regarding the need for an integrated system, the participants noted that upbringing inclusive of not discussing emotions or mental health concerns coupled with rigid religious beliefs negatively impacted their opportunities or decisions to seek help. Regarding discussing mental health, the participants detailed the normalcy around avoiding sensitive topics such as mental health concerns. In addition, participants who spoke of being raised by parents with rigid religious beliefs detailed consistently being told to "pray about it". And although participants detailed engaging in prayer, they also noted that such practices were not always sufficient in helping to decrease their mental health concerns. Thus, the participants valued both their religious values but marveled at the idea of being able to utilize faith-based practices and professional help to combat mental health concerns.

The third and final major finding, Black mental health practices and services need to be further destigmatized on college campuses suggests that there is an overwhelming sense of stigma impacting the help-seeking behaviors of Black male college students. To further explain, each participant presented a unique interaction with stigma inclusive of being judged by family and peers, and feelings of weakness for struggling with mental health and contemplating seeking help. This finding aligns with the information presented by Masuda et al., (2012) as the researchers noted "African American college students tend to have greater mental health stigma and less favorable help-seeking attitudes than their European counterparts do" (p. 775). Thus, the current study found that college campuses should do more to better engage Black male students into mental health services.

Informed Recommendations

Black mental health is important and requires proper understanding and promotion to successfully engage those in need. Thus, the following implications serve to highlight practical activities to increase help-seeking behaviors. In addition, the implications were developed with each of the current study's stakeholders in mind. As a reminder, those stakeholders include Black males, Black families, college counseling centers, mental health agencies, therapists, and other mental health professionals. The implications are as follow:

For Black males, individuals, and or families, the researcher suggest cultivating a safe environment to discuss Black mental health within the home and family as a means of engaging in proactive wellness. The participants noted the absence of such a space throughout their childhood and even now in their current daily lives with their families. Thus, to engage in a more proactive understanding and assessment of emotional health, the researcher suggests that families cultivate a safe space to engage in dialogue focusing on mental health.

This space will look different for every individual or family. However, the researcher suggests creating family check-in opportunities where members can safely explore and discuss their feelings without judgment. In addition, families might find it helpful to create a list of relevant sources to help stimulate dialogue. For example, young children may struggle to accurately express themselves. Therefore, help may be necessary. Help may come in many forms, but books are great ways to engage children. A great resource and book for young black males is *The Boy with Big, Big Feelings* by Lee (2019). Final suggestion for families is to discuss, research, and be open to seeking

professional help should this step be necessary. Should it be necessary, families can contact 211, their insurance provider, and or their physician for local resources for mental health.

For college counseling centers, mental health agencies, therapists, and mental health professionals, the researcher suggest engaging and creating creative and culturally responsive programs to better identify Black male students in need. From experience, traditional therapy is beneficial for some. However, it does not work for all individuals as it may reflect views that are not congruent with the individual's style or goals. Additionally, traditional therapy, especially on a college campus is usually only accessible by presenting to the counseling center on campus. Unfortunately, the center's location can provoke anxiety as students may be concerned with being seen by other students as noted during the participant interviews. As such, the researcher would suggest implementing alternative programs and activities that can be conducted away from the traditional space.

To conclude, the identified implications are not meant to be an exhaustive list of all the possible ways to increase help-seeking behaviors for Black males, individuals, and families. Nor are the implications implying that the identified suggestions are the only way for counseling centers to increase the cultural knowledge of Black males. However, these implications are practical and may provide the above-mentioned stakeholders with additional resources and opportunities to increase help-seeking for African American male college students. In addition to the desire to increase help-seeking services, the researcher also hopes to impart these valuable findings onto others. Thus, the following section will highlight the plans for distributing the current study's findings.

Findings Distribution Proposal

Seeking help for mental health services within the Black community can be difficult as it stands to provoke several emotions inclusive of fear and anxiety. However, it is important to continue to engage African American males as they are 20% more likely to struggle with mental health concerns (Snyder, 2020). Thus, understanding past, current, and potential future predicting low help-seeking factors is crucial as this will help individuals better engage and serve more African American males. With that, this proposal serves to highlight the researcher's plans to disseminate the current study's findings. Inclusive in this proposal is the identification of the target audience (s), presentation method and venue, and necessary material for the presentation.

Target Audience

To continue the promotion of Black mental health, the researcher would like to distribute the current information to multiple audiences. However, for the current proposal, the following stakeholders have been identified: Black males, Black families, Black churches, college counseling centers, mental health agencies, and mental health professional (e.g., therapist, psychologist). Black males and families are identified as key stakeholders as the current research stands to impact, expand, and influence their knowledge the most. This is not to imply that Black males and families are not aware of attitudes and thoughts surrounding mental health within the Black community. However, the lived experiences and narratives obtained from the participants (n=4) in the current study might help to shed light to experiences and factors that are also impacting the lives of other Black males and families. In addition to Black males and families, entities such as Black churches, college counseling centers, mental health agencies and professionals

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are identified as key stakeholders as they can help destigmatized mental health within the Black community by implementing programs and practices that promote and highlight wellness.

Proposed Distribution Method and Venue

The current study and subsequent findings are very important to the researcher and to the overall promotion of Black mental health. With that, the researcher seeks to distribute the information to the identified stakeholders and other groups who have a vested interest in destigmatizing mental health within the Black community. To start, the researcher will facilitate a professional presentation to her administrators and colleagues at the University of Houston's Counseling and Psychological Services (CAPS) center. As previously stated in Chapter Two, the university is in Houston's Greater Third Ward, historically Black neighborhood. In addition, the university is home to more than 40,000 diverse students. Thus, the researcher felt it best to start with her own organization.

The researcher will facilitate a 60-minute interactive presentation where the clinical staff inclusive of four administrators, four licensed professional counselors (LPCs), five psychologist, two doctoral interns, and two practicum students will be invited to actively engage with the material. To properly engage the clinical staff, the researcher will open with a short anecdote pertaining to the lived experiences of African American males and mental health. Following the short story, the researcher will ask two questions that will engage the clinical staff in recalling a time when they were struggling and needed help. Thus, the researcher will strive to immerse the audience as a means of allowing them to gain a better understanding of the material and to impart the severity of the issues presented.

Once the researcher successfully facilitates the professional presentation to the counseling center, the researcher will expand and present the findings to student organizations on campus that support the overall academic success and well-being of students such as The Black Excellence Scholars Training Program (BEST). The program is a pillar program under The Urban Experience Program housed at the University of Houston. This program promotes the academic success and professional development of African Americans students. Thus, the current study and findings may aid in the students' continued success.

In addition to the professional presentation facilitated on campus, the researcher hopes to achieve the goal of informing Black families and churches of the current findings. However, the researcher is aware that it may be difficult to facilitate presentations where all identified stakeholders are included. As such, the researcher will seek to publish the current study in journals dedicated to promoting Black mental health such as the *Journal of Black Psychology*.

To actively engage in publication, the researcher will submit an electronic manuscript. For the Journal of Black Psychology, this means submitting a brief report that does not exceed 15 pages. The Association of Black Psychologist (2021) noted that all submissions should include a title page that does not contain the author's name or academic affiliation, a brief abstract (100–175 words), an introduction, and the following sections: Method, Results, Discussions and References. Publishing in such a journal will allow the researcher to engage in a peer review process. In addition, publication will allow the researcher the opportunity to present the findings of the current study on a wider scale. Thus, obtaining the goal of informing the greater population

Distribution Material

Distribution material is very important as this is the information that will convey the meaningful content and messages the researcher hopes to impart to others. Thus, to ensure that the presentation is inclusive, the researcher will utilize presentation slides. The researcher will opt to use presentation slides as this method allows the researcher to display a wealth of information in an organized and diverse manner. To ensure that the researcher stays within the 60-minute timeframe, the presentation will consist of 10 slides. Each slide will be used to denote important factors such as the problem and purpose of the study, but will also focus on the overall themes, findings, and implications. To conclude, the researcher selected to use presentation slides as they allow for flexibility in venue. Thus, should the researcher need to move to a virtual platform, presentation slides will allow the researcher to continue facilitation without interruption.

Conclusion

The current study examined and highlighted past, current, and future predicting factors for low help-seeking behaviors as it relates to seeking professional help for mental health difficulties. To properly explore these factors, the researcher identified four a priori predicting factors, institutionalized racism, religious influences, mental health stigma, and attitudes towards seeking professional help. As a result of thoroughly exploring these factors with each participant, the researcher identified three major themes, Family and Upbringing, Lack of Trust, and Societal Pressures.

The exploration of these factors within the Black community were and should remain a necessity as a means of being able to better serve and engage more at-risk Black males. In addition, the researcher connected with the topic and findings of the current

study as the phenomenon of low help-seeking behaviors personally impacted her family throughout her life. As a result, the researcher understands the grave consequences of not attending to mental health needs. Thus, the researcher would like to help others avoid those consequences by providing a more thorough understanding of factors that perpetuate low help seeking behaviors.

To conclude, the identified proposal will allow the researcher to share the valuable findings of the current study. In addition, distributing the findings will hopefully shed light on low help-seeking behaviors and ways in which more people can increase mental health wellness for African American males. No doubt much work is still left to be done, but together we can destigmatize and shine a light on Black mental health for it is crucial to the academic and overall success of Black college students.

APPENDICES

Call for Participants Email

Good Evening,

My name is Kazanda Wills, and I am a doctoral candidate at Baylor University, School of Education. As part of my doctoral dissertation, I am conducting a qualitative research study titled: Through Their Eyes. The study is a qualitative narrative case study that seeks to highlight the lived experiences of African American male college students with low help-seeking behaviors. For purposes of this study, low help-seeking behaviors were defined as the following:

1. Having experienced or are currently experiencing some form of psychological distress with no intent to engage in therapeutic services.

2. Having engaged in therapeutic services but withdrew participation after one meeting.

3. Having engaged in therapeutic services but withdrew participation before observing a decrease in distress or presenting concern.

4. Having little or no awareness of mental health services available

5. Seeking support for mental health difficulties from sources other than a professional mental health agency such as family, friends, etc.

In addition, by conducting this study, I am seeking to provide a platform for the voices of African American male college students, to enhance my own knowledge related to low help-seeking behaviors exhibited by African American males, and to engage and help more African American males discover the use of counseling to combat psychological distress. With that, I am seeking to conduct 1 semi-structured virtual interview with five African American male participants who meet the following criteria:

1. Participants have encountered some experience or exposure to a mental health difficultly that did not result in seeking help.

2. Participants sought treatment, but services were quickly terminated because of certain perspectives and attitudes.

Should you or someone you know be interested, please proceed to complete the following screening survey, or email the researcher at ████████████████████ for additional study details. Feel free to forward this email to other potential participants. https://baylor.qualtrics.com/jfe/form/SV_4ZzRaNZEa0aociq

Note: Sensitive and personal information was removed for cyber security. However, this information can be provided upon request.

APPENDIX B

Research Consent Form

Baylor University

Department of Curriculum and Instruction

Consent Form for Research

PROTOCOL TITLE: Through Their Eyes: A Narrative Case Study

PRINCIPAL INVESTIGATOR: Kazanda Wills

SUPPORTED BY: Baylor University

Purpose of the research: The purpose of this study is to highlight and gain a better understanding of the lived experiences of African American male college students. We are asking you to take part in this study because you self-identified as a member of the targeted population.

Study activities: If you choose to be in the study, you will be engaged in one 60-minute semi-structured interview via zoom. During this interview you may be asked about the following:

- Your thoughts on seeking help for concerns.

  - Your experience seeking help for mental health difficulties.

  - Factors hindering you from seeking help for difficulties.

  - Your past or current experiences with therapeutic services and staff.

In addition, you may also be asked to conduct two 30-minute follow-up phone calls or zoom meetings. During which time, you may be asked about or provided with the following:

- Clarification of statements made during interview.

- Your current well-being.

- Your feelings regarding the interview or study.

- Your need for resources

- Additional resources if necessary.

Risks:
To the best of our knowledge, there are no risks to you for taking part in this study. However, when engaging in the interview, you may feel emotional or upset when answering some of the questions. Tell the interviewer at any time if you want to take a break or stop the interview**.**

Benefits:
You may or may not benefit from taking part in this study. Possible benefits include:
- Mental Health Awareness

- Awareness of low help-seeking factors

- Greater insight into lived experiences

Confidentiality:
A risk of taking part in this study is the possibility of a loss of confidentiality. Loss of confidentiality includes having your personal information shared with someone who is not on the study team and was not supposed to see or know about your information.

However, your privacy and confidentiality are of most importance to the researcher. With that, the researcher plans to protect your confidentiality by assigning you with a participant ID and pseudonym which helps to conceal your identity. In addition, all information obtained from the interview and follow-up sessions will be securely stored on the researcher's computer which will be password protected.

In addition, there are times when federal, or state law requires the disclosure of your records. By law, researchers must release certain information to the appropriate authorities if they have reasonable cause to believe any of the following:
- Abuse or neglect of a child

- Abuse, neglect, or exploitation of an elderly person or disabled adult

- Risk of harming yourself or others

- Alleged incidents of sexual harassment, sexual assault, dating violence, or stalking, committed by or against a person enrolled at or employed by Baylor University at the time of the incident

Questions or concerns about this research study
You can call us with any concerns or questions about the research. Our telephone numbers are listed below:
Primary Investigator:
Kazanda Wills
Doctoral Candidate

Faculty Advisor:
Dr. Tony Talbert, Ed.D
Baylor University

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, you may contact the Baylor University IRB through the Office of the Vice Provost for Research at 254-710-3708 or irb@baylor.edu.

Taking part in this study is your choice. You are free not to take part or to stop at any time for any reason. No matter what you decide, there will be no penalty. If you decide to withdraw from this study, the information that you have already provided will be kept confidential. By continuing with the research and completing the study activities, you are providing consent.

Note
Sensitive information including personal email and contact information attached to the above-mentioned signatures were removed for cyber security. However, this information can be provided upon request.

Interview Protocol

Opening Statement:

Thank you for taking time out of day to meet with me. To introduce myself once again, I am Kazanda Wills, and this interview is for my doctoral research. During this interview, I would like to ask you some questions about your background and unique experiences with seeking help. I hope to utilize this information to understand factors affecting AA males seeking help for mental health difficulties. With that, the interview should last for about an hour. Are you ready to begin?

Before getting right into the interview questions, tell me a little bit about yourself. (age, student classification, etc.)

Background Mental Health Questions:
What is your view of mental health within the Black Community?

What relationships in your life influenced your view of mental health?

Research suggest that stigma is one of the leading reasons why Black individuals do not

seek help. In your opinion, what are the main reasons why young Black males do not

seek help?

Personal Mental Health Questions:
What mental health difficulties did you or are you facing as an AA male college student?

What factors contributed to your decision to seek help or not to seek help?

What form of help did you chose? Family, friend, pastor, etc., why?

What was your experience when discussing your mental health with your family or social circle?

What are your thoughts about receiving professional counseling?

What kind of a relationship would you desire with a professional counselor?

Future-Related Question:

What factors do you believe would increase the motivation of AA males to seek professional services?

What in your opinion is necessary for therapy to be successful for Black males?

Closing Statement:

That concludes my questions. I appreciate the time you took for this interview. Is there anything else you think would be helpful for me to know? Or do you have any questions for me? If not, once again thank you for your time. As stated, I would like the opportunity to follow up with you in a weeks' time. Would that be ok? If so, can we schedule a time?

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