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Facilitating Factors and Positive Reasons African American Men Attend Psychotherapy

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Taia Willis

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Walden University
2018

Abstract

Facilitating Factors and Positive Reasons African American Men

Attend Psychotherapy

by

Taia Willis

MS, Holy Names University, 2008

BS, St. Mary's College, 2001

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

General Psychology

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Abstract

Researchers have found that African American men are one of the most marginalized, targeted, and disenfranchised groups of people. In the past, African American men were less likely to attend psychotherapy compared to other ethnicities. Barriers to treatment includes the following: distrust in the mental health system, self-reliant behaviors, religious ideologies, cultural stigmas, and the ideology of what it means to be a man and an African American man in America. This study addressed the lack of qualitative studies on the experiences of African American men who attend psychotherapy by exploring the lived experiences of 10 African American men who voluntary attended psychotherapy 2 or more times in their adult lives. Sites of resilience, a theoretical framework for this study, provided an understanding of African American men's resilience and a clinical model for engaging African American men in mental health services. Handcoding was used to organize data by developing categories and later establishing common themes expressed during semistructured interviewing. Five themes emerged from the data: (a) stigmatization, (b) self-awareness, (c) self-realization, (d) emotions, and (e) transition between prepsychotherapy and postpsychotherapy experiences. The understanding of experiences of African American men who have chosen psychotherapy contributes to positive social change by identifying appropriate therapeutic strategies, including emotional regulation and distress tolerance skills. Furthermore, the lived experiences provided by this study's participants can provide direction for additional research to improve the experiences of African American men and mental health services.

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Dedication

I dedicate this paper to every African American man who has experienced feelings of

hopelessness while struggling to maintain hope and peace today.

Acknowledgments

Attaining a doctoral degree has been one of the most rewarding yet humbling experiences in my life. I am grateful for the members of my support system, who gave selflessly of their time, ears, and support to assist me with this process. I would first like to acknowledge God, for without Him, nothing is possible. Next, I would like to thank my parents and sister, who have seen me through each phase of the process and who were there when I felt most vulnerable, to encourage me and validate my emotions. I love you all so much. Next, I would like to thank those who paved the way for me in earning their doctoral degrees and providing sound advice throughout my process: Dr. Dishawn Givens, Dr. Edward Donaldson III, Dr. Clifford Thompson, and Dr. Georita Frierson, my dissertation chair. Finally, a thank you to my editor, Sue Graham. I am forever appreciative for her patience and assistance during this process. The dissertation process has taught me humility and resilience.

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Chapter 1: Introduction to the Study

Researchers suggest that men are not to share feelings, admit to weakness, seek emotional involvement, or become codependent on others. Opting to attend therapy and express experiences of what it means to be an African American man in America may help to ameliorate the psychological distress experienced, especially during or following social justice movements such as the Black Lives Matter Movement. Understanding barriers that African American men face currently through social movements such as Black Lives Matter can help researchers unfold the experiences of African American men during psychotherapy. Discovering constructive and meaningful ways to address African American men's mental health requires an indepth understanding of their experiences. As researcher, I explored the resiliency of African American men and focused on positive reasons and facilitating factors for African American men's choice of psychotherapy as a forum in which to discuss their experience.

Some studies allude to African American men's inability to afford mental health treatment. Employment status and income both serve as barriers to health and health-seeking behavior (Forrester-Anderson, 2005; Plowden & Young, 2003; Rose, Kim, Dennison, & Hill, 2000; Royster, Richmond, Eng, & Margolis, 2006). Finding effective strategies that address the mental health needs of African American men is necessary within this community. Ward and Mengesha (2013) asserted that these strategies include implementing a therapeutic milieu that focuses on understanding the experiences of African American men. Furthermore, strategic planning addresses the discrimination and racial factors that contribute to daily life stressors and African American men's inability to regulate emotionally. Franklin (2011) asserted that reluctance to seek professional

assistance suggests a weakness or vulnerability that challenges the perceived strength of a "man." In addition, disclosing the need for assistance in coping with emotional difficulties may indicate personal failings or suggest emasculation (Franklin, 2011). Understanding these men's experiences may benefit the therapeutic alliance in creating a safe place in which African American men can engage. Therefore, the voice of the African American scholar is important to lead the charge against continual social injustice that seeks to explain police brutality, racial profiling, and African American victimization (Pratt-Harris et al., 2015; Gabbidon & Green, 2012).

Background

Historically, violence against African Americans in American history occurred during enslavement, Jim Crow, and the Civil Rights Movement. African American men, women, and children endured physical, psychological, sexual, and emotional terror during these time periods (Aymer, 2016; Leary, 2005; Petersen & Ward, 2015). Throughout American history, whenever a social movement occurs, the psychology of a community affected by social injustice must be addressed. In the past, African Americans used political and social forums and organized protests to confront the oppression and racism experienced. For instance, the Civil Rights Movement of the 1960s brought unprecedented improvements in the lives of most African Americans (Glaude, 2016). In March 1963, the March on Washington was organized to address the civil rights of African Americans, specifically with regard to jobs and freedom, by which the Civil Rights Act of 1964 and the Voting Rights of 1965 were implemented (Glaude, 2016).

In an effort to effect social change and disrupt White supremacy, African Americans have always fought to gain justice and protection by organizing nonviolent protests (Aymer, 2016). Social movements such as Black Lives Matter and the historical March on Washington galvanized the response of the Civil Rights Movement. Both social movements elicited a call to address the racial and social injustices affecting African Americans across the world. Politicians, religious officials, and socially conscious individuals decided to take a stand against the continual racial injustices affecting people of color, particularly African American men, who have endured oppression for decades (Francis, 2015).

Social movements have heightened awareness of racial injustices inflicted on African American men; however, researchers have not addressed their recent experiences. African American men who have attended therapy may use the therapeutic session as an intimate space to discuss their innermost concerns about being an African American man in America. There is less focus on facilitating factors and positive reasons for African American men choosing to address their mental health in therapy; instead, researchers have explained why African American men are less likely to attend therapy to address their mental health needs. Researchers have suggested that "barriers to health-seeking behaviors of African American men include (a) socioeconomic status, (b) masculinity, (c) lack of awareness of the need for care, (d) racism and distrust of the healthcare system, (e) religion and spirituality, and (f) criminal background" (Cheatham, Barksdale, & Rodgers, 2008, p. 556).

Currently, perceptions of African American men and therapy are likely to change as the stigma of mental health reduces within the African American community.

Interventions such as group therapy for African American men can help to validate their experiences within a therapeutic environment, exploring shared thoughts and feelings that are central to helping one another avoid believing that their experiences are unique (Franklin, 2007).

Problem Statement

In 1963, Martin Luther King delivered his *I Have a Dream* speech, addressing the end of poverty and the increase of job opportunities, and envisioning racial equality among all Americans (English et al., 2017). Today, this speech continues to resonate for many African American men who would like to envision racial equality; however, experiences of racial injustices affect their daily living. Many African American men have experienced racial discrimination by police. In a study on racial identity, Dottolo and Stewart (2008) found that 14 out of the 16 participants in the study who were African American mentioned discrimination experiences, and of those 14, 8 reported encounters with the police.

Researchers have depicted racism as a social condition and a fundamental cause of declining health and illness (Cheatham et al., 2008; Garcia & Sharif, 2015). Discrimination and health disparities, among other factors, are byproducts of racism (Garcia & Sharif, 2015). The deaths of unarmed African American men further expose racism, defined as a "system of structuring opportunity, assigning value based on race that unfairly disadvantages some individuals and communities" (Garcia & Sharif, 2015, p. e27). Currently, African American victimization continues against African American men in America.

Fifty years later, President Barack Obama's presidency has ended and racial injustices have continued to persist as young African American men are 21 times more likely than their Caucasian counterparts to be shot by police (Garcia & Sharif, 2015). Racial segregation of public schools appears more prevalent currently than ever before, and unemployment rates of African Americans are two times that of Caucasians (Garcia & Sharif, 2015). Such systematic factors lead to racism and the continual perpetuation of negative factors and barriers that prevent African American men from trusting the mental, health, legal, and judicial system. Awareness within the mental health field of these factors and barriers can increase the understanding of the mental health needs of African American men within the United States.

In order to understand the psyche of African American men in the United States, one must consider implications such as psychosocial, socioeconomic, environmental, and sociocultural factors that influence mental health seeking behaviors. Current researchers estimate that African American men are approximately 20% more likely to report having mental illness than Caucasians (Walker, 2013) and less likely to receive proper diagnoses and treatment (Holden, McGregor, Blanks, & Mahaffey, 2012). Furthermore, access to healthcare services and resources, such as mental health services that promote optimal health, may reduce or exacerbate health risks, depending on the circumstances (Garcia & Sharif, 2015). Disparaging stereotypes and attitudes may have decreased; however, they continue to occur with harmful consequences. African American men are reluctant to report when experiencing signs leading to psychological issues for fear of being misdiagnosed. Factors such as willingness to understand their problems, willingness to want help, and willingness to confront cultural stigmas related to mental help seeking

may lead to reasons for African American men to begin to seek therapy in increasing numbers.

Purpose of the Study

There are several definitions of resilience; however, for this study, I looked at Ungar's (2008), Rutter's (2007), and Franklin's (1999) definitions of resiliency. Resilience has been distinguished as a process of "navigating oneself toward, then using a particular resource" (Kim & Hargrove, 2013, p. 306); therefore, "resilience is not limited to a personality trait; instead, it is influenced by both internal and external systems in an outgoing process" (Kim & Hargrove, 2013, p. 306). Furthermore, Franklin (1999) asserted that personal resilience is "the individual's effective management of the hassles of daily life, culminating over one's life history, which enhances one's adaptive repertoire and efficacy in coping strategies" (p. 781).

Some African American men feel positive about being an African American man in the United States (English et al., 2017). The notion that African Americans can demonstrate positive self-concepts, despite the historical and ongoing legacy of racial discrimination and other social-structural stressors may be considered resilience.

Resiliency can be discussed from a multilayered perspective. In this research study, I focused on the facilitating factors and positive reasons and/or negative reasons and barriers for African American men's choice to address mental health needs during therapy. According to Spencer et al. (2006), resilience is associated with a personality trait pattern of maturity, optimism, responsibility, cooperation, and persevering. Optimistic individual beliefs about the future have been found to be associated with better mental and physical health. These effects include better prognosis following heart

surgery and greater longevity (Spencer et al., 2006). In addition, this study addressed the facilitating factors and positive reasons, such as African American men's resiliency, instead of the perpetuation of barriers and negative factors that previous researchers have used to prove why African Americans choose not to take advantage of psychotherapy.

Research Questions

This study was guided by the following questions:

1. What experiences have shaped African American men's perceptions of mental health?

2. What are the perceptions of African American men who have attended psychotherapy?

3. What are positive and facilitating factors or negative factors and barriers for African American men to attend therapy?

4. How do African American men describe potential personality traits and/or characteristics that encourage them to seek therapy?

5. What other experiences do African American men describe within the therapy session?

6. How does the development of African American men shape their perceptions of therapy?

Theoretical Framework

Researchers suggested that there continues to be a need for engaging, treating, and fostering resilience within marginalized and disenfranchised communities (Brown, Payne, Dressner, & Green, 2010). In addition, researchers have proposed that the underutilization of mental health care services due to factors such as culture, societal

attitudes, accessibility, and other related issues is cause for serious concern within this community. Conceptualizing such factors is important, as is ensuring that culturally appropriate practices are utilized to encourage African American men to seek and continue treatment (Evans, Hemmings, Burkhalter,& Lacy, 2015).

African American men remain one of the most underserved populations in the mental health field (Holden, McGregor, Blanks, and Mahaffrey, 2012). A contributing factor to this disparity is the impact of racism and race-based trauma. Researchers suggest that race-based trauma is defined as an individual's personal exposure to racism causing emotional stress, physical harm, and/or fear (Bryant-Davis, 2007; Bryant-Davis & Ocampo, 2005).

The effects of race-based trauma has caused African American men to become easily overwhelmed and unable to employ effective coping strategies, therefore experiencing negative symptomology (i.e., depression, increased alcohol consumption, poor self-concept, health complications, and decreased self-esteem) (Verkuyten, 1998; Williams & Williams-Morris, 2000). Post-traumatic growth (PTG), defined as an individual's experience of positive change and resiliency, contains strategies employed to help African American men cope effectively with trauma by identifying significance or purpose of the traumatic event (Park, Riley, & Synder, 2012).

Brown et al. (2010) looked at resilience among *street-oriented African American men*, defined as African American men from marginalized communities in need of mental health services. Brown et al.'s study is based on the site of resilience (SOR), a theoretical framework, to better understand the resilience and the cultural context model

(CCM) as a clinical model for engaging and treating African American men in need of psychotherapy (Almeida, 1998, 2003; Almeida, Dolan-Del Vecchio, &Parker, 2008).

The SOR framework (Brown et al., 2010) informs the therapeutic process by locating the multiple pathways in which resilience manifests within an urban street context. CCM (Almeida, 1998, 2003; Almeida et al., 2008), however, offers strategies for practice that expand the notion of culturally relevant practice to move beyond respect for difference and to actualize therapeutic interventions that help to construct healing communities (Brown et al., 2010).

Nature of the Study

For this study, a qualitative approach was used, specifically, a phenomenological approach, to explore the lived experiences of African American men 18 years or older who had attended psychotherapy at least twice in their adult life. Through a counterintuitive lens, researchers can understand that within the African American culture, resiliency can and is likely to be perceived differently from the way it is perceived in other cultures.

This study was qualitative, with a descriptive and exploratory focus. It addressed the phenomenon of resiliency among African American men. This phenomenological study is focused on the lived experiences of African American men. Semistructured interviews addressed the resiliency, racism, and oppression experienced by African American men who have opted to attend therapy. In addition, semistructured interviews helped to extrapolate information necessary to understand the psychological impact that has led these African American men to therapy. Through purposeful sampling, I chose African American men who had attended therapy at least two times in their adulthood to

gain a greater understanding of experiences of resiliency as it related to being an African American man in America. Limitations included but were not limited to the small sample size that most qualitative studies have. The results cannot be generalized to all African American men. *African American men who have attended therapy at least twice in their adult life* describes a unique sample of men whose perceptions of therapy may have been related to experiences beyond the therapeutic encounter. Finally, there may have been an issue with social desirability bias for participants in the study.

Definition of Key Terms

African American men: This term has been used to describe men belonging to or descended from the African Diaspora.

Resilience: This terms referred to the ability of an individual to bounce back from negative experiences and adapt to the changing demands of stressful experiences (Richardson, 2002).

Significance

Throughout history, African American men have shown resiliency through opposition. Being male and African American in the United States has meant that these men must contend with omnipresent occurrences of racial and gender profiling on multiple levels of society (e.g., being arrested, shopping, driving while African American, negative experiences with police officers, and being hassled in stores) (Aymer, 2016; Dottolo & Stewart, 2008). African American men have been frequently racially profiled as police rely on factors such as race, ethnicity, or national origin instead of behavior of the individual or information that may have led to criminal activity (Ramirez, McDevitt, & Ferrell, 2000). Aymer (2016) asserted, "To be male and Black in America

means that one must contend with omnipresent occurrences of racial and gender profiling (i.e., being arrested while Black, shopping while Black, and driving while Black) of society" (p. 369). After experiences of racial profiling, many African Americans need to find a safe place to express the impact of racism. The African American church has been and continues to be one of the safe havens within the African American community (Chatters et al., 2011; Gaines, 2010).

Resiliency is a vital component of well-being and an important factor in learning to cope with challenge, stress, and adversity (Lynch, Geller, & Schmidt, 2004). Gaining an understanding of the resilience and strength of African American men and acknowledging their experiences of oppression and discrimination are important factors that affect their daily lives (Franklin, Chen, N'Cho, Capawana, & Hoogasian, 2015). Resilience for African American men can be considered a factor of optimal functioning and well-being. The risks that African Americans face daily derive from challenges such as family disruption, negative peer influences, or underresourced schools (Franklin et al., 2015). These risks can be exacerbated by the experience of pervasive racism experienced through low expectations, institutional barriers, or racial profiling (Spencer et al., 2006).

Although there is advancement in literature saturated with barriers and negative factors relating to African American men, few researchers have addressed the facilitating factors and positive reasons for African American men who have chosen to address their mental health (i.e., African American resiliency). "Research on resilience focuses on individuals who have hope and humor despite devastating losses they may experience" (Spencer et al., 2006, p. 9). Resilience is not limited to or about overcoming a deeply stressful situation but about coming out of such a situation with competent functioning

(Spencer et al., 2006). Resiliency allows a person to rebound from adversity as a strengthened and more resourceful person. Theorists recognize resilience as a dynamic process comprised of the positive adaptation of an individual resulting from significant adversity (Spencer et al., 2006).

Resiliency Is Perspective

African American men are conditioned throughout childhood to endorse cultural messages such as self-reliant behaviors and, therefore, are less likely to seek help in achieving mental health (Vogel, 2011, 2013). The lack of understanding or of ways in which to address factors that lead to poor resilience have led to the underutilization of psychotherapy. Services include individual and/or group psychotherapy and psychiatry oversight (medication management). However, due to the stigmatization of assistance in achieving mental health within the African American community, emotional vulnerability within the psychotherapy experience may expose African American male core beliefs.

One core belief among African American men is that it is unmanly to expose weaknesses, particularly in therapeutic contexts (Cochran, 2005; Englar-Carson, 2006; Franklin et al., 2015; Mahalik et al., 2003). Internalizing some core beliefs can negatively impact the willingness to seek mental health. However, challenging cultural messages and self-stigma in terms of masculine norms may cause African American men to engage in psychotherapy.

In the present-day social and political climate, African American male active engagement in psychotherapy can be seen through a resiliency lens. There is research on resilience; however, there is no research on cultural resilience relating to psychotherapy. For the purpose of this research, resilience, as it relates to African American men and

mental help seeking, can be seen as a sign of strength compared to other cultures. The worldview may be culturally encapsulating and does not reflect the meaning of resilience for other cultures. According to literature, African American men in the United States are 50% of the total population considered unemployed (Eckholm, 2006; Payne, 2008). Paying for therapy sessions may be unimportant compared to prioritizing daily basic needs (food, shelter, and clothing). Furthermore, African American men may show resilience by seeking additional skills in therapy versus relying on their own knowledge, which reinforces self-reliant behaviors

There are multiple definitions of resilience; however, the definition that best aligns with this study's worldview of resilience is the effective management of daily life stressors, culminating over a man's life history, enhancing adaptability and efficacy in coping strategies (Franklin, 1999). Researchers have suggested that perceived sources of stress include finances, money, and racism. However, many African American men have suggested that perceived sources of resilience to stress include religion and family (Chung, Meldrum, Jones, Brown, & Jones, 2014).

Researchers have posited that it can be challenging for men to take advantage of mental health and therapeutic counseling services based on utilization of services (Franklin et al., 2015). Factors leading to African American men's reluctance to seek counseling include improper diagnoses and gender role socialization. Researchers have suggested that "African American men that do seek counseling less commonly receive proper diagnoses and treatment than their non-Hispanic White counterparts" (Holden et al., 2012, p. 264). African American men, considered an underserved population in receiving medical and psychotherapy services, must also transcend barriers to treatment

such as racial discrimination and income (Franklin et al., 2015; Holden et al., 2012; Satcher, 2003; Xanthos, Treadwell, & Holden, 2010). When considering the multiple barriers faced, African American men who attend psychotherapy may exhibit more resilience compared to other cultures.

Researchers have posited that resilience is a positive adaptation or the ability to maintain mental health despite experiencing difficulty (Pakalniskiene, Viliuniene, & Hilbig, 2016). In a research study on the relationship between resilience scores and the expression of distress in the context of treatment over time, researchers Pakalniskien et al. (2016) found that higher resilience can be a protective factor and, with treatment, can give better results over time. In addition, researchers have suggested that decreased distress symptoms do not directly relate to increasing resilience over six weeks or six months (Pakalniskiene et al., 2016).

Qualitative Methodology to Gather Data on Personal Resiliency

For this research, I used a qualitative-approach, phenomenological study to explore the lived experiences of African American men, 18 years or older who had attended therapy at least twice in their adult life. In addition, in this study, I used semistructured interviews to explore personal resiliency. Through a counterintuitive lens, researchers can understand that within the African American culture, resiliency can and will be perceived differently as compared to other cultures.

Additional Research on Resiliency: Theoretical Framework/Clinical Model

Researchers have suggested that there is a continual need for engaging, treating, and fostering resilience within marginalized and disenfranchised communities (Brown, Payne, Dressner, & Green, 2010). In addition, researchers have proposed that the

underutilization of psychotherapy services due to factors such as culture, society, accessibility, and other related issues are causes for serious concerns within this community. It is important to conceptualize such factors and ensure that culturally appropriate practices are utilized to encourage African American men to seek and continue treatment (Evans et al., 2015).

Brown et al.'s (2010) study was based on the SOR to address resilience and the CCM as a model for engaging and treating street-life-oriented African American men in need of psychotherapy services (Almeida, 1998, 2003; Almeida et al., 2008). SOR and CCM can be applied to create a therapeutic milieu that promotes healing and liberation (Brown et al., 2010). Both clinical models help to understand the importance of counseling strategies that are clinically appropriate to address resiliency in African American men.

Understanding the internal struggles of African American men can help to recognize positive concepts despite social structural factors such as racial discrimination, unemployment, and mass incarceration (English et al., 2017). The resiliency of African American men transcends the desire to survive; rather, it encompasses the need to survive in a world full of hatred.

African American men encountering problems involving institutional racism utilize resiliency within themselves—such as emotional regulation and problem-solving skills among their families and communities—addressing their mental health and decreasing stress (Lynch et al., 2004). Resilience, in terms of what it means to be an African American man in the United States, must transcend personality traits and address the internal and external factors associated with a need to cope positively when

experiencing the stressors and challenges of being African American. Moreover, identifying coping strategies that can help African American men manage distorted perceptions of therapy may lead to facilitating factors associated with attending modern-day therapy.

African American men are conditioned through childhood to endorse cultural messages such as self-reliant behaviors and, therefore, are less likely to seek help in achieving mental health because of self-reliant behaviors and cultural messages regarding what it means to be a man and to be emotionally vulnerable or seen as weak (Vogel, 2011, 2013). The lack of understanding of how to address such factors leads to poor resilience and has led to the underutilization of psychotherapy services.

Resilience can be perceived counterintuitively within any culture based on experience, history, and numerous other factors. In the African American culture, therapy has been stigmatized for years; therefore, to be strong, overcome adverse situations, and manage through years of oppression can be perceived as resilience. Furthermore, resilience can be viewed as the capacity to recover quickly from difficulties.

Psychotherapy does not equal resilience; however, when considering the experiences of African American men, it is important to understand that resilience can be viewed counterintuitively and psychotherapy can be used as a pathway to share experiences involving their resilience.

Chapter 2: Literature Review

Researchers on African American men and mental health have traditionally addressed three primary areas: distrust in the healthcare system, self-reliant behaviors, and religious participation. With a closer examination of these three areas, researchers and the field of psychology may realize that African American men are affected by societal issues at disproportionate levels compared to other cultures.

In this literature review, I explore the ways in which education, culture, and spirituality impact African American men's decision to seek mental help. According to the reported continued struggles of African American men in psychosocial literature regarding drug use, crime, and incarceration, African American men may be plagued with a lower quality of life, poorer outcomes in educational success, and mental and physical health instability. Researchers have minimized contributions and successes of African American men and maximizes generalizations and stereotypes of this culture.

This literature review can help to explain the facilitating factors and positive reasons for African American men to address their mental health through psychotherapy. There is a vast amount of research about the negative reasons and barriers affecting African American men's decisions to address their mental health by attending psychotherapy. I explored four themes and their impact on resiliency among African American men. These themes included African American men and education, African American men and the African American church, African American men and racial identity, and African American men and culture.

The resilience of African American men can be seen educationally, spiritually, and culturally. African American men continue to transcend barriers by exercising a

spirit of resilience. Cone (1997) proposed that despite democracy, African American

men can be considered to be the minority, which is not necessarily measured by the

number of people involved. Despite adversity, once an African American man

understands truth of his place in the world, he is prepared to give his all. The African

American man's all in history has been seen during protest, riots, and social movements.

The willingness for many to die for human dignity has led to hope rather than despair.

Many great African American men have contributed to the Civil Rights Movement,

helping to shape organizations such as the National Association for the Advancement for

Colored People (NAACP), United Negro College Fund (UNCF), National Black

Chamber of Commerce (NBCC), National Urban League, and 100 Black Men of

America.

Organization of the Literature Review

For this study, I researched literature from the following internet databases:

Psych Articles, Psych INFO, and EBSCO. The information included from the

following databases were peer-reviewed scholarly articles. Two central databases—

Walden Library and Google Scholar—were used to search for relevant information

about the study. To stay relevant, I chose articles within the last 10 years of research on

this topic. Due to the limited amount of information retrieved from journal articles, I

chose to seek additional resources related to the topic. In addition, I collected

information from *Psych Today* magazine journals and relevant books such as *Ferguson*

and Faith: Sparking Leadership and Awakening Community (Francis, 2015),

Democracy in Black: How Race Still Enslaves the American Soul (Glaude, 2016), and

The Black Presidency (Dyson, 2016). *Psych Today*, specifically, provides recent

published journal entries with topic significance. Furthermore, recent researchers have contributed to the body of research about African American men and education. The dates of these articles range primarily from 2010 to 2016; however, some information collected from a few articles are dated from over six years ago. The keywords that I used for this search were *Black men/African American men and resilience*, *psychotherapy*, *counseling*, *Black Lives Matter movement*, *the Black church*, *religion*, and *education*.

Why Resilience?

Resilience is operationally defined as the practice-of-strengths perspective, which focuses on capabilities, assets, and positive attributes of human beings rather than on their weaknesses and pathologies (Maluccio, 2002; Saleebey, 2002). Based on the literature and the lack thereof pertaining to African American men and resilience, I suggest that African American men manage to persevere (educationally, socially, culturally, and spiritually) despite inequality and racial challenges. For decades, African American men have held leadership roles across the world. For example, African American men such as Booker T. Washington, Martin L. King, Jr., Thurgood Marshall, Rev. Jesse Jackson, and President Barack Obama made necessary and significant contributions that have transcended barriers. Much like other African American men, these men embodied resilience and leadership, unafraid and fearless of consequences.

Currently, the social and political climate pertaining to the African American male experience requires that the mental health needs of African American men are addressed within a therapeutic environment. For years, the African American church, the African American family, and the African American community have been used as support

systems. However, as racial inequalities continue to impact African American men, it is important to provide another source of support that understands and empathizes with their experience. Psychotherapy can address issues of emotional dysregulation and provide distress-tolerance skills necessary to manage mental health.

Currently, as racial inequalities continue to exist across the nation, the psychological impact of oppression affects the physical and emotional well-being of many African American men. Physically, unresolved stress can lead to health challenges (e.g., heart attacks, strokes, hypertension, and diabetes, just to name a few). In addition, emotionally unresolved stress can lead to aggression, depression, and anxiety. The importance of the impact that oppression has on African American men's mental health must be addressed beyond the African American church, the African American family, and the African American community.

African American Men and Education

Few researchers have focused on the positive factors that lead African American men to pursue higher education; however, they have supported the use of effective coping strategies when pursuing a higher education. African American men have excelled educationally through effective coping strategies. Kim and Hargrove (2013) proposed that African American men exercise resilience through persistence, achievement, and attainment by using tools such as spirituality, community resources, family engagement, and their own self-efficacy. Additionally, it is important to note the vast amount of literature about barriers associated with African American men and education.

Researchers have focused primarily on the underachievements, failures, and negative perceptions and negative barriers of African American men throughout their educational journey (preschool, elementary school, middle school, high school, and college). From as early as preschool throughout college years, African American men are stigmatized and compared to other ethnicities. In fact, African American men are attending college and graduating. Harper (2012, cited in Kim & Hargrove, 2013) argued that African American men have persisted and excelled within this institutional context despite institutional barriers. Harper (2012) proposed that African American men navigate racially charged environments effectively, develop meaningful relationships with peers and mentors, and receive familial and spiritual support. Additionally, African American men find a way to adapt and adjust during difficult times.

African American Men and Preschool

As early as preschool, African American students become a targeted group. Color of their skin, behavioral changes, and environmental concerns are factors leading to targeting. According to the U.S. Department of Education (2013-14) data, African American children represent 19% of preschool enrollment but 47% of the out-of-school preschool suspensions. Caucasian children, however, represented 41% of preschool students enrolled and 28% of suspensions. During the primitive years, African American men begin to be stereotyped and viewed negatively as compared to students of other ethnicities. Recent researchers have revealed that studied and documented preschool expulsions within a 10-year period revealed three factors contributing to reasons for African American students being expelled: being African American, being

male, and looking older than their classmates. Such factors support the idea that African American men are both inferior and intimidating due to the color of their skin and their body structure. Dr. Gilliam states, "If you're a big, Black boy, the risk is greatest by far" (Foundation for Child Development, 2005).

African American Men and Elementary, Middle, and High School (K-12)

According to the U.S. Department of Education's Office of Civil Rights (2013-14) data, African American K-12 students are 3.8 times as likely as their Caucasian peers to receive out-of-school suspensions. This evidence of implicit bias discussed here reflects the data results for 2013-14 and does not reflect a more generalized time span contributing to the negative perceptions of African Americans' primaryyears. Subsequently, biases such as these perpetuate negative outcomes among African American children.

Weir (2016) studied evidence of disparities that have been perpetuated by Caucasian teachers of African American students across the country. The following data is an example of the ways in which a lack of cultural competency and racial bias contributes to the stigma of African Americans as underachieving, mischievous, and lower functioning as compared to other ethnicities. Harper and Kuykendall (2012) suggested, "Many of the problems that plague Black male students begin in K-12 and follow them into higher education" (p. 23).

After several studies, Kent Harber, a Rutgers University psychologist, discovered, after studying Caucasian middle school and high school teachers in mostly affluent and middle-class districts in the northeastern United States, that when Caucasian teachers read a poorly written essay, those teachers offered various critical

comments depending on whether they perceived the essay author to be a Caucasian student or an African American student (Weir, 2012, 2016).This is another example of systemic oppression of African American children in education.

African American Men and College

Researchers posit that African American undergraduate men are less prepared for college-level work compared to their peers from other racial groups (Bonner & Bailey, 2006; Harper & Kuykendall, 2012; Palmer, Davis & Hilton, 2009). In national research from the Early Childhood Longitudinal Study, Sean Nicholson-Crotty and his colleagues at Indiana University (cited in Weir, 2016) proposed that African American students were 54% less likely than Caucasian students to be recommended for gifted education programs. Dr. Seth Gershenson (cited in Weir, 2016) proposed that when African American and Caucasian teachers evaluate the same African American student, Caucasian teachers are 12% less likely to predict that the student will complete high school and 30% less likely to predict that the student will graduate from college. This prediction contributes to the racial disparities and stereotypes of African American students projected in the educational system.

Researchers have created a distorted view of the educational resiliency of African American men. Instead, African American male students have been viewed as incapable, unintelligent, disadvantaged, at risk to fail, and unsuccessful. Kim and Hargrove (2013) looked at resilience in college-aged African American men. Regardless of which institution was attended, African American male students exercised resilience by serving as campus leaders and successfully identifying and establishing protective factors such as peers, mentors, faculty as support, and guidance

(Harper, 2012, cited in Kim & Hargrove, 2013). Researchers have asserted that African American men can navigate successfully despite racial biases and campus politics to find ways to become active student leaders (Kim & Hargrove, 2013).

African American Men and Cognitive Development

Past studies of young African American men have focused primarily on externalized problems such as opposition, disruptive behaviors, and aggression rather than on internal problems (e.g., anxiety and depression), which may contribute to the cognitive functioning of young African American men (Brown, Barbarin, & Scott, 2013). The African American community's external problems can be a manifestation of internal problems, such as fear of expressing emotions, such as sadness, fear, and anger, and can be expressed in oppositional deviant behaviors that are explosive, impulsive, and aggressive (Lindsey, Joe, & Nebbitt, 2010). The misinterpretation of externalized problems in African American boys has been viewed negatively instead of viewed as a problem that should be further assessed considering the cultural, social, and emotional implications of such behavior.

Researchers have suggested that even the most emotionally resilient African American boys can suffer negative consequences without early cognitive skills as a foundation. These skills can be the basis for promoting positive emotional functioning throughout childhood based on three trajectories: elevated stable, elevated increasing, and low stable (Brown et al., 2013).

According to literature findings, most African American boys identified low stable, which means that there is a presence of sufficient cognitive functioning that enables them to maintain a low and typically stable level of internalizing problems

(Brown et al., 2013). These researchers have suggested that African American boys are less likely to internalize their problems, which contributes to the resiliency of many African American boys and their ability to overcome external problems (e.g., environment, lack of community).

Keenan and Shawn (1997) argued that children with increased cognitive skills can process negative life events in more effective ways than can those who attribute negative events to personal factors. Cognitive skills can also predict levels of internalizing problems during early school as more difficult social situations arise throughout a child's life (Elias & Hayes, 2008). Increased levels of internalizing problems may be attributed to the inability to process stressful situations. Researchers propose that cognitive skills may play a lesser role in a child's ability to regulate emotionally as he or she normalizes his or her environment (Brown et al., 2013). Therefore, familial influence may supersede cognitive skills, helping African American children adapt to their environment.

Familial Impact

Researchers assert that increased levels of stress are a major predictor of aggressive and defiant behaviors in boys (Coyne & Thompson, 2011; Goodman, New, Triebwasser, Collins, & Siever, 2010; McLloyd & Wilson, 1990). Mood disturbances of parents resulting from adverse situations may contribute to a parent's insensitivity, withdrawal, or coercion, which creates a lack of safety and support to the child, resulting in the child having to negotiate a stressful environment.

Environmental Impact

A child's environment plays a significant role in the way he/she internalizes his/her problems and manages daily stressors. If a child is placed in an environment where there is a lack of support from the neighborhood due to safety concerns (e.g., drugs, gangs, prostitution) and schools in the same environment are academically suitable (e.g., due to overcrowding or lack of funds, appropriate-level books, and/or additional enrichment programs),the child is placed at risk for academic development and socioemotional functioning (Martinez, Aricak, Graves, Peters-Myszak, & Nellis, 2011). Without support from school and home, a child lacks the ability to develop effective coping skills, social competence, and emotional well-being (Compas, Jaser, & Benson, 2009). Researchers have shown that early cognitive skills remain the most important in promoting early socioeconomic resilience, despite negative environments (Brown et al., 2013).

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African American Men and Racial Identity

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African American men are confronted with psychosocial stressors that cause increased stress and identity conflicts. Psychosocial stressors include physical beatings, castration, police brutality, lynching, educational tracking, and increased rates of incarceration. Experiences, direct or indirect, have an impact on how African American men express themselves. In addition, the psychological stress incurred from negative events may negatively influence their response to others with a different experience.

History of Racial Identity Models

The conception of racial identity models focuses on African American racial identity within the context of their stigmatized status in American society with minimal

regard for their culture (Clark & Clark, 1939; Horowitz, 1939; Sellers, Smith, Shelton, Rowley, & Chavous, 1998). Racial identity research is conducted via two approaches: the mainstream approach, which focuses on universal aspects of racial identity, and the underground perspective, which includes a focus on racial identity with emphasis on the uniqueness of oppression and cultural experiences (Gaines & Reed, 1994; Sellers et al., 1998). However, the history of racial identity models has created additional racial and cultural development models used to address the experiences of African Americans.

Sue and Sue's (2003) Racial and Cultural Development Model

This model views the development of race and culture in five stages: Conformity, Dissonance, Resistance/Immersion, Introspection, and Integrative Awareness. This model integrates an individual's background as his or her sociohistorical and personal experience. In addition, consideration of an individual's level of conformity and idealized identification with the dominant culture, as well as a rejection of his/her own culture, is taken into consideration (West-Olatunji et al., 2007). Some African American men may find that attending a psychotherapy session may suggest conforming with mainstream ideology to solve personal problems. In addition, African American men's identity is correlated with their idea of what is considered *masculine*, and attending therapy may suggest weakness oppose to resilience.

Nigrescence Model

Cross's (1991) Nigrescence model has four stages of identity development: Pre-Encounter stage, Immersion-Emersion stage, Internalization stage, and Internalization-Commitment stage. The first stage includes the Pre-Encounter stage focusing on African Americans' idealization of Caucasian culture through the assimilation of their

behaviors and attitudes. The second stage includes the Immersion-Emersion stage encompassing two extreme identities meshed, everything African American or Afrocentric is considered good (intense African American involvement) and everything Caucasian or Eurocentric is evil (anti-Caucasian). The third stage, the Internalization stage, proposes acceptance of African American identity without anger or guilt toward mainstream culture. The last and final stage includes Internalization-Commitment stage, including regular involvement and activism in diverse organizations (Cross, 1991; Vandiver, 2001).

Currently, many African American men may find themselves between stages in their attempt to understand their identity within society. Both models focus on the identity of African American men in America. Both models are representative of stages of which many African American men find themselves apart, based on their experiences. Furthermore, racism may lead African American men to question mainstream culture and explore their culture in an effort to find themselves.

Impact of Racial Identity Development

Bridges (2010) examined the impact of racial identity development on psychological coping strategies among African American men at a predominately Caucasian university. According to 2013-14 data from the U.S. Department of Education's Office of Civil Rights, African American K-12 students were 3.8 times as likely as their Caucasian peers to receive out-of-school suspension. When African American boys develop a sense of belonging, they notice the inequalities that exist between themselves and their Caucasian counterparts. Caucasian men are treated as superior, but African American men continue to be perceived with fear and as having

limited opportunities. In an academic setting, African American men are placed in remedial classes at an increasingly higher rate compared to both Caucasian men and African American men (Irvine, 1990).

African American men develop a negative view of their futures; contributing factors to this view include an absence of positive feedback from school and media, encounters with violence, police harassment, and incarceration (Harris, 1995). Without developing healthy psychological coping skills, African American men tend to either alienate, assimilate, or withdraw. Although viewed by some African Americans as healthy defense mechanisms, many are left unable to cope properly and interact within the African American community (Bridges, 2010). Researchers found that African American men need and seek greater self-awareness, stronger relationships with peers, and the African American community.

African American Men and Goal-Related Stress

Impact of Goal-Related Stress

Sellers et al. (2011) examined the relationship among goal-related stress (defined as the experience of African American men of the discrepancy between their aspirations and their achievements), mental health, and coping resources (*John Henryism* and self-blame or system blame among college-educated African American men). Researchers have examined the correlation among three variables to determine whether external racial attribution leads to resilience within college-educated African American men.

Researchers hypothesize that goal-related stress is highly correlated with poorer mental health among African American men (Sellers et al., 2013). In addition, they

hypothesize interactions among goal-related stress, racial attribution, and *John Henryism*. However, they have found that racial attribution was more meaningful than the concept of *John Henryism*, a concept used to explain a type of coping with chronic stressors in the belief that hard work leads to success (Sellers et al., 2013). Furthermore, this concept does not impact goal-related stress among African American men. Interestingly, researchers found that system blame serves as a reason for the inability to achieve goals to protect mental health (Sellers et al., 2013).

African American Men and the African American Church

Another source of resilience for African American men has been the African American church. The African American church includes seven major historic African American denominations: African Methodist Episcopal (AME) church; African Methodist Episcopal Zion (AMEZ) church; Christian Methodist Episcopal (CME) church; National Baptist Convention, USA., Incorporated (NBC); National Baptist Convention of America (NBCA); Progressive National Baptist Convention (PNBC); and the Church of God in Christ (COGIC) (Cone, 1997). The African American church has been and continues to be a place of refuge and strength for the African American community. Since its inception and currently, the African American church has played and continues to play a significant role within the African American community. One of the ways in which the African American community has addressed its social and political concerns has been through the use of the African American church. Whenever there is social upheaval and/or racial injustices, both clergy and activists begin to create and experience *Godlike moments* (Francis, 2015). Godlike moments are embodied by those within the community who exercise both compassion and empathy for the

suffering (Francis, 2015). Many African Americans have created these Godlike moments through their actions or words toward positive changes within the African American community and the world. Spiritual leaders such as Dr. King created God-like moments during his 1963 *I Have a Dream* speech to address hope for equality and the end to racial injustice in the world. In addition, the church has always been a platform to enforce spirituality and promote social and political mobilization in adversity (Gaines, 2010).

The African American church, an organized institution, has mobilized more effectively than the Civil Rights Movement (Gaines, 2010; Hawkins, 2005). Unification among African Americans in times of social upheaval has been achieved through the support and strength needed to move forward. The efforts of the African American church during the Civil Rights Movement motivated citizens across the nation to fight for truth, justice, freedom, and equality (Gaines, 2010). The Civil Rights Movement, noted for its mobilization strategies and resistance tactics, has left an imprint yesterday, today, and in the future for African Americans to remember. This era gave African Americans a voice and freedom in the community to express their concerns. In 1909, the NAACP was formed to ensure political, educational, social, and economic equality of rights of all persons and to eliminate racial hatred and discrimination (Walker, 2013).

The African American church has served as a safe place and as an agent of social and political change. "African American history reveals the steadfastness of the African American church in providing spiritual uplift and social-political mobilization for the disenfranchised" (Gaines, 2010, p. 366). The Civil Rights Movement, led by the

African American church, created a community that could sustain opportunities for and relationships among others who were historically oppressed in American society (Battle, 2006; Gaines, 2010). Throughout history, "African Americans seek assistance for mental health and improved family relationships through the church rather than mental health professionals" (Chatters et al., 2008, cited in Kelly et al., 2013, p. 267). Also, the *church family* provides opportunities for African Americans to experience leadership roles, develop leadership skills, and engage in political discourse (Boyd-Franklin, 2003; Kelly et al., 2013). Positions such as these signify the importance of community and the African American church in the lives of many African Americans.

Throughout history, the African American community has relied on prayer as a spiritual connection to lead it through the most difficult times. Taylor, Chatters, Jayakody, and Levin's (1996) studies prove that African Americans report higher levels of religious involvement and seek more religious involvement and comfort through religion as compared to Caucasians. During times of emotional distress, African Americans seek counsel from a religious leader for guidance and support (Graham & Roemer, 2012; Neighbors, 1985). In addition, the African American church serves to promote social support, social well-being, education, and community development.

African American Men and Culture

Culture plays a crucial role in the resiliency of African Americans. Culture shapes problem-solving patterns, communication styles, and learned coping behaviors (Campbell & Long, 2014; Matthews & Hughes, 2001; Pederson, 1986). Culturally, African Americans are considered to be a collectivist, community-oriented people (Campbell & Long, 2014; Graham, 1999). According to a study conducted by

Campbell and Long (2014) on the impact that culture has as a social determinant of mental and behavioral health, the researchers found that respondents were most comfortable sharing their mental health distress with persons outside of their community. Such facts are rarely discussed throughout literature in which researchers have focused only on African Americans' resistance to seek mental health support outside of their communities and culture.

African American Men and Communication

African American men's style of communication is perceived as avoidant rather than assertive. The inability to express years of internalized pain and oppression has caused displaced anger to occur. However, learning how to express their emotions and feelings can promote positive communication. African American men's ability to express their emotions and feelings in productive ways is not only important to their mental well-being but also can promote both self-understanding and appreciation of their history as African Americans (Bridges, 2010). Furthermore, African American men's ability to express themselves can help to decrease pain associated with years of oppression and racial inequality.

There are at least two styles of communication: verbal and nonverbal. Verbal communication is a direct form of communicating from one person to another (Vogel et al., 2011). However, nonverbal communication includes tone of voice, body posture, eye contact, and facial expressions (Vogel et al., 2011). Vogel et al. (2011) discovered that compared to other men, African American men have more expressive communication styles and may be more comfortable when disclosing information to a counselor (Lindinger-Sternart, 2015). Vogel, Wester, and Larson (2007) asserted that

social norms and self-esteem present potential barriers to seeking professional help. Social norms have been defined by the support of others within the African American cultural experience. Studies suggest that African American men prefer to solve their problems on their own or with the help of a friend or family member rather than by seeking professional counseling services (Taylor & Chatters, 2011; Woodard et al., 2008).

The African American Community's Perceptions of Mental Health

According to the Health and Human Services Office of Minority Health, African Americans are 20% more likely to experience serious mental health problems compared to the general population (National Alliance on Mental Illness [NAMI], 2015). Disorders include major depression, attention deficit hyperactivity disorder, suicide, and posttraumatic stress disorder (PTSD). African American men may abstain from seeking treatment due to the following: lack of information and misunderstanding about mental health; faith, spirituality, and community; reluctance and inability to access mental health services; and provider bias and inequality of care (NAMI, n.d.).

Within the African American community, cultural influences may have contributed to African American men's perceptions of professional mental health services. Perceptions stemming from cultural influences may impact the ways in which African American men have defined themselves and their problems. In a qualitative study, Campbell and Long (2014) inquired of 325 African Americans about their culturally shaped beliefs of African Americans and mental behavioral health and discovered three overarching themes: (a) African Americans are not depressed, (b) African Americans distrust doctors and treatment, and (c) African Americans rely on

spiritual acts. Furthermore, researchers have proposed that African Americans' active coping strategies protect individuals from experiencing depression in the face of both general stress and racism-related stress (Matthews et al., 2013). Many African American men experience what authors term *John Henryism*. The term *John Henryism* refers to an individual's self-perception that he/she can meet the demands of his environment through hard work and determination (Matthews et al., 2013).

Many people are affected by the mental health disease of depression. In their research findings on African Americans and depression, Campbell and Long (2014) showed that depression differed among participants. To some, depression was not viewed as an illness but rather a condition or state of life (Campbell & Long, 2014). Furthermore, depression did not signify severe illness in terms of major depressive disorder, indicating that there was a cultural factor when considering the differences in how depression is interpreted. This fact can be attributed to African Americans' preference to keep problems (mental health illness, family secrets) inside the home and that going to therapy may be exposing a family truth. Participants in this study also discussed the importance of using other forms of addressing depression rather than seeking professional services. Instead, they found that prayer and support from family and friends was most helpful (Campbell & Long, 2014). Additionally, spirituality within the African American community serves as a source from which most draw their strength; however, it thus becomes a barrier to seeking additional mental health support.

African Americans pride themselves on being strong, able to deal with adversity, and resilient (Beauboeuf-Lafontant, 2007; Campbell & Long, 2014; Thompson, Bazile, & Akbar, 2004; U.S. Department of Health and Human Services,

2001). Therefore, mental health illness of any kind can be viewed as a weakness, and the presence of it may challenge images of African American strength. Depictions of African American men are as follows: strong, big, bold, aggressive, and powerful. Such labels create stereotypes and biases against African Americans; therefore, an understanding is noteworthy of discussion.

Self-reliant behavior in the African American community has been viewed as one of the barriers to seeking mental health services. African American male socialization teaches that problem-solving skills should be used in the face of adversity. Self-reliant behavior and autonomy is encouraged, and the lack of either is discouraged as such a lack can lead to poor coping strategies. Consistent with this fact are two decades of research conducted on African Americans' preference to solve their own problems or with the help of a family member or friend (Watkins & Jefferson, 2013; Woodard et al., 2008, 2011). Furthermore, researchers have suggested that perceived social support is associated with positive mental health outcomes (Graham & Roemer, 2012). Lincoln, Chatters, and Taylor (2005) explored the relationship between social support and depression in a sample of 591 African Americans and found that social support is associated with decreased depression and is used to cope with racism-related stress (Graham & Roemer, 2012). Although many African American men have experienced some form of pervasive racism, regardless of educational achievements and socioeconomic status, the truth remains that African American men continue to exercise resiliency.

Summary

One can admit that African American male successes and the American dream of achievement are one and the same. "When considering the accomplishments and triumphs of the 21st century, many Black American men believe 'The American dream' is attainable" (Harrison, 1999, p. 507). However, the American dream conflicts with the reality of many African American men who continue to experience racial disparities and injustices due to the color of their skin. Education and socioeconomic status are not factors when considering years of inequalities.

Currently, researchers have supported the need for addressing the resiliency of African American men. The ability to share their concerns in barber shops, churches, on educational platforms, and within their communities contributes to the resiliency that lies within African American men. History has proven that African American men have defied the status quo and have excelled beyond racial injustices.

This study can contribute to the reasons for psychotherapy being a current source of mental health. Few researchers have examined the ways in which African American men can benefit; instead, researchers have focused on African American men's distrust in the mental health system due to stereotypes, biases, and judgments. Researchers have supported the ways in which African American men are diagnosed from minimal knowledge about their experience with a focus on externalization rather than internal responses. Several studies from inpatient samples support the stereotype that most African American men are diagnosed with paranoid schizophrenia due to their violent nature (Whaley, 2004).As a form of racial profiling, these recent concerns have

been addressed and acknowledged by criminal justice and governmental agencies (Whaley, 2004).

With reported continued struggles of current racial injustices against African American men, researchers have chosen to look at the resilience of African American men through a therapeutic lens. African American men play a significant role in their communities, churches, schools, and homes and are often overlooked by the media's portrayal of their existence. It is pertinent to the perceptions of African American men that the mental health community is a safe place that includes clinicians who are both culturally competent and sensitive to the needs of the African American male experience. Finally, this study can add to the body of research about African American men, their resilience, and the usefulness of psychotherapy.

Chapter 3: Methods

Chapter 3 includes the methodology for the present study. The topics of discussion include the research design, rationale for this study design, my role as researcher, methodology, and instrumentation used. Additionally, research questions and interview protocol as it relates to research questions are also addressed. Chapter 3 also provides a data analysis plan and ethical procedures.

The purpose of this qualitative phenomenological study was to explore the lived experiences of African American men who had attended therapy at least twice in their adult life. In addition, this study addressed facilitating factors and positive reasons for African American men choosing to address their mental health needs within a therapeutic setting. Addressing their mental health needs in therapy can bring awareness to the psychological impact that society's demands and racial injustices have on their mental psyche.

Research Design and Rationale

The phenomenon addressed explored African American men's willingness to attend therapy. According to Creswell (2013), this study, as phenomenological research, has analyzed significant statements from its participants, created meaning units from that analysis, and developed an essence description. Semistructured interviews were used to identify the essence of African American men's experiences about a phenomenon or description relating to the effectiveness or ineffectiveness of psychotherapy to address mental health needs.

The significance of semistructured interviews includes participant confidentiality; participants can provide historical information about themselves, and

the researcher has control over the line of questioning, producing a structured interview and safe environment for all involved in research (Creswell, 2013).

The semistructured interviews included a direct line of questioning, requiring direct responses from each participant. In addition, all questions asked were openended, requiring indepth responses rather than closed-ended questions that were likely to elicit a simple yes-or-no response. Participants were asked five main questions and followup questions, if needed, to address experiences with psychotherapy. For this research, semistructured interviews provided flexibility in the line of questioning as compared to structured interviews, which might have been too rigorous and not allowed for participants to explore their experiences in depth.

This African American-male phenomenon could be explored only through use of semistructured interviews. Shared personal experiences revealed the participants' truth and minimized assumptions and/or biases about African American men and psychotherapy. Both the participants and myself benefited from the process; the participants expounded on new ideas that I presented during the interviews.

Semistructured interviews also allowed me to record information from interviews by making handwritten notes and audiotaping each interview. Audiotaping allows for more accurate transcriptions to prevent researcher bias or misinterpretation of information presented during the interview. Using this methodology, I gained multiple aspects and perspectives of African American men's experiences with psychotherapy through research questioning. Questions focused on the perceptions of mental health among African American men, experiences of African American men during therapy, and negative or positive factors about therapy experiences.

Sample Population and Selection Criteria

I chose the sample population through convenience sampling. Morse (2007, cited in Rudestam & Newton, 2015) proposed, "Convenience sampling allows the researcher to choose participants who can contribute to an evolving theory and whose relevance in the study is experiential" (p. 124). In addition, convenience sampling can help researchers gain a greater understanding of experiences of resiliency as they relate to being African American men in America. African American male participants contributed to the body of knowledge by discussing lived experiences of therapy, including their perceptions and additional negative barriers, if any.

This study also addressed multiple constructs, including perceptions, facilitating factors and positive reasons for African American men to attend therapy to address their mental health needs, and implied resiliency in terms of African American men's experiences with therapy. The phenomenological study is focused on 'lived experiences' of African American men. Phenomenology researchers have viewed persons as integral with the environment, with the understanding that there is no single reality for individuals; instead, everyone has his/her own reality (Simon, 2011). More importantly, the question that I wanted to answer in this study was, "What is the meaning of African American men's lived experience regarding therapy, and how does resilience plays a significant role in the decision to attend today?" This study includes answers from a conveniently sampled population.

Included in the research study are responses from 10 participants. All participants included in the study identified as African American men, aged 18 or older, who had attended therapy at least two times in their adult lives. Phenomenological

methodology often includes fewer participants compared to quantitative research (Creswell, 2013). According to Creswell, a phenomenological study sample size ranges from 3 to 10 participants (Creswell, 2013). Charmaz (2006) proposed that the significance of sample size of any study is correlated with saturation, discontinuing data collection when categories or themes have become saturated. When research has become saturated, researchers run the risk of gathering information not useful for the study (Creswell, 2013). In addition, sampling more than 10 may not spark any new insights or reveal any new properties beneficial to the research purpose.

Researchers also consider snowball sampling as a technique used for gathering research participants through the identification of an initial person who can provide names of other participants. Used in most qualitative studies, snowball sampling is a nonrandom approach to sampling that is used primarily as a response to overcome problems associated with understanding and sampling populations considered deviant and/or socially isolated (Rudestam & Newton, 2015). Based on the nature of this research, it could have been difficult to locate African American men, age 18 or older, who have attended therapy at least twice in their adult life. Therefore, the snowballing technique increased the chances of finding participants who met these inclusion criteria.

Setting

For this study, I chose a location of choice from the participants at which to conduct the semistructured interviews. One designation was already available for use, which was a local church in Oakland, California. The designated location was used primarily as the site chosen to conduct scheduled semistructured interviews. All interviews were held in a conference room within the church as the primary location;

however, I was willing to travel to other appropriate places with permission to conduct semistructured interviews. Due to the nature of the study and the purpose of confidentiality, each participant was provided with a list of available time slots for interviews. Interviews included the presence of only myself as researcher and the participant.

Data Sources and Procedures

Qualitative Data

The collection of qualitative data was accomplished through semistructured interviews. During the semistructured interviews, the respondent and I engaged in a formal interview, and I developed and used an *interview guide*, which was a list of questions and topics to be discussed during the conversation, possibly in order. The interview guide was a self-made guide provided to the Institutional Review Board (IRB) for permission prior to the interviews. These structured interviews addressed the resiliency of African American men's perceptions regarding therapy. The semistructured interviews helped to extrapolate information to develop phenomena of African American men and psychotherapy. Although I followed a guide, I also followed additional topics that came up in the conversation that strayed from the guide but were thought to be appropriate ("Qualitative Research Guidelines Project: Semistructured Interviews," n.d.).

Methods of Analysis

The qualitative data were coded after they had been collected. "Coding is the process of organizing material into chunks or segments of text before bringing meaning to a situation" (Creswell, 2013, p. 186). Field notes were recorded in a journal and then

transcribed. I recorded word groups to begin initial coding and then created groups,

placing quotes and phrases into an open-coding graphic organizer. From each grouping,

I then began to write memos about each of the topics in the graphic organizer.

Procedures

All semistructured interviews began with a consent form and explanation of the

purposes of this study. Each participant was informed of the purpose of the study, the

number of questions included in the interview, the amount of time perceived necessary

to complete the interview, and the use of audiotaping during the interview. The purpose

of audiotaping during the interview can help me transcribe accurate information for the

study. The interview questions included five questions that explored positive reasons

and/or facilitating factors of psychotherapy. When all data had been collected, I

organized the information into categories or themes that had formed.

Data Sources and Procedures

Role of Researcher

My responsibility, as the researcher, included the gathering of information

through the use of semistructured interviews about African American men's past

experiences with psychotherapy. The use of past experiences can help to facilitate

background information pertinent to help the reader understand the topic, the setting, or

the participants and my own interpretation of the phenomenon.

My role as researcher also included obtaining permission from the IRB to

protect the rights of human participants, discuss steps to gain entry to the setting, and

secure permission to study the participants or situation (Creswell, 2009; Marshall &

Rossman, 2006). Last, I had to be aware of sensitive ethical concerns that could arise in

research and the process of addressing these concerns, which included but were not limited to using anonymous names of participants.

Procedures

Prior to conducting interviews, I introduced myself by using direct eye contact, appropriate body language, and tone of voice to ensure that participants were comfortable. Rapport-building is important to the interviewing process.

Biases in Research

In any research, there are biases and limitations. The biases within this research study included, but were not limited to, identification with the cultural group involved. I identified as an African American woman interviewing African American men. In addition, my professional expertise included individual and group psychotherapy. Due to the social and political climate involving African American men, there is a level of empathy and compassion for present-day African American male experiences.

Limitations

When ensuring that all participants understood the purpose of the research and making the process explicit, I had to prepare for any difficulties that could arise during the process of this research study. Therefore, it was important that I build a rapport with each participant during the study. Shenton (2003) noted, "To address the dependability issue more directly, the processes within the study should be reported in detail, thereby enabling a future researcher to repeat the work" (p. 71). There are always limitations to any study; however, it is important that researchers make their findings clear and concise, allowing for future researchers to build upon prior research instead of revising present literature.

All researchers acknowledge the limitations of their findings. The first limitation of this study included the small community from which participants were purposefully sampled. Although findings were trustworthy, a small sampling may not be generalizable to all other communities. However, reaching saturation is important when considering sample size.

Second, as researcher, I guided the qualitative study, which may present biases if not carefully monitored. Additionally, I was both passionate and empathetic toward African American men across the world. I had brothers, friends, and nephews, all African American men, who at one time or another had been victims of racism and/or oppression and could benefit from psychotherapy to discuss concerns as a present-day African American man. Initial biases could have had an impact on how results were interpreted.

Interviews provided indirect information filtered through the perspective of the interviewee, who provided information in a designated place rather than in a natural field setting. My presence may have included bias responses, and not all participates might have been equally articulate and perceptive (Creswell, 2013). Natural field settings are beneficial as they offer places where qualitative researchers can collect data in the field at the site where participants are experiencing the issue or problem under study. In addition, researchers can gather information of participants' behavior over time (Creswell, 2014). Unfortunately, due to the constraints of this research, a natural setting would not have benefited this study as it would have proposed ethical and legal concerns for the participants and researcher involved.

Finally, participants may not wish to be audiotaped. For this study, all participants signed an informed consent and were aware and receptive to being audiotaped prior to their interviews. Furthermore, although the presence of an observer could have been disruptive and affected responses, the presence of an observer was not necessary for these interviews. Each participant willingly shared his truth, and through audiotaping and note-taking during the interview, I gathered enough information. In addition, audiotapes can be difficult to interpret. Two of my 10 audiotapes were difficult to interpret, due to loud background noise in the setting.

Acknowledging the limitations of this study gave me the opportunity to think critically about the research problem, relevant literature to publish and assess the problem, and a chance to discover if the right methods were being used. Finally, understanding the limitations of this study confronted assumptions of any research to address unknown information.

Chapter 4: Results

Introduction

The purpose of this phenomenological study was to explore lived experiences of African American men who chose to attend psychotherapy. The main objective of the study was to explore facilitating factors and positive reasons for African American men attending psychotherapy. The implications for positive social change includes an indepth understanding of African American men's past and present experiences. In addition, as researcher, I have introduced the role resiliency has played in these men's decision-making process to attend present day therapy. The phenomenon of African Americans attending psychotherapy can be considered to be *counterintuitive*—an act of resilience that can be perceived differently compared to other cultures, especially mainstream culture, which may not see this as an act of resilience. However, within the African American community, the ability to both withstand adversity and seek therapy to address mental health is worth acknowledging.

The following items were presented at each interview to each participant:

1. What does it mean to be an African American man in America?

2. Describe your psychotherapy experience.

3. Discuss any additional barriers you may have faced when attending psychotherapy.

4. What are positive reasons to attend psychotherapy?

5. What are three words that come to mind when you think of the word *psychotherapy*?

This chapter provides the findings from the semistructured interviews of African American men who have chosen to attend psychotherapy at least twice in their adult life, followed by the presentation of the results of the analyses. In this study, I explored the experiences of participants who share the same phenomenon and understanding using their personal lived experiences with psychotherapy.

Setting

Semistructured interviews were conducted at either the local library and organization conference room, depending on the availability of the participants and their schedules. I communicated with each participant face to face, providing a letter to participant, followed by the informed consent and statement of confidentiality form (see Appendix A). Prior to conducting the semistructured interview, I explained to each participant the general overview of the research topic and the objective of the interview. In addition, I reviewed the informed consent with each participant and asked if there were any questions prior to obtaining consent to participate. I reviewed the option to audiorecord, as outlined in the informed consent, and ensured that each participant's agreement or disagreement to use the audiorecording was selected. All participants agreed. I also provided an option to select from a yes-or-no option to receive a copy of the results of the study. Finally, each participant was informed that they could withdraw at any time during the study if they experienced any discomfort during the interview process.

During the interview, I repeated questions and reframed participant comments if necessary so that both the participant and myself understood questions and answers with clarity. I used an interview guide (see Appendix B) to ensure main questions were asked

to each participant. Additionally, prompting was used throughout each interview so that I, as the researcher, could gain greater insight.

Demographics of Participants

The sample included 10 African American men age 18 and above who had voluntarily participated in psychotherapy at least twice in their adult life. All participants identified as African American men, 21-56 years of age, who had attended psychotherapy six or more times. A summary of each participant follows.

Participant 1: VJ

Participant VJ was a 48 year-old African American man who was referred to therapy by close friends and family members. He chose voluntarily to seek psychotherapy after experiencing marital conflict. He completed seven sessions. Through the couple's counseling, he was able to address his lack of communication and address his poor interpersonal skills. He says that the psychotherapy experience created an open space to self-disclose his personal truths. In addition, psychotherapy addressed his vulnerability and pride, providing insight into his past, present, and future experiences as an African American man.

Participant 2: PKH

Participant PKH was a 56 year-old African American man who was referred to psychotherapy after consultation with a spiritual leader. He chose voluntarily to seek psychotherapy after being involved in five toxic relationships. He attended six sessions. Through individual counseling, he was able to address childhood trauma that addressed his need for affection and validation through others. Through psychotherapy, he became honest about the matters of his heart and reconnected with family members with whom

he had not communicated for years. He said that therapy was holistic for him, addressing the mind, body, and soul. In addition, he found a connection between his spiritual beliefs and his individual failures, which were cause for him to seek professional help.

Participant 3: RB

Participant RB was a 38 year-old African American man who was referred to psychotherapy for anger management and for couple's counseling. He attended 15-20 sessions, from what he recalls. He chose voluntarily to seek psychotherapy after discovering his need to practice regulating his emotions properly. He reported finding it difficult to express himself properly due to his traumatic life as a child and living in an urban environment in which he was exposed to violence and drugs. In addition, he sought marital counseling after bringing his childhood trauma into his relationship with his wife. Through therapy, he discovered that he was able to regulate properly his emotions through identifying his triggers and developing a different life perspective. In addition, therapy was a safe place in which to express his 100% truth and the importance of sharing and releasing experiences as an African American man.

Participant 4: SL

Participant SL was a 35 year-old African American man who was referred to psychotherapy by his parents at age 19 years. He voluntarily attended 60-80 sessions. This participant was diagnosed with Bipolar II disorder and has been seeking therapy since that diagnosis. He related psychotherapy to an evolving and learning experience that included self-realization, increased his interpersonal skills within relationships, and taught him accountability. He also reported psychotherapy as a 'soul searching'

opportunity to better one self. Finally, he mentioned that psychotherapy offered resolve to his problems and provided a nonjudgmental perspective.

Participant 5: Participant KH

Participant KH was a 29 year-old African American man who attended therapy voluntarily after struggling with a drug addiction. He reported attending multiple sessions sporadically throughout a year time frame. He expressed the importance of therapy as a way of discovering negative thinking patterns and learning to identify the origin of his irrational thinking, responses, and emotions. He reported initially having a difficult time with trusting his therapist, as trust was a major concern for him. He mentioned attending multiple sessions so that he could become comfortable with the therapist before letting down his guard. However, he mentioned that as the therapist built rapport, he gained peace of mind, discovered self-awareness, and was able to get the help he needed and deserved.

Participant 6: KM

Participant KM was a 47 year-old African American man who attended therapy voluntarily after being diagnosed with schizophrenia, a bipolar type referred by the Social Security Administration. He voluntarily attended ongoing therapy and saw a therapist biweekly. He expressed his experience positively, stating that therapy helped him to gain a new friend and a chance to self-disclose his experiences as an African American man with a mental health disorder. He also recalled his ability to gain trust in his therapist and the therapist's ability to keep his information confidential.

Participant 7: DB

Participant DB was a 21 year-old African American man who participated voluntarily in psychotherapy after family members noticed his explosive anger problems. He attended 10 sessions. He discussed the importance of psychotherapy as teaching him self-awareness, helping him to identify triggers to his anger, identifying his feelings and emotions, and properly managing situations. He revealed that his anger problems had been a major cause of several missed opportunities and even resulted in incarceration at times. He also recalled psychotherapy being a safe and freeing experience. Although he proposed that his choice to attend psychotherapy was a leap of faith; he also recalled that understanding the process of therapy was effective to his family, who noticed sudden changes in his behaviors.

Participant 8: OA

Participant OA was a 36 year-old African American man who participated voluntarily in psychotherapy after being referred by his local county behavioral health program. He attended over 50 sessions. After being incarcerated several times, he wanted a better understanding of his poor choices. For years, he struggled with becoming a victim of his environment and leading a life of crime. He sought therapy to address internalized concerns that stemmed from familial conflict and environmental experiences, to address interpersonal relationships, and to relieve stressors related to African American men in America.

Participant 9: RH

Participant RH was a 47 year-old African American man who was currently participating voluntarily in psychotherapy after being referred to a Victims of Crime

Program. He was currently seeking ongoing therapy after being assaulted and nearly

dying because of internal injuries sustained in the incident. He admitted to having Post

Traumatic Stress Disorder (PTSD) after the recent assault, combined with childhood

trauma. He reported psychotherapy being effective beyond the hour. He referred to his

experience in psychotherapy as a perpetual and continual affect that triggered

understanding and awareness of life challenges. Last, he reported that the psychotherapy

experience was a transparent process.

Participant 10: MR

Participant MR was a 39 year-old African American man who participated

voluntarily in psychotherapy after the loss of his only sister and his father's illness. He

attended therapy weekly for one year, learning how to properly manage his grief. He

admitted to difficulties with managing daily functioning (e.g., work, social relationships)

after the loss of his sister. He admitted to losing a sense of self after these traumatic

events (his father's chronic illness and his sister's death by suicide) in his family and

wanted to use therapy as a self-care tool. Psychotherapy addressed his grief and provided

rest to him mentally and emotionally. In addition, he reported that the psychotherapy

experience was a time to recharge, gain structure, and destress.

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Summary of Participant Experiences

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Participants' lived experiences of psychotherapy were characterized by a

triggering event that occurred, followed by a thought to attend psychotherapy, evoking an

initial emotional response (proud, shameful, anxious, overwhelmed, uncomfortable,

suspicious), causing an action that led to receiving help in the form of voluntarily

attending psychotherapy. Most participants reported that the choice to attend

psychotherapy was one of the best decisions they ever made to address everything from childhood trauma to poor choices in their adult life. Although all participants were referred by close friends, family, and or community organization, all found that the experience addressed past cultural stigmas including, but not limited to, distrust in the mental health system, communication barriers within the African American community, faith in God versus faith in man, and therapist cultural competency.

I discovered that barriers to psychotherapy remained the same as researchers have suggested (i.e., finances, pride, denial, and *machismo* or confronting the idea of what it mean to be a man in terms of self-disclosure during psychotherapy as a sign of weakness. Although, barriers were discussed, I found that all participants were able to overcome their barriers by confronting their fears to attend psychotherapy. All participants attended six or more times, and at least 3 out of 10 participants currently attended. The other seven agreed that they were open to returning if necessary.

Participants reported that most of their concerns and problems that needed to be discussed led to their identity as an African American man in America. Most participants continued to experience stigmatization by others for being African American. All participants described at least one experience in which they were challenged due to their ethnicity. Specific occurrences in which they experienced judgment or discrimination included driving, standing in their neighborhoods, working at their workplace, and waiting in an medical office. Although each participant believed they had been targeted at one point or another, each also believed that they could benefit from the therapeutic relationship to help address their emotional wellbeing and achieve self-awareness. Finally, all participants agreed that they would recommend psychotherapy to anyone,

especially African American men who, in the past, have refused to seek mental health services.

Data Collection

Data were collected through semistructured, face-to-face interviews with 10 participants (see Appendix B for the interview guide). I conducted semistructured interviews with each participant in the library/conference room. The duration of the interviews varied in length, depending on the amount of information provided by the participant. All interviews were audiorecorded and transcribed using the Nuance Dragon (2014) speech recognition software. After transcribing, I hand-coded the data. The process of hand-coding allowed me to organize data strategically and create themes presented by each participant throughout the interviewing process.

The interview protocol included five items asked of each participant. I focused on five items to help develop common themes throughout the interviewing processes. Additionally, notes were taken during the interview process to ensure that I focused on main themes developed and documented nonverbal cues, including facial and hand gestures and tone of voice. At the end of the interview, I asked for any additional information to add to the interview, and all participants focused on necessity and importance of psychotherapy in African American men's lives.

Data Analysis

Interview data was transcribed using Dragon Naturally Speaking Premium (Version 13) (2014) to dictate participant interviews and also to import and export custom word lists. "Coding is the process of organizing material into chunks or segments of text before bringing meaning to a situation" (Creswell, 2013, p. 186). In

addition, coding was used to organize common themes presented throughout the interviewing process. Field notes were also recorded in a journal and later transcribed.

I used the method of hand-coding data versus the use of the NVivo software, as outlined in Chapter 3, for the following reasons: (a) the unbudgeted expense of the NVivo software; (b) minimal knowledge of the NVivo software, (c) my ability to interpret the meaning of the data instead of using a computerized system, providing two interpretations of a phrase or statement from the participant; and (d) my ability to identify words that may have been considered *slang terms*, to avoid a computerized software's possible misinterpretation of the meaning of the term or phrase. If incorrect spelling was input, the response may have been coded incorrectly, which may have led to misinterpreted findings and provided invalid results (Bright & O'Connor, 2007).

During the analysis process, I used data reduction to reduce large chunks of data attained through initial transcribing into smaller units of codes, which represented the experience of participants. Five tables were created to correspond with the question or item put before each participant. Each table includes three columns consisting of the identification of the participant by their initials, quoted statements of each participant, and a theme (adjectives) presented based on information gathered. After reviewing all themes, I developed an overall theme used to represent a culmination of information gathered from participants during each question. This main theme represents the lived experiences of African American men who have chosen to attend psychotherapy at least twice in their adult life. The last phase of the analysis reported in the demographics section of this chapter includes a summary of each participant's experience and a description of the experience of all participants.

Evidence of Trustworthiness

Credibility

Credibility is one of the most important factors in establishing trustworthiness. Simon (2011) proposed that credibility criterion is like internal validity, with the focus of establishing a match between the responses of the experts (e.g., teachers, administrators, and parents in an educational study) and those realities represented by the evaluator and designer of the instrument (myself and my research, in this study). Credibility of the results was ensured through member checking, in which a summary of the interview transcript was provided either via email and/or in person to each participant involved in the study. Participants were asked to provide feedback if any changes needed to be made; however, participants recommended no changes. One participant, however, asked if he could provide additional information for one of the questions previously asked. I scheduled another interview time, and he and I were able to meet again in private-setting conference room where additional information was audiotaped and transcribed.

Transferability

Transferability involves verification of findings obtained by providing a rich description of the methodological procedure and research context. The primary aim of this study was to understand the phenomenon of African American men who choose to attend psychotherapy. Therefore, phenomenology is dependent on a rich description of research to date to improve transferability of results. Creswell (2014) suggested that qualitative researchers provide detailed descriptions of a setting or offer many perspectives about a theme; therefore, the results become more realistic and richer,

adding to the validity of findings. In this study, transferability was addressed by using a rich description of the participant experiences, providing information-rich themes regarding African American men who chose to participate in psychotherapy.

Dependability

I used audit trails to enhance dependability of the findings. The audit trails included detailed information, such as documentation of data, data collection, data analysis process, and the development of themes. Audit trails, member checking, and hand-coding data were all used to assure accuracy of findings.

Confirmability

Confirmability of these study results was enhanced by providing a comprehensive overview, including transcripts and direct quotes from the participants, including psychological expressions in the form of emotions, which were included in my audit trails. Both record-keeping, which included handwritten notes and transcribed interview notes, and preservation of the data also enhanced the confirmability of data findings.

Results

The presentation of this study's results is organized by the research questions. Each interview item is followed by the responses of participants, including the descriptions of their lived experiences related to psychotherapy. Item 1 asked, "What does it mean to be an African American man in America?" and was an outlier question added to the interview to understand the level of resilience involved in each African American man's decision to choose psychotherapy. In addition, it was significant to

their experience in the present-day world. Five emerging themes were found in this study: stigmatization, self-awareness, emotions, self-realization, and transition.

I found that the following items evoked responses that focused on African American men's experiences with attending psychotherapy. Item 1 asked, "What does it mean to be an African American man in America?" Item 2 requested, "Describe your psychotherapy experience." Item 3 requested, "Discuss any additional barriers you may face when attending psychotherapy." Item 4 asked, "What are positive reasons to attend psychotherapy?" Item 5 asked "What are three words that come to mind when you think of the word *psychotherapy*?" Each item evoked a series of common themes that most participants shared.

Theme 1: Stigmatization

Carter (2005) proposed that "racial salience can trigger stereotypes or images that are nonethnicity related; however, when nonethnicity-related stereotypes are negative, racist or discriminatory behaviors or treatments may ensue" (p. 124). For example, a study about African Americans by Stephens, Kwan, Pope, and Paquette (1999) during their interactions with Caucasians about stereotypes of African American student graduates proposed that many African Americans are viewed as academically inferior and antagonistic. This is one of many stereotypes that have been projected on African American men, who are often portrayed as big, bold, aggressive, and lazy. Unfortunately, such stereotypes have caused many African American men to continue to search for validation and support from someone who understands their experience.

I asked initially, "What does it mean to be an African American man in America?" to discover reasons for African American men to seek therapy, especially in the current

racial and political climate. The responses were consistent with my belief that African

American men are still targeted, racially profiled, and mistreated, which contributes to

some of the reasons for African American male participants attending therapy. During

the interview process this was the only question or item that evoked a noticeably long

deep sigh from each participant prior to answering. Each participant explained their truth

fluently, with downcast eyes, appearing anxious yet passionate about their answers. The

participants' responses were born out of personal experience. The common theme,

stigmatization, resonated with each male participant as he explained his experiences as an

African American man in America. This item evoked explanations of incidents when

they were targeted, racially profiled, and/or misjudged at the workplace, in

neighborhoods where they were reared, when driving, and/or during incarceration.

According to the responses of each participant, African American men still experience

being challenged and unnoticed compared to other ethnicities. Participant MR said,

"Being a Black man in America raises the awareness that you are different." Each

participant mentioned that to be an African American man in America is hard, difficult,

and considered a struggle that requires one to supersede demands and/or the expectations

of others. Direct quotes from each participant in response to Item 1 are shown in Table 1.

Participant VJ added,

Being a Black man in America means you don't get the same playing field to be

successful compared to other races. Our performance/work has to exceed

expectations; we can't half do anything; we must go over and beyond what's being

asked.

Table 1

Theme of Stigmatization: The Labeling and/or Disapproval of a Person

Based on Characteristics Perceived as Different from the Norm

Item 1: What does it mean to be anAfrican American man in America?

ID	Text	Code
VJ	"It's a struggle daily; you have to go over and beyond to be considered successful. We have to work much harder to be considered equal to others around us."	Struggle
PKH	"As a Black man, we must prove ourselves, always one step ahead of the system. There is a constant fight for us to be considered marketable compared to others."	Fight
RB	"We have to fight to get ahead; we are perceived differently due to lack of education and resources. We experience a great deal of racial profiling."	Judgment
KH	"We have it harder than everyone else; we are faced with discrimination due to the color of our skin, and we have to make them feel comfortable."	Discomfort
KM	"We get blamed a lot and experience racial profiling."	Blame
DB	"We have a lot more challenges; we have to work harder."	Struggle
OA	"We are targeted while driving Black; we are enslaved and sometimes treated like an animal, and even then, some animals receive better treatment than us."	Mistreatment
RH	"We are the most stigmatized and most analyzed demographic ever."	Misunderstanding
MR	"It raises your awareness that you are different than others; you are perceived differently based on stereotypes and biases."	Judgment
SL	"It's hard. I feel like I have to work harder; I feel targeted, judged, and stigmatized, based on others that look like me."	Perception

Participant PKH added,

Being a Black man in America, we have to fight against different obstacles due to

the lack of training and preparation to be marketable compared to others. We

have to prove ourselves and have one step ahead although we always are one step

behind our White counterparts.

Participant RB added, "Being a Black man in America means that others perceive

you negative; we lack resources and may have not receive the best education, which

makes us less marketable."

Participant KH added, "Being a Black man in America means being perceived negatively and discriminated against for the color of my skin alone." "I have to make other races feel safe because of how we've been portrayed."

Participant KM added, "Being a Black man in America means we are strong and persevere through life's hardships."

Participant DB added, "Being a Black man in America means I had to work much harder and volunteer on my last job to be recognized. I noticed there were only Whites and Asians in management positions."

Participant OA added, "Being a Black man in America can be positive and negative. Black men are a special group of people, God's chosen and gifted in many areas; however, we are often targeted and often treated less than human."

Participant RH added, "Every day I feel stigmatized, judged for the color of my skin and my past experiences."

Participant MR added, "Being a Black man means you cause others to follow the stereotype of Black men or you can educate them and show them something different and positive."

Participant SL added,

Being a Black man in America means feeling judged because of the increased rate of incarceration, the crime, and the increased rate of absent fathers in the Black community. Although I do not fit the stereotypes, I am named among the population for the color of my skin.

In Table 1, 2 of 10 African American men's responses included a positive image of African American men in America; however, the stereotypes, racial profiling, and

discrimination were named among many of the responses when discussing personal experiences as an African American man in America. In addition, 2 out of 10 African men believed it was the responsibility of African American men to change and or dispel the negative perceptions projected onto them by other races through their actions.

Theme 2: Self-Awareness

Item 2 focused on each participant's psychotherapy experience. This item helped to explain the reasons for the consideration of and referral to psychotherapy. However, this item required promptings, as some of the participants were guarded in sharing their experiences initially. Promptings included reframing questions opposed to eliciting responses by force. Once prompted, sharing became easy. Interestingly, more than half of the participants separated this question into a two-part question, explaining their prepsychotherapy experience and postpsychotherapy experience. Initially, during prepsychotherapy, participants had trouble adjusting as trust and fear were first responses. Other participants suggested that they were either shy or guarded regarding what they should share with a stranger. However, all participants described their psychotherapy experience offering awareness of deep rooted issues that may have stemmed from childhood, relationships, and/or learned behaviors. Each explained that the therapy process prompted self-realization, discovery, and a sense of healing. The theme outlining Item 2 was awareness of concerns and issues (see Table 2).

Participant VJ explained his experience as a child and being bullied, which caused him to become isolated and guarded, lacking interpersonal skills to express his needs and/or acknowledge the needs of others. He reported, "I was bullied so much that

it made me afraid of people; therefore, I did not communicate often, thus unable to express my feelings, which I ultimately brought into my relationships with others."

Table 2

Theme of Self-Awareness: African American Men's Knowledge of

Their Own Character, Feelings, Motives, and Desires

Item 2: Describe your psychotherapy experience.

ID	Text	Code
VJ	"It made me a better communicator; therapy helped me to not take everything so personal. It also increased my awareness of my needs and hers."	Increased communication skills
PKH	"The therapist helped me to bring awareness to behavioral patterns and to discover root causes to my problems."	Self-actualization
RB	"The therapy experience allowed me to release issues that I internalized that caused me to become angry and stay angry. It also brought awareness and a different perspective."	Self-realization
KH	"Initially, I was shy. I have a difficult time trusting people; however, after attending more sessions, I became comfortable in therapy."	Comfort
KM	"Therapy experience caused me to become more open about my issues and allowed me to feel less afraid to talk to someone."	Self-disclosure
DB	"Therapy helped to assess deep-rooted issues; it caused me to explore reasons for being angry."	Exploration
OA	"Initially, it was a heavy experience. I had to get a lot off my chest. However, I felt most comfortable speaking with African American therapists compared to other ethnicity therapists."	Consciousness
RH	"Initially, I did not know what to expect; however, as time progressed, I was able to purge issues that had occurred in my life. Therapy is a process that requires patience."	Recognition
MR	"Therapy allowed me to be vulnerable, a place to express my emotions and not to worry about others. I was able to release my guard; it provided a safe place, emotionally and mentally."	Vulnerability
SL	"Therapy was a learning experience for me; it helped me to evolve. It was also informational."	Appreciation

Participant PKH explained his experience of being married five times that each ended in divorce. Each marriage he referred to as *toxic*. He passionately discovered that in each marriage, he was trying to replace his daughter, with whom he had not had a relationship for years. Instead, he treated women as if they were his daughter and not his mate. He reported that therapy helped him to restore familial relationships and

brought clarity and perspective to his relationships with others. He discovered his behavioral patterns that indicated poor relations with his immediate family.

Participant RB explained that his anger toward people was directly affected by his childhood trauma, having a father on drugs and a mother who was not present. Therefore, he found himself often dysregulated due to his inability to manage his anger properly. He would often take things personally and recalled his experience with a non-African American therapist whom he believed was not receptive of his truth and lacked understanding of his experience. He later discovered that he overreacted and found himself projecting his anger onto the therapist. He disclosed that, currently, he was seeing an African American therapist, and this experience was much better as the African American therapist understood his experience as an African American man and his responses were less provoking and more validating than those of the non-African American therapist.

Participant KH recalled his initial experience with psychotherapy as uncomfortable. He explained that the community in which he was raised was not accepting of people going outside of the community to disclose personal truths. He reported, "In the hood, we don't talk to therapist about our problems; that is a sign of weakness." This cultural stigma plagued him initially until he realized that talking to someone about his experience would help to release all his secrets that he had suppressed. He recalled having difficulty with trusting people and that having to learn to trust a therapist was just as difficult. After attending more psychotherapy sessions, he became less guarded and more welcoming of the experience.

Participant KM explained that the psychotherapy space helped him to open up about his mental illness and, more specifically, the active hallucinations that he experienced. He reported feeling angry and needing to process his anger to a therapist, who was affectionately referred to as *friend* during the interview. He expressed that after each psychotherapy experience, he felt less fearful about disclosing his feelings and current reality.

Participant DB recalled his long history of explosive anger issues and therapy helping to address the internalized anger that he had suppressed and that would manifest explosively, eventually leading him to be jailed. He explained that the therapy helped him to explore both the origin and triggers to his anger episodes. He shared that addressing his anger provided clarity into his reaction to many situations.

Participant OA shared that he benefitted most from psychotherapy with a African American therapist whom he believed understood his experience. He explained that he was defeated and discouraged explaining his experiences to a non-African American therapist. He recalled that most of the issues he needed to explore stemmed from familial conflict, his environment, and experiences. Most of his experiences led to a life of crime and ultimate incarceration, which was why he originally attended therapy: to address what he termed, *a chip on my shoulder*.

Participant RH referred to psychotherapy as a process of purging. He explained that the process of therapy requires patience and expectation. He reported, "The therapist does not have all the magic answers." He explained that therapy had helped to address his symptoms of PTSD incurred from a life of crime and childhood trauma. He

currently attended therapy and said it had been helpful and an evolving process that required time and a willingness to heal.

Participant MR described psychotherapy as a space to process his feelings and concerns without the pressures to perform. He also shared that he was able to let down his guard and become vulnerable. He compared his psychotherapy experience as a necessity, similar to getting a massage when you are under stress or going to the gym to exercise. He recalled the experience as a *rest period* after the death of his sister and discovering his father's terminal illness.

Participant SL referred to therapy as a learning experience in which he was able to learn more about his diagnoses and coping skills to adhere to manage his illness. In addition, he was able to understand that the brain responds to lack of sleep and emotional dysregulation. He explained that the therapist was beneficial in helping him to explore his internal struggles and help to address the stigma of being African American and having a diagnosed mental illness.

All participants agreed that the psychotherapy experience increased their awareness of themselves and helped them to discover truths in a unique way of exploring that only a therapist could provide. Each man expressed that therapy helped to confront experiences of being guarded, vulnerable, and/or uncomfortable.

Theme 3: Emotions

Item 3 evoked a response that revealed the emotions of the African American male experience during psychotherapy. Each participant answered this item using emotions and or feelings. Trust and emotional vulnerability were main barriers for many; however, after attending more sessions, all participants agreed that the experience became more

comfortable and a safe haven for them where they could discuss their problems. Most participants agreed that additional barriers to psychotherapy included but were not limited to pride, inability to be vulnerable, religious ideology that supersedes holistic health fostered by an individual, feeling unsafe, feeling judged, resistance, lack of trust in a non-African American therapist, lack of finances and/or resources, and difficulty with accepting role reversals (i.e., the therapist as the client). Participant SL explained, "One barrier with attending psychotherapy is the resistance to applying the coping skills taught during therapy and being accountable for your actions."

Consistent with literature about African American men and psychotherapy, at least 2 out of 10 participants believed that religious beliefs and the ethnicity of the therapist were barriers. Participant PKH, a religious leader by profession, stated, "When I first began therapy, people in my congregation questioned my faith, inquiring reasons for attending therapy and questioned my relationship with God."

One out of the 10 participants reported no barriers to psychotherapy. However, this participant also appeared internally preoccupied during the interviewing process. His response was appropriate; however, due to this participant's level of function, there was a lack of insight. These and other responses to Item 3 are shown in Table 3.

Participant VJ expressed a sense of pride prior to entering psychotherapy. He normalized his concerns and therefore disclosed that what he considered normalcy did not seem necessary until his truths caused a disruption in his marriage and in his relationships with others.

Table 3

Theme of Emotions: African American Men's State of Mind Stemming from

Personal Circumstance, Mood, and/or Relationships with Others

Item 3: Discuss any additional barriers you may face when attending psychotherapy.

ID	Text	Code
VJ	"Pride doesn't allow for men to admit the fact that they are hurting. We place masks on our faces and blame others because turning the focus on us makes us feel vulnerable."	Pride
PKH	"As a spiritual leader, we have always been taught to have Jesus, and we have image cast Jesus, therefore, unable to embrace a holistic approach."	Concern
RB	"Feeling a sense of embarrassment for divulging one's whole truth."	Embarrassment
KH	"Resistance and guarded."	Self-defense
DB	"It is difficult and uncomfortable to share with someone unknown. It takes a while for me to trust a person and not feel like I'm being judged."	Discomfort
OA	"It was difficult talking to a non-Black therapist. I felt like I had to exaggerate my story to get them to understand, where I experienced a Black therapist twice and felt more comfortable."	Discomfort
RH	"Transportation and finances are both resources needed to attend therapy. Without it, therapy can be expensive."	Relief
MR	"As a therapist in the field, it is difficult to be the client. In addition, bring my black maleness to the session. Learning how to define parameters in the moment (i.e., the pressure associated with being the therapist all while being the client)."	Powerlessness
SL	"Medication is a huge barrier in the Black community. In addition, applying the skills taught during therapy."	Uncertainty
KM	"There were no barriers to attending psychotherapy."	Preoccupation

Participant PKH expressed his concern for his religious community in which he considered that his safe space had begun to fail him, the reason for him being faced with sadness and despair of relationship failures. He understood his faith in God, but he struggled with the idea of his religiosity not addressing his mental state; instead, he was informed to pray only and his pain would heal itself. His concern was that his safe place did not offer a holistic approach.

Participant RB expressed embarrassment and shame after disclosing his marital woes and his struggle with anger. His embarrassment caused him to be guarded with

psychotherapy and present superficially to protect himself from being vulnerable. However, after several sessions and a different therapist, his embarrassment dissipated.

Participant KH shared his experience with being reared in an urban community that did not encourage self-disclosure to strangers. Initially, he was guarded and resistant. He was afraid of the unknown and not sure of what to expect from the newfound experience.

Participant DB shared his level of discomfort and distrust in a therapist who would also be considered a stranger for the first few sessions. He expressed experiencing judgment for which he used a defense mechanism of not allowing the therapist to address his internal struggles of anger.

Participant OA expressed his discomfort with sharing with a non-African American therapist and then transitioning to a African American therapist, with whom he was most comfortable sharing his experience. He reported being tired of sharing his story with the non-African American therapist repeatedly, because she could not understand his truth. He shared that the process with the non-African American therapist was exhausting and unfulfilled.

Participant RH expressed relief at the resources offered to people of color. He expressed passionately being grateful for the program that helped him to receive therapy and offer transportation to and from his therapy sessions weekly. During the interview, he shared taking advantages of his benefits and shared that had it not been for the benefits, he might not be attending therapy because of the financial obligation associated with therapy.

Participant MR shared his powerlessness in the moment when in therapy. He expressed always having the answers for others but, during this time in his life, not having resolve in his own life. He also explained always needing to be the strong one, yet this time, he needed someone else to lean on. He also shared that he had such a great rapport with this therapist that the therapist was on the speed dial on his phone to help him whenever he would experience random breakdowns in public.

Participant SL expressed his concern with the African American community not being open to medication with psychotherapy to heal and manage illness, if any. He shared his experience with attending individual and group therapy for years, both of which offered lifelong skills that had helped him to manage his struggles with mental illness.

Participant KM did not share any emotions as he reported that he had experienced no barriers with attending psychotherapy. One barrier might be his lack of insight into what a barrier may have been for him.

One out of these 10 participants shared positive emotion when attending psychotherapy, and one participant reported no emotions at all when discussing additional barriers to psychotherapy. However, eight participants shared emotions stemming from their initial psychotherapy experience, which, for many of them, began to change after multiple therapy sessions. What may have been a barrier to psychotherapy dissipated or at least became manageable. The participants faced a variety of emotions during the psychotherapy experience, which is consistent with the literature in which researchers discussed barriers among African American men and psychotherapy.

Theme 4: Self-Realization

For Item 4, each participant was asked to identify positive reasons to attend psychotherapy, and all responses focused on what I term *the 3 Rs*: resolve, relief, and restoration. I was intrigued by the experience of attentively watching African American men during the interviewing process as they discussed their positive experiences and the newfound ability to regulate their emotions properly. Although each African American man discussed different positive reasons for receiving and/or continuing psychotherapy, the responses were similar. It was almost as if each participant's response elicited a reaction similar to when a meditation instructor says, "Take a deep breath in and hold it for 10 seconds and then breathe out." This analogy is something that resonated as I listened attentively to each response. All 10 participants entered their respective psychotherapy session with internalized concerns that they were not able to properly release without the assistance of a professional. No one set expectations prior to entering the treatment milieu because, for most, the experience of attending therapy and sitting with what most identified as a *stranger* was unknown and frightening. However, there was an expected end for each. Each person came out finding different answers and able to release aggression, address past traumas and memories, understand themselves, and most of all, find a safe place. Many realized that self-realization comes only with being honest, transparent, and vulnerable in the moment. The therapy experience for many began a lifelong process of verbalizing their pain instead of internalizing their pain. Responses to Item 11 are presented in Table 4.

Table 4

Theme of Self-Realization: African American Men's

Fulfillment of Their Potential

Item 4: What are positive reasons to attend psychotherapy?

ID	Text	Code
VJ	"I was able to sleep better after discussing all of the issues in my mind. Therapy helped me to rest."	Ease
PKH	"Therapy gave me release, and I no longer had to suppress anything. I was able to become honest with myself and experience moments of self-realization. It ultimately restored my family."	Restoration
RB	"Therapy helped to manage my feelings and thoughts and gave me the ability to uncover the hidden."	Accomplishment
KH	"Therapy gave me a peace of mind, helped me learn about myself; it helps me to identify pride and challenge stigmas related to therapy and the Black community."	Self-identification
KM	"Therapy gave me someone to talk to about my problems, all while gaining a new friend. It gave me the opportunity to open and get things off my chest."	Achievement
DB	"In therapy, I was able to clear my mind, and it provided me with another perspective on life."	Perspective
OA	"Therapy helped to relieve me of stress and helped me to maneuver life obstacles."	Fulfillment
RH	"Therapy was effective and caused a perpetual effect of positivity in my life."	Reflection
MR	"Therapy provided emotional management, gave me a sense of control when I felt stressed. It was a safe place where I could address whatever was going on in my life."	Inner peace
SL	"Therapy helped to find resolve in my life. The therapy helped me to improve my life and gave me a different perspective from a nonjudgmental source."	Satisfaction

Participant VJ expressed that prior to psychotherapy, he struggled with insomnia as he worried about relationships between himself and others. Psychotherapy provided a peace a mind that he had not experienced for years, all while helping him to properly manage his past and current situations.

Participant PKH shared that psychotherapy helped him to live again; he discovered that he was just existing and holding true to past cultural traditions and norms, which prevented him from addressing negative patterns.

Participant RB shared that psychotherapy helped him to become selfless and understand that his actions not only affected him but others whom he loved. Psychotherapy offered a sense of accomplishment as he completed all sessions and saw positive results manifest in his personal life with himself and his wife and family and his ability to regulate his anger properly.

Participant KH said that psychotherapy raised awareness that he needed help with all areas of his life. Psychotherapy not only offered peace but helped to address his pride with receiving therapy.

Participant KM shared that psychotherapy created an open space to share internal struggles. He also explained that psychotherapy provided not only a space to talk but a person whom he considers to a be a friend with whom he could share.

Participant DB shared that psychotherapy was a place in which he could be open and learn how to manage his anger and life situations. In addition, it helped him interact properly with others. It increased his interpersonal effectiveness skills.

Participant OA shared that psychotherapy was a place in which to receive coping skills that could help manage day-to-day situations, as well as a space in which to learn to rationalize through choices made and help to manage relationships properly. Last, it decreased the level of stress he was carrying.

Participant RH shared that the effectiveness of psychotherapy transcends beyond the therapy room. According to RH, if one does the work during therapy, one is most likely to see the continual and perpetual affects that can help one cope properly with life.

Participant MR referred to psychotherapy as emotional management therapy, with space to dedicate protected time to recharge. He suggested strongly that psychotherapy

should be a part of a weekly regimen to address concerns when experiencing life stressors. He shared that psychotherapy provided a sense of control.

Participant SL explained that psychotherapy was a safe place where he could share and always receive something in returned. He compared his psychotherapy experience to a church experience. "When attending church, one goes in one way and leaves the experience changed for the better." He also shared that "therapy offered a new perspective and helped me learn to manage life difficulties."

All participants found that positive reasons to attend psychotherapy were correlated to their need to address internal struggles, past experiences, and cultural stigmas and to discover more about themselves. All 10 participants described in detail their willingness to release the internalized pressure and/or unresolved concern in their lives. Psychotherapy was mentioned multiple times throughout the interviewing process as a place where they could receive help.

Theme 5: Transition

For most of the participants, Item 5 was answered from a prepsychotherapy experience to a postpsychotherapy experience. The psychotherapy experience was followed by a recent event or events with which they were faced. Psychotherapy was not commonplace for all the men; therefore, it required adjusting, flexibility, and openness on their part. Researchers have spoken to African American men's reasons for not seeking therapy (e.g., distrust in the mental health system, religious ideologies, therapist incompetence, and cultural stigmas). Although I witnessed each reason during all 10 interviews, I found it interesting that each man seemed to focus briefly on his prepsychotherapy, which led to a discussion of the importance of trusting a stranger,

entering an unknown experience, viewing therapy as a place for crazy people, and confronting fear and pride.

Item 5 asked for three words that came to mind when the participant thought of the word psychotherapy and was the only question in which the word *crazy* was verbalized and associated with the term *psychotherapy*. This is also the only question for which I found myself using the term *therapy* after asking the initial item. It was my observation that the term itself evoked a negative response compared to the word *therapy*. However, transition is the process by which one moves from one stage of change to the next. The question focuses on that transition from pre- to postpsychotherapy experiences among all participants. Without any hesitation, the following were words and or statements verbalized (see Table 5).

Table 5

Theme of Pre/Postpsychotherapy: African American Men's Process of Change:

Development or Movement from Pre- to Postpsychotherapy

Item 5: What are three words that come to mind when you think of the word *psychotherapy*?	
ID	Text
VJ	"Crazy, rebellion, and private."
PKH	"Psyche, mind, and help."
RB	"Scary, crazy, and hurting brain."
KH	"Crazy, meditation, and relaxed."
KM	"Cool, help, and friend."
DB	"Psychotic (crazy), open, and free."
OA	"Crazy, weird, and a revolving door."
RH	"Crazy, affluential, and helpful."
MR	"Mental, relaxed, and privacy."
SL	"Healing, stress, and reaction."

Participant VJ said, "Crazy, rebellion, and private." This was his description of his perspective upon entering psychotherapy and believing that nothing was ever wrong, to transitioning to a refusal to do anything the therapist said, to transitioning to his final realization that therapy was a safe and comfortable place in which he could express his truth.

Participant PKH said, "Psyche, mind, and help." Theoretically speaking, this participant spoke to the root word and then transitioned to the importance of disseminating information received from the therapist cognitively and discovered therapy to be a learning experience that was helpful.

Participant RB said, "Scary, crazy, and hurting brain." Initially, he shared that there had been moments in psychotherapy when he would begin to relive his childhood trauma, which invoked fear and hurt. He shared his fear of his ability to cope with the trauma after he left his session.

Participant KH said, "Crazy, meditation, and relaxed." Focusing on the word itself, he attributed *psycho* to mean *crazy*. After thinking about the recent chain of events that had occurred in his life, he explained the affect that meditation and relaxation had on his ability to stay in the moment during the therapy experience.

Participant KM said, "Cool, help, and friend;" however, these terms did not resonate for other African American men during the initial stage of therapy. The participant also compared the therapy experience to "gaining a new friend." This participant saw his therapist as a friend with whom he could share his feelings and emotions.

Participant DB said, "Psychotic, open, and free." Like Participant KH, this participant focused on the word *psycho* and the experience of therapy as designed to address *crazy*; however, after experiencing what therapy had to offer, he found that it freed him of those internal struggles.

Participant OA said, "Crazy, weird, and a revolving door." Interestingly, he described therapy as crazy and weird like the scary movie character Michael Myers. He said that therapy reminded him of a *twilight zone* in which his issues and concerns were different, even though the ways of coping would stay the same.

Participant RH said, "Crazy, affluential, and helpful." Once more, he focused on the word *crazy* as his initial experience prior to psychotherapy. *Affluential* was based on media's portrayal of psychotherapy services as accessible only to the rich. However, the process of therapy was helpful.

Participant MR said, "Mental, relaxed, and privacy." He focused on the stigma around being mentally ill and the negative connotation associated with therapy as for the crazy. He experienced a sense of relaxation in a safe place where he could let down his guard. In addition, he understood the importance of privacy and confidentiality in the therapy session.

Participant SL said, "Healing, stress, and reaction." He focused on the response and action of the psychotherapy experience. He noted that there is an exchange that takes place between the therapist and the client that decreases stress and initiates healing.

Seven out of 10 participants mentioned the word and/or correlated the word *crazy* with psychotherapy. Participants described their prepsychotherapy negatively compared to their post psychotherapy experience. Fear of the unknown contributed heavily to

initial resistance to attending psychotherapy. Eight out of 10 described the

postpsychotherapy experience as helpful, freeing, healing, and relaxing. Meanwhile, 2 of

the 10 participants experienced fear in the beginning and throughout the therapy process,

relating the process to a twilight zone or a revolving door, which may explain their

inability to work through life struggles. Both these participants engaged therapy multiple

times, and although positive outcomes were achieved, the experience appeared repetitive.

Summary of Chapter 4

The purpose of this phenomenological study was to understand the experiences of

African American men who choose to attend psychotherapy. Five items guided this

study. Responses from semistructured interviews revealed patterns and shared

phenomenon among all participants. Participant responses were summarized in detail

relating to five significant themes: (a) stigmatization, (b) self-awareness, (c) emotions, (d)

self-realization, and (e) transition between prepsychotherapy and postpsychotherapy. In

addition to participant responses, additional detail was provided to understand how

themes were developed.

Chapter 5 provides the reader with an overview of this study, which includes an

interpretation of findings, limitations of the study, recommendations, the essence of the

study, and social change implications. In addition, it provides the reader with a

comparison of the study and other researchers who have focused on African American

men and mental health.

Chapter 5: Discussion

The purpose of this phenomenological study was to explore the positive reasons and facilitating factors and negative reasons and barriers for African American men chosing psychotherapy. This study can also provide a greater understanding of African American men's experience with psychotherapy and the role resiliency played in their decision to seek mental help. This study addressed the gap in literature regarding the understanding of some African American men who have chosen to seek psychotherapy despite continued challenges associated with being an African American man in modern-day America.

This study was guided by six central research questions:

1. What experiences have shaped African American men's perceptions of mental health?

2. What are the perceptions of African American men who have attended psychotherapy?

3. What are positive and facilitating factors or negative factors and barriers for African American men to attend therapy?

4. How do African American men describe potential personality traits and/or characteristics that encourage them to seek therapy?

5. What other experiences do African American men describe within the therapy session?

6. How does the development of African American men shape their perceptions of therapy?

Found in the results of the 10 semistructured interviews indicate that African American men's lived experiences with psychotherapy was a positive impacted on their lives. The stigma associated with psychotherapy helped to shape negative perceptions of the experience prepsychotherapy. However, all participants disclosed a level of resilience, as evidenced by self-awareness and self-realization of core beliefs about the therapy experience. During prepsychotherapy, many participants relied heavily on established community (friends, family) and/or spiritual or religious support to help navigate their problems. Due to two negative factors and barriers that have inhibited most participants from participating in psychotherapy earlier—fear of the unknown and/or self-pride—many were unaware of this newfound experience.

More recent researchers have attempted to address potentially useful strategies for addressing African American men's experiences during counseling. Counselors are challenged to implement strategies or interventions that can be used as coping skills in the face of adversity. Culturally appropriate strategies, such as humor and storytelling, are two approaches used to assist African American men utilize their inherent strengths within the counseling process (Vereen, Hill, & Butler, 2013). The parallel between current literature and this study was focused on psychotherapy as a platform used to help African American men discuss their stories through use of emotional and verbal expression, which has been useful in the African culture for years. The art of storytelling facilitates communication that is both safe and comfortable for the client. Understanding the experiences of African American men brings an understanding of both internal and external considerations of the therapeutic process (Vereen et al., 2009).

To understand the psychotherapy experiences of African American men, I considered the vulnerability of participants included in the study. I mindfully considered the questions and the responses of each participant by listening attentively to messages conveyed through verbal and nonverbal cues. This study included 10 African American men who participated voluntarily in psychotherapy after a life event, most of which were traumatic (i.e., grief, assault, incarceration, divorce, childhood trauma, etc.). Each participant shared his experiences related to a traumatic life event and expressed his need to seek help. With regard to navigating through the lived experiences of African American men, this study was guided by five interview questions to help explore perceptions of facilitating factors and positive reasons and negative factors and barriers to psychotherapy.

Interpretation of Findings

In this study, Item 1 asked, "What does it mean to be African American in America?" and was used to explore the meaning of the current African American male experience. Based on the responses of each participant, I developed a greater understanding of everyone's desire to seek help. Each participant explained at least one trigger or event that occurred and that helped him to consider psychotherapy as a place to address his trauma. Past researchers have suggested that African American men are less likely to attend therapy due to barriers to help-seeking behaviors, including (a) lack of awareness of the need for care, (b) racism, (c) distrust in the healthcare system, (d) religion and spirituality, and (e) criminal background (Cheatham et al., 2008). Although experiences with racism and/or discrimination were verbalized by each of the participants, none allowed experiences with stigmatization to interfere with their

decision-making process to attend psychotherapy. This current study showed that barriers to help-seeking behaviors still exist currently among African American men. Participants in this study described such barriers to treatment to exist during their prepsychotherapy experience.

In a study on African American men and their exploration of resilience amid sociostructural challenges and stressors, Teti et al. (2012) found that African American men describe their lives as "challenging," "tough," and a "constant struggle" due to "(a) racial microaggressions, (b) incarceration, (c) unemployment and stress of supporting their families without sufficient finances, and (d) enduring the stress of the streets" (cited in Bowleg, Teti, Malebranche, & Tschann, 2013, p. 26). Consistent with the current study, African American men's level of resilience supersedes the harsh reality of what it means to be an African American man in America. Despite challenges, resilience has been demonstrated through (a) perseverance, (b) a commitment to learning and growing from hardship; (c) reflecting and refocusing to address difficulties, (d) creating their own supportive environment and drawing support from religion and spirituality (Teti et al., 2012). Participants in this study used their traumatic life events to initiate self-awareness of their emotions, beliefs, and motives about therapy.

Item 2 requested, "Describe your psychotherapy experience focused on self-awareness as an African American man." This item, more than others, laid the foundation to understand additional experiences African American men describe within the therapy session. It also helped to understand how the experiences of each man shaped his perspective of mental health. Each participant discussed his initial response to therapy, including emotions and feelings experienced and core beliefs instilled, followed

by the therapy experience. This item addressed the barrier that many African American men face when beginning therapy. Initially, most participants lacked awareness that there was a problem to address. I discovered that participants were initially resistant and avoided seeking treatment because of what media portrayed, what community suggested, or their idea of what psychotherapy offered. The stigma of psychotherapy was evident in most of their initial experiences; however, as they continued to attend therapy sessions, they were willing to let down their *guard* and *open up*, as most participants explained during the therapy process.

 After the initial rapport was established between the therapist and client, participants discussed the importance of being comfortable, safe, and free to share their experiences. Men shared not feeling judged or blamed but, instead, feeling understood . The art of understanding the African American male experience while integrating appropriate strategies is most effective during counseling. Vereen et al. (2012) proposed that "when counseling African American men, contextual understanding is important because it optimizes the counselor's ability to be effective" (p. 58).

Once the African American men were safe in therapy, self-awareness of beliefs, emotions, and feelings became more evident. The connection between the participant and the therapist became more meaningful and effective. Participants' self-awareness led to a flood of emotions that were shared from personal circumstances, mood, and/or relationships with others. However, through the discovery of personal experiences, barriers to treatment were confirmed.

Consistent with past and current research, some of the barriers to attending psychotherapy remained true for the participants in this study. Participant responses for

Item 3, which requested, "Discuss any additional barriers you may face when attending psychotherapy," evoked a series of emotional responses. Most participants agreed that emotions such as pride, shame, guilt, and distrust were among the barriers faced when attending psychotherapy. In addition, some participants discussed the fear of being judged based on the color of their skin and perceptions from media sources reinforcing negative stereotypes of African American men. Johnson (2006) shared that African American men have a confusing and multifaceted existence due to current perceptions, ranging from actor, athlete, entrepreneur, and musician to inmate, absent father, and criminal. Meanwhile, Vereen, Binkley, and Lewis (2009) suggested refraining from the use of labels, which can hinder the therapeutic process (Vereen et al., 2012). Such labels can negatively impact the psychotherapy experience and confirm feelings of stigmatization. With the use of both self-awareness and emotional expression, participants were able to exercise self-realization focusing on fulfillment of their potential as African American men.

Most participants shared similar responses to Item 4, which asked, "What are positive reasons to attend psychotherapy?" Many of the responses focused on the self-realization of their potential as African American men. Interestingly, terms such as *rest*, *live*, *release*, *another perspective*, and *peace* resonated for participants when describing positive reasons and facilitating factors to attend psychotherapy. One participant acknowledged his ability to sleep better after attending psychotherapy. Another participant shared the ability to *live* again, which meant he was able to share his traumatic life experiences. The discussion of positive reasons led to an understanding of each participants' experience that helped them begin to maximize their potential as African

American men while focusing on freedom from cultural stigmas and a refocus on his

power as a man and an African American. Encouraging a sense of pride and self-esteem

culturally enhances resiliency and integration (Vereen et al., 2013). This item, more than

the rest, dispelled the myth surrounding men sharing their truths as a sign of weakness.

The study outcome can inform literature that male socialization within the African

American community should refrain from endorsing messages that prevents one from

receiving the help one needs. The discussion around continued barriers led to a rich

discussion of pre/postpsychotherapy experiences that explored the process of change and

acknowledged development within both stages of their process. Participants in this study

agreed that they would not only attend psychotherapy in the near future but would also

recommend attending therapy to other family and friends.

Item 5 asked the participants to share three words that came to mind when hearing

the word *psychotherapy*. Most participants shared the term *crazy* as a descriptor of

psychotherapy. Most alluded to their initial psychotherapy experience as a place for

crazy people or for people with problems unlike their own problems. What I found most

interesting about this item is that all participants explained their perceptions of

psychotherapy by including both prepsychotherapy and postpsychotherapy experiences.

During the initial stage of psychotherapy (prepsychotherapy), there was a negative

connotation consistent with their lack of insight into what therapy entailed. However,

after attending a couple of sessions, they found the experience to be positive, effective,

and purposeful.

Past researchers have focused on the strengths of African American men

contributing to their ability to be resilient despite being undervalued, marginalized,

targeted, and discriminated against. Five strengths possessed by African American men are aspirational capital (internal and external motivation), family (wisdom, influence, comfort, and protection), social and navigational capital (use of community resources to navigate an understanding of social support and social institutions), and resistance capital (understanding of demeanor, speech gesture, walk, and stance styles) (Butler et al., 2013). Considering such strengths of African American men can provide clinicians with perspective into their experiences as they build therapeutic alliances.

Gap in Literature

The gap in literature was filled as I showed in this study that some African American men are choosing to attend psychotherapy. A sample of 10 African American men does not provide a representation of all African American men's perceptions of psychotherapy. When considering multiple barriers, the African American men in this study displayed resilience, which led to their decision to attend psychotherapy. Participants in this study, although a small representative of modern-day African American men, demonstrated positive self-concepts when choosing to attend psychotherapy, despite the historical and ongoing challenge of racial discrimination and racial profiling.

Although most participants were initially reluctant to seek therapy, each participant discovered that once he attended and the rapport with the therapist was established, the psychotherapy experience was meaningful. Although counterintuitive, resiliency was displayed by each participant who overcame cultural stigma, shame, religious beliefs, and/or trust while attending psychotherapy.

Resilience does not equal psychotherapy; however, it is the platform on which each African American male participant in this study stood to address experiences of stigmatization, discovering self-awareness (consciousness of his own feelings, character, motives), learning to regulate his emotions properly, and exercising self-realization (knowledge of his true self), which eventually led to a transitioning phase of wholeness. Despite challenges, resilience has been demonstrated through (a) perseverance, (b) a commitment to learning and growing from hardship, (c) reflecting and refocusing to address difficulties, and (d) creating their own supportive environment and drawing support from religion and spirituality (Teti et al., 2012). The demonstration of resilience among African American men has helped participants in this study embrace their newfound safe place: the psychotherapy experience.

African American men draw support from those with whom they are most comfortable sharing their truths. Although, spirituality and community have always been an intricate part of the African American experience, this study was focused on these men's experiences to go beyond normalcy and seek psychotherapy to address their mental health needs. From the client perspective, the process of engaging through storytelling can decrease apprehension and distrust (Vereen et al., 2012). Many participants agreed that both distrust and apprehension were among those feelings experienced during the initial process. There is something to be said when men, men of color experiencing grief and loss, men attempting to understand the root of his anger, men undergoing marital conflict, and men living with mental health diagnoses choose to seek psychotherapy services. Previous researchers have suggested that African American men are not to share their feelings, admit to weaknesses, seek emotional involvement, or depend on

another person (Good et al., 2005). Although cultural messages signifying self-reliant behaviors still exist among many African American men, I depicted in this study that there is some improvement in the way African American who have chosen to attend psychotherapy perceive their process.

For participants in this study, it appeared that emotional vulnerability transcended personal experiences. Although it was uncomfortable, the choice to embrace a shared and safe space with a stranger became common to most after attending two or more therapy sessions. Becoming emotionally vulnerable and transcending barriers, including, but not limited to, pride, trust, therapist ethnicity, religious ideologies, and vulnerability, resonates for a demographic who still considers being an African American man in America as a daily struggle. The awareness of psychotherapy to the disenfranchised, racially profiled, and most stigmatized group of people is a continued journey and process of healing.

All male participants involved in this study said that they would recommend psychotherapy to another person, based on the positive results they achieved after seeking psychotherapy. All 10 participants said that therapy offered a safe or private place where they could *get things off their chest*, which simply means to release or free oneself of suppressed feelings. Nine out of 10 participants revealed that their ideologies prior to attending therapy were consistent with those in prior research relating to African American men's unwillingness to seek help.

At the end of each interview, I asked the participant if he wanted to add anything else to the interview pertaining to his experience with psychotherapy and/or being an African American man in America. All 10 participants encouraged seeking help from a

mental health professional and urgently stressed its importance among African American men. The words *help* and *helpful* were used 48 times throughout the interview process among participants.

Limitations of the Study

There were several limitations of this study. First, the generalizability of findings was limited to the small sample of these 10 African American men, which does not represent all African American men who have participated in psychotherapy in their adult life. In future research, researchers can extend the age range to include African American men who had attended therapy as a child or in their teenage years rather than limiting the age range to 18 and over.

Next, more outliers could have been included as part of the sampling (i.e., socioeconomic status, demographic, education, mental health history, etc.), which may have positively impacted the results even more. Recent studies on African American men and counseling have focused on African American men and sexual preferences as a contributing factor to how much information is or is not disclosed in counseling. Arnold et al. (2015) posited that one of the six findings from interviews held with African American men regarding who they engage in sex with—men or women—was an expression of these men for a strong need for privacy about their sex and sexuality and their need to avoid rumor and gossip, which they believed would travel quickly in their communities. Again, the notion of the need to be safe continues to resonate for African American men when discussing matters of the heart.

In this study, I have considered protective factors associated with African American men's mental health. Few researchers have focused specifically on suicide protective

factors among African American men. However, Wang, Lightsey, Tran, and Bonaparte (2013) conducted a study with African American college students to examine suicide protective factors. Past mental health concerns, such as diagnoses and history of suicide, may have helped to understand additional protective factors associated with mental health among African American men. Researchers have favored the examination of risk over the protective factors of suicidality (Wang et al., 2013). In this study, 3 of the 10 African American male participants were diagnosed with a mental health disorder.

Next, as mentioned in Chapter 3, audiotaping was both effective and helpful to the data analysis process. However, one of the three interviews facilitated in the library was difficult to interpret as the conference room next to me was full of library attendees hosting a meeting. Transcribing data was difficult and required constant rewinding and replaying to get a complete understanding of the participant interview. I found myself repeating questions and asking the participant to repeat his answers. Although, the participant answered his questions patiently, there was level of anxiety caused by environmental stress which may have negatively impacted the participant responses.

Questions should clarify criterion used to participate in any study. For the purpose of this research, no question was asked about the ethnicity/identity of African American men involved in this current study. In addition, results can vary based on the psychosocial functioning of each participant. For instance, responses from participants who have a disability (i.e., mental illness) may reflect their mental well-being. Also, mindful of gender bias, including transference from qualitative studies and opposite sex genders, can be considered problematic, in this case, an African American woman interviewing all African American men about personal experiences. Also, the level of

self-awareness may impact result findings. An African American man's self-awareness,
or lack of self-awareness, of the importance of psychotherapy may alter result findings.

Finally, this study is not representative of all African American men. Therefore,
factors such as socioeconomic status, educational background, early onset of diagnoses,
exposure to positive therapy, and court-ordered therapy may have significant impact on
result findings.

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Recommendations for Future Research

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In this study, I have provided recommendations for future research. Researchers
may want to interview men of color who attend psychotherapy and compare them to
other ethnic ethnicities to discover appropriate strategies. In addition, effective strategies
should be explored within the therapeutic milieu that can be useful for men of color.
Furthermore, mental health forums should be implemented to provide psychoeducation
through literature (books, pamphlets, journals) that men of color can read to learn.
According to Vereen et al. (2012), "counselor education curriculums may benefit the
counseling community and provide insight into the psyche of African American men and
the worldview of a culture of people often alienated by the counseling profession" (p.
62). It may also be useful to facilitate a study with African American men who are in the
mental health field to help develop additional strategies from the perspective of (a) a
man, and (b) a man working as a mental health professional.

Researchers may want to locate or hire stakeholders, leaders, or gatekeepers from
the community as consultants to their studies to help alleviate the stress related to finding
participants for the study. Within any study, communication with participants following
the completion of that study may present difficulties; therefore, establishing a system

prior to the study may be most effective, efficient, and beneficial to the researcher and participants. This can also help to ease the process of member-checking after the data-analysis stage.

Areas of future research may also include a qualitive inquiry of the clinician who serves African American men to help integrate culturally appropriate strategies (e.g., humor and storytelling) into the therapy experience. In a study on racial concordance as a strategy to increase African American participation in breast cancer research, researchers found that both cultural sensitivity and trust-building is recommended to increase minority participation (Frierson, Pinto, Denman, Leon, & Jaffe, 2017). There is a great need for both effective assessment tools and therapeutic interventions to engage more African American men in psychotherapy.

Implications for Social Change

This study has been added to the body of literature for African American men, men of color, and men in general. Addressing facilitating factors and positive reasons to attend therapy may have increased interest in other men and/or men of color choosing currently to attend therapy. As researcher, I also addressed the continued barriers that exist, including the reasons for African American men choosing not to attend. Suggested by Ward and Mengesha (2013), strategies should include implementing a therapeutic milieu that focuses on understanding the experiences of African American men. The stigma associated with attending psychotherapy can encourage mental health personnel to continue to offer cultural competency trainings and forums to address the needs of African American men. Cultural competency trainings can help African American men build rapport with their therapists to alleviate distrust. The ability to open and share with

someone considered a stranger while becoming emotionally vulnerable can be a less stressful process when the therapist relates to the participant. Cross culturally, mental health continues to carry a stigma; therefore, it is the responsibility of mental health communities to hold forums to provide psychoeducation about the effectiveness of psychotherapy to discuss both myths and facts. It is important to encourage more people of color, especially men, to pursue the field of psychology, which is largely comprised of Caucasian men. Cultural competency is important to African American men, who contend with increasingly higher levels of discrimination compared to other cultures. Mental health professionals must establish a rapport with African American men, which involves the understanding of their past, present, and future. Understanding their history will help mental health professionals to address key issues and concerns that continue to impact African American men's mental health.

It is important to create a safe place beyond the church, barbershop, and/or home for African American men to seek mental help. Drop-in clinics or affordable healthcare services that offer mental health assistance at a low fee or sliding scale cost can also be useful for those unemployed or financially unable to afford therapy. In addition, Franklin (2007) asserted that interventions such as group therapy (African American male support groups) can help African American men to validate their experiences within the therapeutic environment, sharing the same phenomenon which would help to avoid believing that their experiences are unique. An increased understanding of men and the knowledge and awareness of the influence of socialization and masculine identity is warranted (Englar-Carlson & Shepard, 2005; Linn et al., 2012; Liu, 2002).

Conclusion

Through this study, I have helped to inform literature focusing on the mental health of African American who attend current psychotherapy. In addition, its focus on resiliency among African American men has challenged readers to understand the experiences of African American men who attend therapy, which is either minimized or overlooked due to the significantly low number of men who attend. However, Brooks et al. (2005) posed that African American male students possess resilience, strong identities, motivation, and coping skills, which are often underutilized but, if fostered appropriately, can lead them to flourish both in life and higher education (Butler et al., 2012). Through this study, I have confirmed many of the barriers presented in past literature about African American men's experiences when choosing to attend psychotherapy. Most participants confirmed that pride, distrust in the mental health system, religious perspective, self-reliance, distrust of the healthcare system, and finances were some of the same barriers they had experienced. However, in this study, I discovered the facilitating reasons and positive factors for African American men, a disenfranchised, stigmatized, and marginalized group of people, to attend therapy. The term *help* was mentioned 48 times during the interviews, which may suggest that most participants believed that there was a need for help, which manifested through psychotherapy.

Unanimously, participants shared their important components of the psychotherapy experience. All participants agreed that when the rapport had been built and a level of trust became present, they experienced a flood of emotions and exposed their truths, core beliefs, and perceptions about psychotherapy. A contributing and worthwhile factor to attending psychotherapy was having someone to talk to who did not present either

judgment or bias. In addition, talking to someone with whom they felt safe and comfortable was also a contributing factor. Furthermore, most participants agreed that they had a vested interest in learning how to overcome and properly manage past failures, childhood and adult trauma, interpersonal conflicts, and cultural stigmas. Last, each man shared his experience of learning to navigate through life problems, understanding himself, and gaining a new perspective, which were also contributing factors to attending psychotherapy.

In conclusion, all participants agreed that psychotherapy was both helpful and effective and that they would recommend psychotherapy to their friends and family. One participant shared unifying factors, such as that locating a therapist who shares the same values could help reduce the amount of uncertainty or distress experienced in the initial session. The first session of therapy can be the most instrumental to the therapeutic exchange. It is common for the mental health professional to collect history and to determine the goal of future sessions.

African American men who choose to attend psychotherapy display a level of resilience that can only be understood through the lens of a community that understands their history. Without knowledge and understanding of the African American male experience, the mental health community will continue to perpetuate a cycle of ignorance on how to work properly with African American men. When psychoeducation and trainings are provided, then and only then will clinicians and the mental health community at large be able to address effectively the emotional needs of the African American man.

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