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African American Men's Lived Experiences of Stigma Regarding Use of Mental Health Services

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Walden University
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Abstract

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Dissertation Submitted in Partial Fulfillment

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Abstract

African American men are disproportionately more likely to live with untreated mental health challenges; the incidence of mental illness in African Americans is, per capita, 30% higher than among non-Hispanic Whites. African American men experience significant barriers and deterrents to psychological help seeking, which are primarily due to internalized stigma. The purpose of this qualitative phenomenological study was to explore and describe African American men's experiences that influenced internalized stigma regarding seeking and using traditional mental health services. The theoretical framework included the theory of social stigma and minority stress theory. Nine purposively selected African American men from the Mid-Atlantic region of the United States were interviewed. Coding and thematic analysis revealed that the participants believed there was more stigma associated with mental health problems in the past compared to the present but that prejudice and racism created stress that constituted a barrier to seeking help. Participants reported that displaying emotions was perceived as a sign of weakness and should be hidden. Participants also noted that mental health providers were mistrusted authority figures due to a history of institutionalized discrimination and racism in the United States. However, help seeking through the church felt comfortable for participants. Practitioners may use the findings to develop strategies to address stigma, which may result in positive social change through equitable mental health care services for African American men.

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Dedication

This page is dedicated to my wife, Pamela; my grandmother; my dear sweet mothers (two Rosas); the Wilson family (including those with different last names); and all of my children.

Acknowledgments

Most importantly, I thank God for giving me the strength to move forward and accomplish this monumental achievement.

I would like to acknowledge a couple of significant people in my life. First, I would like to acknowledge my wife, Pamela, who has been patient throughout my struggles. I couldn't have done this without her love and support. I would also like to acknowledge Dr. R. Bohs as the chair (my north star) of my committee, whose inspiration kept me on point and focused throughout. I would also like to recognize my other committee member, Dr. Rita Glidewell, whose patience and guidance has been most appreciated. Last but certainly not least, I would like to acknowledge all of those who have supported me throughout. From start to finish, you know who you are!

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Chapter 1: Introduction to the Study

Mental illness is a serious problem in the United States (Wu et al., 2017). However, some populations experience the burden of this problem more significantly than others. African American men are 30% more likely to experience mental health problems than White men (Okoro et al., 2020). At the same time, African American men used mental health services at a much lower rate, around 14% (Hankerson et al., 2015), which is below that of the general population (Bauer et al., 2020). Cultural expectations of fortitude and the resulting internalized stigma on mental health services (Marsh, 2020) may be one reason for this lower rate of use. As a result, there is an unmet need for mental health care among African American men. This problem may be reduced by understanding the experiences that give rise to internalized mental health stigma among Black men and how to counteract it.

Chapter 1 introduces the study to address the problem of African American men's internalized stigma toward mental health services. The chapter begins with a discussion of the topic's background, which leads to the development of the problem statement. From the research problem emerges the purpose of the study, along with the research question and conceptual framework that guided the study. Next, the research methodology is discussed in broad terms, followed by key definitions, assumptions, scope and delimitations, and limitations of the study. The chapter concludes with a discussion of the academic and social significance of the study.

Background

Mental illness takes many forms, but the most common forms are depression, anxiety, and stress (Jung et al., 2017). These mental illnesses can have significant and negative consequences ranging from reduced quality of life to suicidal ideation (Orri et al., 2020). The recognized significance of addressing these mental illnesses has given rise to a volume of mental health services in the United States (Wu et al., 2017). These services range from professional practices such as therapy to public health campaigns provided by social workers to free mental health hotlines. These forms of mental health care have significantly increased (Wu et al., 2017). However, the availability of mental health care is not the only issue inhibiting its utilization. Mental illness has long been stigmatized across most of the population, and although the negative perception of seeking assistance has declined among certain populations, it has remained strong among others (Marsh, 2020).

People of color such as African Americans face stressors and traumas that give rise to mental health problems at a higher rate relative to the overall population (Meyer, 2003). As a result, the incidence of mental illness in African Americans is, per capita, 30% higher than among non-Hispanic Whites (Okoro et al., 2020). Sources of mental illness range from daily microaggressions to existential fear of harm prompted by high-profile police shootings of Black men. Despite these unique circumstances that increase the need for mental health support, African American men are unlikely to make use of mental health care services (Bauer et al., 2020). Instead, they rely on other forms of

support, such as peers or music, that are perceived to provide emotional catharsis (Bauer et al., 2020).

Although these sources of aid have a degree of efficacy, the high rate of mental illness among African American men means they could benefit from formal mental health care (Okoro et al., 2020). Research has shown that one of the most significant factors impacting a person's willingness to seek help is the associated stigma, both social and internal (Fripp & Carlson, 2017). As the stigma on mental health care has decreased in White circles, it remains strong in African American cultures. These cultures tend to create the expectation of toughness and self-reliance (Bauer et al., 2020; Cadaret & Speight, 2018), and seeking help for mental illness or mental health problems may be seen as weak.

Moreover, the associated stigmas exist both internally and externally. Internalized stigmas refer to the loss of self-respect that comes from doing something perceived as weak or vulnerable, such as seeking mental health care (Fripp & Carlson, 2017). Stigma may also exist externally, such as the loss of opinion or disdain from cultural peers for taking such actions (Cadaret & Speight, 2018). External stigma can be a powerful motivator as well, as individuals seek approval from their communities. In the current study, the focus was on internalized stigmas because researchers suggested these as the stigmas most directly preventing people from seeking help (see Campbell & Mowbray, 2016; Marsh, 2020).

Address internalized stigma requires a better understanding of it. According to Bauer et al. (2020), the existence of strong, internalized stigma has meant that most

mental health research on African Americans has focused on women because they are more open to participation. However, addressing the circumstances of African American women ignores the significant differences in social expectations and stigmas experienced by men and women in many cultures. Despite African American men's reluctance to involve themselves in mental health research, their perspectives on and understandings of internalized mental health care stigma are essential in creating more equitable access to and utilization of mental health care services (Bauer et al., 2020; Harris et al., 2020). The research gap was the need to understand the reasons why African American men develop internal stigma regarding mental health care. Filling this gap was important because African American men would require mental health services more than the general population (see Okoro et al., 2020) but were less likely to use such services (see Bauer et al., 2020). Identifying the sources of stigma so it could be addressed was one way of helping these men get the mental health care they required.

Problem Statement

The problem addressed in this study was understanding the lived experiences of African American men regarding mental health services. African American men do not receive adequate mental health services as compared to their White counterparts (Harris et al., 2020; Okoro et al., 2020). This problem is significant given that African American men have been found to experience 30% more mental illness than their White counterparts (Okoro et al., 2020). Furthermore, research has shown that African American men experience significant barriers and deterrents to psychological help seeking, which are due to internalized stigma (Campbell & Mowbray, 2016; Marsh,

2020). These barriers to help seeking result in a failure of mental health services to serve a significant portion of the population in the United States.

Researchers have focused on the issue of African Americans' reluctance to seek professional mental health services due to varying forms of stigma (Bauer et al., 2020; Marsh, 2020; Okoro et al., 2020). However, few studies have been conducted regarding African American men as a subgroup and their experiences that influence their internalized stigma to seek and receive traditional mental health care services. Further research was needed to explore the experiences of African American men's internalized stigma regarding seeking and using traditional mental health services in the United States (see Bauer et al., 2020; Harris et al., 2020). Addressing this gap may not only fulfill the call for research in the literature, it may also bridge the gap in the reach of mental health services and clinical psychology as a discipline that exists with respect to African American men (see Okoro et al., 2020). To address this gap in the literature, I explored the lived experiences of African American men that influence stigma regarding seeking and using traditional mental health services in the United States.

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore and describe African American men's experiences that influenced internalized stigma regarding seeking and using traditional mental health services in the United States. The phenomenon under study was African American men's internalized stigma regarding mental health services. The study focused on the experiences that led to developing this stigma. Understanding the sources of internalized stigma regarding mental health

treatment may help to reduce the stigma and allowed African American men to use mental health services, thereby contributing to positive social change.

Research Question

A single qualitative research question guided the study: What are the lived experiences of African American men that influence their internalized stigma regarding seeking and using traditional mental health services in the United States?

Conceptual Framework

The conceptual framework for the study was a combination of Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory. In Goffman's theory of social stigma, people suffering from stigma often base their perceptions of others on the other person's relative experience and positionality with respect to the stigma. In this way, others are grouped into three broad categories: (a) those who share or possess stigmatizing agents, (b) those who do not, and (c) those who do not but are accepted by those with stigma because they are knowledgeable about it. In this paradigm, those with stigma interact and socialize with others in the community. Moreover, according to Goffman, stigma can be facilitated by learned behaviors, social cues, and cultural beliefs, creating generations that share in stigma. Individuals experiencing self-stigma, who were the focus of the current study, also believe they are not fully accepted within society, they think they may be discriminated against, and they will participate in antisocial or harmful behaviors because they do not believe others are there to help or understand their issues.

Mental illness is one of the stigmas that the framework was developed to addressed. Goffman (1963) described how people with mental health problems may be

further ostracized by peer groups and others, creating a perpetuating cycle of poor mental health outcomes. Though the framework was originally developed to address external stigma, aspects of it were also applicable to internal stigma. Moreover, I expected that external stigma would be one of the drivers of internalized stigma. According to Goffman, people experiencing stigma are less likely to trust mental health professionals or seek out help for mental illness or mental health problems, and they may also participate in antisocial behaviors to avoid being labeled with the stigmatizing label.

The other half of the conceptual framework was minority stress theory (Meyer, 2003). Meyer (2003) built on the early work by Goffman (1963) and others in developing a theory of stressors that contribute to disparity health outcomes for minority populations, including factors such as prejudice, systemic racism, and discrimination. Meyer regarded the health of sexual minorities such as gay or bisexual individuals, but the same principles can be applied to racial minority groups as well. According to the minority stress model, exposure to stress is predictive of poor health outcomes; however, negative effects are compounded by poor coping mechanisms, including concealing and stigma. The type of stigma indicated in minority stress theory is internalized stigma that arises as a coping mechanism.

The theory of social stigma and minority stress theory provided a conceptual framework with which to contextualize the experiences of African American men with mental health stigma. The research question was derived from the intersection of the two theories. The research question addressed what factors, including potential minority

stress-related factors, had caused African American men to develop internal stigma regarding mental health care.

Nature of the Study

The research methodology was qualitative. Qualitative research is a descriptive and exploratory paradigm of inquiry (Merriam & Tisdell, 2015). When using qualitative methodology, a researcher focuses on the subjective experiences of the participants and analyzes those experiences to describe or explore a broad phenomenon (Merriam & Tisdell, 2015). Qualitative research is open-ended, allowing for a full exploration of the issues under study (Merriam & Tisdell, 2015). All of these characteristics made qualitative methodology appropriate for the current study. First, the experiences that had led to stigma regarding mental health services represented a broad phenomenon. Second, the subject of the research was subjective and individual. Third, the topic had not been addressed in the literature, necessitating an exploratory approach.

The research design for the study was phenomenological. A phenomenological design is appropriate for research that addresses the lived experiences of the participants to gain an in-depth understanding of the phenomenon of interest (van Manen, 2017). In phenomenological research, a researcher seeks an in-depth understanding of the participants' experiences to identify the essence of the shared experience (van Manen, 2017). A phenomenological design was ideal for exploring the experiences that had led to African American men developing internal stigma regarding mental health services. That research goal was aligned with the in-depth, experiential nature of phenomenological research.

The population under study was African American men in the Mid-Atlantic region of the United States. Nine of men were recruited using purposive sampling. The men were invited to participate in semistructured, one-on-one interviews. An interview protocol was developed to address the problem and purpose of the study. I recruited African American men using flyers and other recruitment methods. Because of the ongoing COVID-19 pandemic, interviews were conducted online when feasible. The interviews were audio recorded, transcribed, and analyzed using the six-step process of qualitative thematic analysis (see Braun & Clark, 2006). The six steps of the data analysis included (a) developing familiarity with the data, (b) open coding of the data, (c) developing a preliminary list of themes, (d) validating the themes against the data, (e) cross-validating the themes, and (f) listing and recontextualizing the final themes. Through this six-step process, meaningful thematic ideas were extracted from the data to answer the research question.

Definitions

The following key terms are defined as used in the context of the study:

Mental health services: All official forms of mental health care, including therapists, social workers, mental health hotlines, and similar institutions (Hack et al., 2019). Informal sources of mental health support such as peer conversations or religious leaders were not defined as being mental health services.

Public stigma: Being the recipient of negative thoughts, gestures, disparaging words, or other forms of expression from others as a result of mental health struggles (Cadaret & Speight, 2018).

Self-stigma: The internalized feeling of negativity, disdain, or other self-depreciating feelings toward the experience of mental health struggles (Cadaret & Speight, 2018).

Assumptions

An assumption is a claim that is necessary for the research to be conducted but cannot be empirically verified (Merriam & Tisdell, 2015). In the present study, there were several assumptions. First, I assumed that the study participants would respond completely and truthfully to the interview questions. This assumption was supported by the participants' voluntary participation and confidentiality. Second, I assumed that the study participants would accurately recall the experiences that led to the development of their internal stigma regarding mental health services. This assumption was rooted in the idea that such events were likely impactful. Third, I assumed that a qualitative phenomenological approach would reveal the experiences of the participants. This assumption was supported by the use of a qualitative phenomenological lens to understand the experiences of participants in a wide array of mental health literature. This assumption was consistent with other research that included a phenomenological design. Fourth, because the study was qualitative in nature, I assumed that reality was subjective and would be studied as experienced by each participant (see Merriam & Tisdell, 2015). Additionally, I assumed that I would interact with the phenomenon and participants, that the data analysis process would be inductive, and that researcher bias would not be wholly avoided because engaging with the subject matter necessitated a degree of bias.

Scope and Delimitations

Delimitations are boundaries on the scope of the research imposed by the researcher to ensure the study is practical and relevant (Merriam & Tisdell, 2015). In the current study, there were several key delimitations. First, the study was delimited to African Americans. I explored the cultural issues inherent in the problem for the African American population that might not be present in Latino culture. The present study was also delimited to men. The literature (Bauer et al., 2020; Cadaret & Speight, 2018) demonstrated that there were greater societal expectations of toughness and resilience for African American men than for African American women, meaning that there were likely unique experiences shaping these men's experience of stigma. The study was also geographically delimited to two communities in the Mid-Atlantic region of the United States. These communities were in a similar geographic location and were expected to represent similar cultural contexts. The study was delimited to these communities to capture the influences of local culture and to make conducting the research more feasible. Finally, the study was delimited to the issues framed by Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory. Related theoretical frameworks, including critical race theory, general stress processing theory, and other broad racial or psychological theories, were unaddressed because they would have shifted the focus from mental health and internal stigma and would have dispersed the focus of the study. According to these delimitations, it should be possible for other researchers or readers to determine whether findings would apply to other contexts.

Limitations

In contrast to the deliberate nature of delimitations, limitations are weaknesses of the study that are imposed by necessity (Merriam & Tisdell, 2015). There were limitations in the current study. The first limitation was that the subject matter was sensitive. Although voluntary participation and confidentiality would help to ensure accurate results, it was impossible to be certain that the participants were providing accurate answers. Sources of bias could have included the internal stigma and social desirability bias. The study was also limited by self-selection bias in that the group of participants who chose to participate might not have been indicative of the experiences of the broader community of African American men. One way of mitigating these limitations was the study's focus on experiences generating stigma, which did not require the participants to have a mental illness. This inclusion criterion was intended to avoid harm to the participants and to make them more willing to answer honestly and completely.

Researcher bias was also a potential limitation for the study. To reduce researcher bias, I used phenomenological bracketing to exclude my personal feelings and opinions. Another issue in terms of limitations was transferability. According to Merriam and Tisdell (2015), because the small samples in qualitative research prevent the results from being generalizable, a qualitative researcher should create transferability by carefully documenting the conditions under which the study was conducted so future readers could determine whether the results would be transferable. Discussing limitations also helped ensure transferability. Overall, the dependability of the study was established through

careful use of direct quotes from the participants to support the analysis, in addition to the careful documentation of the study's methods and the use of phenomenological bracketing, which included reflecting on and reporting my biases as the researcher.

Significance

The study has significance academically and in terms of contributing to positive social change. The academic significance of the study stems from addressing a research gap highlighted by prior researchers. Harris et al. (2020) called for more research regarding cultural influencers of African American men, outside of ethnicity, that may influence stigmatized thoughts regarding mental health care. Much of the extant research addressed female participants, who were more likely to volunteer for participation in mental health-related research, creating a gap regarding the needs of men. Additionally, Bauer et al. (2020) highlighted the alternate coping methods for addressing trauma employed by African American men and used this to argue a need for further research on how these men can be better involved in the mental health care system. The present study addressed both these gaps by focusing on the stigma-generating experiences that may keep African American men away from mental health care.

In practical terms, the findings of this study may aid African American men in seeking and using traditional mental health services. Mental health has long been a challenge among African American men; providing equitable mental health care services for African American men, considering their experiences and perceptions of stigma, could contribute to positive social change in society (Cadaret & Speight, 2018; Marsh, 2020). The results of the current study may allow providers to better understand why

African American men do not wish to use mental health services and what experiences have led them to that position. This understanding may help providers develop programs or interventions to serve the mental health needs of African American men. Meeting those unmet mental health needs may contribute to positive social change.

Summary

The research problem addressed in this study was the experiences of African American men that influence internalized stigma regarding seeking and using traditional mental health services in the United States. Thus, I conducted a qualitative phenomenological study to improve the understanding of African American men's experiences that influenced internalized stigma regarding seeking and using traditional mental health services in the United States. A single research question guided the study: What are the lived experiences of African American men in the community that influence their internalized stigma regarding seeking and using traditional mental health services in the United States? The study was conducted using a qualitative phenomenological design and with a conceptual framework composed of Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory. Chapter 1 offered an overview of the study and highlighted its key points. Chapter 2 includes a more detailed description of the theories that constituted the conceptual framework and provides a comprehensive review of the literature.

Chapter 2: Literature Review

The problem addressed in this study was the lack of exploration of the experiences of African American men that influence stigma regarding seeking and using traditional mental health services in the United States. There was a gap in literature addressing the experiences of African American men's internalized stigma regarding seeking and using traditional mental health services in the United States (see Bauer et al., 2020; Harris et al., 2020; Okoro et al., 2020). Researchers had focused on the issue of African Americans' reluctance to seek professional mental health services due to stigma (Bauer et al., 2020; Marsh, 2020; Okoro et al., 2020). However, few studies had focused on African American men as a subgroup and their experiences that influence their internalized stigma regarding seeking and receiving traditional mental health care services.

African American men do not receive adequate mental health services compared to their White counterparts (Harris et al., 2020; Okoro et al., 2020). African American men are less likely than their White counterparts to seek treatment for mental illness (Hack et al., 2019; 2017; Okoro et al., 2020; Wu et al., 2017) even though they are more likely to experience psychological distress (Campbell & Mowbray, 2016). This problem is significant given that African American men have been found to experience 30% more mental illness than their White counterparts (Okoro et al., 2020).

Furthermore, research has shown that African American men experience significant barriers and deterrents to psychological help seeking (Campbell & Mowbray, 2016; Marsh, 2020). Reduced interest in seeking help has contributed to self-stigma and

public stigma (Cadaret & Speight, 2018; Fripp & Carlson, 2017; Wu et al., 2017). Stigma is often related to the thoughts, actions, and cultural norms in the African American community (Cadaret & Speight, 2018; Fripp & Carlson, 2017). African American males are taught to be tough, self-sufficient, and hardy, which discourages asking for help and encourages resiliency, especially for health-related problems (Bauer et al., 2020; Cadaret & Speight, 2018). With many studies indicating the relationship between self and public stigma and unwillingness to seek help for mental illness, a more precise understanding of the drivers of stigma among African American men was needed. The purpose of this qualitative phenomenological study was to explore African American men's experiences that influenced stigma regarding seeking and using traditional mental health services in the United States.

According to Avent Harris et al. (2021), more research is needed regarding cultural influencers of African American men, beyond ethnicity, that may influence stigmatized thoughts regarding mental health care. Although stigma is an important barrier regarding help-seeking behavior among African American men, the perceptions of African American men regarding respective stigma was not well understood. Much of the extant research involved female African American participants, who were more likely to volunteer for participation in mental health-related research (Avent Harris et al., 2021). Additional research was needed on African American men's perceptions and experiences of stigma and mental illness in their communities. I explored the experiences of African American men that impacted their internalized stigma regarding seeking and using

traditional mental health services in the United States (see Avent Harris et al., 2021; Bauer et al., 2020; Cadaret & Speight, 2018; Fripp & Carlson, 2017).

The purpose of this literature review was to examine prior research related to the factors and experiences that influence perceived stigma of African American men regarding traditional mental health services, as well as barriers to using mental health services. I combined Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory to form the conceptual framework for this study. In this chapter, I describe the process and strategy of identifying relevant literature, explain the theoretical framework for this study, and provide a review of literature related to challenges of mental health among African American men and barriers to using mental health services among African American men. Chapter 2 concludes with a synthesis of the most relevant literature and key points to consider for this phenomenological study.

Literature Search Strategy

In creating this study's literature review, I used multiple sources of data such as textual analysis of records or written accounts, primary archival data, and journal articles. With the objective of conducting a thorough literature search, I accessed the Walden University Library to find appropriate databases in relation to the topic of study. I also conducted thorough multidatabase queries. Additionally, I searched each relevant database, allowing for increased control over the literature search. This process also allowed me to find more appropriate articles and relevant sources related to the topic.

With the objective of conducting a comprehensive literature review, I used the following online databases and search engines: Google Scholar, Educational Resource

Information Center (ERIC), Global Health, Ingenta Connect, JSTOR: Journal Storage, EBSCOhost Online Research Databases, and Journal Seek. Key search terms were entered to obtain relevant studies: *barriers to using mental health services*, *barriers to using mental health services among African American men*, *Black males and mental health services*, *challenges of mental health among African American men*, *Goffman's theory of social stigma*, *mental health issues and African American men*, *mental health issues and race*, *mental health services for African American men*, *mental health of African American men*, *minority stress theory*, *stigma of mental health among African American men*, *traditional mental health services*, *traditional mental health systems*, and *traditional mental health services for African American men*. These key terms were used to find relevant studies related to the problem addressed in the study.

In addition to the databases, I searched relevant websites related to traditional mental health services for African American men and barriers to mental health services for African American men. This extended search provided a more robust literature search strategy, capturing a wider scope of relevant sources and credible information in relation to this topic. I ensured that all resources were peer reviewed to bolster scholarly rigor and reliability. I searched for journals and articles in Ulrich's Periodical Directory to attain this objective (Ulrich's Web, 2019).

Most of the literature included was published between 2017 and 2021. The literature addressed mental health in the African American community, the barriers to seeking help among African American men, and the support that can be extended for African American men's mental health and stigma. Recent findings were essential to

ensure that the study was as current as possible. However, I included older studies as part of the references, such as the frameworks of Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory. The articles chosen for inclusion in the study addressed topics of African American men and attitudes toward mental health help seeking, minority stress theory, social stigma, African American men's stigma regarding mental health, barriers faced by African American men in seeking mental health help, and how African American men could be supported to decrease the stigma regarding mental health.

Theoretical Framework

The theories that grounded this study included Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory. This section provides a discussion of these theories, including their histories of development and how these frameworks have been used in previous studies.

Goffman's Theory of Social Stigma

Goffman (1963) developed the theory of stigma, focusing on the life experiences of people with physical disabilities in the United States (Frank, 1988). Goffman wrote one of the earliest works dedicated to defining stigma, which was known as a deviation from the societal norm. Stigma can also be broadly attributed to perceivable or hidden differences (Goffman, 1963). One of the main tenets of Goffman's theory of stigma is that experiences of rejection and social exclusion of people with disabilities lead to the development of practices that help people with disabilities cover the immediate impact of their physical differences or disabilities (Frank, 1988).

According to Goffman (1963), stigma can result in a unifying perspective in the field of intergroup relations. According to Goffman's theory of social stigma, individuals who have experiences of stigma are classified into three groups: individuals who share or possess stigmatizing agents, individuals who do not share or possess stigmatizing agents, and individuals who do not share or possess stigmatizing agents but are accepted by those with stigma as they are knowledgeable about it. Within these categories are the three types of stigma: abominations of the body or physical stigma, blemishes of individual character or character stigma, and tribal or group stigma (Goffman, 1963). Abominations of the body include physical or observable differences (Goffman, 1963). For example, an individual with a physical impairment might be perceived as less capable (Goffman, 1963). Blemishes of the character refer to internal traits that are not readily observed by others; however, the blemish is perceived by the stigmatized as abnormal (Goffman, 1963). For example, an individual who suffers from a mental illness may not have physical manifestations of the illness; however, they may believe that their illness is a devalued attribute, causing negative feelings about self (Goffman, 1963; Johnson, 2020). Finally, tribal or group stigma refers to the stigma attached to an individual due to their group identification, including race (Goffman, 1963). These devalued characteristics have been studied in relation to mental illness, poverty, sexuality, suicide attempts, and more (Becker & Arnold, 1986). Through this paradigm and classification, individuals with stigma interact and socialize with others in the community.

Similarly, according to Goffman (1963), stigma can be facilitated by learned behaviors, social cues, and cultural beliefs, creating generations that share in the stigma.

Individuals experiencing self-stigma also believe they are not fully accepted within society, may be discriminated against, and will participate in antisocial or harmful behaviors because they do not believe others are there to help or understand their respective issues. Goffman also presented this framework within the context of mental illness, describing how people with mental health problems may be further ostracized by peer groups and others, creating a perpetuating cycle of poor mental health outcomes. According to Goffman, people experiencing stigma are less likely to trust mental health professionals or seek out help for mental illness, and are more likely to participate in antisocial behaviors to avoid being labeled with the stigmatizing label.

Researchers have used Goffman's (1963) theory of stigma as the leading framework in understanding people with experiences of stigma in psychology, including deviance from social norms (Garcia, 2021; Gulczyńska, 2019; Pantelic et al., 2019). Gulczyńska (2019) used Goffman's theory of social stigma to examine school careers of young people from disadvantaged neighborhoods. Gulczyńska found that stigmatized students had typically low-paid employment due to their status of coming from disadvantaged neighborhoods. Gulczyńska noted that Goffman's framework included language to describe and understand the social functioning of people who are considered different than the social norm, thereby offering an explanation of the unsuccessful school careers of stigmatized students.

In another study, Pantelic et al. (2019) used Goffman's theory of social stigma to examine internalized HIV stigma, calling for integrating social and structural conceptualizations. Pantelic et al. expanded on Goffman's work, arguing that individuals

with HIV also faced stigma that results from a "process inherently linked to the maintenance of social and structural power inequalities" (p. 1). Garcia (2021) examined mental health, cultural conformity, and stigma regarding seeking psychological help among Latinx individuals. However, researchers had not explored African American men's experiences and stigma in relation to the utilization of traditional mental health services (see Garcia, 2021; Gulczyńska, 2019; Pantelic et al., 2019).

Meyer's Minority Stress Theory

In the current study, the theory of social stigma was supplemented by minority stress theory (Meyer, 2003). Meyer (2003) built on early work by Goffman (1963) and others to posit that health disparities for individuals from minority populations were caused in part by prejudice, systemic racism, and discrimination. Meyer's (2003) central work addressed sexual minority health was also applied to the health of racial minorities who are subject to similar victimization and harassment. According to the minority stress model, exposure to stress is predictive of poor health outcomes; however, negative effects are compounded by poor coping mechanisms, including concealing and stigma (Meyer, 2003). All of these connections illustrate how African American men's experiences impact their internalized stigma, which may cause them to refrain from help-seeking behaviors outside of racial identity.

Researchers have used Meyer's (2003) minority stress model to examine minority men's distress and mental health problems (Lambe et al., 2017; McConnell et al., 2018; Ramirez & Paz Galupo, 2019). McConnell et al. (2018) focused on the minority stress faced by the LGBTQ community, especially among sexual minority men. In another

study, Binion and Gray (2020) used minority stress theory to investigate sexual violence among lesbian, gay, and bisexual individuals, specifically among minority groups. Binion and Gray noted that sexual minority groups face unique barriers to seeking counsel and disclosing their experiences of sexual violence. This finding is consistent with minority stress theory in which individuals with experiences of stigma, such as those identifying as a sexual minority or racial minority, experience chronic stress (Binion & Gray, 2020). Chronic stress may manifest as bias and discrimination, leading to a higher risk for poor mental and physical health (Binion & Gray, 2020; Meyer, 2003). Additionally, Ramirez and Paz Galupo (2019) used the minority stress model to examine the role of proximal and distal stress on the mental health outcomes among lesbian, gay, and bisexual people of color. Lambe et al. (2017) similarly used the minority stress model to explore community involvement and mental health among bisexual women.

No research examines how African American men's experiences impact their internalized stigma, using Meyer's (2003) central work on minority stress (Lambe et al., 2017; McConnell et al., 2018; Ramirez & Paz Galupo, 2019). Overall, consistent with minority stress theory, past researchers have found that racial-ethnic stigma is associated with greater stress for minority men (Binion & Gray, 2020; McConnell et al., 2018; Ramirez & Paz Galupo, 2019). This qualitative phenomenological study extended the application of minority stress theory by understanding African American men's experiences that influence stigma toward seeking and using traditional mental health services in the United States.

Past researchers have also used Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory to examine discrimination, mental health, and social stigma among minority groups (Johnson, 2020; Moore et al., 2020; Vogel et al., 2011). Furthermore, sexual minority individuals, like other minority individuals, experience discrimination and stigma because of their minority identity (Meyer, 2003). Experiences with this discrimination and stigma may influence how men's adoption of dominant gender role norms is linked with the stigma associated with seeking counseling (Meyer, 2003). This qualitative phenomenological study could extend the applicability of Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory, specifically by focusing on African American men's experiences and barriers to seeking traditional mental health services in the United States.

This qualitative phenomenological study aimed to improve the understanding of African American men's experiences that influenced stigma toward seeking and using traditional mental health services in the United States. Given this objective, the lenses of Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory helped guide in addressing the study's main research questions, as well as the review of the literature and African American men's experiences that influenced stigma toward seeking and using traditional mental health services in the United States. Moreover, I used Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory to develop the research questions of interest in this study.

Literature Review Related to Key Concepts

This part of the chapter discusses the research related to key concepts of stigma and seeking mental health services, especially in the African American community. Research related to perceived stigma toward seeking and using traditional mental health services in the United States, traditional mental health services in the African American community, and barriers to seeking help for mental illness and general mental health problems among African American men are reviewed, discussed, and synthesized in this section of the chapter. The literature review related to key concepts is then synthesized, including a gap in literature according to past research.

Mental Health in the African American Community

Okoro et al. (2020) reported that African American men had a 30% higher rate of mental health problems than non-Hispanic White American men. Despite this prevalence of mental health problems, African American men are less likely to receive adequate care from mental health professionals than their White counterparts (Bauer et al., 2020; Goodwill et al., 2020; Okoro et al., 2020). Bauer et al. (2020) examined this topic further by exploring the relationships between resilience, risk behaviors, and the use of mental health services using a survey and focus groups among African American men. The findings of their study showed that the factor of resilience did not predict the use of mental health services (Bauer et al., 2020). The study showed that trauma experience significantly predicted risk factors such as mental illnesses. However, exposure and trauma experiences are not significantly predicted from receiving mental health services. Participants resorted to personal coping methods such as friends and music and

habituating to challenges (Bauer et al., 2020). This finding underscores the need to explore this topic further and examine ways to enhance mental health care service use and receipt among African American men (Bauer et al., 2020; Okoro et al., 2020).

Further research has shown that minority group identities, such as African American men, have lower levels of help-seeking. Researchers have noted the need to provide more targeted interventions for men from diverse backgrounds, such as African American men (Moore et al., 2020; Vogel et al., 2011). In a qualitative study, Vogel et al. (2011) examined the associations between endorsing masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. Employing 4,773 men in their study, the researchers found that self-stigma of seeking counseling was higher among men from racial/ethnic minority groups, as well as those different sexual orientations, compared to men from majority population groups (including European American, heterosexual men; Vogel et al., 2011). This finding underscores the importance of understanding how dominant masculine norms and self-stigma are associated with men's help-seeking behavior for mental health. Moore et al. (2020) similarly noted such findings when examining African American and Latinx sexual minority young adults and their utilization of mental health services in their qualitative research. Moore et al. qualitatively investigated the experiences of 31 respondents using in-depth interviews. The findings showed that minority young adults' ethnic and sexual minority identity development was significantly associated with their mental health service utilization (Moore et al., 2020). This body of knowledge underscores the need to improve and

examine help-seeking, especially among populations of minority group identities such as African American men (Moore et al., 2020; Vogel et al., 2011).

Barriers to Seeking Help Among African American Men

There are various barriers to seeking help among African American men. One of the major barriers to seeking help among African American men is stigma, including self-stigma and public stigma (Abdullah & Brown, 2020; Campbell & Mowbray, 2016; Wu et al., 2017). Research has shown that masculinity significantly and negatively impacts men's help-seeking regarding mental health (Goodwill et al., 2020; Mahalik & Di Bianca, 2021; Sileo & Kershaw, 2020). Mental health literacy is another major barrier to seeking mental health aid (Rafal et al., 2018; Spiker & Hammer, 2019). This section provides more detailed discussions regarding these factors or barriers to seeking help among African American men based on past empirical research.

Stigma

Stigma is a fundamental factor that is a barrier to seeking help among African American men. Research has shown that African Americans are less likely to seek and use mental health services due to high self-stigma and public stigma (Abdullah & Brown, 2020; Campbell & Mowbray, 2016; Wu et al., 2017). For instance, Campbell and Mowbray (2016) found that the stigma of mental health illness experienced by African American participants resulted in lower rates of mental health care service use and prevailing untreated depression among participants. Harris et al. (2020) added to the findings of Campbell and Mowbray (2016) by focusing on African Americans as respondents in their study. Harris et al. (2020) investigated the perceptions of mental

illness and preferences for mental health treatment among 210 African American respondents. Using surveys to gather qualitative information, Harris et al. found that African American respondents had lower rates of help-seeking regarding mental illness and treatment due to stigma. The findings showed that stigma stemmed from feelings of shame and being shamed by others due to their mental health illness (Harris et al., 2020). The findings also revealed that African American respondents reported feeling and perceiving weakness as barriers to seeking mental health treatment (Harris et al., 2020). This information is significant given that lower rates of help-seeking lead to dismissing mental health problems, which can exacerbate mental and physical health outcomes (Binion & Gray, 2020; Harris et al., 2020).

Overall, this pool of findings was important information for the current study, as it underscored the impact of stigma on illness experiences among the African American population (Binion & Gray, 2020; Harris et al., 2020). This finding highlighted the mental illness stigma prevalent within the African American community (Campbell & Mowbray, 2016; Harris et al., 2020). More research is needed to determine what experiences African American men have that impact their stigma toward seeking mental health help and services, justifying the need for the current research study.

Furthermore, diagnostic labeling is associated with mental illness stigma among African Americans. Abdullah and Brown (2020) conducted an experimental vignette study on mental illness and stigma experienced by African Americans. The researchers explored the effect of labeling a specific mental health illness on the stigmatization of depression, social anxiety, alcohol use disorder, and schizophrenia among 106 African

American adults (Abdullah & Brown, 2020). The study's results revealed that being labeled or diagnosed with a specific mental health illness significantly and negatively impacted African Americans' stigma (Abdullah & Brown, 2020). This finding has significant implications in determining interventions and specific approaches to identify and address mental health among African Americans.

Various researchers have underscored the importance of examining and addressing stigma among African American populations to understand the use of mental health services (Cadaret & Speight, 2018; Fripp & Carlson, 2017). Fripp and Carlson (2017) explored the effect of attitude and stigma on the participation of African American and Latino populations in mental health services. Fripp and Carlson examined African American and Latino community members' help-seeking attitudes, stigma, and help-seeking behavior toward mental health. Employing 129 participants, Fripp and Carlson showed that a help-seeking attitude was a significant predictor of seeking mental health treatment and counseling. The results showed that help-seeking attitudes were significantly influenced by stigma. Individuals with high stigma were less likely to seek treatment and counseling for their mental health (Fripp & Carlson, 2017).

With the significant impact of stigma as a barrier to mental health utilization, there is a need to investigate African American men's experiences that impact their stigma. Cadaret and Speight (2018) concurred with the findings of Fripp and Carlson (2017). Cadaret and Speight (2018) conducted an exploratory study regarding the attitudes of African American men toward psychological help-seeking. The researchers aimed to determine whether there was a relationship between self- and social stigma,

John Henryism, hardiness, and attitudes toward seeking professional psychological help among 120 African American men (Cadaret & Speight, 2018). The study revealed that self-stigma was a major barrier to seeking help for mental health problems among African American men (Cadaret & Speight, 2018). This body of knowledge is important, underscoring the role of stigma in help-seeking behaviors and attitudes. It justifies the need to examine African American men's experiences that impact their stigma (see Cadaret & Speight, 2018; Fripp & Carlson, 2017). This finding may help identify strategies to enhance help-seeking attitudes and behaviors for mental health treatment and counseling among African American men (Cadaret & Speight, 2018; Fripp & Carlson, 2017).

In a similar study, Wu et al. (2017) noted similar findings to those of Cadaret and Speight (2018) and Fripp and Carlson (2017). Wu et al. (2017) explored mental health stigma profiles among college students in the United States. Employing 8,285 participants in their study, the authors aimed to identify common profiles of public and personal stigma against mental health service utilization (Wu et al., 2017). The findings showed that individuals with high levels of self-stigma and high levels of public stigma were less likely to seek and use mental health services (Wu et al., 2017). Further results revealed that most African Americans belonged to the high self-stigma and high public stigma groups (Wu et al., 2017). Although the findings of Wu et al. (2017) did not focus on African American men, it does indicate that African Americans were less likely to seek and use mental health services due to high levels of self-stigma and public stigma. This finding provides more information regarding the low utilization of mental health

services among African Americans, further highlighting the prevalence of high self-stigma and high public stigma among this cohort (Wu et al., 2017). This finding underscores the need for further research on this topic, specifically focusing on African American men (Wu et al., 2017). Nonetheless, this body of knowledge is important, as it underscores the role of stigma in help-seeking behaviors and attitudes and justifies the need to examine the experiences of African American men that impact their stigma (Cadaret & Speight, 2018; Campbell & Mowbray, 2016; Fripp & Carlson, 2017; Wu et al., 2017).

Masculine Norms

In addition, help-seeking for mental health problems is a stigmatized threat to masculinity. According to research, masculinity significantly and negatively impacts men's help-seeking regarding mental health (Goodwill et al., 2020; Mahalik & Di Bianca, 2021; Sileo & Kershaw, 2020). Examining this topic further, Mahalik and Di Bianca (2021) studied 258 men in their study. Mahalik and Di Bianca examined the associations between seeking help for mental health problems, depression, stigma, and masculinity norms. Through surveys, the data of their study showed that self-reliance, emotional control, and self-stigma directly were significantly linked to a lower likelihood of help-seeking (Mahalik & Di Bianca, 2021). Self-reliance and emotional control factors predicted greater self-stigma among men (Mahalik & Di Bianca, 2021). There is a need to examine and develop effective mental health practices and interventions that address masculinity norms that contribute to men's help-seeking regarding mental health (Mahalik & Di Bianca, 2021). Goodwill et al. (2020) noted similar findings, examining

the adherence to masculine norms and depressive symptoms among 273 young African American men. The researchers used questionnaires to evaluate respondents' conformity to masculine norms and depressive symptoms. The study showed that self-reliance was highly and significantly linked to higher rates of depressive symptoms (Goodwill et al., 2020). Mahalik and Di Bianca (2021) concurred with the findings of Goodwill et al. (2020), concluding that help-seeking for depression is a stigmatized threat to masculinity. This finding means that African American men's mental health needs to be further promoted and supported, specifically including aspects of masculinity that are most salient to African American men (Goodwill et al., 2020; Mahalik & Di Bianca, 2021). This information may help develop effective depression treatment interventions for African American men, as masculine norms can act as barriers to mental health treatment (Goodwill et al., 2020; Mahalik & Di Bianca, 2021; Sileo & Kershaw, 2020).

As such, masculine norms and mental health are important topics among African American men. Masculine norms negatively affect mental health service utilization (Griffith & Cornish, 2018; Sileo & Kershaw, 2020). Researchers have found that men with higher adherence to masculine norms are less likely to seek mental health help and utilize mental health services (Gordon et al., 2013; Griffith & Cornish, 2018; Sileo & Kershaw, 2020). For instance, Sileo and Kershaw (2020) studied the links between masculine norms, depression, and mental health service utilization. The researchers focused on emerging adult men in the United States, using data from a prospective cohort study over 6 months (Sileo & Kershaw, 2020). The researchers found that men with greater adherence to masculine norms and status were associated with less mental health

service utilization, especially as they scored high in antifemininity and toughness norms (Sileo & Kershaw, 2020). Griffith and Cornish (2018) examined this topic, specifically focusing on African American men. The researchers gathered the perspectives of 64 urban African American men who lived in the Southeastern United States regarding manhood and masculinity norms (Griffith & Cornish, 2018). The researchers used a thematic approach to analyze the qualitative results. The findings showed that respondents commonly held key characteristics and traits regarding manhood and masculinity, which defined them as adult African American men (Griffith & Cornish, 2018). African American men commonly held gendered values, goals, and roles, which also impacted their behaviors, such as help-seeking (Griffith & Cornish, 2018). The findings highlight the harmful effects of masculine norms on depression, related mental health outcomes, and mental health service utilization (Gordon et al., 2013; Griffith & Cornish, 2018; Sileo & Kershaw, 2020).

There is a need to develop further specific approaches to engage men and retain African American men who report low scores in utilizing mental health services. Masculine norms and mental health are important topics to examine among African American men, especially as they have higher masculine norm scores than Latinos and Whites (Gordon et al., 2013; Rice et al., 2021; Sileo & Kershaw, 2020). Gordon et al. (2013) noted this finding when examining young fathers' masculine norms and health behaviors across races. The researchers noted that higher masculine norm scores were found among African American men than among Latino and White men (Gordon et al., 2013). In a more recent study, Rice et al. (2021) noted the same about African American

men. Delving further into this topic, Gordon et al. (2013) explored the relationship between the traditional masculine norms among 296 ethnically and racially diverse men in the Northeast United States. The findings indicated that African American young men had higher masculine norm scores than Latino and White men (Gordon et al., 2013).

African American men are more likely to engage in health-undermining behaviors. According to past research, African American men's scores in the traditional masculine norms such as masculine status, toughness, and antifemininity are important in understanding seeking help for mental health problems among African American men (Cadaret & Speight, 2018; Gordon et al., 2013). Rice et al. (2021) explained this phenomenon further by examining masculine norms and the mental health of boys and young men. The researchers reported that masculinity norms conferred power and status to boys and young men, explaining why such norms were challenging to divert (Rice et al., 2021). In another study, research has shown that hardiness among men decreases their self-stigma while increasing their attitudes toward help-seeking (Cadaret & Speight, 2018). In this context, researchers defined hardiness as one's resilient response under stressful situations (Cadaret & Speight, 2018). This finding is significant to the current study as it further reveals that self-stigma is a major deterrent to seeking help for mental health problems among African American men (Cadaret & Speight, 2018). Moreover, this finding is important knowledge, as it introduces the factor of hardiness in decreasing self-stigma among African American men. This finding also presents the need to examine masculinity norms among African American men (Cadaret & Speight, 2018).

More efforts are needed to change the dominant masculinity norms, as they are linked to increased poor mental health outcomes (Rice et al., 2021). This body of findings further underscores the need to provide more targeted and culturally relevant interventions for African American men, as they are less likely to use mental health services (Cadaret & Speight, 2018; Gordon et al., 2013; Rice et al., 2021). This body of knowledge is consistent with past findings, as previously reported by Sileo and Kershaw (2020) via antifemininity and toughness norm scores (Cadaret & Speight, 2018; Gordon et al., 2013; Rice et al., 2021).

Masculine norms also contribute to mental health problems, highlighting the relevance of examining African American experiences of masculinity considering stigma and mental health (Milner et al., 2018). Milner et al. (2018) examined this topic when studying the influence of masculine norms and occupational factors on mental health among men. Milner et al. examined whether there was an association between masculine norms and mental health outcomes. Milner et al. used the conformity to masculine norms inventory questionnaire. The findings showed that greater adherence to masculine norms is significantly linked to poorer mental health outcomes (Milner et al., 2018). The need for self-reliance significantly predicted poorer mental health outcomes among men (Milner et al., 2018). This finding further underscores the need to address the adverse effects of masculinity norms, which can significantly contribute to mental health problems among men (Milner et al., 2018).

Cultural Expectations

In addition to self-stigma and public stigma, cultural expectations are barriers to seeking help and using traditional mental health services among African American men. Researchers have found that due to cultural expectations, African American men were not openly comfortable sharing their mental health struggles, being transparent about their mental health, and receiving mental health support (Burkett, 2017; Campbell & Mowbray, 2016; Marsh, 2020). As such, cultural expectations are also essential in examining barriers to seeking help among African American men. Several researchers have noted how stigma is founded on cultural expectations, which hinder help-seeking behaviors in the African American community (Campbell & Mowbray, 2016; Marsh, 2020). Marsh (2020) conducted a phenomenological study on mental health stigma and counseling-seeking behaviors among African American men. The author employed ten African American men and conducted interviews with the participants (Marsh, 2020). The study showed that the participants' understanding of mental health stigma was primarily driven and influenced by peer groups, their families, and communities (Marsh, 2020). Further results indicated that due to cultural expectations, participants were not openly comfortable sharing their mental health struggles, being transparent about their mental health, and receiving mental health support (Marsh, 2020).

Similarly, Campbell and Mowbray (2016) examined the experiences of 17 African American men and women. Campbell and Mowbray aimed to understand the impact of stigma on help-seeking behaviors and mental health care service use among this population. Their study showed that participants were less likely to seek help with

their depression due to racial and cultural expectations (Campbell & Mowbray, 2016). This finding highlights the prevalence of mental health stigma in the African American community, specifically due to cultural expectations. The stigma that stems from cultural expectations hinders African American men from seeking and utilizing mental health support and services (Campbell & Mowbray, 2016; Marsh, 2020). This finding was important to the current study, as it provided empirical information regarding factors that hindered African American men from seeking mental health services, including peer groups, families, and communities.

Lack of Collaboration

Another barrier to consider in seeking help and using traditional mental health services among African American men is the lack of collaboration between mental health facilities and families in the African American community. Delving into this topic, Hack et al. (2019) interviewed 26 African American men with serious mental illness and 26 members of their kinship networks, aiming to understand how communication within family networks, clients, and treatment agencies impacts the treatment of African American men with serious mental illness. Their findings showed a lack of collaboration between mental health care facilities and families in the African American community, which is important to address (Hack et al., 2019). The lack of collaboration can act as a barrier to mental health care service access and health care service utilization while contributing to the dropout rate of African American men (Hack et al., 2019). This finding was important to this study, as it underscored how the lack of collaboration

between mental health care facilities and families in the African American community impeded the utilization of mental health care services among African American men.

Mental Health Literacy

Mental health literacy is another major barrier to seeking traditional mental health aid among African American men (Rafal et al., 2018; Spiker & Hammer, 2019). According to Spiker and Hammer (2019), mental health literacy significantly impacts one's mental health behaviors. Rafal et al. (2018) explored this topic further and noted a significant relationship between men's mental well-being and mental health literacy. That is, men with low scores in mental health literacy were also more likely to experience impaired mental well-being (Rafal et al., 2018).

Mental health literacy is a significant factor in enhancing mental health help-seeking attitudes. Researchers have proposed that practitioners focus on increasing mental health literacy to improve help-seeking regarding mental health services (Furnham & Swami, 2018; Jung et al., 2017). Furnham and Swami (2018) defined mental health literacy as one's "knowledge about mental health disorders that is [*sic*] associated with their recognition, management, and prevention" (p. 240). Jung et al. (2017) examined the impact of mental health literacy, stigma, and social support on attitudes toward mental health help-seeking. The researchers surveyed 211 participants using the theory of reasoned action as the framework of their study. Jung et al. found that mental health literacy significantly and directly influenced help-seeking attitudes. Jung et al. concluded the need to increase individuals' mental health literacy to increase mental health help-seeking attitudes and behaviors. Furnham and Swami (2018) added to this

finding in their literature review on mental health literacy. The researchers noted differences in mental health literacy due to age, gender, education, urban-rural living situations, and cross-cultural backgrounds (Furnham & Swami, 2018). Such differences in mental health literacy significantly affect help-seeking attitudes among individuals (Furnham & Swami, 2018). The researchers further underscored the importance of mental health literacy, which entailed recognizing, managing, and preventing mental illness, especially in different populations and contexts, such as African American men (Furnham & Swami, 2018; Jung et al., 2017). Based on this information, one should examine the individual differences (age, gender, and education) in mental health literacy among African American men and how these factors impact mental health literacy, stigma, and mental health utilization.

Mental health literacy has been found to influence mental health behaviors. Researchers have noted that improving mental health literacy at the individual and community levels can improve mental health behaviors and outcomes (Milner et al., 2019; Rafal et al., 2018; Spiker & Hammer, 2019). Rafal et al. (2018) examined this topic in their study, employing 1,242 male college students. The researchers examined the respondents' mental health literacy, stigma, and help-seeking behaviors through surveys and questionnaires. Rafal et al. showed that male college students had moderate levels of mental health literacy and low intentions to seek professional care regarding mental health. Findings showed that increasing mental health knowledge could significantly aid in improving mental health literacy and help-seeking among male college students (Rafal et al., 2018). Miller et al. (2018) also noted this finding. The researchers explored mental

health literacy and the health-related quality of life among minority men. The findings showed that minority men with lower levels of health literacy experience lower self-reported quality of life (Miller et al., 2018). Mental health literacy is an important factor to consider in addressing mental health outcomes and general quality of life among men, which can be further explored in the population group of African American men (Miller et al., 2018; Rafal et al., 2018).

As such, mental health literacy among men is a more specific topic in examining stigma and barriers to seeking mental health help. Global conformity to masculine norms is associated with a decrease in health literacy, especially among minority men with low levels of health literacy (Cheng et al., 2018; Miller et al., 2018; Milner et al., 2019). According to Milner et al. (2019), men with strong adherence to masculinity norms have low levels of mental health literacy. Milner et al. examined the effect of masculine norms and mental health on health literacy among men. Milner et al. aimed to determine whether men's masculinity beliefs and depressive symptoms explained three aspects of mental health literacy. Using the Health Literacy Questionnaire, Conformity to Masculine Norms Inventory Questionnaire, and Patient Health Questionnaire, the findings showed that adherence to masculine norms was significantly linked to low levels of mental health literacy (Milner et al., 2019). Moderate-to-severe depressive symptoms were significantly linked to low levels of mental health literacy (Milner et al., 2019). This finding underscores the need to examine masculine norms considering mental health literacy linked to men's mental health outcomes. Mental health literacy among men is a more specific topic to address in examining stigma and barriers to seeking mental health help

(Milner et al., 2019). Friedman and Paradis (2019) also found similar results when studying African American men and their psychological help-seeking intention.

In other research findings, mental health literacy predicts help-seeking attitudes above and beyond self-stigma. Increasing knowledge about mental illness may help decrease stigma and help-seeking intentions among men (Cheng et al., 2018; Ramaeker & Petrie, 2019). Researchers have noted that self-stigma, mental health literacy, and attitudes toward seeking psychological help are significantly associated factors (Cheng et al., 2018; Friedman & Paradis, 2019), underscoring the importance of mental health literacy in population groups where stigma levels are at a high. Cheng et al. (2018) explored this topic and included 1,535 college students. The researchers aimed to determine whether self-stigma of seeking psychological help and mental health literacy are predictors of help-seeking attitudes (Cheng et al., 2018). Their study's findings showed that mental health literacy significantly predicted help-seeking attitudes, even with the presence of self-stigma. A male gender and minority race/ethnicity contributed to negative help-seeking attitudes (Cheng et al., 2018). Friedman and Paradis (2019) reported similar results when examining psychological help-seeking intention among African Americans. The researchers found that African Americans had strong perceptions of stigma against mental health; thus, reducing mental illness stigma can be achieved through psychoeducation, as proposed by Friedman and Paradis. According to Friedman and Paradis, working with African Americans entails providing knowledge regarding the causes and treatment of psychological disorders and mental health problems. Ramaeker and Petrie (2019) further concluded that help-seeking attitudes and intentions could be

improved by increasing knowledge about mental illness. The researchers gathered survey data among 409 African American adults, examining masculinity, psychological distress, and help-seeking attitudes and intentions (Ramaeker & Petrie, 2019). The findings of their study showed that knowledge about mental illness was significantly and positively correlated with help-seeking behaviors while negatively correlated with stigma (Ramaeker & Petrie, 2019).

Ramaeker and Petrie (2019) presented findings consistent with those of Friedman and Paradis (2019). Ramaeker and Petrie (2019) added that improving help-seeking behaviors could significantly decrease mental health stigma among African American men, especially regarding using mental health services. This approach to increasing mental health literacy could help decrease mental health stigma and increase help-seeking behaviors among African American men (Cheng et al., 2018; Friedman & Paradis, 2019; Ramaeker & Petrie, 2019). This body of literature further underscores the importance of ensuring high levels of mental health literacy among population groups with common experiences of stigma, such as the case in the African American men population group (Cheng et al., 2018; Ramaeker & Petrie, 2019).

Holistic View

A holistic view is needed to understand barriers to seeking mental health help among African American men. Many factors contribute to negative help-seeking regarding mental health among African American men (Burkett, 2017; Kawaii-Bogue et al., 2017). Given a holistic approach, African American men's barriers to seeking mental health help are linked to personal experiences and culture (Burkett, 2017; Kawaii-Bogue

et al., 2017). Burkett (2017) examined this topic in a qualitative study investigating the mental health experiences of African American men living in environmentally toxic urban spaces. The study showed that African American men are less likely to seek mental health services than their White American counterparts due to experiences of historical trauma, factors of environmental toxicity, culturally bound economic insecurity, and cultural mistrust (Burkett, 2017). Kawaii-Bogue et al. (2017) added that various factors act as barriers to help-seeking among African American men, including financial factors such as the cost of care and the lack of resources such as transportation and childcare. Delving into this topic, Kawaii-Bogue et al. examined mental health care access and treatment utilization in African American communities and proposed an integrative care framework. Kawaii-Bogue et al. found that African Americans who attempted to access mental health care systems and services faced several barriers to care, such as stigma, cost of care, lack of transportation, lack of childcare, misdiagnosis, disempowerment in treatment, lack of social support, and lack of specialty care. As such, Kawaii-Bogue et al. and Burkett (2017) promoted a more holistic and integrative approach to tackling and understanding mental health disparities among African American men, which could help ensure more effective mental health care outcomes among this population.

The holistic view of understanding barriers to help-seeking attitudes and behaviors includes individual and contextual characteristics. According to Benuto et al. (2020), individual characteristics include demographics and health beliefs, while contextual characteristics include resources, social structures, and education. Benuto et al. examined these factors of education, behavioral health factors, and stigma and their

impacts on help-seeking attitudes. The researchers explored how demographic factors such as gender, ethnicity, and socioeconomic factors such as education and income related to the help-seeking attitudes among 286 primary care patients (Benuto et al., 2020). The study showed that education and internalized stigma predicted help-seeking attitudes among primary care patients (Benuto et al., 2020). Individuals with higher levels of education and personal stigma were significantly linked to more negative help-seeking attitudes (Benuto et al., 2020). Goodwill et al. (2020) concurred with these findings by Benuto et al. (2020), Kawaii-Bogue et al. (2017), and Burkett (2017). Goodwill et al. (2020) highlighted mental health care disparities among African American men, calling for more work to be done with this group. A combination of factors impacts high levels of self-stigma and help-seeking regarding mental health services use (Benuto et al., 2020; Jung et al., 2017; Furnham & Swami, 2018). This body of findings introduced and proposed the need to view the barriers to help-seeking attitudes and behaviors among African American men in a holistic manner.

Support Needed

African American men need various forms of support to help address mental health stigma regarding their help-seeking behaviors. Researchers have proposed using education and mental health literacy programs to increase African American men's health-care-seeking attitudes and behaviors (Liddle et al., 2021; Okoro et al., 2020; R. E. Taylor & Kuo, 2019; Watkins et al., 2020). Providing social support enhances attitudes toward mental health among African Americans (Britt et al., 2020; Hack et al., 2017; Jung et al., 2017; R. J. Taylor et al., 2020). Research has also shown the benefits of

religion in enhancing self-stigma outcomes of seeking help (Avent Harris et al., 2021; Brenner et al., 2018; Campbell & Littleton, 2018; Hays, 2018; Jordan, 2020; Stansbury et al., 2018). This section provides more detailed discussions regarding these forms of support, which can be extended, developed, and provided for African American men.

Education and Mental Health Literacy Programs

Various forms of support can be provided to address mental health stigma and barriers to help seeking among African American men. For example, education and mental health literacy programs have been found to support African American men who experience mental health problems (Liddle et al., 2021; Watkins et al., 2020). Watkins et al. (2020) found this outcome when examining the effect of an online, psychoeducational behavioral health intervention promoting mental health, manhood, and social support for young African American men. The researchers focused on 350 African American men ages 18 to 30 and explored their mental health, definitions of manhood, and social support (Watkins et al., 2020). The researchers found that the psychoeducational program that promoted mental health and introduced progressive definitions of manhood improved the participants' mental health, definitions of manhood, and social support (Watkins et al., 2020). Respondents reported fewer depressive symptoms, as measured with the Patient Health Questionnaire and the Gotland Male Depression Scale Questionnaire after the psychoeducational intervention (Watkins et al., 2020).

Education programs may increase knowledge and skills regarding mental health. Education programs can be useful in increasing knowledge and skills regarding mental health and help-seeking behaviors among men (Liddle et al., 2021; Watkins et al., 2020).

Education programs coupled with support systems effectively decrease stigma and increase the use of mental health services (Liddle et al., 2021; Watkins et al., 2020). Liddle et al. (2021) noted this finding in a cluster-randomized controlled trial study when conducting a sports-based mental health literacy program for male adolescents. The researchers focused on conducting a 45-minute Help Out a Mate) workshop. The researchers found that among 102 male participants, peers act as gatekeepers to mental health services (Liddle et al., 2021). The mental health literacy program effectively increased the intentions of help-seeking among adolescent male sports participants, specifically regarding mental health problems (Liddle et al., 2021). Liddle et al. (2021) found that participants who completed the mental health literacy program had increased knowledge of signs and symptoms of mental illness, which increased help-seeking intentions. This body of findings provides empirical results regarding the effectiveness of a mental health intervention in improving the mental health literacy of men and enhancing help-seeking intentions. This knowledge may be further explored and expanded in the context of African American men.

Similarly, some research has indicated that psychoeducation and mental health education also effectively improve mental health service utilization among African American men. For instance, according to an integrated literature review by R. E. Taylor and Kuo (2019), psychoeducation can increase mental health service utilization among African American men. R. E. Taylor and Kuo showed significant influences from race/ethnicity and culture in mental health use; these factors could be discussed openly in psychoeducation and therapy among African American men. Psychoeducation can

decrease this cohort's stigma associated with mental health use (R. E. Taylor & Kuo, 2019). In a similar study, Okoro et al. (2020) examined the impact of a culturally responsive program to address the health disparities in African American men. The findings revealed that having a culturally responsive program could be significantly helpful in addressing the mental health of African American men (Okoro et al., 2020). Educational programs that integrate the role of culture in mental health can significantly impact African American men's knowledge and awareness regarding the risks associated with chronic conditions, which can help enhance their health-care-seeking attitudes and behaviors (Okoro et al., 2020; R. E. Taylor & Kuo, 2019).

As such, a culturally responsive health literacy program has a significant and positive impact on African American men's health-care-seeking attitudes and behaviors, as well as their lifestyle habits (Okoro et al., 2020; R. E. Taylor & Kuo, 2019; Watkins et al., 2020). This body of findings shows the significance of culturally responsive health programs for addressing the stigma and mental health disparities in African American men (Liddle et al., 2021; Okoro et al., 2020; R. E. Taylor & Kuo, 2019). These findings were used as an empirical reference for this study in examining the use of mental health services among African American men (see Liddle et al., 2021; Okoro et al., 2020; R. E. Taylor & Kuo, 2019).

Social Support

Providing social support enhances attitudes toward mental health among African Americans. Various researchers have consistently noted the impact of social support on attitudes and mental health literacy on mental health help-seeking (Britt et al., 2020;

Hack et al., 2017; Jung et al., 2017; R. J. Taylor et al., 2020). For instance, Jung et al. (2017) examined the effect of mental health literacy, stigma, and social support on attitudes toward mental health help-seeking among 211 participants in Texas. The authors used a cross-sectional survey wherein their findings showed that mental health literacy, social support, and self-stigma all significantly impacted attitudes toward mental health help-seeking (Jung et al., 2017). R. J. Taylor et al. (2020) added to this finding when examining the role of social isolation from family and friends on mental health among African Americans. The researchers gathered and analyzed 2-year data from the National Survey of American Life to evaluate depressive symptoms, psychological distress, and social isolation/support among African Americans (R. J. Taylor et al., 2020). The findings showed that the lack of social support and infrequent contact with family and friends were significantly linked to higher depressive symptoms and serious psychological distress for African Americans (R. J. Taylor et al., 2020). This finding presents initial information regarding the link between a lack of social support and having infrequent contact and adverse mental health among ethnic minorities such as African Americans (R. J. Taylor et al., 2020). This body of knowledge presents significant information, underscoring the need to improve mental health literacy, strengthen social support, and decrease self-stigma among individuals with mental health problems (Jung et al., 2017; R. J. Taylor et al., 2020).

African American men must be engaged with social support networks to improve mental health outcomes and stigma. Various researchers have noted the importance of social support networks with family and church to improve mental health outcomes

(Chatters et al., 2018; Hack et al., 2017). Hack et al. (2017) explored the etiology beliefs of mental health illness among African American men with serious mental illness. Employing 26 African American men with serious mental illness and 26 members of their social support networks, Hack et al. aimed to understand the African American men's experiences regarding their mental health illness and treatment. The findings revealed that mental health care systems had room to improve in terms of engaging with the social support networks of African American men, especially as they necessitated treatment for their mental illness (Hack et al., 2017). Results showed that African American men should be provided with more education and knowledge about mental illness to understand ways to effectively treat their illness (Hack et al., 2017). Chatters et al. (2018) added to this knowledge when examining the role of support networks and depressive symptoms among African Americans by focusing on church and family support networks. The researchers utilized data from the National Survey of American Life and focused on participants who were African American adults ranging in age from 18 to 93 (Chatters et al., 2018). Their study's findings showed a significant and inverse relationship between emotional support, including support networks, and depressive symptoms among African American adults (Chatters et al., 2018). This knowledge pool is significant for mental health practitioners working with African American men who struggle with mental health, noting the crucial role that support networks play in their mental health (Chatters et al., 2018; Hack et al., 2017). As such, African American men need to be supported by supporting positive church and family interactions to decrease mental health stigma (Chatters et al., 2018; Hack et al., 2017).

Further to the conclusion that social support networks are important to mental health service utilization, the perceived social climate of support for mental health can also decrease stigma, increase help-seeking behaviors, and enhance beliefs about mental health services and treatment (Britt et al., 2020). According to Britt et al. (2020), the perceived social climate of support for mental health predicted stigma, beliefs about treatment, and help-seeking behaviors. Britt et al. noted this finding among 349 active-duty military personnel, focusing on the perceived unit climate of support for mental health as a predictor of stigma, beliefs about treatment, and help-seeking behaviors among military personnel. The study's findings showed that having a positive climate of support was significantly linked to decreases in stigma in help-seeking for mental health (Britt et al., 2020). The findings revealed that having a more positive climate for mental health was significantly linked to a higher chance of talking with fellow unit members about their mental health problems and receiving mental health treatment (Britt et al., 2020). This body of findings is significant, as it provides empirical knowledge regarding how mental health care systems can be improved to cater to men (Britt et al., 2020; Hack et al., 2017; Jung et al., 2017). Focusing on providing social support networks, in addition to increasing mental health literacy and decreasing self-stigma, may lead to better outcomes in mental health help-seeking and mental health service utilization (Britt et al., 2020; Chatters et al., 2018; Hack et al., 2017; Jung et al., 2017). This knowledge can be further expanded and explored in the population group of African American men (Britt et al., 2020).

Role of Religion and Church

Current literature has vast information regarding the role of religion in enhancing self-stigma outcomes of seeking help. Various researchers have noted that religion plays an important role in the mental health outcomes of the African American community (Avent Harris et al., 2021; Campbell & Littleton, 2018; Hays, 2018; Jordan, 2020; Stansbury et al., 2018). Furthermore, church support can serve as social and emotional support for African Americans' mental health (Chatters et al., 2018). Campbell and Littleton (2018) noted this finding when exploring mental health counseling in the African American church. The researchers focused on four qualitative interviews among African American mental health counseling team members at one large, African-American-serving church (Campbell & Littleton, 2018). The study revealed that the church has an important role in facilitating and addressing the mental health needs of African Americans within and outside of the church (Campbell & Littleton, 2018). That is, religion's role can be an enabler for positive mental health. Hays (2018) concurred with these findings by Campbell and Littleton (2018), as they utilized a social action theory approach for church-based mental health promotion among African Americans. Hays (2018) focused on church-based health promotion programs and their impacts on African Americans' mental health. Hays used social action theory as the study's framework. The findings showed that mental health promotion programs by the church could have positive and significant effects on African Americans at the individual, group, and community levels (Hays, 2018). This body of knowledge provides empirical justification regarding the role of religion and the church in advocating positive mental

health attitudes, which may help decrease stigma and increase help-seeking among the African American community (Campbell & Littleton, 2018; Chatters et al., 2018; Hays, 2018).

However, some research has shown that religion can negatively influence seeking help among men. That is, religiosity can also be a barrier to mental health service use among African Americans (Brenner et al., 2018; Campbell & Littleton, 2018). Researchers have noted that specifically with high self-stigma, men with high levels of religious commitment can have low levels of help-seeking behaviors regarding mental health (Brenner et al., 2018; Campbell & Littleton, 2018). Brenner et al. (2018) noted this finding when examining the role of religious commitment, gender, and self-stigma in seeking help. The researchers focused on 404 participants and used multiple regression to analyze the study results (Brenner et al., 2018). The results showed that men with high levels of religious commitment and high self-stigma endorsed the most negative help-seeking attitudes (Brenner et al., 2018). Brenner et al. (2018) also found that men had more negative attitudes toward seeking help than women, underscoring that religious men might have detrimental help-seeking attitudes due to self-stigma. However, Brenner et al. did not consider the factor of race/ethnicity in examining mental health, stigma, and religious constructs. It should also be noted that there is a need to further examine this topic, especially among African American men.

Religious coping can also be a positive force in improving the stigma surrounding mental health treatment. Researchers have noted that negative and positive religious coping is a common and significant aspect in the lives of African Americans (Avent

Harris et al., 2021; Jordan, 2020; Stansbury et al., 2018). Avent Harris et al. (2021) noted this finding when examining the relationship between demographic characteristics, mental health treatment stigma, religious coping, and help-seeking among 488 Christian African Americans. The findings showed that mental health treatment stigma could be reduced by religious coping, especially when the church advocated for mental health treatment (Avent Harris et al., 2021). However, religious coping can also be a negative force when the church does not openly encourage discussions regarding mental health (Avent Harris et al., 2021). Jordan (2020) added that combatting stigma and shame associated with professional mental health help-seeking attitudes in the African American community could be decreased by the church. This finding further underscores the church's and religion's role, especially in promoting positive mental health help-seeking attitudes within the African American community (Jordan, 2020). Stansbury et al. (2018) added that internal ministries in the church should explore potential partnership opportunities with mental health treatments outside the church. This collaboration between the church and mental health treatment programs may help improve the stigma and shame surrounding mental health help-seeking attitudes within the African American community (Jordan, 2020; Stansbury et al., 2018).

Summary and Conclusions

Across the literature, I found that African American men did not receive adequate mental health services compared to their White counterparts (e.g., Harris et al., 2020; Okoro et al., 2020). Various factors acted as barriers to help-seeking among African American men (e.g., Bauer et al., 2020; Marsh, 2020; Okoro et al., 2020). African

American males are less likely than their White counterparts to seek treatment for mental health problems (Hack et al., 2019; 2017; Okoza et al., 2020; Wu et al., 2017), even though they are more likely to experience psychological distress (Campbell & Mowbray, 2016).

However, the integrated use of Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory remains largely unexplored regarding the experiences of African American men that impact their internalized stigma toward seeking and using traditional mental health services in the United States (Avent Harris et al., 2020; Bauer et al., 2020; Cadaret & Speight, 2018; Fripp & Carlson, 2017). This issue creates a significant knowledge gap, given that the foundations based on Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory provided a robust framework for understanding minority population groups and their stigma experiences caused in part by prejudice, systemic racism, and discrimination. This topic was important to address given that African American men had been found to experience 30% more mental illness than their White counterparts (e.g., Okoro et al., 2020).

Researchers have also noted that various factors contribute to negative help-seeking behaviors among African American men (Bauer et al., 2020; Cheng et al., 2018; Goodwill et al., 2020; Okoro et al., 2020; Ramaeker & Petrie, 2019). One of the most significant factors contributing to negative help-seeking behaviors is self-stigma (Bauer et al., 2020; Goodwill et al., 2020; Okoro et al., 2020). There is a need to examine the factors and experiences that influence internalized stigma regarding seeking and using

mental health services among African Americans (Avent Harris et al., 2020; Bauer et al., 2020; Cadaret & Speight, 2018; Fripp & Carlson, 2017).

In line with the topic of stigma, mental health literacy among African American men is a more specific topic to address in examining stigma and barriers to seeking mental health help (Cheng et al., 2018; Miller et al., 2018; Milner et al., 2019; Ramaeker & Petrie, 2019). As consistently found in research, mental health literacy predicts help-seeking attitudes above and beyond self-stigma (Cheng et al., 2018; Ramaeker & Petrie, 2019). It is also worth examining how education and mental health literacy programs can be implemented to help reduce the stigma of African American men regarding mental health and help-seeking behaviors (Liddle et al., 2021; R. E. Taylor & Kuo, 2019; Watkins et al., 2020). Regarding the support needed for African American men, providing social support is also impactful in enhancing attitudes and help-seeking attitudes toward mental health (Britt et al., 2020; Hack et al., 2017; Jung et al., 2017; R. J. Taylor et al., 2020). Research has shown that in addition to social support networks, the role of religion is important in enhancing self-stigma outcomes of seeking help (Avent Harris et al., 2021; Brenner et al., 2018; Campbell & Littleton, 2018; Hays, 2018; Jordan, 2020; Stansbury et al., 2018).

Despite the literature on stigma regarding mental health services, masculinity, and its effects on African American men's mental health, there were several constraints in available and reliable literature for this research. As such, there is a gap in the literature regarding the experiences of African American men that affect their internalized stigma toward using and seeking mental health services (Cheng et al., 2018; Miller et al., 2018;

Milner et al., 2019; Ramaeker & Petrie, 2019). Experiences of African American men that affect their internalized stigma have rarely been tackled and explored by existing literature, resulting in an incomplete and unaddressed outline of factors and experiences that influence internalized stigma regarding seeking and using mental health services among this population group (Avent Harris et al., 2020; Bauer et al., 2020; Cadaret & Speight, 2018; Fripp & Carlson, 2017).

Support programs that reflect the needs of African American men, considering their unique experiences and internalized stigma, have not been delved into further by existing research. This issue is vital to address and tackle further by future researchers, wherein mental health organizations and practitioners can refer to provide needed support for African American men who do not receive adequate mental health services (Harris et al., 2020; Okoro et al., 2020). This process includes examining how certain experiences are linked to the stigma around mental health, which may help reduce the stigma of African American men regarding mental health and help-seeking behaviors (Liddle et al., 2021; R. E. Taylor & Kuo, 2019; Watkins et al., 2020). These vital aspects of African American men's experiences, as well as the identification of their needs surrounding stigma, were found as one of the least explored of the constructs in the literature (Liddle et al., 2021; R. E. Taylor & Kuo, 2019; Watkins et al., 2020).

Furthermore, there is a limited number of empirical studies—either quantitative or qualitative—that have examined cultural influencers of African American men outside of ethnicity that may influence stigmatized thoughts regarding mental health care (Avent Harris et al., 2020; Bauer et al., 2020). This issue is important because there is an existing

gap regarding the use of traditional mental health services in the United States among African American men (Bauer et al., 2020; Marsh, 2020; Okoro et al., 2020). Some past researchers have underscored that if African American men continuously feel unsupported and stigmatized, African American men are likely to experience poor health outcomes, which are compounded by poor coping mechanisms, including concealing and stigma (Goodwill et al., 2020; Meyer, 2003; Okoro et al., 2020; Rafal et al., 2018; Rice et al., 2021).

Chapter 3 discusses the qualitative methodology and systematic steps utilized to address the research questions on African American men's internalized stigma toward seeking and using traditional mental health services in the United States. The next chapter also discusses the research design used in this study, which is in line with the purpose of the study, the population of the study, and the sampling technique employed to ensure a randomized, balanced set of unbiased data. Chapter 3 also discusses the detailed methodology for data gathering in this study, from recruitment, participation, data collection, data analysis, and addressing validity concerns of this qualitative study.

Chapter 3: Research Method

The purpose of this qualitative phenomenological study was to explore African American men's experiences that influenced internalized stigma regarding seeking and using traditional mental health services in the United States. Chapter 2 presented the background of the study through theory and discussion of the findings of prior research. In Chapter 3, the research methodology is presented in greater detail. The chapter begins with a discussion of the research approach and design and why alternate choices were less appropriate. Next is the role of the researcher, which addresses my role in the study. The bulk of Chapter 3 is the methodology section. I discuss the inclusion criteria, study instrument, participant recruitment strategy, data collection methods, and data analysis techniques. Next is a section addressing issues of trustworthiness. The chapter concludes with a discussion of research ethics and a summary.

Research Design and Rationale

The research question guiding the study was the following: What are the lived experiences of African American men in the community that influence their internalized stigma regarding seeking and using traditional mental health services in the United States? The research approach by which the study was conducted was qualitative. Qualitative methodology is a descriptive and exploratory approach to conducting research (Merriam & Tisdell, 2015). When using a qualitative approach to research, the researcher focuses on the subjective experiences of the participants, which the researcher uses to describe or explore a broad phenomenon (Busetto et al., 2020). Qualitative research is open-ended, allowing for a full exploration of the issues under study (Merriam & Tisdell,

2015). In qualitative research, a researcher seeks to study the phenomenon holistically within its native context rather than to isolate it to study in the abstract (Busetto et al., 2020). Because of its open-ended nature, qualitative research is exploratory; the questions are asked to elicit all possible responses, not merely those falling within a narrow, predefined range (Merriam & Tisdell, 2015). Furthermore, because of its focus on subjective human experiences, qualitative research is well-suited to addressing issues grounded in the human experience (Busetto et al., 2020).

These characteristics made qualitative methodology appropriate for the current study. The experiences that led to internalized stigma regarding mental health services represented a broad phenomenon instead of specific variables or issues about relationships between variables. The research subject was subjective and individual, which aligned with qualitative inquiry's contextual and individualistic focus. The context was particularly important because the meaning of experiences that led to internal stigma could be understood only when explored within their native context. This context would often create much of their meaning. Finally, the topic of why African American men develop stigma had not yet been addressed, meaning that an open-ended, exploratory approach was ideal because there was little existing information on which to base a closed-ended approach.

In contrast, a quantitative method would have aligned poorly with the current study’s purpose. Quantitative research is numerical and relational (Hackett, 2018). Instead of focusing on a broad phenomenon, quantitative researchers zero in on specific variables and examine the relationships between those variables (Hackett, 2018).

Quantitative research offers stronger results via statistical significance. The cost of this strength is that the research must be conducted on a large scale, necessitating short-form, closed-ended data collection that relies on several existing options (Hackett, 2018).

None of these characteristics aligned with the current study. First, the present study addressed a broad phenomenon: the experiences that shaped African American men's stigma. Determining these experiences required an open-ended approach that would have been poorly suited to large-scale, closed-ended quantitative data collection. Moreover, the research question was a descriptive question addressing what experiences gave rise to stigma. Such a question could not have been answered by quantitative research, which is geared toward questions of how many or what relationship exists. The results of the current study could be used to inform future quantitative studies.

Within the qualitative research paradigm, I chose the phenomenological design. The phenomenological research design has philosophical roots and is best suited to understanding the participants' experiences (Moustakas, 1994). A phenomenological approach is appropriate when a researcher explores the participants' lived experiences to gain an in-depth understanding of the phenomenon under study (van Manen, 2017). The purpose of the phenomenological approach is to study the lived experiences of a group of participants and reduce these to the essence of the shared experience to understand the overall phenomenon (Moustakas, 1994). In addition, the phenomenological design equips the researcher with strong conceptual tools to reduce bias and report accurately on the results (van Manen, 2017).

The most significant reason that phenomenology was suited to the present study was that the design was ideal when exploring experiences. The present study was intended to understand the experiences that led to internal mental health care stigma. The in-depth nature of the study aligned with the intent of phenomenology. The phenomenon of interest through the essence of the shared experience aligned with the desire to understand why African American men felt a strong stigma toward mental health care through an in-depth interrogation of their experiences. Given the nature of the topic, the phenomenological tools for reducing bias were also relevant.

Role of the Researcher

The role of the researcher in qualitative research is that of the primary data collection instrument (Merriam & Tisdell, 2015). In the current study, my primary role was as the data collection instrument. I was an outside observer without individual involvement within the context of the participants' lives. I excluded any participants from the study with whom I had an existing personal or professional relationship. Although the research setting was chosen for geographical convenience, I was confident that I could find participants with whom I had no existing relationship.

Researcher bias is always a concern. I sought to mitigate my biases and preconceptions in this study by carefully applying phenomenological bracketing. Bracketing refers to the process by which a researcher acknowledges their context and sets it aside (Moustakas, 1994). This process required careful self-reflection and acknowledgment of my knowledge, thoughts, feelings, and beliefs on the research subject. By acknowledging these factors and setting them aside, I put on the *epoche* and

approached the study with new eyes. This process helped ensure that, to the extent possible, the study's results would reflect the responses of the participants and none of my feelings solely.

Methodology

The research methodology for the study included several key components addressed in this section. These pertain to the participants, the research materials, and the procedures. Each component of the methodology is addressed with care.

Participant Selection Logic

The population under study was African American men in two communities in the Mid-Atlantic region of the United States. The focus on African American men was because they were a population whose internal mental health stigma had not been adequately researched. The research context was chosen for geographical convenience while representing a relatively unified community. Multiple towns were included in the population, which might be expanded further because of the expectation that participants were challenging to recruit. The inclusion criteria for the study were African American men over age 18. Mental illness was not a prerequisite for participation because those who had not experienced mental illness might do so in the future and understanding stigma regarding mental health care did not require using or needing it. The exclusion criteria were those with whom I had an existing personal or professional relationship and men under 18. The inclusion/exclusion criteria were verified through a short demographic questionnaire for prospective participants.

A sample of nine eligible men was recruited using purposive sampling. In qualitative research, there is no a priori sample size (Mason, 2010). Instead, the qualitative researcher must strive to achieve data saturation or the point at which adding new study participants would no longer contribute new ideas (Mason, 2010). The final sample was determined during the data collection process in the current study. However, according to a meta-analysis of qualitative PhD-level research, the initial sample size may fall within the norms of phenomenological research, such as five to 10 participants (Mason, 2010).

Participants were sampled purposively using community flyers. Flyers detailing the study were drafted and posted on public bulletin boards in two communities in the Mid-Atlantic region of the United States (see Appendix B). With permission, a virtual version of the flyer was drafted and posted on local social media groups. The flyers contained my contact information, allowing prospective participants to call or email me to request participation in the study. Those whose demographic questionnaire responses were provided on the phone or via email verifying their participation eligibility were included in the study.

Instrumentation

As the researcher, I was the primary instrument for data collection in the study. In service to collect data, I conducted semistructured interviews. The semistructured interview is the method of choice for collecting qualitative data (Kallio et al., 2016). A semistructured interview is guided by a set of interview questions determined in advance that allows adding follow-up or probing questions when necessary to obtain a full

account (Kallio et al., 2016). My semistructured interviews were guided by an interview guide consisting of questions and key topics. The key topics aligned with the research question and were informed by the literature review topics. These topics included masculine norms (Goodwill et al., 2020; Mahalik & Di Bianca, 2021; Sileo & Kershaw, 2020), cultural expectations (Burkett, 2017; Campbell & Mowbray, 2016; Marsh, 2020), lack of collaboration (Hack et al., 2019), and mental health literacy (Rafal et al., 2018; Spiker & Hammer, 2019).

I prepared this interview guide in advance and asked my dissertation committee to review the questions to ensure they would elicit appropriate information to answer the research question. This review process, along with a test of the interview questions using the committee members as a sample, established the content validity of the interview guide to ensure it would provide responses that could be used to answer the research question. Appendix A contains the interview guide.

Procedures for Recruitment, Participation, and Data Collection

The research procedures were as follows: First, I obtained institutional review board (IRB) approval (#06-21-22-0012891) to conduct the study. No data were collected prior to IRB review and approval. Once IRB approval was obtained, I began my recruitment on public bulletin boards and social media groups for Black men. Both physical and virtual flyers were posted in these spaces to recruit potential participants. Prospective participants were asked to contact me by phone or email. I then scheduled an interview with those participants who were eligible and willing to participate. Once the demographic questionnaires were completed, I ensured that prospective participants met

the inclusion criteria. Virtual or paper consent forms were provided to those eligible to participate in the study. I went over the informed consent form with the participants to ensure they understood the content, and I answered any questions they had. The interview was scheduled once the participant physically or digitally signed the informed consent document.

The interviews were conducted in a one-on-one setting via conference calls through Zoom. Permission to audio record was included in the informed consent form. Each interview lasted 60–90 minutes. I took research notes during the interviews to contextualize participant responses' nonverbal cues. I transcribed the audio recordings of the interviews within 48 hours of the interview being completed. During the transcription of each interview, I assigned each participant a pseudonym to be used in place of the individual's actual name as a safeguard of confidentiality. The participants were offered the chance to review the transcript of their interviews either in person or through email. This process helped to ensure that participants had agency and that the interview and transcription accurately and completely captured their replies.

In addition to this initial sampling strategy, I implemented a follow-up snowball sampling approach. The snowball sampling approach involved asking participants to recommend personal or professional contacts who met the inclusion criteria. The exit procedures for the study were straightforward; participants were thanked for their participation and provided my contact information if they decided they wanted to withdraw their participation from the study before its publication.

Data Analysis Plan

Data analysis for the study consisted of the six-step thematic analysis process laid out by Braun and Clarke (2006). First, all transcribed interviews were loaded into NVivo qualitative analysis software to assist with the analysis. In addition, I engaged in phenomenological bracketing and enacted the epoche before beginning the data analysis process.

The first step of the data analysis was familiarization (see Braun & Clarke, 2006). At this stage, I carefully read and reread the transcripts several times. This process helped me ground the data analysis and ensure I had a strong grasp of what the participants said. The second step was to code the data (see Braun & Clarke, 2006). Coding was identifying key ideas in the data and giving them a code that denoted them each time they appeared in the data set. For example, “bad experience” or “weakness” were codes that appeared in the data. I coded using an initial codebook of a priori codes based on the literature and framework. I also coded ideas that emerged from the analysis of the data. Once the data were coded, the third step was to identify preliminary categories (see Braun & Clarke, 2006). Themes represented larger units of meaning, often combining multiple codes. For example, the code “family members” saw mental health care as a sign of the code “weakness” was one theme that could have emerged from the analysis.

Once an initial list of themes was made, the fourth step entailed validating the themes (see Braun & Clarke, 2006). In this step, I checked each theme against the data. This process helped me verify that the themes accurately reflected the data rather than my preconceptions or biases. The fifth step was to compare the themes (see Braun & Clarke,

2006). In this step, I ensured that each theme was unique and different from the other themes while also checking that it represented a complete and coherent idea. Finally, the sixth step was to list the themes and report them (see Braun & Clarke, 2006).

I reviewed the data carefully for discrepant cases. Per Booth et al. (2013), discrepant or disconfirming cases can be valuable to ensuring trustworthiness. If any findings had run counter to the themes identified, this contrasting viewpoint would have been addressed and included when discussing the theme. However, no discrepant cases were identified through the analysis.

Issues of Trustworthiness

Trustworthiness is the qualitative counterpart to reliability and validity (Merriam & Tisdell, 2015). There are four components of trustworthiness: credibility, transferability, dependability, and confirmability. In this section, I address how I achieve each of these components.

Credibility

Credibility is the qualitative version of internal validity (Merriam & Tisdell, 2015). Hence, credibility refers to how well the study maintains internal coherence. The principal strategy I employed to achieve credibility was careful alignment between study components. The purpose of the study was derived from the problem, and the research question operationalized the purpose. The interview guide and interview questions, in turn, were derived directly from and intended to answer the research question. I continued to collect data until saturation was achieved, ensuring that all answers

presented within the study population were captured. A transcript review was used to ensure that the interviews had captured accurate data.

Transferability

Transferability is the qualitative counterpart of external validity (Merriam & Tisdell, 2015). Therefore, transferability reflects how well the study results may transfer to other contexts. Rather than seeking to achieve generality, a qualitative researcher assures transferability by carefully describing the research conditions (Busetto et al., 2020). This process allows future researchers or others seeking to use the results to estimate how well the results may transfer. Hence, the present study's transferability rested on the detailed description of the target population offered in this chapter.

Dependability

A qualitative study's dependability is similar to a quantitative study's reliability (Merriam & Tisdell, 2015). Dependability is reflective of how well the results can be trusted. I achieved dependability by referencing my conclusions directly to the data. I provided quotations from participants to support each of the themes where they were reported and discussed. As a qualitative study cannot be expected to obtain the same results with different participants, dependability is best shown by providing the validity of the analysis (Merriam & Tisdell, 2015). In addition to referencing direct quotes, the analysis procedure I described contained multiple validation steps geared toward building dependability.

Confirmability

Confirmability refers to the accuracy of the results (Merriam & Tisdell, 2015). Therefore, my primary strategy for achieving confirmability was applying phenomenological bracketing and putting on the epoche. By carefully removing my biases and preconceptions, I sought to ensure the study reflected a conformable version of the participants' responses. The use of transcript review helped to ensure confirmability.

Ethical Procedures

The study was conducted ethically at all stages. No data were collected prior to obtaining IRB approval on ethical matters. All participation in the study was voluntary and did not involve any coercion. Although the conversation of mental health stigma might be considered sensitive by some, the study was concerned with experiences that created stigma, not the experience of stigma. The participants did not have to be experiencing mental health stigma. Nonetheless, the participants received a number of a no- or low-cost hotline that they could call for psychological assistance if participating in the study caused distress.

Informed consent procedures were adhered to carefully. Participants were provided complete informed consent documentation, which they must review and sign to participate. Where necessary and appropriate, the interviews were conducted online to minimize any COVID-19-related risks. The study results would have material benefits for the participants and those like them through improved mental health care access. Participants could have chosen to withdraw from the study at any point prior to

publication by contacting me. The confidentiality of participants was also protected using codenames and removing any personally identifying information from the data.

All data were stored in a password-protected file on a flash drive. When not in use, this flash drive was kept in a locked drawer of my desk. I am the only one able to access the original study data. These data will be kept securely for 5 years following the publication of this research, then deleted using a virtual shredder application.

Summary

In summary, the specific research problem addressed through this study was African American men's experiences that influenced internalized stigma toward seeking and using traditional mental health services in the United States. The purpose of this qualitative phenomenological study was to improve the understanding of African American men's experiences that influenced internalized stigma toward seeking and using traditional mental health services in the United States. Chapter 3 discussed the research methods by which the study was carried out. The research methodology was qualitative, whereas the research design was phenomenological. My role as the researcher was as the primary instrument of data collection. The population under study was African American men in the community in two communities in the Mid-Atlantic region of the United States. A sample of seven to 10 men was recruited using purposive sampling through public bulletin boards and social media sites. Data were collected through one-on-one semistructured qualitative interviews guided by an interview guide. The interviews were transcribed and analyzed using the six-step qualitative thematic analysis

process. Trustworthiness and ethical considerations were integral concerns throughout the research process.

Chapter 4: Results

Untreated mental health problems remain prevalent among African American men. African American men were reported to have experienced more stressors and mental health problems than White men, yet African American men were reported to have accessed mental health services fewer times than their White counterparts (Harris et al., 2020; Okoro et al., 2020). The purpose of this qualitative phenomenological study was to explore and describe African American men's experiences that influence internalized stigma regarding seeking and using traditional mental health services in the United States. This chapter presents the results that answered the following research question: What are the lived experiences of African American men in the community that influence their internalized stigma regarding seeking and using traditional mental health services in the United States?

The results focused on the lived experiences of internalized stigma of nine African American men in two communities in the Mid-Atlantic region of the United States. Four themes are presented in this chapter to describe how lived experiences of internalized stigma were developed and how stigma influenced men's mental health help-seeking behaviors. This chapter also contains descriptions of the demographics, data collection, data analysis, and evidence of trustworthiness. A summary is provided to conclude the chapter.

Setting

The study was conducted virtually through Zoom videoconferencing because of the COVID-19 pandemic during data collection. The participants were recruited from the

geographical location of two communities in the Mid-Atlantic region of the United States. The locations were selected out of convenience; however, to minimize bias and avoid conflict of interest, I did not select participants with whom I shared a personal or professional relationship.

Demographics

The sample consisted of nine African American men in two communities in the Mid-Atlantic region of the United States. All participants were over the age of 18. They were not related or acquainted with me. Among the nine participants, only one had received mental health services. Four participants were active members of the church, and five participants were uninvolved in the church. The participants' ages ranged from 31 to 75, averaging 52. Two participants were retired, three were private employees, one was a government employee, and three were self-employed. One participant was divorced, six were married, and two were single. The participants' demographics are summarized in Table 1.

Table 1

Demographic Information

Participant	Marital status	Occupation	Age	Church participation	Receive prior mental health services
Alex	Married	Truck driver	31	No	No
Anthony	Single	Retired	61	No	Yes
Brown	Divorce	Government	60	Yes	No
Chad	Married	Small business owner	34	Yes	No
James	Single	Truck driver	75	No	No
Melvin	Married	Retired	67	Yes	No
Ronald	Married	Small business owner	55	Yes	No
Shane	Married	Small business owner	31	Yes	No
Timothy	Married	Retail	58	No	No

Data Collection

I commenced the data collection process by obtaining the IRB's approval. Individuals who were African American men over age 18 with no existing personal or professional relationship with me were eligible to participate in the study. The recruitment of prospective participants started upon receipt of IRB approval to proceed with data collection. I prepared flyers (see Appendix B) containing details of the study and my contact information, allowing prospective participants to call or send me an email expressing interest in participating. I posted flyers on local bulletin boards in surrounding areas. The recruitment was also conducted virtually. I posted electronic flyers on local public social media groups for Black people or social media groups with high percentages of Black members.

Using purposive sampling, I recruited nine African American men in two communities in the Mid-Atlantic region of the United States who expressed interest in joining the study. I provided the participants with an informed consent form containing the purpose and procedures and the risks and benefits of being in the study. Participants were assured that their information would be treated as privileged and confidential, as stated on the informed consent form. Only I had access to the collected data, and no other individuals had access to them without the participant’s express written consent. I confirmed the participants’ availability and preference for the interview after they signed the informed consent form.

Based on the participants’ preferences, I conducted one-on-one interviews via the Zoom online video conferencing platform. Each interview lasted 45–60 minutes. I also

obtained the participants' approval to audio record the interviews by having them sign the informed consent form. The audio recording began once each participant was ready for the interview session. During the interviews, I took notes to contextualize nonverbal cues observed in participant responses. At the end of each interview, I thanked the participants for their time and gave them contact information in case they wanted to withdraw from the study before it was published.

Data saturation was reached at the final participant's interview. Through purposive sampling, I could select a sample considered experts about the phenomenon under investigation (see Patton, 2015). The nine participants were able to provide detailed and relevant answers to the interview questions. Furthermore, following the recommended sample size of between seven and 12 participants (see Mason, 2010), I determined that no new information emerged after the interview with the ninth participant.

I transcribed the audio recordings within 24 hours after the completion of the interview. I allowed participants to review and correct the interview transcripts in person or via email to ensure that I captured their responses precisely. Participants affirmed that the interview transcripts were accurate, and no modifications were made. The transcripts were then finalized for data analysis. No changes were made to the data collection plan presented in Chapter 3.

Data Analysis

I processed and analyzed the data collected through the semistructured interviews using Braun and Clarke's (2006) six-step thematic analysis process. After each interview,

I transcribed the audio recording and loaded the transcript into the NVivo qualitative analysis software to organize and examine the gathered data. Before starting the data analysis process, I employed phenomenological bracketing and enacted the epoche to mitigate personal biases and preconceptions.

The first step in Braun and Clarke's (2006) process for thematic analysis is data familiarization. I immersed myself in and became familiar with the data by listening to the audio recordings of the interviews, transcribing the recordings, and reviewing the transcripts. Thorough and multiple readings of the data gathered from the semistructured interviews allowed me to understand general patterns in each and across all interview transcripts. Using NVivo, I created memos to document the general patterns of personal experience of mental health problems, the influence of someone with mental health problems, help-seeking behaviors, barriers to help-seeking behaviors, and the influence of the church.

I reread the transcripts while focusing on each line of the data in search of units of meaning. Closely reading the transcripts was part of the second phase of the analysis, which was code generation. Each unit of data identified from the lines of the transcripts was assigned a concise, descriptive label known as a code (see Braun & Clarke, 2006). Codes such as racism, pastoral counseling, learn coping skills, and perceived as a weakness emerged from the data about the participants' experiences of seeking and using mental health services. An example of coding for learning coping skills is shown in Figure 1. The figure shows highlighted lines from the transcript in NVivo about how Anthony, the only participant clinically diagnosed with depression and anxiety and had

received prior mental health services, learned coping and breathing exercises from his counseling experience. A complete list of codes is shown in Appendix D.

Figure 1

Sample Coding

What do you know about their experiences?
I'm dealing with a lot of depression and anxiety and still being treated for it now, but I've been learning.
I learned what my triggers were, and I'm learning how to cope and breathe because I'm in counseling.
Helping me out, and my friends I have a friend, a young lady. She's a really nice, beautiful person, hell of a mother. She got issues with; well she got frustrated quick with men.
Yeah, and then, but she realizes that you know she have issues that need to be handled.

The next step of the data analysis process was the identification of initial themes. I evaluated the codes in search of relationships to build the data into potential themes representing larger units of meaning. For instance, the codes racism and prejudice, in the context of the participants' experiences, were related through the initial theme of sources of daily stress. Overall, 14 initial themes emerged from the data. The complete list of initial themes is found in Appendix D. Figure 2 shows the hierarchy of codes developed by me using NVivo. The codes learning coping skills, problems with personal and professional life, and taught by parents to ask for help when needed were related meaning units because they pertained to the pattern of the participants' experiences of seeking or attempting to seek mental health services.

Figure 2

Sample Hierarchy of Codes

- Personally sought mental health services
  - Learning coping skills
  - Problems with personal and professional life
  - Taught by parents to ask for help when needed

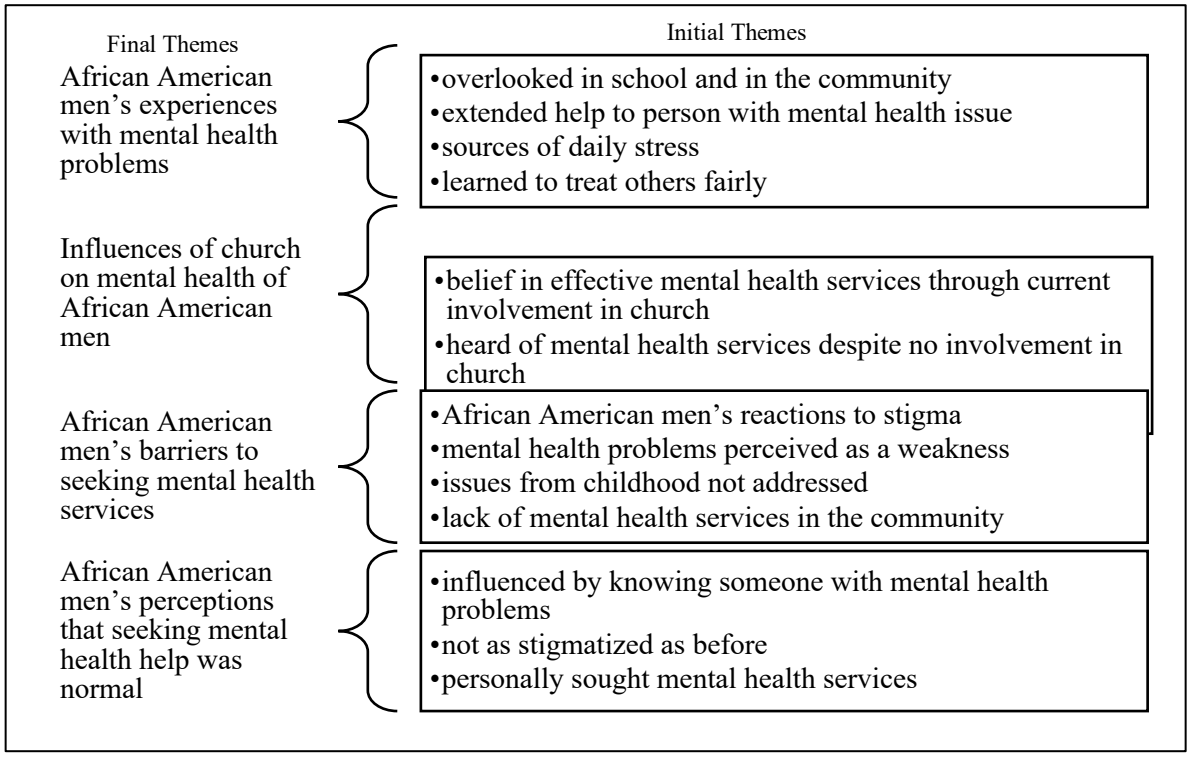
The initial themes were reviewed and validated in the fourth step of data analysis. I checked each theme by referring to the raw data to confirm that the theme had appropriate support based on the codes generated. This step also helped me verify that the themes generated accurately reflected the data rather than my preconceptions or biases. Discrepant cases were also reviewed during this step of data analysis. Overall, the participants' lived experiences were relatively homogenous, apart from Anthony, who was the only one to have experienced receiving mental health services. However, comparing the participants' responses showed that they generally had similar perceptions of internalized stigma regarding seeking and using traditional mental health services. From these similarities, I determined that no discrepant cases were present in the data.

During this phase, the 14 initial themes were refined so that four final themes emerged. The refinement of the themes is shown in Figure 3. The figure shows the participants' lived experiences of personal and others' current and previous stresses and challenges related to mental health problems. The participants' lived experiences of involvement in the church involved developing perceptions regarding the effectiveness of spiritual or pastoral counseling and other church services for mental health. The lived

experiences of stigma, unaddressed issues, and lack of services in the community served as the participants' barriers to seeking mental health services. Lastly, exposure to people with mental health problems, personal experiences of mental health services, and increased acceptance of mental health problems in the community were the participants' lived experiences of normalizing help-seeking behaviors for mental health.

Figure 3

Development of Final Themes From Initial Themes



The fifth step of the thematic analysis was naming and describing the themes. I verified that each theme was distinct from the others and that each theme constituted a comprehensive and logical thought. Each final theme was then given a name and a short description to guarantee that no themes were duplicated.

The last step was to list the themes and generate a report. I identified four themes to answer the research question. I then created a report on the themes, their descriptions, and some excerpts from the data.

Evidence of Trustworthiness

In qualitative studies, trustworthiness refers to the degree of confidence in the data, interpretation, and procedures used to ensure the quality of the study (Polit & Beck, 2020). Techniques were applied in collecting and analyzing the data to satisfy the trustworthiness requirements. I established the data's reliability, dependability, transferability, and confirmability to guarantee that the study's conclusions were trustworthy, adequately depicted, and relevant.

By rigorously integrating the study components, I secured and maintained the study's internal coherence. The study's purpose was taken from the research problem, and the research question was from the study's purpose. The researcher-developed interview questions addressed the research question. I also achieved data saturation to ensure that the study captured all answers regarding the research topic. I also used a transcript review to ensure the study's credibility. The nine participants evaluated the interview transcripts for accuracy, as well as my interpretation of their responses.

I established the study's transferability by providing a thick description of the methodology used in this study, including the population used, recruitment and selection of participants, sampling methods, data collection methods, and data analysis techniques. By providing a detailed explanation of the study's procedures, I ensured that other

researchers in comparable circumstances and disciplines could replicate my study and discover the same themes in their research.

Referencing the study's conclusion back to the data, I established the study's dependability by providing direct quotations from participants to support each of the highlighted and addressed themes. I also described the procedure involved in the data analysis, including various validation procedures to increase the study's dependability.

The researcher established the confirmability of this study by applying phenomenological bracketing and putting on the epoche to report the findings accurately. Removing personal biases and preconceptions in the data analysis, I increased the study's confirmability since it ensured that it reflected a conformable version of the participants' responses. The use of member checking in the study helped to establish confirmability.

Results

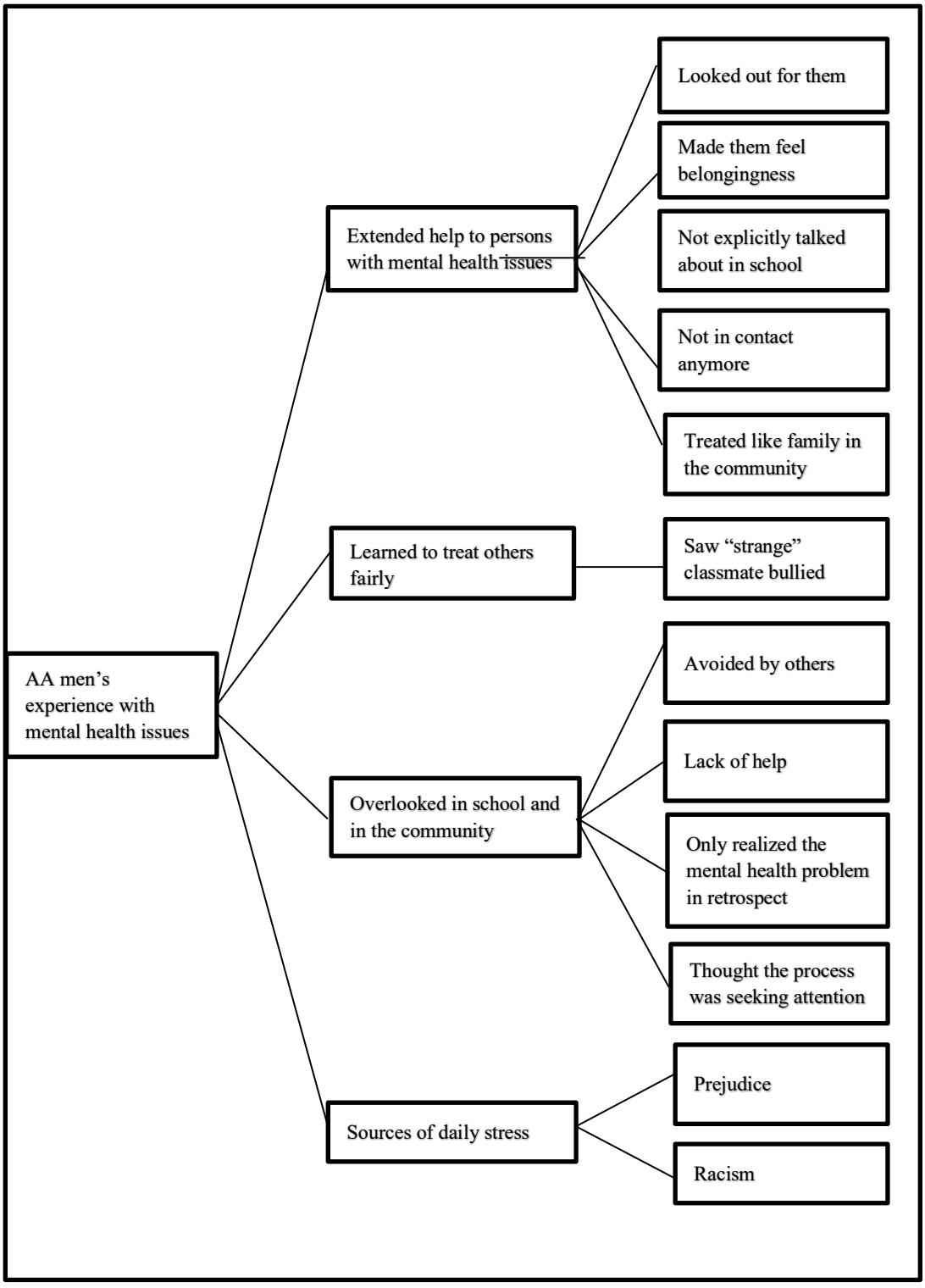
The lived experience of African American men that influenced internalized stigma toward seeking and using traditional mental health services in the United States involved the following four themes: African American men's experiences with mental health problems, influences of the church on the mental health of African American men, African American men's barriers to seeking mental health services, and African American men's perceptions that seeking mental health help was normal. The themes emerged from the data collected from the interview of nine African American men in two communities in the Mid-Atlantic region of the United States. Each theme is described in the following subsections.

African American Men's Experiences With Mental Health Problems

The participants' lived experiences of mental illness included past and present encounters with stressors and exposure to persons with mental health problems. Six participants described their past experiences of mental health problems being overlooked. Specifically, the participants' general description of the past was when they were in high school or earlier. Figure 4 shows how the theme was developed from initial themes and codes generated from the data.

Figure 4

African American Men's Experiences With Mental Health Problems



The school and the local community tended to dismiss persons with mental health problems. Shane stated, “I thought it was attention seeking at first with this person … I think, the same way that I perceived her is the way others did as well. She was just wanted attention.” Alex knew someone from high school who had “problems” that were left unaddressed. Alex perceived that if the problems were not “overlooked,” the person would have lived a better life as an adult. Alex shared,

> I knew a couple of people in high school that have mental issues. I felt like it kind of got overlooked, in school and the government … My thoughts about this person were that he needed help. Because he didn’t really know what he was doing, and he didn’t have the right guidance and the right people to help him. My perception about him now is that he is an okay person. But if he would have got help back then in there. He would have been a lot further in life than he is now.

Shane, Anthony, and Brown also shared that information about mental health was not openly available in the past and that they were personally unaware that some of the people they knew were suffering from mental health problems. The participants realized the problems in retrospect. Anthony explained,

> Well, their issues didn’t really get give me a perception one way another, because it was something that I didn’t recognize at the time. But as far as me knowing now, you know it would be different. I didn’t know anything about it then.

Ronald shared that due to his lack of awareness for mental health and mental health problems when he was in high school, his peers bullied the “strange” kid who later developed aggressive behaviors. Ronald perceived that the way people were treated

affected their mental health. Ronald expressed, “It taught me that you should treat others fairly. How you treat others could have impact on their mental health.”

Chad, James, Tim, and Brown shared their experiences of extending help to the persons they knew who had mental health problems. Brown and his friends looked out for their peers: “We knew something was wrong with him… we just made sure that the other kids wouldn’t bother or harass him.” Chad expressed his “better understanding” of his peer and perceived that he was in a position to provide help. James and Tim similarly shared giving haircuts to people they knew were suffering from mental health problems. James thought that that person could not care for his hygiene, which was why he saw the need to help. Tim shared that he helped his peer with haircuts not only for his looks but also to help him feel less isolated.

Two participants shared their experiences of daily stressors that affected their mental health as adults. James and Tim perceived that the stress from racism and prejudice was heightened among African American men. Authority figures, such as police officers and supervisors, experienced racism and prejudice. Tim explained that the prejudice against Black men was that they were perceived as threatening and aggressive. Tim also shared his experience advising a young Black man to increase his awareness of his behavior and avoid using profanity, especially at work, so his White supervisor would not “take offense” against him. James had a similar experience with his Black co-worker and believed that their White supervisor thought he was an “easy target.” James narrated,

> When I was working my job, I had a coworker my supervisor use to get on him pretty bad. I use to feel bad about him. Then I didn’t see him for a couple of

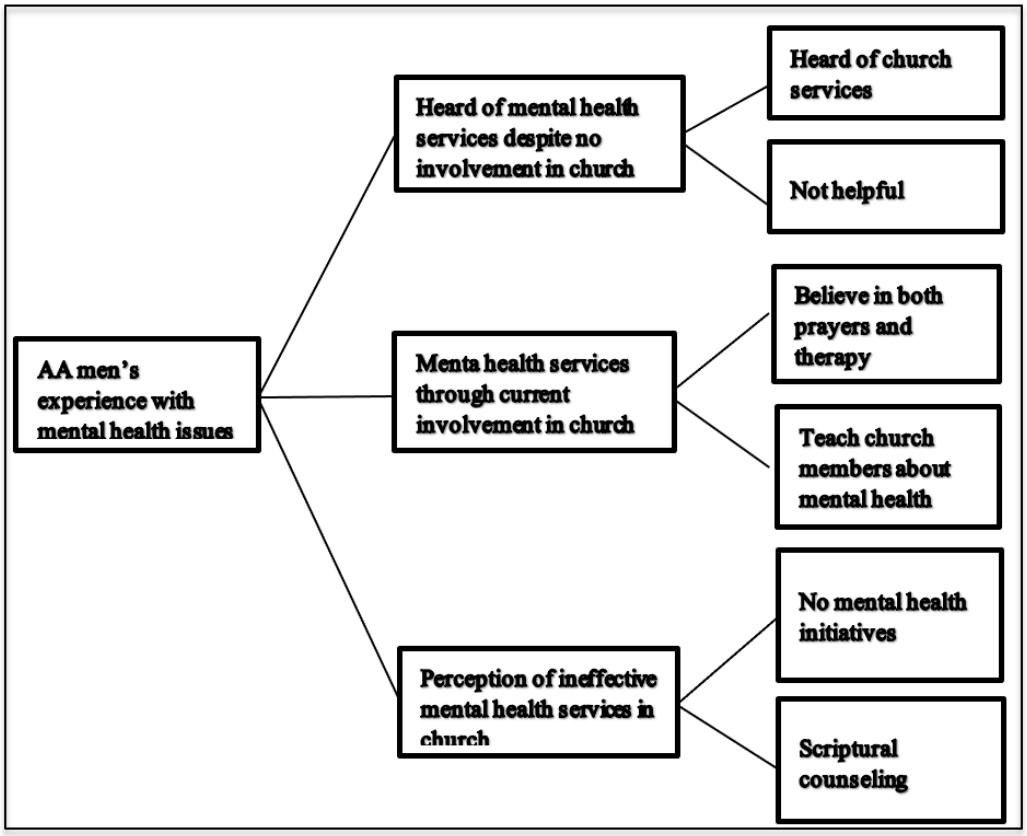
weeks. I found out later that he had a break down and had to go to counseling. I saw him later but he was in a different section and seem different.

Influences of the Church on the Mental Health of African American Men

Five participants were currently involved in church and religious activities, while the other four were formerly involved in church. Involvement in church, however, did not necessarily determine how the participants perceived church services as effective or ineffective for mental health. Figure 5 shows the development of this theme from the codes and initial themes.

Figure 5

Influences of the Church on the Mental Health of African American Men



Brown, Chad, Shane, and Ronald were actively involved in their churches. However, Ronald disclosed that the church he attended did not have initiatives that helped address the mental health problems of the community. Brown and Chad shared that their churches offered classes and counseling services for mental health. Chad articulated that the classes included pastors guiding members toward the "right direction." Brown revealed that their church pastor provided counseling services that involved talking to the church members, and when needed, the pastor referred church members to traditional counselors. Brown shared,

> The pastor keeps up with issues today that concerns our society. Yes, the church is concerned about mental health. Now that society has accepted the fact that this is a huge issue for Black Americans in America. But it is a serious issue, that have to be addressed. We can't use the take two pills and call me in the morning. It's not like that anymore. it's something really serious. So my church is aware and does provide counseling to our members. A lot of family counseling. The pastor also sends them to other counselors.

Shane specified that his church acknowledged "mental illness and spiritual illness." He shared that the church prayed for their sister and recommended that she receive traditional therapy to address her mental health problems. Shane described,

> In my church, we examined it because we did have a young girl that had suicidal thoughts and was hearing voices and things like that. We didn't just write it off, and say she was afflicted by demons or possessed, or whatever. We considered that, of course. We prayed for her, but we also considered therapy. We encourage

> our member that they should go see a doctor. So we don't say it doesn't exist. But we always, believe that the solution is Christ, and we always start there.

Tim, Alex, Anthony, and James were formerly involved in church. Tim shared information about pastors as counselors but perceived that spiritual counseling was not helpful for mental health problems. Tim shared that the pastors used scriptures to counsel the members. Before leaving the church, Tim stated that a woman sought spiritual counseling, but after he left the church, the woman committed suicide. The adverse incident led Tim to believe that spiritual counseling was ineffective in addressing mental health problems.

Alex, Anthony, and James though not part of the church continued to interact with people who were active in the church. The participants heard from their friends and parents that the church was "proactive" in providing "help" to members struggling with mental health. Alex shared, "I'm not part of our church now but I do know some churches that are affiliated with this neighborhood. They do try to come out and help people if they need help."

African American Men's Barriers to Seeking Mental Health Services

The participants revealed their experiences of barriers to seeking services to address mental health problems. The barriers included stigma against African American males and mental health problems, unaddressed issues from childhood, and the lack of mental health resources in the community. The stigma against African American men seeking mental health services was that they were perceived as weak if they expressed

their emotions or exposed their issues. The codes and initial themes that led to the development of this theme are shown in Figure 6.

Figure 6

African American Men's Barriers to Seeking Mental Health Services

Alex shared that an African American male acquaintance suffered from mental health problems. However, the community dismissed his problems: "People would think…he [was] probably been in the sun too long." Ronald described, "I guess some

people looked at as being weak or something. It was not okay for Black men to seem like they had a mental weakness." Brown was a platoon leader in the military, in which he shared that some of his African American subordinates required counseling services due to mental health problems. Brown shared that apart from stigma against African Americans, his subordinates also faced stigma as persons in the military. Specifically, Brown shared that military service members needed to be "tough" and mental health problems could impact their careers. Brown shared,

> I had African American marines who were dealing with personal issues that they had to see a counselor. Some of them didn't want to go, because they felt it would be a mark against their records … With African American marines, it was already tough enough.

Because of the belief that African American men could not be weak and the stigma that African American men are threatening and aggressive, four participants believed that their help-seeking behaviors were affected. Instead of seeking mental health service providers to learn coping skills, Anthony and Tim perceived that African American men behaved the way other people perceived them. Anthony and Tim shared that African American men tended to cause disruption and use offensive language. Tim believed that African American men's aggressive behavior was for "survival." Anthony perceived African American men reacted "impulsively" to the stigma. Anthony shared, "Those were people who were very impulsive. You know man, they just react you know doesn't seem that they had a thought process." Ronald shared that he knew of some

African American men who resorted to using illegal drugs to address their mental health problems.

Furthermore, Chad and Tim revealed that they tended to distrust mental health service providers because of the stigma against African American men. Chad shared that some African American men thought mental health professionals only wanted their money. Tim believed that some African American men did not trust that mental health service providers would not stigmatize or discriminate against them based on the "history" of authority figures with differential treatment between White and Black Americans.

Anthony and Brown disclosed that African Americans were raised to believe that mental health was a personal matter that did not need to be discussed in the community. Brown stated, "When I was growing up, we didn't want anybody knowing our business." Anthony shared that as a child, the people who exhibited behaviors that showed hints of mental health problems were labeled as "crazy" and were insulted. Anthony also believed that children with mental health problems did not receive the help they needed because the parents did not want to seek professional help for fear of their children being "labeled" and "looked at differently."

Apart from deliberately not seeking mental health services, Chad and Tim added that facilities offering mental health services did not use to exist. Tim stated, "I don't see real solid mental health services established in the community." Chad and Tim also believed that the help available for African American males was inadequate. Tim shared,

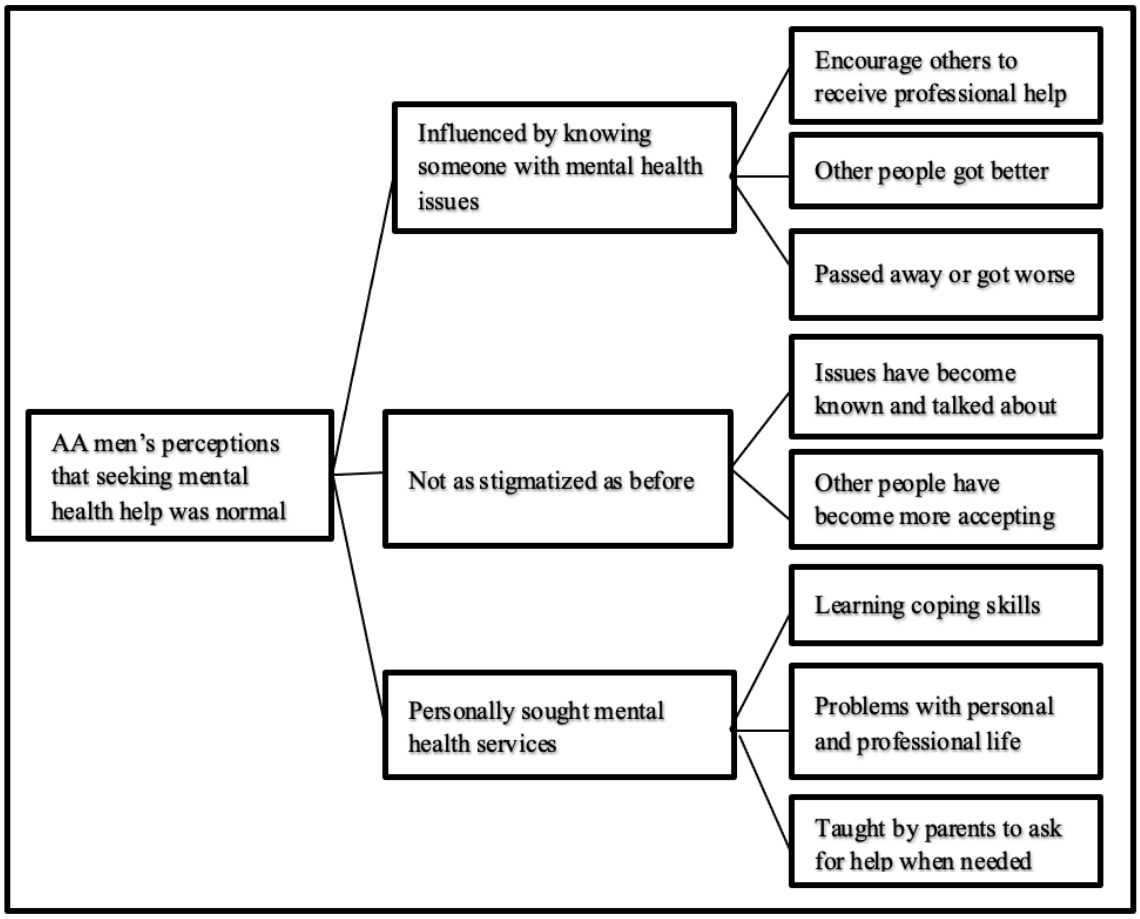
“There’s not enough done to help open it up to provide it to them. You don’t see the same effort being provided for Black men’s health.”

African American Men’s Perceptions That Seeking Mental Health Help was Normal

The participants generally experienced the eventual normalization of mental health problems and seeking help for mental health. One behavior that normalized seeking mental health help was encouraging other people to seek professionals to cope with their problems. Figure 7 shows the development of this theme from codes and initial themes identified from the data.

Figure 7

African American Men's Perceptions That Seeking Mental Health Help was Normal



Tim perceived that mental health professionals could help address mental health problems that resulted from certain situations by teaching them proper coping skills. Tim had a comrade who suffered from "stress" after his experience in the Gulf war and personal problems. Tim believed a "professional" could help his friend sort out his problems and "deal" with them. Tim also encouraged his son, who experienced a breakup, to seek professional help to cope.

Anthony personally sought mental health services following his father's encouragement. Anthony shared that his father advised him to seek help whenever he needed to do so. Anthony was also influenced by an acquaintance who had mental health problems, resorted to using illegal substances, and passed away. Anthony stated, "Seeing what other people has [*sic*] gone through and once I found out that the help was there, you know I try to get it." On the contrary, Alex was influenced by friends who acknowledged their mental health problems and sought professional help. Alex shared,

> The experience that led to my feelings and perceptions and beliefs come from time with my friends that needed and requested help. I'm still very grateful for them because they knew they had a problem. They reached out to someone and got help. I feel good about them doing it.

Furthermore, Anthony, Brown, and Shane believed that people had become more accepting of mental health problems than before. Brown believed that the community accepted mental health problems as actual problems that needed to be addressed regardless of gender and race. Brown stated,

> Currently society has identified it has a problem and made it more acceptable for those need counseling. It seems as though they are really trying to address the issue. So, I'm really happy that things have gotten better and is more acceptable, especially for African American men.

Summary

This chapter contained the presentation of the results of this study. The results were generated from the data collected from African American men in two communities

in the Mid-Atlantic region of the United States. A purposive sample of nine African American men was interviewed. The thematic analysis of the semistructured interview data revealed four themes describing African American men's experiences that influence internalized stigma toward seeking and using traditional mental health services in the United States. The themes were: (a) African American men's experiences with mental health problems, (b) influences of the church on the mental health of African American men, (c) African American men's barriers to seeking mental health services, and (d) African American men's perceptions that seeking mental health help was normal.

The essence of the participants' lived experiences in the community that influenced their internalized stigma toward seeking and using traditional mental health services was that mental illness and help services had become more accepted in African American men. The participants shared that mental health was not considered an important issue while growing up. However, at the time of the study, resources for accessing mental health care have been increasingly discussed and normalized. Specifically, when the participants were in high school, they had peers and relatives who were "different" from most people. They tended to be bullied or avoided instead of helped. Some participants disclosed their insights of realizing the existence of their peers' and relatives' mental health problems in retrospect. As adults, two participants shared feeling stressed from prejudice and racism against African Americans. The stressors included differential treatment from White authority figures, such as law enforcers and superiors at work, and discrimination for being perceived as aggressive or threatening.

The participants' experiences resulted in two outcomes influencing their mental health help-seeking behaviors. One outcome was an aversion to seeking mental health services. The participants' avoidance of mental health help may result from their upbringing and community. African American males were raised to keep their emotions private, as being emotional was perceived as a sign of weakness. Parents also did not seek mental health services for their children for fear of their children being labeled and stigmatized.

Furthermore, the participants reported a lack of facilities in the community that offered mental health services while they were growing up. Two participants shared that African American men tended to distrust mental health service providers due to their "history," which was associated with unequal treatment from figures of authority. The other outcome that influenced the participants' mental health help-seeking behaviors was the perception that mental health problems were normal. Some participants shared that they sought mental health services, while some participants encouraged other people around them to seek help for their mental health problems. The participants also believed that the community was more accepting of mental health problems, especially with the younger population accessing the internet for information and resources. Mental illness has become openly talked about in society.

The church was one of the influential aspects of the participants' mental health help-seeking behaviors. Four participants were actively involved in the church at the time of this study. The participants believed that the church was central to educating the community about caring for their mental health. The participants also shared that the

church offered counseling services. However, one participant perceived that pastoral counseling was not as effective as traditional counseling due to the experience of having one woman who sought pastoral counseling died of suicide. The other three participants believed that combining religious faith and pastoral counseling was a sufficient and effective form of mental health care. Three other participants shared that they were no longer active in church but believed that the church provided adequate resources for the mental health of the people in the community.

The results of this study are discussed and interpreted in the next chapter. The discussion is on how the themes answered the research question through the lenses of Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory. The implications, limitations, recommendations, and conclusions of the study are also provided in the next chapter.

Chapter 5: Discussion, Conclusions, and Recommendations

African American men were reported to have experienced more stressors and mental illness than White men, yet African American men were reported to have accessed mental health services fewer times than their White counterparts (Harris et al., 2020; Okoro et al., 2020). The purpose of this qualitative phenomenological study was to explore and describe African American men's experiences that influence internalized stigma regarding seeking and using traditional mental health services in the United States. This chapter contains the interpretation of the study's findings addressing the following research question: What are the lived experiences of African American men in the community that influence their internalized stigma regarding seeking and using traditional mental health services in the United States?

The results captured the lived experiences of internalized stigma of nine African American men in two communities in the Mid-Atlantic region of the United States. Thematic analysis of the semistructured interview data revealed four themes that described African American men's experiences that influenced internalized stigma regarding seeking and using traditional mental health services in the United States: (a) African American men's experiences with mental health problems, (b) influences of the church on the mental health of African American men, (c) African American men's barriers to seeking mental health services, and (d) African American men's perceptions that seeking mental health help was normal. In Chapter 5, these findings are discussed in relation the literature reviewed in Chapter 2.

Interpretation of the Findings

This section discusses the findings based on the literature reviewed in Chapter 2. The four themes organize the section. This section also contains a discussion of the findings concerning the theoretical framework.

African American Men's Experiences With Mental Health Problems

The participants' lived experiences of mental health problems included previous and current encounters with stressors and exposure to people with mental health problems. Participants stated that the school and the local community tended to dismiss people with mental illness, possibly negatively influencing their ability to succeed in the future. Although previous research did not directly include this finding, Marsh (2020) showed that participants' understanding of mental health stigma was driven and influenced by peer groups, families, and communities. A lack of mental health literacy from the school and local community could have caused such issues experienced by the current study participants.

In the current study, Shane, Anthony, and Brown shared that information about mental health was not openly available in the past and that they were personally unaware that some people they knew suffered from mental health problems. This finding was not directly discussed in previous literature; however, researchers acknowledged a lack of understanding about mental health problems influencing the likeliness to seek help. For example, Bauer et al. (2020) and Okoro et al. (2020) found that African American men were less likely to receive mental health care services than other racial/ethnic groups. Okoro et al. reported that African American men had a 30% higher rate of mental health

problems than non-Hispanic White American men. Despite this prevalence of mental health problems, African American men are less likely to receive adequate care from mental health professionals than their White counterparts (Goodwill et al., 2020).

Further research has shown that minority groups, such as African American men, have lower levels of help seeking, consistent with the current study's findings. For example, James and Tim perceived that the stress from racism and prejudice was heightened among African American men, lowering their desire to access mental health care. Based on this and other findings, the need was shown to provide more targeted interventions for men from diverse backgrounds, such as African American men (see Moore et al., 2020; Vogel et al., 2011).

Influences of the Church on the Mental Health of African American Men

Five participants were currently involved in church and religious activities, while the other four were formerly involved in church. However, involvement in the church did not necessarily determine whether the participants perceived church services as effective or ineffective for mental health. Brown, Chad, Melvin, Shane, and Ronald were actively involved in their churches, and Brown and Chad shared that their churches offered classes and counseling services for mental health. This finding is supported in the research, with researchers noting that religion plays an important role in the mental health outcomes of the African American community (Avent Harris et al., 2021; Campbell & Littleton, 2018; Hays, 2018; Jordan, 2020; Stansbury et al., 2018). Furthermore, church support can serve to function as social and emotional support for African Americans' mental health (Chatters et al., 2018), supporting Shane's assertion that he felt supported

by his church members who prayed for their sister and encouraged her to receive traditional therapy to address her mental health problems. This finding was consistent with Campbell and Littleton's (2018) research, which addressed mental health counseling in the African American church. The findings revealed that the church had an important role in facilitating and addressing the mental health needs of African Americans within and outside of the church.

Despite these consistent findings in the literature and the current study, not all participants agreed that church was helpful for mental health. For example, Tim shared information about pastors as counselors but perceived that spiritual counseling was not helpful for mental health problems. This finding was corroborated by other research that showed that religion could negatively influence seeking help among men. Religion can also be a barrier to mental health service use among African Americans (Brenner et al., 2018; Campbell & Littleton, 2018). Researchers noted that with high self-stigma, men with high levels of religious commitment could have low help-seeking behaviors regarding mental health (Brenner et al., 2018; Campbell & Littleton, 2018). The mixed findings suggest the need for further research on this issue.

African American Men's Barriers to Seeking Mental Health Services

Participants in the current study discussed that the barriers to mental health services included stigma against African American males and mental health problems, unaddressed issues from childhood, and the community's lack of mental health resources. These findings were supported by research (Abdullah & Brown, 2020; Campbell & Mowbray, 2016; Wu et al., 2017); however, not all of the barriers found in the literature

were discussed by current participants, such as masculine norms and cultural expectations (see Goodwill et al., 2020; Mahalik & Di Bianca, 2021; Sileo & Kershaw, 2020). Current participants also discussed unaddressed issues from childhood as a barrier to help seeking, which was not found in other studies.

Current participants discussed stigma as a significant barrier, supporting prior research showing that one of the major barriers to seeking help among African American men is stigma, including self-stigma and public stigma (Abdullah & Brown, 2020; Campbell & Mowbray, 2016; Wu et al., 2017). Wu et al. (2017) noted similar findings to those of Cadaret and Speight (2018) and Fripp and Carlson (2017) regarding stigma acting as a barrier to the use of mental health services. Previous findings showed that individuals with high levels of self-stigma and public stigma were less likely to seek and use mental health services (Wu et al., 2017).

In the current study, Ronald described, “I guess some people looked at as being weak or something. It was not okay for Black men to seem like they had a mental weakness.” This comment may fall under the barrier of masculine norms discussed in previous research (Goodwill et al., 2020; Mahalik & Di Bianca, 2021; Sileo & Kershaw, 2020). Also, Brown shared that people in the military needed to be tough, and mental health problems could impact their careers. Toughness could be perceived as a masculine quality. According to previous research, masculinity significantly and negatively impacts men’s help-seeking regarding mental health (Goodwill et al., 2020; Mahalik & Di Bianca, 2021; Sileo & Kershaw, 2020). Researchers found that men with greater adherence to masculine norms and status were associated with less mental health service

utilization, especially as they scored high in antifemininity and toughness norms (Sileo & Kershaw, 2020), supporting Brown's comment about stigma experienced in the military.

Although current participants did not mention culture as a barrier, they made comments that might have shown barriers from cultural beliefs. For example, Chad and Tim revealed that they tended to distrust mental health service providers because of the stigma against African American men. Chad also shared that some African American men thought mental health professionals only wanted their money. These beliefs may have stemmed from cultural beliefs or how these men were raised in their communities; however, there was no way to be sure because the participants did not describe these situations based on their culture. Researchers found that due to cultural expectations, African American men were not openly comfortable sharing their mental health struggles, being transparent about their mental health, and receiving mental health support (Burkett, 2017; Campbell & Mowbray, 2016; Marsh, 2020).

Participants in the current study mentioned a lack of mental health resources in the community. This finding is supported by previous research. For example, Hack et al. (2018) found that another barrier to consider in seeking help and using traditional mental health services among African American men was the lack of collaboration between mental health care facilities and families in the African American community. A lack of collaboration can function as a barrier to mental health care service access, health care service utilization, and African American men retention (Hack et al., 2019). A lack of collaboration may also cause less use of mental health resources, as discussed by the participants in the current study. A lack of resources could also be attributed to low

mental health literacy, another major barrier to seeking traditional mental health aid among African American men by researchers (Rafal et al., 2018; Spiker & Hammer, 2019).

African American Men's Perceptions That Seeking Mental Health Help was Normal

Current participants experienced the eventual normalization of mental health problems and sought help for mental health. One behavior that normalized seeking mental health help was encouraging other people to seek professionals to cope with their problems. Tim perceived that mental health professionals could help address mental health problems that resulted from certain situations by teaching them proper coping skills, as suggested by a friend who received help for stress. This finding was not directly discussed in the research reviewed in Chapter 2; however, researchers had consistently noted the impact of social support and mental health literacy on attitudes toward mental health help seeking (Britt et al., 2020; Hack et al., 2017; Jung et al., 2017; R. J. Taylor et al., 2020).

Instead of finding the normalization of mental health, previous research results showed that African American men needed more education and knowledge about mental illness to understand ways to effectively treat their illness (Hack et al., 2017), which Tim might have done when aiding his friend. Chatters et al. (2018) showed the significance of normalizing mental health by supporting the need for heightened emotional support, including support networks, among African American adults. Normalization of mental health might not have been discussed in previous research because it represented a new

development; however, there was no way to be sure of this finding without more research being conducted.

Findings and the Theoretical Framework

The theories grounded this study included Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory. According to Goffman's (1963) theory of social stigma, individuals who have experiences of stigma are classified as the following: individuals who share or possess stigmatizing agents, individuals who do not share or possess stigmatizing agents, and individuals who do not share or possess stigmatizing agents but are accepted by those with stigma because they are knowledgeable about it. The current study included African American men with mental illness experiences, although not necessarily about themselves. These participants fell under Goffman's theory that an individual suffering from a mental illness might not have physical manifestations but could believe the illness was a devalued attribute, causing negative feelings about self (see Johnson, 2020). Moreover, participants would fall under the theory if they experienced tribal or group stigma, referring to the stigma attached to an individual due to their group identification, including race (see Goffman, 1963). African American men are from a race known to experience stigma for their race alone, much less from mental health problems (Garcia, 2021; Gulczyńska, 2019; Pantelic et al., 2019).

Similar to the current study, other researchers have used Goffman's (1963) theory of stigma as the leading framework for understanding people with experiences of stigma (Garcia, 2021; Gulczyńska, 2019; Pantelic et al., 2019). Gulczyńska (2019) found that

stigmatized students typically have low-paid employment due to their status of coming from disadvantaged neighborhoods. However, researchers had not explored African American men's experiences of stigma concerning the utilization of traditional mental health services (see Garcia, 2021; Gulczyńska, 2019; Pantelic et al., 2019). The current study appeared to be the first to include Goffman's theory of social stigma applied to African American men's mental health.

The current study also affirmed the tenets of the minority stress theory (see Meyer, 2003). Meyer (2003) built on early work by Goffman (1963) to posit that health disparities for individuals from minority populations were partly caused by prejudice, systemic racism, and discrimination. Researchers have used Meyer's (2003) minority stress model to examine minority men, specifically as they face distress and mental health problems (Lambe et al., 2017; McConnell et al., 2018; Ramirez & Paz Galupo, 2019). In contrast to the current study's participants, who were African American men, researchers noted that sexual minority groups also faced unique barriers to seeking counsel and providing disclosures regarding their experiences of sexual violence (Binion & Gray, 2020). This finding was consistent with the minority stress theory, in which individuals with experiences of stigma, such as those identifying as a sexual minority or racial minority, experienced chronic stress (Binion & Gray, 2020). Chronic stress may manifest in the form of bias and discrimination, leading to a higher risk for poor mental and physical health discussed by participants in the current study and other studies (see Binion & Gray, 2020; Meyer, 2003).

Past researchers have also used Goffman's (1963) theory of social stigma and Meyer's (2003) minority stress theory combined, like the current study, to examine discrimination, mental health, and social stigma among minority groups (Johnson, 2020; Moore et al., 2020; Vogel et al., 2011). Experiences with discrimination and stigma may influence how men's adoption of dominant gender role norms is linked with the stigma associated with seeking counseling (Meyer, 2003), as suggested when viewing the findings through the combination of the two theories. The first theory from Goffman (1963) supported that the participants shared a similar grouping based on mental health illness beliefs and race, while the second theory from Meyer (2003) supported that being from a minority group would cause more exposure to stigma, thereby causing the stress discussed by the current study's participants. Because this study was the first to use Goffman's (1963) theory of social stigma to study African American men's mental health, future research remains necessary, as discussed below.

Limitations of the Study

There were limitations in this study. The foremost limitation was that the subject matter was somewhat sensitive. Although voluntary participation and confidentiality could have helped to ensure accurate results, it was impossible to be sure that the participants had provided accurate answers and had remained honest. Sources of bias could have come from internal stigma and social desirability biases. The study was limited by self-selection bias in that the participants who chose to participate might not have been indicative of the experiences of the broader community of African American men. One way of lessening these limitations was that the study focused on experiences

generating stigma, which did not require the participants to experience mental health struggles. This inclusion criterion helped avoid harm to participants and made them more willing to answer honestly and completely.

Researcher bias was also a limitation of the study. I aimed to reduce the risk of researcher bias. Thus, I used phenomenological bracketing to exclude my personal feelings and opinions.

Another issue in terms of limitations was transferability. Per Merriam and Tisdell (2015), because the small samples in qualitative research prevent the results from being generalizable, a qualitative researcher should create transferability by documenting the study conditions for future readers to determine the transferability of results. The study's dependability was established through the careful use of participants' direct quotes to support analyzing and documenting the study's methods and the use of phenomenological bracketing, which included reflecting on and reporting my biases as a researcher.

The sample size was also a limitation. Nine participants represented a low sample size, although qualitative research was known for having small samples (see Merriam & Tisdell, 2015). Future research may best address this limitation by continuing research on this subject.

Recommendations

Recommendations are presented in this section for future research based on the limitations and findings of the current study. Recommendations are also based on the literature reviewed. The first recommendation is that the study's small sample size was a

limitation. Future research is encouraged to replicate this study in a different area to enhance this study's findings. Future research may also replicate the study with a larger sample size.

The second recommendation is based on the theoretical framework of this study involving Goffman's (1963) theory of social stigma. This theory was not used in past research to study African American men's mental health perceptions. For this reason, future research is encouraged to further apply this theory to racial social stigma to expand the lens through which researchers may view the findings and add to current research findings.

The third recommendation is based on the findings of the current study. Participants believed that mental health was becoming more normalized in conversations than in the past. This finding was not directly discussed in the literature. Normalization of mental health might not have been discussed in past research because it represented a new development; however, there was no way to be sure of this belief without more research on the subject. Thus, future researchers are encouraged to study the idea of mental health normalization specifically. They may conduct a case study over time to see if perceptions of normalization adjust.

The fourth recommendation is based on the current study's findings and past research. Some findings were mixed regarding whether the church was helpful in mental health problems. The participants in the current study agreed and disagreed that church was helpful, with some experiencing no help at all through church, and others gaining help but not finding it helpful.

Literature also had mixed results. Some found that religiosity could function as a barrier to mental health service use among African Americans (Brenner et al., 2018; Campbell & Littleton, 2018), while others found that church support could serve to function as social and emotional support for African Americans' mental health (Chatters et al., 2018). Because perceptions were so mixed on this subject, future research is encouraged to conduct multiple case studies among a church with mental health services and one without to show the differences in perception among mental health resources in a church.

Implications

The study has empirical and practical implications contributing to positive social change. The empirical significance of the study stems from addressing a research gap highlighted by prior researchers. Harris et al. (2020) requested more research regarding cultural influencers of African American men outside of ethnicity, which could influence stigmatized thoughts regarding mental health care. Most research involved female participants, creating a gap regarding the needs of men. Additionally, Bauer et al. (2020) highlighted the alternate coping methods for addressing trauma employed by African American men and used this issue to argue a need for further research into how these men can be better involved in the mental health care system. The present study addressed these research gaps by focusing on the stigma-generating experiences that had kept African American men from mental health care. Thus, the implication is that this study may help fill this gap, furthering knowledge about an important issue in the United States.

In practical terms, the implication is that the results of this study may aid mental care service practitioners in helping African American men to use and seek traditional mental health services. Mental health has been a challenge among African American men (Moore et al., 2020; Vogel et al., 2011); thus, providing equitable mental health care services for African American men while considering their experiences and perceptions of stigma may contribute to positive social change in society. Because stigma is a major and significant barrier to seeking help for mental health problems among African American men, acknowledging and addressing their perceived stigma by understanding their lived experiences may help in the care and treatment of their mental health (Cadaret & Speight, 2018; Marsh, 2020).

Another implication is that practitioners may use the results to understand better why African American men do not wish to use mental health services and what experiences have led them to that position. This understanding may, in turn, help providers target programs or interventions to serve the mental health needs of African American men. Research supported that mental health programs could help with mental health-seeking behaviors, stating that education programs could be useful in increasing knowledge and skills regarding mental health and help-seeking behaviors among men (Liddle et al., 2021; Watkins et al., 2020). Meeting those unmet mental health needs would contribute to positive social change; thus, leaders should consider applying this knowledge to help this struggling community further.

Conclusion

African American men do not receive adequate mental health services compared to their White counterparts (Harris et al., 2020; Okoro et al., 2020). Furthermore, various factors function as barriers to help-seeking among African American men (Bauer et al., 2020; Marsh, 2020; Okoro et al., 2020). African American males are less likely than their White counterparts to seek treatment for mental health problems (Hack et al., 2019, 2017; Okoza et al., 2020; Wu et al., 2017), even though they are more likely to experience psychological distress (Campbell & Mowbray, 2016). Although participants perceived that conversations about mental health are becoming more normalized in society than before, research should continue to further this normalization process.

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Appendix A: Interview Guide

RQ: What are the lived experiences of African-American men in the community that influenced their internalized stigma toward seeking and using traditional mental health services in the United States?

1. Growing up, did you know anyone who would be considered today as someone who had mental health problems? Can you tell me more about this person?
    a. What were your perceptions about this person at the time?
    b. What are your perceptions about this person now?
    c. How was that person perceived by your community?
    d. How did that person influence your perceptions of mental health?
2. Over your lifetime, can you recall any African-American men who sought mental health services?
    a. What do you know about their experience?
    b. What was/is the response of your community to these African-American men who received mental health services?
3. Are you part of a church? If so, how has your church handled concerns regarding mental health within your community?
4. How do you feel about mental health?
    a. What experiences did you have that led to these feelings, perceptions, or beliefs?

Appendix B: Recruitment Materials

Date:

I am a doctoral student at Walden University. My name is Leon Wilson. I am conducting a research study to learn more about the experience of African-American men and mental health.

I am recruiting individuals that meet these criteria:

- Above 18 years old
- Male
- African-American
- Currently living in Fredericksburg, VA or Largo, MD

You cannot be in this study if:

- You are below 18 years old
- You are female
- You are not African-American
- Living outside of Fredericksburg, VA or Largo, MD

The activity for this research project will include:

- One-on-one interviews that will last for approximately 90 minutes. This interview will be conducted online and will be audio recorded for data collection purposes.
- Checking the transcript of your interview, which will be sent through email. This will take approximately 20 minutes.

Your participation in this study is voluntary. Your identity will be protected by using code names. No names will be used in this study. The data will be stored in password-protected files to keep the data confidential.

If you are interested in participating in this study, please contact me through [redacted]. Thank you!

Doctoral study seeks African-American men and mental health services

There is a new study called "African American Men's Experiences Influencing Internalized Stigmas About Mental Health Services: A Phenomenological Study*"* that could help care providers like doctors and counselors better understand and help this particular group. For this study, you are invited to describe your experiences with stigma toward seeking and using mental health services in the United States.

This survey is part of the doctoral study for Leon Wilson, a Ph.D. student at Walden University.

About the study:

- One 60-90 minute audio recorded individual online interview
- To protect your privacy, no names will be collected

Volunteers must meet these requirements:

- 18 years old or older
- Male
- African-American
- Living in Fredericksburg, VA or Largo, MD

To confidentially volunteer, click the following link: [insert survey link]

To confidentially volunteer, contact the researcher:

[redacted]

Appendix C: Site Authorization

Institutional Letterhead/Logo

{Community Research Partner/Institution Name}
{Community Research Partner/Institution Contact Information}

{Date}

Dear Walden IRB,

Based on my review of the proposed research by Leon Wilson, I give permission for him to conduct the study entitled “insert study title” within the insert name of school/community research location. As part of this study, I authorize the researcher(s) to recruit study participants from our members by posting flyers on our community board and using our mailing list to send email invitations to potential participants. Individuals’ participation will be voluntary and at their own discretion. We reserve the right to withdraw from the study at any time if our circumstances change.

We understand that the research will include conducting individual online interviews that il be audio recorded.

This authorization covers the time period of _____ to _____.

I confirm that I am authorized to approve research in this setting.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the research team without permission from the Walden University IRB.

Sincerely,

{Authorization Official signature}

{Contact Information}

Appendix D: Code Book

Themes	Initial Themes	Codes	Contributing participants	References in the data
African American men's experiences with mental health problems			8	39
	Extended help to person with mental health issue		4	10
		looked out for them	1	1
		made them feel belongingness	3	3
		not explicitly talked about in school	1	2
		perceived as 'slower'	1	1
		not in contact anymore	1	1
		treated like family in the community	2	2
	Learned to treat others fairly		1	1
		saw 'strange' classmate get bullied	1	1
	Overlooked in school and in the community		6	20
		avoided by others	3	3
		lack of help	5	8
		person talked about issues	1	1

Themes	Initial Themes	Codes	Contributing participants	References in the data
		saw behavioral changes in the person	3	5
		blamed others for one's mental health issue	1	2
		only realized the mental health problem in retrospect	3	3
		thought the person was seeking attention	1	5
		community also thought the person was seeking attention	1	1
		saw behavioral changes in the person	1	3
	Sources of daily stress		2	8
		prejudice	1	2
		perceived as aggressive	1	1
		perceived as threat	1	1
		racism	2	6
		discriminated	1	2
		perceived differential treatment if they were White	1	1
		police brutality	1	2
		working with older White men	1	1
Influences of church on mental health of African			8	10

Themes	Initial Themes	Codes	Contributing participants	References in the data
American men				
	Heard of mental health services despite no involvement in church		3	3
		heard of church services	2	2
		not helpful	1	1
	Mental health services through current involvement in church		3	4
		believed in both prayers and therapy	1	1
		teach church members about mental health	2	3
	Perception of ineffective mental health services in church		2	3
		no mental health initiatives	1	1
		scriptural counseling	1	2
		woman from church died of suicide	1	1
African American men's barriers to seeking mental			6	21

Themes	Initial Themes	Codes	Contributing participants	References in the data
health services				
	African American men's reactions to stigma		4	8
		behave how they think others think they do	2	5
		causing disruption or being disrespectful	2	4
		for survival	2	2
		living in the streets without a male role model	1	1
		using profanity	1	1
		distrust mental health service providers	2	2
		using drugs	1	1
	Issues from childhood not addressed		2	5
		labelled crazy and insulted	1	1
		not expressing themselves	2	2
		not part of growing up	1	1
		parents fear their kids being labelled	1	1
	Lack of mental		2	3

Themes	Initial Themes	Codes	Contributing participants	References in the data
	health services in the community			
		lack of mental health services for African American men	2	2
	Perceived as a weakness		3	4
		impacts military career	1	2
African American men's perceptions that seeking mental health help was normal			6	21
	Influenced by knowing someone with mental health problems		4	8
		encourage others to receive professional help	2	4
		other people got better	1	2
		passed away or got worse	1	1
	Not as stigmatized as before		3	6
		issues have become known and talked about	1	1
		other people have become more accepting	3	5

Themes	Initial Themes	Codes	Contributing participants	References in the data
	Personally sought mental health services		2	3
		learning coping skills	1	1
		problems with personal and professional life	1	1
		taught by parents to ask for help when needed	1	1