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BLACK MEN; ARE YOU TOO “MASCULINE” FOR MENTAL HEALTH TREATMENT

by

JASMINE C. THOMAS

Under the Direction of Dr. Makungu Akinyela

ABSTRACT

The purpose of this study is to examine the perceptions of Black men on mental health seeking behavior as viewed through the lens of Black Masculinity. Using an empirical phenomenology approach as described by Creswell (2007), with the Common Sense Model as the framework, four Black men between the ages of 18 and 30 were interviewed and participated in a focus group examining if adherence to traditional roles of masculinity shapes mental health attitudes and help-seeking behaviors and to uncover the stigma and barriers associated with mental health help-seeking in the Black community. The shared phenomenon I examined is mental health experiences as a Black male. This study has implications for mental health promotion and advocacy in the Black community.

INDEX WORDS: Mental health, Stigma, Help seeking, Black (African American), Psychology, Masculinity, Black identity, Phenomenon

BLACK MEN; ARE YOU TOO “MASCULINE” FOR MENTAL HEALTH TREATMENT

by

JASMINE C. THOMAS

A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of

Master of Arts

in the College of Arts and Sciences

Georgia State University

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BLACK MEN; ARE YOU TOO “MASCULINE” FOR MENTAL HEALTH TREATMENT

by

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May 2016

DEDICATION

I dedicate this work to my family and friends who have watched my passions grow when it comes to helping those struggling with mental health illness. To my mommy and daddy, thank you for loving me unconditionally and encouraging me like no other. Lastly, to any Black man who has never had the opportunity to share their stories, or struggled with rigid definitions of masculinity, I appreciate you for letting me make your voice known.

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I would first like to acknowledge God who is the head of my life. Without Him, none of this would be possible. My sincerest gratitude goes to my thesis committee for their patience, time, and dedication in helping me see this project into fruition. To Dr. Akinyela, you saw something in me when I entered the program that I had not recognized in myself, and you have been instrumental in my growth ever since. I appreciate you more than I can put into words. Dr. Davis, thank you for being available to me. Always willing to meet with me, listen to me, and consistently making it known to me that you want to see me achieve. Dr. Gayles, I genuinely value the knowledge you have imparted regarding Black masculinity. You challenged me to look at masculinity in a different perspective, and it has been instrumental in the development of my work. Lastly, Dr. Hobson, thank you for letting me be me, and reaffirming that who I was and where I was in life, was ok. Thank you for your countless resources and being available to assist me.

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1 INTRODUCTION

“We need so much more openness, transparency and understanding that it’s OK to talk about depression as an illness. It’s not a weakness. It’s not a moral shortcoming. It’s not something people brought on themselves.”- John F. Greden, M.D.

My cousin was a typical 17 year old high school senior. Lots of personality, kind spirit, and very popular amongst his friends. He lived a seemingly normal life until he was told his longtime girlfriend was expecting their first child. Although excited about this new chapter in his life, he was also faced with a few difficult realities-having to raise a child while living in his mother’s house, working part time at a clothing store, and trying to focus on graduating high school. Calvin began to put things in motion to ensure the arrival of his daughter would be seamless as possible. In his mind, it was time for him to "man up". But being rejected at second job interviews, falling further behind in classes, and not feeling he was making adequate enough strides to provide for his new family, Calvin expressed frustrations with the process, but not long before he decided to take his own life. At 17, this array of emotions including helplessness, inadequacy, and what it means to be a man, was a bit much for him, and ending his life was the only option he saw available to him.

In addition to losing Calvin to suicide, I have watched two other cousins suffer from schizophrenia and bipolar disorder. Both illnesses that are treatable, yet they chose not to actively seek ongoing treatment, or they opted to self-medicate. Having had access to these experiences, it prompted my interest in understanding the dynamics of help seeking behaviors in regards to mental health. I became concerned with the possibility that their adherence to traditional masculine traits (being strong, showing no emotion, not seeking help, etc.) was

actually hindering them, and failure to adhere to those notions of masculinity was essentially killing them.

As tragic as the loss of Calvin was to my family, this series of events, these displaced emotions associated with notions of masculinity, and the lack of support available when dealing with mental illness; it is a problem that plagues Black men and is uniquely associated with their self-esteem and psychological distress (Mahalik, Pierre, & Wan 2006). The problem is, many Black men, although they suffer from symptoms related to mental health disorders, do not actively seek treatment for those issues. In the United States, Black men are less likely to receive mental health treatment, even when they have some of the highest occurrences of mental illness. Men underutilize health services relative to women for every mental health problem for which help-seeking has been studied (Addis & Mahalik, 2003). I observe this behavior in another cousin of mine, Sam, who suffers from schizophrenia. While he has access to what is considered to be top of the line healthcare, at 38, and having suffered from this disorder for 20 years, he chooses when he wants to get help, which is not often at all. Two completely different dynamics, access to care, and disorders, yet neither Calvin nor Sam, sought treatment for these disorders.

These low levels of psychological utilization amongst Black men is rooted in several areas with one stemming from a history of distrust in the medical system, sparked by events such as the Tuskegee experiment (CDC, 2013), and the illegal cell removal of Henrietta Lacks (Truog, Kesselheim, & Joffe, 2012). This distrust in the care and competence of the medical field, has perpetuated the stigma that surrounds negative mental health attitudes within the Black community. Another historical contributor to the underutilization of services is the unrealistic expectations of what it means to be a man, more specifically, a Black man. Because traditional masculinity says that men cannot show weakness, many Black men are in denial that there even

is a problem, and if a problem is identified, it may not have a clinical name that would prompt help seeking behaviors. Understanding the social context of masculinity is similar and just as important as understanding the social context of race and ethnicity, all characteristics of identity which contribute to the decision making process in life (Addis & Cohane, 2005).

Additionally, Black men's experiences of racism in the United States are believed to contribute to problems of anxiety, depression, and substance abuse, low levels of self-esteem, life satisfaction and academic success (Mahalik, Pierre, & Wan 2006). To combat these issues that arise due to experiences of racism in particular, Black men look to respond by attempting to achieve successes related to masculinity or by becoming immersed in their Black identity and rejecting the negative portrayals of Blacks found in society (Mahalik, Pierre, & Wan 2006).

More often than not however, Blacks view mental illness as a “whites only” problem as seen more recently in social spaces, such as the most recent episode of Fox’s show, *Empire*, in which the son reveals he suffers from bipolar disorder and the mother replies “that’s a white man’s disease.” The other response highly given in response to a Black person suffering from a mental illness is to pray or brush it off. But these sentiments have crippled Black Americans and have created a gap in which Black people often do not receive mental health care. According to the US Office of Minority Health, Adult blacks are 20 percent more likely to report serious psychological distress than adult whites and more likely to have feelings of sadness, hopelessness, and worthlessness than are adult whites. However, Only 8.7 percent of adult blacks, versus 16 percent of adult whites, received treatment for mental health concerns in 2007-2008 (2014).

1.1 Importance of the Study

This study is significant in that, it allows for more in depth understanding of mental health discussion as it relates to Black men and their help-seeking behaviors. In order to achieve that, the best method is to conduct qualitative research. This study is unique as it attempts to observe several variables that can be linked to the help-seeking behaviors in the Black community, and the reasons that mental health is considered a taboo topic. This study focuses on establishing a relationship (if any) between the adherences to a Black Masculine Identity and if this adherence shapes mental health attitudes, as there have not been any studies conducted to observe such a relationship. Lastly, I focus on the stigma and barriers associated with mental health discussions in the African American community by addressing this particular issue utilizing qualitative methods in the form of interviews and focus groups.

1.2 Goals of the Study

It is my hope, that at the conclusion of this study, Black men's lived experiences will be documented in a way that captures the uniqueness of their situations and piques their interest in regards to actively seeking help in regards to any disruption in their mental health. It is also a goal of mine to increase awareness surrounding the need for a more positive Black Masculine identity to adapt to, for it has been suggested that Blacks who have a strong, positive Black identity, are likely to have better mental health than those who identify with dominant white culture (Mahalik, Pierre, & Wan 2006). I hope to alter the discourse surrounding masculinity, making note that it is not as rigid as it has been previously demonstrated in popular culture, but highlight the importance of its fluidity and its ability to be individualized, as there is no one size fits all for what it means to be masculine.

1.3 Theoretical Framework

This study utilizes the Common Sense Model (CSM) developed by Howard Leventhal. This model is based on Leventhal's self-regulation theory, which proposes that illness representations, as well as an individual's beliefs and expectations about an illness, determine his or her proposal of an illness situation and health behavior (Ward & Besson, 2013). The CSM proposes that individuals have commonsense beliefs about health and illnesses. These beliefs are based on the ideas, thoughts, attitudes, and beliefs informed by experience, cultural traditions, formal education, or stories from family and friends (Ward, & Besson, 2013). Simply stated; if someone is faced with an illness, based on their prior thoughts or attitudes about that illness, they will or will not seek treatment or propose that the illness is a threat to them. An example question would be when I ask participants how they feel about seeking mental health treatment, their answers would most likely be shaped by their prior thoughts and feelings regarding the decision whether or not to seek mental health treatment. This could be based on someone close to them and their encounter with mental health treatment, or their own notions based on the culture which they were most influenced by. In Ward & Besson's study, they found that the CSM could be used effectively across racial lines. In regards to mental health and study, I hypothesize that examining mental health help seeking behaviors and mental health attitudes using this model will help explain the reasons behind the stigma associated with mental health in the African American community.

1.4 Definition of Terms

For the purposes of this study, mental health includes the emotional, psychological, and social well-being of people. It affects how one thinks, feels, and acts as they deal with life. It is also the determinant factor in how one copes with stress, relate to others, and plays a role in the

decision making process (Mental Health Medline Plus, 2015). African American and Black in referring to communities and the men that participate in this study, are used interchangeably and include only those born in the United States, as non-American born Blacks, may have different cultural experiences that shape their beliefs and inform their decision making. Masculinity within the context of this study is defined as any set of attributes or characteristics, roles or mannerisms that are commonly associated with men, that has been developed or established based on lived experiences and encounters with other men.

1.5 Scope, Limits, and Delimitations

Although the study of mental health in the African American community is an area of research that still requires attention, the current study only examined the opinions of Black males and mental health help-seeking behaviors. Utilizing gender and racial identity as moderators of help-seeking behaviors, there were no other aspects examined in the decision making process of seeking mental health treatment among Black men. Because of that inclusion criteria, these findings are not generalizable to the entire population and cannot speak to a male only population or a Blacks only population.

While including only US born African American males between the ages of 18-30, may be looked upon as a limitation, I believe it sheds light on a population that is underserved and understudied. More importantly, it reserves the lived experiences of Black men, to Black men. This allows Black men to offer their insight about issues that plague them, which is most beneficial when studying mental health.

Conducting qualitative methods exclusively has its limitations as well. More specifically, conducting focus groups and interviews utilizing phenomenological approach, can create areas of concern. Conducting face to face interviews and focus groups may prove not as reliable in that,

participants may believe they must respond a particular way, as if to generate a correct answer. In addition, it was important for me to remove my experiences with mental health, so that the way in which I posed questions were not biased towards the participants.

Lastly, the number of participants who participated in the study was a limitation. The intended number of participants was intended to be 12, however, there were people who dropped out of the study before an interview or the focus group took place. This limits the variation in content that was provided by the participants. This small sample size also created an issue in which there was a dominant speaker in the focus group. In order to combat this, I ensured that all participants contributed to every question asked.

2 LITERATURE REVIEW

In order to for the current study to address any gaps in current and former research, a review of the existing literature was essential. This chapter focuses on the history, experiences, and issues of mental health and masculinity, as they specifically manifest in Black men. The review of literature also includes a discussion of the stigma associated with mental health, as well as the significance of Black identity and masculinity on mental health help-seeking behaviors.

2.1 Mental Health and the Black Male Experience

Historically, suicidal behaviors among Blacks have been highly ignored because of the misnomer that very few Blacks completed suicide. It was also assumed that Blacks did not experience depression. This was because Blacks were historically viewed as a psychologically unsophisticated race that were naturally high spirited and unburdened with a sense of responsibility (Crosby & Molock, 2006). Psychosocial factors, such as poverty, lack of access to services or transportation, racial-ethnic mismatch, and mistrust of provider, have been shown to be reasons for mental health service underutilization in African Americans (Masuda, Anderson, & Edmonds, 2012). Racial differences in etiological beliefs play a substantial part in explaining African Americans' tendency to have more negative attitudes than whites toward professional mental health treatment (Schnittker, Freese, & Powell, 2000).

Mental health in the African American community has caught the attention of researchers in the areas of counseling, psychiatry, psychology, and sociology, as it is now a priority in discovering the trends in underutilization of people of color in their services. However, mental health in the African American community only recently gained the attention in the past 30 years after the establishment of the Association of Black Psychologists. This association was

established in 1968, when psychologists of color wanted to understand why African Americans were not seeking mental health treatment and utilizing services. The inception of this group came only after incidents such as the 1955 riot that took place in a Texas insane asylum for Blacks. A group of African American prisoners rebelled and held the workers captive and demanded that they receive the same counseling services amongst other requests, as their white counter parts. However, instead of addressing those discrepancies regarding care for Black men, they were labeled the “criminally insane Negroes” (Jackson, 2002).

The request for more research into the mental health status of African Americans also came from a work written by authors Cobbs & Grier (1968), two psychiatrists who tells of the insidious effects of the heritage of slavery, all while examining mental illness among black people and the psychic stresses engendered by discrimination. This piece came after the assassination of Martin Luther King, Jr., during a heightened time where the lives and the experiences of African Americans were not recognized as valuable.

In a study conducted by Doyle, Joe, & Caldwell, (2012), it was found that mental health service use was particularly low for African American men. Because African American men evidence low use of mental health services, a key question is what factors might be impeding their use of mental health services (Ward & Besson, 2013).

Ward and Collins (2010) found that stressors including racism and discrimination, educational attainment, occupational status, income, and poverty, all contributed to depression in African American males, which if left untreated, increased the likelihood of suicide completion. They also found that although Black men suffered from rather higher rates of depression, their psychological services utilization was very low. This can be contributed to the lack of access to a competent therapist, transportation issues (especially for those who are living in poverty), and

lack of funds for medical care. What is important to uncover, are the reasons why these factors are impeding their use of mental health services, and why the discussions around mental health are limited.

2.2 Black Male Stigma

Stigma is a debilitating aspect in the African American community in relation to mental health. As defined by Corrigan (2004) as it relates to mental illness, stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illness. Studies suggest that mental illness and mental health treatment are associated with high levels of stigma within the African-American community (Gary, 2005). Results of a 2013 study conducted by Ward, Wiltshire, Detry, & Brown showed that African Americans were not open to acknowledging psychological problems because they were concerned with the stigma associated with mental illness. In Calloway's 2006 study on perceptions of mental health from African American males, she intended to explore how external factors such as patterns of treatment, availability of services, acceptability of services, location, hours of operation, transportation needs and cost, as well as internal factors like stigma associated with mental illness and cultural appropriateness influenced the mental health of Black men. The results of this study suggests that African American men were more likely to identify social stigma as a major deterrent to utilize health-seeking services, while inequality in the health care system and self-disclosure about mental health services were secondary concerns. Cheng, Kwan, & Sevig's 2013 study on racial and ethnic minority college students' stigma associated with seeking psychological help, revealed that higher levels of ethnic identity predicted lower levels of self-stigma of seeking psychological help for African Americans. As more research is conducted, it can be assumed that the trends in service

utilization will increase in African Americans, and stigma will decrease as more people are vocal about mental health in the African American community. The Common Sense Model (Levanthal, Meyer, & Nerenz, 1980) suggests that individuals have commonsense beliefs about health and illnesses which are based on attitudes and thoughts which can be informed by culture and experience. In regards to stigma in the African American community, the model would propose that the beliefs about mental health in the African American community can be attributed to the culture and the negative experiences African Americans have faced, thus not seeking treatment or even discussing mental health illness.

2.3 Black Masculinity

Definitions of traditional masculinity emphasize toughness, competitiveness, athletic prowess, decisiveness, violence, power, and aggressiveness (Thomas, Hammond, & Kohn-Wood, 2014). Consistent with the broader psychology of men literature, the influence of male identity and socialization has been often posited as central to African American's men's mental health, typically in negative ways (Wade & Rochlen, 2013). Conformance to masculine norms, are assumed to play a part in how men handle and cope in response to stressful situations. If these definitions of masculinity are used in the context of determining if participation in something is beneficial to them, it can be concluded that they are less inclined. In a study completed by Courtenay (2000), he found that the social practices that undermine men's health are often signifiers of masculinity and instruments that men use in the negotiation of social power and status. Power and social status, both being major components of traditional masculinity, when not achieved, can lead to the decline of men's mental health.

In the 2013 study conducted by Berger, Addis, Green, Mackowiak, & Goldberg, they sought to seek men's reactions to mental health labels, forms of help-seeking, and sources of

help-seeking advice. Their results showed that in terms of mental health labels, adherence to masculine norms was not found to correlate with men's verbal reaction to either anxiety or depression. In Caldwell, Antonakos, Tsuchiya, Assari, & De Loney (2013) study on masculinity and depressive symptoms among African American males, their results revealed that culturally based traditional masculinity was associated with less depressive symptoms. However in Brown's 2003 study of therapy utilization levels in African American males, the results showed that a commonly shared stigma by all participants regardless of therapy experience was that "psychotherapy was for weak men" supporting the notion that men should be tough and emotionally unexpressive.

2.4 Black Identity

Identity has been associated with the mental health trajectory and other social outcomes of African Americans. As a core element of identity, it has been shown to have a modifying effect on the relationship between racial identity attitudes and several characteristics, including mental health among adolescents (Thomas, Hammond, & Kohn-Wood, 2014). Black identity, more specifically, can be used as a coping mechanism for African Americans dealing with stress and mental health issues. Campbell (2013) conducted research regarding socio-cultural factors in help seeking among Blacks with depression. In this study, critical theoretical concepts emerged in understanding health behavior among Blacks. The interviews conducted on her participants revealed that a key factor influencing health behavior was the negotiation of identity. For many of these participants, the impact of having a mental disorder often conflicted with their racial/ethnic and gender identities. The opposite was seen in research by Cheng, Kwan, & Sevig (2013) who focused on mental health stigma and help seeking among ethnic minorities. Their results showed that higher levels of ethnic identity predicted lower levels of self-stigma of

seeking psychological help for African Americans. With the conflicting literature, it is imperative for more research to be conducted on racial identities and the affect they have on mental health help seeking behaviors and attitudes.

2.5 Summary

The literature shows that attempts have been made in order to put mental health and race in conversation with one another. Only one other study conducted by Mahalik, Pierre, & Wan (2006) examine racial identity and masculinity as correlates of psychological distress in Black men. There were participants in their study that were interested in seeking treatment, and could possibly benefit from doing so, but they often have conflicting identities of race and gender. And while the results of their study, serve as a major component in my research, they opted to only utilize quantitative methods. It is here that I expand on the existing literature and add the qualitative component to capture the distinctiveness of the lived experiences in Black men.

It is unfortunate that the study of mental health and the Black community has only become a focus in attempts to show the underutilization of psychological services. Even with the ground-breaking research of mental health in general, we still know very little about how Black men reconcile their mental health against Black male gender norms. To understand this phenomenon, utilizing the tenets of the common sense model which proposes that illness representations, as well as an individual's beliefs and expectations about an illness, determine his or her proposal of an illness situation and health behavior, the current literature suggests that individuals rely on their beliefs, whether influenced by family members, friends, or historical events, to propose the importance of seeking mental health treatment.

Utilizing focus groups and interviews, and from identifying the gaps in the literature, I apply a phenomenological research design because it allows for the shared phenomenon of Black

men and mental health to be examined. I seek to: (1) identify if adherence to a Black Masculine Identity shapes mental health attitudes and (2) uncover the stigma and barriers associated with mental health help-seeking in Black men.

3 METHODOLOGY

This study's goals were to understand the relationship between a Black Masculine Identity, and what influence this relationship has on mental health help-seeking behaviors. This relationship is understood by examining the role identity plays when deciding whether or not a mental illness is serious enough to seek treatment. The following section contains the methodology (participants, design, setting), the reasoning behind conducting a qualitative study, the reason why this particular population was chosen, the limitations for this study, and any issues relating to internal and external validity.

3.1 Research Design

Using an exploratory, qualitative design that included a focus group, and face to face individualized interviews, I attempted to determine the relationship between African American males' conformity to Black masculine identity roles, and the barriers and stigma associated with mental health help-seeking. In research regarding mental health, a qualitative method allows participants to voice their opinions and creates a space in which participants can contribute to the conversation regarding the issues they face. Qualitative methods have been used in regard to mental health in studies conducted by Murry, Heflinger, Suiter, & Brody (2011) and Lindsey, Chambers, Pohle, Beall, & Lucksted, (2013). However, only one study was found that examined African Americans and their attitudes toward mental health help-seeking behaviors (Mathews, Corrigan, Smith, & Aranda, 2006).

3.2 Participants & Procedures

Participants for this study include males who identify as Black and are between the ages of 18-30 who have experienced some form of mental health issue themselves, or have been exposed to a mental illness (i.e; suicide of a close family member or depression of a friend).

Participants for this study included males who self-identified as Black and are between the ages of 18-30 who had experienced some form of mental health issue themselves, or have been exposed to a mental illness (i.e; suicide of a close family member or depression of a friend). Participants were solicited within a one mile radius surrounding Georgia State University, as well as students from undergraduate African American Studies courses at Georgia State. I chose to include members of the community in addition to those who attend Georgia State so that I could have access to a variety of beliefs, attitudes, and opinions based upon certain demographics.

Twenty Five Black men were given the opportunity to complete a brief seven question screening form that determined if they would qualify for the study. This screening form also gauged the participant's level of understanding and experience with mental health. After the collection of the screening forms, I separated them into tiers. Tier 1 consisted of those who expressed that they themselves had felt sad to the point of debilitation. Tier 2 consisted of those respondents who stated that they felt concerned about the behavior of a close family member or friend. The final tier consisted of those who said they had never felt sad to the point of debilitation and who was never concerned with the behavior of someone close to them. Once invited for the study, participants completed a demographic survey. The particular demographic questions were chosen so that the responses could be positioned within the context of the common sense model framework that I utilize. Six participants were originally randomly chosen from tiers 1 and 2 as the final selection for the interview and focus group, however, two men cancelled for the focus group, and another could not participate in the interview. In the end, three men were interviewed individually, and those three plus another participant, were involved in the focus group.

3.3 Measures

Interview questions were adapted from several questionnaires including the African American Manhood Scale (Thomas, Hammond, & Kohn-Wood, 2014), the Multidimensional Inventory of Black Identity (MIBI) (Sellers, Rowley, Chavous, Shelton, & Smith, 1997) and the Attitude towards Seeking Professional Psychological Help scale (ATSPHH) (Fischer & Turner, 1970).

Interview Question Guide

Opening Question: What does being a man mean to you?

African American Manhood Scale (Thomas, Hammond, & Kohn-Wood, 2014)

1. What value does controlling your emotions have towards your beliefs about what it means to be a man?
2. How does having control over your own life influence your beliefs about what it means to be a man?

Multidimensional Inventory of Black Identity (MIBI) (Sellers, Rowley, Chavous, Shelton, & Smith, 1997).

1. In general, is being Black an important part of your self-image?
2. Are you proud to be Black? What contributes to you being proud to be Black?

Attitudes Toward Seeking Professional Psychological Help (ATSPPH) (Fischer & Turner, 1970)

Recognition of Personal Need for Psychological Help

1. If you were dealing with a problem, do you think you should work them out on your own? Is getting psychological counseling a last resort?

Tolerance of the Stigma Associated with Psychiatric Help

2. If you thought you needed psychiatric help, would you get it no matter who knew about it? Why or why not?

Confidence in Mental Health Practitioner

3. Are you confident in seeking help when dealing with mental conflicts, or would you rather deal with it the best way you knew how?

The focus group questions were developed after the initial interviews, in an attempt to examine their individual responses collectively. All of the questions that were asked during the focus groups and the interviews, were designed to uncover the participant's beliefs and feelings on mental health help-seeking and their Black masculine identity:

1. How are Black men defined in society's eyes?
2. What emotions do men tend to stay away from?
3. I would like you all to throw the first thing that comes to mind when you hear 'masculinity'. Now, after hearing those words, do you feel like you live up to the definitions of masculinity? If so, how? If not, why not?
4. Are these attributes attainable?
5. When are things just "too much" to handle?
6. How do you perceive the problem of mental health and stigma to be in the Black community?
7. Have the lives of your loved ones or those who you look up to influenced your emotional handling decisions?
8. Do you think meetings where Black men could come together and speak about the issues they are facing, be beneficial to their mental health?

Masculine Identity: Masculine identity was measured using questions from the African American Manhood Scale adapted from the research conducted by Thomas, Hammond, & Kohn-Wood (2014). This scale assesses the salience of traditional masculine ideology to men's overall identity. The measure consists of 33 statements representing different ways of assigning meaning to one's masculinity, using a Likert-scale from 1-5, participants answered supplemental questions to the overarching question, "How important is each of the following to your beliefs about what it means to be a man?" Including; protecting myself and my family and being resourceful and responsible. In the research conducted by Thomas, Hammond, & Kohn-Wood,

the scale achieved a good internal consistency of .94. For the purposes of this study, the questions chosen for the interview were measured based on the implied importance in their responses.

Black identity: Black identity was gauged using questions from the Multidimensional Inventory of Black Identity (MIBI). This scale, created by Sellers et al., (1997) measures how participants feel about their racial identity. Questions from two subscales were used for this study to attain participants' perception of their racial identity. The centrality scale measures the degree to which an individual views race as critical to their self-concept, where a more positive response indicating race being an important aspect of participants' definition of their self. The private regard scale examines the extent to which the individual feels positively or negatively about their race membership and to other African Americans with positive responses indicating more positive feelings toward African Americans. When used in the original study, there was an internal consistency of .73, for both the centrality and private regard scales.

Attitudes toward seeking mental health & stigma: Attitudes toward mental health and related stigma was measured utilizing questions from The Attitudes Toward Seeking Professional Psychological Help (ATSPPH) scale. This scale measures participants' attitudes toward seeking professional help for psychological disturbances. Utilizing a set of open ended questions, participants engaged in an individual face to face interview, in which they offered their opinions on questions related to their personal attitudes, and what they believed are the barriers and stigmatic conversations that surround mental health and mental health help-seeking in the African American community. Questions for the interview consists of items from the ATSPPH scale from the four varying subscales; recognition of personal need for psychological help, stigma tolerance, interpersonal openness regarding one's problems, and confidence in

mental health practitioners. These questions were chosen to reflect the Common Sense Model (CSM) theoretical framework proposed in the research. As the CSM states that individuals have commonsense beliefs about health and illnesses and that these beliefs are based on the ideas, thoughts, attitudes, and beliefs informed by experience, cultural traditions, formal education, or stories from family and friends; the questions have been chosen to operationalize this framework. Using a qualitative methodology allows for an expansive variety of discourse that is limited with a survey.

3.4 Data Analysis

In regards to qualitative data, I looked for a relationship between adherence to a Black Masculine Identity, and the likelihood of seeking mental health treatment. In transcendental phenomenology the researcher analyzes the data by reducing the information to significant statements or quotes and combines the statements into themes (Creswell, pg. 60). Interviews were transcribed and major themes were assigned to the statements of the participant. Any significant phrases that explained the essence of these participants lived experiences with mental health and Black masculine identity, were documented and coded based on my coding choices.

The focus group and individual interview data were analyzed using multiple methods including tape-based analysis, and note-based analysis. All focus group material and interviews were transcribed verbatim by the researcher and reliability was determined by inter-rater agreement with peers after completion of a coding analysis.

Coding was completed by two additional peers who had no history of the study. They were instructed to read through the transcriptions of all the interviews and the focus groups and to provide themes they felt emerged from the transcribed content. After completion of their

coding, I then matched their themes and my themes together, to confirm the information was accurate. Inter-rater agreement had a consistency of .91.

4 FINDINGS

The purpose of this study was to examine the perceptions of Black men on mental health seeking behavior as viewed through the lens of Black Masculinity. This study attempted to identify if adherence to traditional roles of masculinity shaped mental health attitudes and help-seeking behaviors and to uncover the stigma and barriers associated with mental health help-seeking in the Black community. This qualitative study unpacked the attitudes and opinions of African American men in regards to their Black masculine identity and the issue with mental health help-seeking in the African American community. The remainder of this chapter presents the detailed analyses of the qualitative data collected from this African American male sample.

Table 4.1 Interview & Focus Group Participant Table D1

Name	Age	Place of Birth	Race/Ethnicity	Georgia State Student? Y/N	Sexual Preference	Relationship Status	Parents Education
Cain	20	Buffalo, NY	AA/Black	Yes	Heterosexual	In a relationship	Dad-HS Dropout Mom-Some college
Benjamin	25	Miami, FL	AA/Black	No	Heterosexual	Single	Dad-Some HS Mom-Some HS
Abel	26	Philadelphia, PA	AA/Black	No	Heterosexual	Single	Dad-Masters Mom-Bachelors
Isaiah	21	Atlanta, GA	AA/Black	Yes	Heterosexual	Single	Dad-Some college Mom-Bachelors

4.1 Interviews

The purpose behind conducting the individual interviews first, was to create a space in which the participants felt comfortable talking about identity and emotionally sensitive topics. Within the three interviews that were conducted, the themes of the participants' statements were separated based on the topic of each set of questions. I prefaced each interview with a bit of background about the study, and my motivations behind interviewing them and studying the topics of Black masculine identity and mental health help-seeking behaviors. I then asked the opening question "What does being a man mean to you?" The participants responses varied but most of them consisted of physical attributes, abilities to take care of their families, and the ability to control their emotions.

Definitions of Masculinity – **Theme: Being a man means strength in every aspect**

Cain- *"Being a man means you are strong and there is really nothing anyone can say to take away from that. Like, literally bold enough to stand and say what needs to be said, never backing down. Men take care of their families, they support their household and make sure that anything they encounter is resolved."*

Abel- *"What does being a man mean to me? Means I have the control over how situations play out. I have the control to say what is and what isn't gonna happen. I'm strong in my stance, my ability, my character. That's really it."*

Benjamin- *"When I think of masculinity I think of like being physically fit and strong, mainly because I'm an athlete. I think that's a big part of it. I was teased when I was younger because I was the smaller kid in class, so other guys would tell me things like "man up" as if I knew how to do that as an adolescent. So when I got older, I equated my masculinity to several attributes, but mainly strength."*

After I asked each participant their definitions of masculinity, I began to ask questions relating to their Black masculinity including questions relating to controlling their emotions and having control over their life. These questions were asked to gauge their perspective on Black masculinity, and after the responses were coded, the participants all mirrored that masculinity involves little to no emotions, with Benjamin expressing the importance of differentiating between Black masculinity and masculinity.

African American Manhood -**Theme: Masculinity involves little to no emotions**

Cain- *“I was raised by women who told me not to show emotion because it was a sign of weakness. They told me to be consistent in my emotions because if you shift in your emotions, people can’t take you seriously. I don’t think masculinity allows you to have many emotions unless you’re angry or have a temper. I have much control over my emotions because there was no male presence in my life. So my mama felt like she had to be over the top in her definition of being a man, because she rarely ever said ‘masculinity’.”*

Abel’s responses differed from Cain’s, however, Abel also expressed the idea of there being little to no room for emotions in masculinity:

Abel- *“Masculinity in my house was based solely on parental influence. I had a large family of males, so the ways in which I constructed my views of masculinity came from watching the, interact with one another. However, I don’t feel there is a separation of qualities outside of emotions. Emotions or the control of emotions is exclusive to men. Women are not expected to control their emotions. My family had different expectations of manhood than the standards of society, but all the men in my family were taught to provide, protect, and support creativity. My father’s idea of showing his love and care for us was done in a benevolent dictatorship. He would say things like ‘I provide for you and make sure you have a roof over your head-that’s*

love!' He was not emotionally connected in what we normally think of when we think of being emotionally in touch."

Benjamin- *"Being a Black man is something that is completely different from just being a man. Our experiences throughout history tell a different story on how we should interact with others and the lifestyles we are to ascribe to. With that being said, Black men to me are equivalent to this idea of the strong Black woman. Like, we can't express our frustrations with facing racism every day. We can't admit how much it saddens us when a Black man's life is cut short. We don't have the freedom to hug one another without someone perceiving it to be homosexual. Like we aren't afforded those opportunities, so what do we do to combat that? We hold shit in. We cry on the inside and that frustration seeps over into our interpersonal relationships. We can't maintain a significant other because we have so much weighing on our hearts that we are supposed to just suck up, because we are SO strong. There's this unspoken rule that men have to maintain poise and are only allowed to cry at certain times and events, like the death of a loved one. But if I was pissed off, I wouldn't be perceived as being negative, because it's ok for a man to be upset. The fact that Black men get policed for being overly sad and emotional is so damaging."*

After establishing their opinions of Black masculinity, I asked each participant questions about how Black people were viewed by others, and if they felt that being Black was an important part of their self-image. As mentioned previously, the more positive responses, meant a more positive understanding in regards to Black identity. The major theme was that Blackness is important to themselves, but it is not perceived that way to others.

Black Identity - Theme: Black is fundamental to self, but is negatively perceived by others.

Cain- *“Black is beautiful-nothing wrong or negative with being Black. Whenever I describe myself, my race is always placed first..I am a BLACK man...Thing is though, I was raised to be proud to be Black, my mama made me believe I came from greatness. She would always tell me to go out and be great because I was a king. But they don’t see many instances of that ‘kingness’ in the media. We done made so many contributions to our society which doesn’t get recognized. So Blackness is equal to badness.”*

Abel expressed his irritation with the idea of Blackness being fluid, and how the experience of Blackness has been devalued:

Abel- *“At one point, being Black meant you were tied together through experiences and knowledge. But now Blackness is obviously linked to choice. People make a mockery of Blackness these days. Blackness has become fluid, without acknowledging the legacy of our ancestors. I love my Blackness, but the way other people recognize it is...BS! It’s just crazy how anyone can say ‘I’m Black’...we go through too much for it to be THAT easy!”*

Benjamin- *“Being Black is definitely important. However, I will say that there is this constant othering, whether that is real or implied, racism has created this idea of othering. Like Black men are not the norm, we are not the standard. My Blackness always leads first because my manhood is implied...as I’m saying this though, I realize it’s situational. If I’m talking to a girl and trying to get her number or something, I’m going to assert my masculinity first, but if I’m giving a speech in front of white people, I’m asserting my dominance as a Black man. I think I do this because Black men are the underdogs, so it’s fulfilling and feels good when I get to assert my Blackness. It’s almost empowering.”*

Finally, I asked the participants questions related to their trust in seeking professional help for any mental issues they may be facing, as each individual expressed on the screening

form that they all felt sad to the point of debilitation. While Abel and Cain agreed that although they didn't seek professional help, they did not necessarily view it as a bad thing to do. However, Benjamin disagreed asserting that information about your mental health or your sadness is something that should only be talked about on a need to know basis.

Seeking Professional Help – **Theme: Beneficial, but not a priority.**

Cain – *“So when I was dealing with a lot, my first thought wasn't to go to a therapist or see a doctor. There just didn't seem to be reason enough to do so. In all honesty, it just wasn't serious at first. Even when it got worst, my first inclination was to pray and talk to God about it. God then put it on my heart that it was okay to get counseling but by this point, life was already better. I felt better. Besides, I didn't wanna talk to anyone who would've just told me to get out my feelings. Nobody in my family is open about stuff like that. Besides, the way people make having an illness seem, like it's the worst thing in the world-I didn't want that label.”*

Abel – *“Watching my 18 year old uncle commit suicide, was a terrible thing I had to experience. It tore my family apart emotionally. I didn't understand it, and so when I was dealing with my suicidal thoughts, I felt like I COULDN'T go to anyone about it. I always questioned how would it look? Me, a Black man, asking someone to help me with my issues. Shit I could figure out on my own...or so I thought. But in all honesty its trust issues that I've had since an early age when I was bullied. When I told people about that, I was teased, told to suck it up because that happens to the best of us. Definitely didn't open up the door for me to seek help. It would've been beneficial, but it wasn't for me.”*

Benjamin – *“I've been sad to the point where I was sitting in my room, sad, feeling less than because I had just suffered an injury. As an athlete, that was the ultimate blow to my definition of masculinity. My manhood was lost when I was injured, and my sporting identity*

held the most importance at that point in my life. I never considered counseling, like ever! Although I was suffering, like surrounded in suffering, mentally and physically, I didn't want to see or talk to anybody, I just wanted the ability to perform well again. I wanted to heal from my injury so I could prove that I was still masculine. I think the only person I told was my mom, but these are some of the things that don't need to be talked about with everyone. It's one of those on a need to know basis situations."

I informed Benjamin of some statistics regarding Black men being underdiagnosed with mental illness, who then go on to complete suicide. After that, I asked a follow up question to him stating that he knew he was suffering mentally during that point in his life, and if he knew what he knows now regarding the state of Black men's mental health, would he still have chosen not to seek professional help, he laughed then responded:

"In all honesty, shit not a priority until its code red. Like I would've had to be standing on the bridge ready to jump before my mind realized that it was THAT serious and to get some help. There were other things I had to deal with first, and mental health or the state of my mental health was the least of my concerns."

4.2 Focus Group

I began the focus group with the four men by having them read several different articles that pertained to mental health disorders, masculinity, and identity, in order for them to get mentally prepared for the questions that I was going to ask. Each of the participants gave a recap about the article to the group as well as any information they were surprised by. Abel said that his article regarding the suicide death of Black Lives Matter organizer Marshawn McCarrel was "too close to home." Stating:

“This really hit close to home. Him being a forerunner for social activism and committing suicide at such a young age, mirrors the same thing that happened with my uncle. Constantly speaking out against social injustices, I guess it got too much to handle. Took his life at 18. So this article and this guy’s life was just...wow.”

Benjamin reviewed an article on the suicide death of a young Black man Yusuf Neville, and while Abel could relate to what happened with the young man in the article he reviewed, Benjamin had different sentiments, expressing his confusion with why the young, successful, and loved man would take his life:

“Reading this made me wonder could he possibly be going through that is SO difficult to deal with. He’s young, successful, engaged, what does he have to worry about? His life was so aspiring. I would’ve loved to have a life like that! Super carefree. This was completely unexpected.”

Isaiah’s article focused on depression in Black men, and the warning signs of someone who may be suffering from depression. He was taken aback at the staggering statistics of the amount of Black men who suffer from depression and some of the contributing factors:

“Where I grew up at, racism wasn’t in existence. There was no disregard of someone’s life just because they were a different color than I was. Then the statistic of the amount of Black men having depression? I never knew that. It’s crazy! Who knew THAT many Black men have their own personal demons that go unaddressed?”

After hearing Isaiah talk about the statistics of Black men who suffer from depression, Cain expressed his frustration when it came to the misnomer of Black men and depression, and

how important it is for Black men to let go of this idea that they have to be strong and not show vulnerability around other men. His article addressed his concerns:

“That’s exactly the issue. We like to act so hard that it’s killing us. Like mentally, physically, spiritually, its killing us in every sense of the word. My article talked about the idea of non-sexual intimacy, and friendship, and why that scares Black men from embracing other Black men. Which makes me wonder why men are constantly being told they cannot show emotions, no weakness...because of this we become isolated from affection and love. The idea of a strong Black men showing love to one another, and being available to one another, is apparently taboo. Which is sad, because it literally sickens the mind, and the mental health of Black men.”

Although a total of eight questions were asked throughout the course of the focus group, which included definitions of masculinity, emotion handling, and society’s expectations of Black men, for the purposes of this analysis, I chose to focus on those questions that spoke to the Common Sense Model framework for which the study is based on. These questions included, ‘when are things just too much to handle, how they perceived the problem of mental health in the Black community, and if the lives of their loved ones or those who they look up to influenced their emotional handling decisions.

When asked if they could describe a time when things were just too much to handle, Cain asserted that:

“There were so many times in my life that I just couldn’t make sense of why it was happening to me. I was a D1 prospect in football and my senior year of high school, the first game of the season, I broke my ankle. I was so sad.

Football was not only a release of stress but it was what I loved. I just couldn't process why something like this would happen to me. I sat in my house and cried almost daily for it to make sense. I was in my darkest moments at that point."

Benjamin being an athlete as well echoed the same sentiments about how he felt emasculated in his ability to not be able to perform like he once was able to.

"I think I mentioned this before to you in our one on one. When I tore my ACL running track that took so much from me. But all I could think about was getting back out on the track and performing! That was such a blow to my manhood. But the thing is, just now when hearing others speak, I did not realize how debilitating that was for me. I was confused and full of terror. But I've always been so disassociated from my feelings and emotions. This shit really did bother me. Such a heavy feeling that is unexplainable."

Isaiah expressed his concerns when something being too much to handle, as an everyday occurrence and not limited to one particular event:

"Life is just too much to handle, like literally every day! I have taught myself not to react or boil over for no reason. Like I get angry for no reason according to others, but there is a lot of reason. I'm constantly judged and reacted to because of my skin. You know what that does to someone day in and day out? I try not to carry hatred towards others, but that comes with the ability to know yourself. Smiling through the distresses of life helps me out and that's really all I can do."

Abel conveyed that when he gets really upset about something, mainly familial issues, he extricates himself so that he doesn't go over the edge.

“I have to really remove myself from the situation so that I don’t pop off! I have to get outside of the situation so that I can be objective in my decision making regarding the issue. There was a time when the financial burden was placed on my back, like I had to care for six of my siblings and my parents, and there was just A LOT to deal with. I’m surprised that I didn’t go off the deep end. But that situation forced me to really look beyond myself, and make sure that my mental state was together. I had to look out for my wellbeing first.”

When asked about how they perceived the problem of mental health stigma in the Black community, they summed it up to be a “white person’s disorder”, which means Black people were exempt from such facets of life. They also provided input for some of the most common stigma’s that create barriers within the Black community in regards to mental health. Cain said

“I would never believe I was depressed. The fact that it’s not told to us how many people suffer from depression, bipolar, schizophrenia, etc. says a lot about how we view mental health.”

Abel stated he felt that we needed to be more educated in regards to mental health, because

“It can harm us more than help us. That’s the major thing right there! We like to be so hush hush when it comes to things like this, not knowing that our ignorance is truly hindering our capability to live life as normal as possible!”

Benjamin simply stated *“there is no issue. That’s a white person’s disorder!”* Cain, agreed and added that *“in all honesty, it really is a white people problem! Committing suicide, killing folks in large amounts, Black people too strong to take their own lives. We face shit like that every day!”* Abel agreed with those sentiments stating that Black people did not have the

luxury of being depressed, while Isaiah went a bit further and talked about his first hand experiences with mental illness:

“I was exposed to depression and suicide. Like I was there in the thick of it. Struggling with my identity, feeling less than compared to my white counterparts. Not feeling like I belonged day in and day out. Watching my mom struggle with depression as well. Suicide in the Black community says ‘you can’t have those thoughts.’ But people don’t understand how serious it is until its serious beyond repair.”

Lastly, I asked them if the lives of their loved ones or those who they admired influenced their emotional handling decisions. Cain led the discussion saying that he admired Jesus and he tried daily to model his life after Him.

“I struggled to find someone worth looking up to, because anybody who ever entered my life, they left, or they simply weren’t doing anything that I wanted to emulate. I feel like the best role model was Jesus. His attitude and His perceptions-slow to anger, His ability to deal with things before they became an issue, being at peace, those are all the ways in which I aim to be. My character and how I handle my emotions is based solely on Him and His life.”

Isaiah agreed with Cain, but also stated

“Black women, how calm they are and how peaceful they are. Like I feel so safe and at ease around them. Watching my mom handle things was admirable. She suffered from depression, and so I was able to see how she navigated her mental illness. She was always so pleasant, and never let her illness define her. So that’s who influenced me the most.”

Abel made it known he had lots of role models and he vowed to them when he was suicidal that he would not take his life:

“I told them I would not take myself out the game. I was so appreciative of them in that moment. They handled life so gracefully. They have definitely been the cornerstone of my faith in life. They all influenced my emotional handling decisions and how to interact with others in the world who may misunderstand me.”

Benjamin agreed with Abel stating that

“my mentors were the first Black men I saw in charge. To see them take on the challenges of life so easily, it felt good to see it in action. When I get angry or find myself down in the dumps, I always think of them, and how they don’t let things like that effect their purpose.”

To wrap up the session, I asked the men if they believed a meeting space would be effective for Black men to come and discuss the issues they were facing. This question generated mixed responses as some of the men believed it would be effective but not realistic, and others believed it would be beneficial and is a dire need. Benjamin & Isaiah both agreed that it would be beneficial but unrealistic, with Benjamin stating

“I think it would be largely effective, however, I don’t think it would be realistic. It’s unfortunate because there are some people who would view it as a bunch down low Black men getting together, when in actuality it could prove to be very cathartic. I can say for me, that this interaction amongst you all, have proven to be very relaxing and I would love having events like this.”

Isaiah also chimed in stating *“it’s not as realistic as we would hope it to be. It’s just not that simple.”* However, both Cain and Abel had positive outlooks for interactions such as these, saying they think it’s effective when building relationships and comforting to help aid in the stresses of life. Cain stated

“If I can come together with other Black men who are dealing with similar issues that I can confide in and physically be there for them to give them a hug and let them know it’s going to be ok, I think that would be so beneficial to other Black men my age.”

Abel stated:

“It would be important for society to see Black men in a different light and support groups would prove favorable for the mental health status of Black men and the Black community as a whole.”

Overall, participants contributed to a lively discussion that involved them being able to speak on their own without the inference of their lived experiences by the researcher. The results of the interview portion revealed the individualistic thoughts and opinions in regards to Black Masculine Identity, and mental health help-seeking behaviors. While the results of the focus group proved to bridge the experiences of these participants’ lives together. Having been exposed to one another during the focus group, the participants were made more aware of instances in their life that may have been overlooked before in regards to a Black masculine identity.

5 DISCUSSIONS & CONCLUSIONS

The purpose of this study was to identify if adherence to a Black Masculine Identity influenced mental health help-seeking behaviors in a university sample of four African American men, ages 18-30. It was hypothesized that the greater the adherence to traditional notions of masculinity, the less likely someone is to seek mental health treatment. The following chapter discusses the findings, the limitations of this study, the future implications for research, and conclusions.

5.1 Discussion

Upon completion of this phenomenological study, I was able to conclude that for this particular population, adherence to a Black masculine identity amongst other things, did in fact influence their opinions on seeking mental health treatment. The issues relating to unrealistic masculine beliefs and identities, as well as the notion that Black men are to perform a certain way when dealing with emotionally sensitive topics, have much bearing on mental health help-seeking behaviors. I was also able to conclude that there are certain stigmas associated with mental health help-seeking that are solely regulated to the Black community.

The findings of the current study in regards to identity having influence on mental health help-seeking behaviors, were consistent with the 2013 study conducted by Campbell. In Campbell's study, participants thought a great deal about who they were as a person with a mental health problem and how that new role/identity interacted with their other identities. For these participants, the impact of having a mental disorder often conflicted with their racial and gender identities, which was also seen in the participants in the current study who made statements such as; *"I can't fathom being that Black guy who suffers from depression. Can the two even coexist?"* or *"When it comes down to it, Black people just simply deal with stuff*

differently. Yea something may be wrong, but to call it something serious as depression? That's not happening." From this, I gained insight into the thought patterns that goes into the decision making process whether or not to seek mental health treatment.

Another direct correlate between mental health seeking behaviors and the men of this study was the seriousness or perceived seriousness of a problem. African American men are reluctant to obtain mental health treatment services because of the disconnect between what they need, what they perceive they need, and what mental health treatment service systems offer them (Copeland & Butler, 2007). The current system is not sensitive to the unique needs of African Americans, which does not encourage help-behaviors. All of the participants acknowledged that they would not seek mental health treatment if it were not imperative to do so. Utilizing the Common Sense Model (CSM) to serve as my theoretical lens, the tenets of this framework held true: illness representations, an individual's beliefs and expectations about an illness, will determine his or her proposal of an illness situation and health behavior (Ward & Besson, 2013). If someone is faced with an illness, based on their prior thoughts or attitudes about that illness, they will or will not seek treatment or propose that the illness is a threat to them.

The participants relied solely on their lived experiences and the influences of those important people in their life, to frame their attitudes toward mental health. Their common sense beliefs regarding mental health in the Black community, and the emotional attachment they attributed to acknowledging mental health issues, was evident in the current study. Participants expressed common sense beliefs about the seriousness regarding mental health illness with statements such as *"Being sad is way different than being depressed. Most people who are depressed are ones that's considering suicide.* Or *"you gotta really be going through something to actually get help. You can't just be going to the doctor every time you get down."* Even statements made in regards

to mental health only being a “whites only problem”, shows that the participants common sense is rooted in the misconceived notions that Blacks are immune to mental health illness.

Conducting this study, I found that when participants were asked how they felt about seeking mental health treatment, they all asserted prior thoughts and beliefs (not positive or negative, just their views), as well as contributed their emotional handling decisions to the role models they held in life, when deciding whether or not to seek mental health treatment; *“Watching my uncle take his life was a big influence on the way in which I handled things. If there was no one to help him, there couldn’t be anyone to help me”* and *“If I thought it was serious for like a close family member or friend, like they’re on the verge of killing themselves or somebody else, I may tell them to get help, but I mean look at what they did to the last Black people who trusted doctors-they poisoned and killed them! So how I look telling somebody close to me ‘yea bro I see you been down and out these past few months, I think you need to see a doctor’, yet here I am like I’ll pass on that.”* These findings point to a failing of the healthcare system to adequately educate, encourage, and care those in the Black community. Also of significance, is the reality of various cultural factors, mistrust, skepticism and misinformation that many Blacks have about mental health, which in turn informs the decision making process in seeking mental health treatment.

And while some of my findings aligned with the data in current literature, there were places that differed. In Ward & Besson’s 2013 study on African American male’s beliefs about mental health illness, results revealed that most of the men believed that mental illness was a chronic disorder having negative consequences and reported experiencing barriers to help seeking. In contrast with past research studies, most men in this study did not perceive stigma associated with mental illness and did not identify stigma as a barrier to help seeking. These participants

were open to help seeking, were optimistic about professional treatment, encouraged others to seek treatment, and expressed strong interest in mental health research. However, in this present study, the participants were not as optimistic about getting professional help for their mental health issues. They also only expressed encouraging others to get help as a last resort. This conflict refers to the negative consequences that results from a person's need to comply with social norms related to gender roles (Bingham et al., 2013). The negative consequences in this case result in untreated mental health disorders, and a continued perpetuation of Black men not benefiting from seeking mental health treatment.

It is important to note that existing literature has noted that stigma is a major obstacle in seeking professional mental health treatment (Corrigan, 2004). Given the present findings, it is essential to recognize why mental health stigma in the Black community contributes so highly to mental health help-seeking behaviors. Mishra et. al (2009) propose that negative beliefs associated with those who suffer from a mental disorder (i.e., mental health stigma) are generalized to the self if a person seeks professional psychological service. For example, those who strongly endorse mental health stigma may believe that seeking services from a psychological professional is a sign of being unpredictable or permanently damaged (Thompson, et al., 2004). As such, mental health stigma and masculinity in the present study may reflect an active process of how an individual responds to stigmatizing attitudes and associated situations.

Knowing the effects of stigma on mental health help-seeking behaviors, it is imperative to understand the dynamic of rigid definitions of masculinity and the intersection of those two. With traditional masculinity, men are taught to not express themselves emotionally as a way to not appear weak or feminine (Wallace, 2007). Participants of this study were given the opportunity to name qualities or attributes they felt described masculinity. Words such as

“strong, domineering, in charge, successful, powerful, sexual, performer, emotionless, capable, tough” were all words and phrases suggested by the men of this focus group. When asked if they felt those attributes were attainable, all but one said no. That disconnect between what they believed masculinity means and what they are able to achieve, is cause for concern. In addition, Black men who exemplify traditional concepts of masculinity may also be at a higher risk for mental health issues such as low self-esteem and depression as seen in the studies conducted by Hammond, 2012; Mahalik, Pierre, & Mincey et al. & Wan, 2006.

Current research estimates that African-American men are approximately 30% more likely to report having a mental illness compared to non-Hispanic Whites and are less likely to receive proper diagnosis and treatment (Holden, McGregor, Blanks, & Mahaffey, 2012). Nonetheless, the misnomer that mental illness is only seen amongst white populations, still resounds loudly throughout the Black community. Although strides have been made in increasing psychological service utilization within recent years, suicide is still the third-leading cause of death for Black adolescents aged 15 to 24 (Kochanek, Murphy, Anderson, & Scott, 2004). The growing body of research on Black suicidal behavior has been confirmed through investigations that some of the known suicidal risk factors for Whites are also important risk factors for Blacks, such as mental disorders including depression and substance abuse (Joe, 2006).

Having these results prompts a discussion about moving towards more positive masculine identities. Culturally based traditional masculinities could prove beneficial for Black men who may struggle with the day to day stressors of attaining the characteristics that are observed in traditional Eurocentric masculinities. This idea surrounding strength as seen in the present study, carries particular implications and consequences for Black men. Constructed within the context

of historical and modern day oppressions, strength has come to illustrate a symbol of Black livelihood, as well as a mechanism by which Black men are forced to navigate stressful life circumstances. Black men should not have to negotiate their identities in order to obtain the proper treatment for their mental health issues.

5.2 Limitations of the Study

This study had several limitations especially in regards to the sampling method that was utilized for the collection of participant data. The researcher's presence during data gathering, which is often unavoidable in qualitative research, possibly affected the subjects' responses. In this particular study, I as primary researcher was present in both the focus groups and the individualized interviews. Because of my presence, the inclination to answer “correctly” may have affected the validity and sincerity of responses the participants provided.

As with every study, there are bound to be threats to internal validity that can alter or influence the outcomes of the results. For this particular study, the two biggest threats were selection and history. Because the inclusion criterion regarding mental health experiences was open to interpretation, there was no definitive way to determine the scope of the participants experience with mental illness. This could have been an issue when participants were asked to elaborate on their experiences and it is determined that they only have minimal interactions with mental illness as opposed to their counterparts. History was another threat to internal validity, in that if during the time in which participants participated in the interviews, those selected for the focus group may have sought treatment for their mental health disorder or discussed treatment options for those in their lives who suffer from mental illness.

Lastly, the sampling size was a limitation to the generalizability of the study. It was the researcher's intentions to have a larger focus group, however, several of the qualified

participants for the study dropped out. This small sample size made it impossible to generalize the findings to all Black men between the ages of 18-30.

5.3 Suggestions for Future Research

This studies implications coincide with some of the literature on Black men and mental health stigma. However, the results of this study prompt the beginning of a serious, in depth discussion into mental health and the idea of a Black masculine identity. It would greatly benefit the Black community if the findings of such studies like this, were presented back to them so that they themselves can suggest positive alternatives to mental health help-seeking behaviors.

As the number of African Americans who suffer from untreated mental health issues increases, there is a need for an increase culturally competent mental health clinicians. According to Johnson (2015) cultural competency therapies include the clinician developing an awareness of their own existence, sensations, thoughts and environment without letting them have an influence on those from other backgrounds. In addition, demonstrating knowledge and understanding of patients' culture, health related needs and culturally-specific meanings of health and illness. This is important because the way in which African American's describe what is clinically diagnosed as depression, may look a lot different and may consist of moments of hopelessness, and not having the desire to interact with others. Mental health clinicians must actively challenge societal programs and practices that threaten the emotional, social, and emotional well-being of the African American population.

There is also a breadth of empirical research needed, so that mental health professionals alike can contribute to the proper treatment of mental health disorders that can lead to suicide, unstable behaviors, and prolonged psychological effects. Further research in understanding the

dynamic between identity and mental health help-seeking behaviors could prove beneficial to increase the utilization of psychological services.

Conversations surrounding improving the overall mental health of Black people are imperative in the African American community as it is often stigmatized. An increase in protective factors (lowering stress, positive family support, access, etc.) and a decrease in risk factors, is necessary to prevent the number of people suffering from mental health issues.

5.4 Conclusion

Identifying with a Black Masculine Identity is not an issue in and of itself, however, adhering to traditional notions of masculinity is concerning when it impacts pursuit of mental health treatment and poses a threat to someone's livelihood and the lives of those around them.

For Black men in particular, the issue of masculinity and blackness has been another intersecting factor affecting use of medical care and support, especially for mental illness. Society continues to reinforce a rhetoric that feminizes emotional expression and masculinizes violence. Doing this has the power to negate situations in which being emotionally expressive is accepted, and boys are socialized to accept the traits, language, and mindset that aligns them with a misconstrued definition of masculinity. Black men are instructed not to be vulnerable in certain areas of their life, but this adds to the stigma related to mental illness.

Through performance of such rigid scripts, Black men with mental illness may be neglecting the treatment of their issues, masking them due to the criticism of engaging their emotions more than the controlling confines of masculinity allows them to do so. Issues with racism, distrust in the healthcare system, and a history of being private in regards to issues that arise in the home, which operate uniquely to Black communities, stresses the need for culturally competent therapies and practices.

The consequences that arise from not encouraging Black men to be expressive in the difficulties that arise in their lives, will result in the increase of suicide ideation, suicide completions, and undiagnosed mental health issues. These untreated issues can result in damaging effects that are passed down to those around them. It is vital to the psyche of the Black man for more positive masculine ideologies to be in place in order to combat the stresses faced on a daily basis.

REFERENCES

- Addis, M. E., & Cohane, G. H. (2005). Social scientific paradigms of masculinity and their implications for research and practice in men's mental health. *Journal of Clinical Psychology, 61*(6), 633. doi:10.1002/jclp.20099
- Addis, M.E., & Mahalik, J.R. (2003). Men, masculinity, and the contexts of help-seeking. *American Psychologist, 58*, 5-14.
- Berger, J. L., Addis, M. E., Green, J. D., Mackowiak, C., & Goldberg, V. (2013). Men's reactions to mental health labels, forms of help-seeking, and sources of help-seeking advice. *Psychology Of Men & Masculinity, 14*(4), 433-443. doi:10.1037/a0030175
- Bingham, T. A., Harawa, N. T., & Williams, J. K. (2013). Gender role conflict among African American men who have sex with men and women: associations with mental health and sexual risk and disclosure behaviors. *American Journal Of Public Health, 103*(1), 127-133. doi:10.2105/AJPH.2012.300855
- Brown, C. (2003). Therapy utilization levels in African American males. *Dissertation Abstracts International, 64*, 2379.
- Caldwell, C., Antonakos, C. L., Tsuchiya, K., Assari, S., & De Loney, E. (2013). Masculinity as a moderator of discrimination and parenting on depressive symptoms and drinking behaviors among nonresident African-American fathers. *Psychology Of Men & Masculinity, 14*(1), 47-58. doi:10.1037/a0029105
- Campbell, R. (2013). When money isn't the issue: Socio-cultural factors in help-seeking among Black Americans with depression. *Dissertation Abstracts International Section A, 73*
- Centers for Disease Control and Prevention. (2013). The Tuskegee Study. Retrieved from <http://www.cdc.gov/tuskegee/timeline.htm>
- Cheng, H., Kwan, K., & Sevig, T. (2013). Racial and ethnic minority college students' stigma

- associated with seeking psychological help:Examining psychocultural correlates.
Journal Of Counseling Psychology, 60(1), 98-111. doi:10.1037/a0031169
- Copeland, V. C., & Butler, J. (2007). Reconceptualizing Access: A Cultural Competence Approach to Improving the Mental Health of African American Women. *Social Work In Public Health*,23(2/3), 35-58. doi:10.1080/19371910802148263
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59(7), 614-625. doi:10.1037/0003-066x.59.7.614
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social Science & Medicine*, 50(1385-1401). doi:10.1016/S0277-9536(99)00390-1
- Creswell, J. (2007). *Qualitative inquiry & research design: Choosing among five approaches* (2nd ed.). Thousand Oaks: Sage Publications.
- Crosby, A., & Molock, S. D. (2006). Suicidal behaviors in the African American community. *The Journal of Black Psychology*, 32(3), 1–9. doi:10.1177/0095798406290552
- Doyle, O. O., Joe, S. S., & Caldwell, C. H. (2012). Ethnic differences in mental illness and mental health service use among Black fathers. *American Journal Of Public Health*, 102(S2), S222-S231. doi:10.2105/AJPH.2011.300446
- Gary, F.A. (2005). Stigma: Barrier to mental health care among ethnic minorities. *Issues in MentalHealth Nursing*, 26, 979-999.
- Georgia State University. (n.d.). Retrieved from <http://www.forbes.com/colleges/georgia-state-university/>
- Grier, W. H., & Cobbs, P. M., (1968) *Black Rage*. New York.

- Holden, K. B., McGregor, B. S., Blanks, S. H., & Mahaffey, C. (2012). Psychosocial, socio-cultural, and environmental influences on mental health help-seeking among African-American men. doi:10.1016/j.jomh.2012.03.002
- Jackson, V. (2002) "In Our Own Voice: African-American Stories of Oppression, Survival and Recovery in the Mental Health Systems"
- Joe, Sean. (2006). Explaining changes in the patterns of black suicide in the united states from 1981-2002: An age, cohort, and period analysis. *Journal of Black Psychology*, 32(3), 262-284.
- Johnson, R. M. (2015). The changing face of patient care: delivering patient-centered and culturally competent care in an evolving world. *Delaware Medical Journal*, 87(3), 85-87.
- Kochanek, K. D., Murphy, S. L., Anderson, R. N., & Scott, C. (2004). Deaths: Final data for 2002. *National Vital Statistics Reports*. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_05.pdf
- Leventhal, H., Meyer, D., & Nerenz, D. (1980). The common-sense representation of illness danger. In S. Rachman (Ed.), *Medical psychology* (pp. 7-30).
- Lindsey, M. A. (2013). Understanding the Behavioral Determinants of Mental Health Service Use by Urban, Under-Resourced Black Youth: Adolescent and Caregiver Perspectives. *Journal Of Child & Family Studies*, 22(1), 107-121.
- Mahalik, J. R., Pierre, M. R. and Wan, S. S. C. (2006), Examining Racial Identity and Masculinity as Correlates of Self-Esteem and Psychological Distress in Black Men. *Jnl Multicult Counseling & Dev*, 34: 94–104. doi: 10.1002/j.2161-1912.2006.tb00030.
- Masuda, A., Anderson, P. L., & Edmonds, J. (2012). Help-seeking attitudes, mental health stigma, and self-concealment among African American college students.

Journal Of Black Studies, 43(7), 773. doi:10.1177/0021934712445806

- Matthews, A. K., Corrigan, P. W., Smith, B. M., & Aranda, F. (2006). A Qualitative Exploration of African-Americans' Attitudes Toward Mental Illness and Mental Illness Treatment Seeking. *Rehabilitation Education*, 20(4), 253-268.
- Mental Health: MedlinePlus. (2015, April 30). Retrieved May 6, 2015.
- Mishra, S. I., Lucksted, A., Gioia, D., Barnet, B., & Baquet, C. R. (2009). Needs and preferences for receiving mental health information in an African American focus group sample. *Community Mental Health Journal*, 45(2), 117-126. doi: 10.1007/s10597-008-9157-4
- Murry, V. M., Heflinger, C. A., Suiter, S. V., & Brody, G. H. (2011). Examining perceptions about mental health care and help-seeking among rural African American families of adolescents. *Journal Of Youth And Adolescence*, 40(9), 1118-1131. doi:10.1007/s10964-010-9627-1
- Office of Minority Health. (2014, September 25). Retrieved May 6, 2015.
- Saldana, J. (2009). *The coding manual for qualitative researchers*. London: Sage.
- Schnittker, J., Freese, J., & Powell, B. (2000). Nature, Nurture, Neither, Nor: Black-White Differences in Beliefs about the Causes and Appropriate Treatment of Mental Illness. *Social Forces*, (3). 1101.
- Sellers, R. M., Rowley, S. J., Chavous, T. M., Shelton, J. N., & Smith, M. A. (1997). Multidimensional Inventory of Black Identity: A preliminary investigation of reliability and construct validity. *Journal Of Personality And Social Psychology*, 73(4), 805-815. doi:10.1037/0022-3514.73.4.805
- Thomas, A., Hammond, W., & Kohn-Wood, L. P. (2014). Chill, be cool man: African American men, identity, coping, and aggressive ideation. *Cultural Diversity And Ethnic*

Minority Psychology, doi:10.1037/a0037545

- Thompson, R., Dancy, B. L., Wiley, T. A., Najdowski, C. J., Perry, S. P., Wallis, J., & Knafl, K. A. (2013). African American families' expectations and intentions for mental health services. *Administration And Policy In Mental Health And Mental Health Services Research*, 40(5), 371- 383.
- Truog, R. D., Kesselheim, A. S., & Joffe, S. (2012). Paying tissue donors: The legacy of Henrietta Lacks. *Science (New York, N.Y.)*, 337(6090), 37–38.
<http://doi.org/10.1126/science.1216888>
- Wallace, D. M. (2007). “It’s a M-A-N thing”: Black male gender role socialization and the performance of masculinity in love relationship. *The Journal of Pan African Studies*, 1(7), 11-22.
- Wade, J. C., & Rochlen, A. B. (2013). Introduction: Masculinity, Identity, and the Health and Well-Being of African American Men. *Psychology Of Men & Masculinity*, 14(1), 1-6.
doi:10.1037/a0029612
- Ward, E., & Besson, D. (2013). African American men’s beliefs about mental illness, perceptions of stigma, and help-seeking barriers. *Counseling Psychologist*, 41(3), 359-391.
- Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2013). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *Nursing Research*, 62(3), 185-194. doi:10.1097/NNR.0b013e31827bf533
- Ward E.C., & Collins, J. (2010). Depression in African American males. *African American research perspectives*.

APPENDICES

Appendix A-Interview & Focus Group Question Guide

Interview Question Guide

Opening Question: What does being a man mean to you?

African American Manhood Scale (Thomas, Hammond, & Kohn-Wood, 2014)

1. What value does controlling your emotions have towards your beliefs about what it means to be a man?
2. How does having control over your own life influence your beliefs about what it means to be a man?

Multidimensional Inventory of Black Identity (MIBI) (Sellers, Rowley, Chavous, Shelton, & Smith, 1997).

1. In general, is being Black an important part of your self-image?
2. Are you proud to be Black? What contributes to you being proud to be Black?

Attitudes Toward Seeking Professional Psychological Help (ATSPPH) (Fischer & Turner, 1970)

Recognition of Personal Need for Psychological Help

1. If you were dealing with a problem, do you think you should work them out on your own? Is getting psychological counseling a last resort?

Tolerance of the Stigma Associated with Psychiatric Help

2. If you thought you needed psychiatric help, would you get it no matter who knew about it? Why or why not?

Confidence in Mental Health Practitioner

3. Are you confident in seeking help when dealing with mental conflicts, or would you rather deal with it the best way you knew how?

Focus Group Questions

1. How are Black men defined in society's eyes?
2. What emotions do men tend to stay away from?

3. I would like you all to throw the first thing that comes to mind when you hear 'masculinity'. Now, after hearing those words, do you feel like you live up to the definitions of masculinity? If so, how? If not, why not?
4. Are these attributes attainable?
5. When are things just "too much" to handle?
6. How do you perceive the problem of mental health and stigma to be in the Black community?
7. Have the lives of your loved ones or those who you look up to influenced your emotional handling decisions?

Do you think meetings where Black men could come together and speak about the issues they are facing, be beneficial to their mental health?

Appendix B-Informed Consent

Georgia State University
Department of African American Studies
Informed Consent

Title: Black Men; Are You too “Masculine” for Mental Health Treatment?

Principal Investigator: Dr. Makungu Akinyela

Student Principal Investigator: Jasmine Thomas

I. Purpose:

You are being asked to take part in a research study of how Black men’s observance to a Black Masculine Identity, influences mental health help seeking behaviors. We are asking you to take part because you voluntarily expressed interest, and are a United States born African American male age 18-30 that attends Georgia State University or has an active presence in the area surrounding the university. A total of 16 participants will be recruited for this study. Participation may require up to 3.5 hours of your time over the course of two weeks. Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

II. Procedures:

If you decide to participate, you will participate in two events. First, we will conduct an individualized interview with a random selection of four out of the eligible 16 participants. The interview will include questions about your opinions and perceptions of mental health in the Black community and the basis behind these attitudes. The one on one interview will take one hour to complete and will take place in the Department of African American Studies. This interview will be done within two weeks of your completion of the screening survey. Lastly, you will participate in a focus group with seven other men that will last approximately 2.5 hours, in which you will be asked to express your opinions on Black masculinity and mental health. This focus group will take place in a classroom on campus. With your permission, we would like to tape-record the interviews and focus groups to help ensure accuracy of responses. Your name will never be used during the focus groups and interviews, and in any subsequent documents, your interview will be labeled with an assigned number.

III. Risks:

In this study, you will not have any more risks than you would in a normal day of life. However, because of the sensitivity surrounding mental health, you may feel some personal discomfort.

IV. Benefits:

Participation in this study may or may not benefit you personally. You may recognize your own personal barriers, and develop a clearer understanding of your own attitudes or thoughts regarding mental health stigma, masculinity, and black identity. Overall, we hope to gain information about mental health stigma in the African American community.

V. Compensation:

You will receive extra credit and a five dollar gift card, for your participation in this study. If you are taking a class that offers extra credit for participation in research studies, the instructor will assign credit according to policy and will be substituted for a 2 page reflective essay on a topic pertinent to class. If you are not a current Georgia State student, you will receive a five dollar gift card for each portion of the study you are invited to participate in. In addition, if you require parking in order to participate in the interview and focus group, your parking expenses will be covered for the duration of both the interview and focus group. Food will be provided for the focus groups.

VI. Voluntary Participation and Withdrawal:

Participation in research is voluntary. You do not have to be in this study. If you decide to be in the study and change your mind, you have the right to drop out at any time. You may skip questions or stop participating at any time. Whatever you decide, you will not lose any benefits to which you are otherwise entitled.

VII. Confidentiality:

We will keep your records private to the extent allowed by law. Dr. Makungu Akinyela and Jasmine Thomas, will have access to the information you provide. Information may also be shared with those who make sure the study is done correctly (GSU Institutional Review Board, the Office for Human Research Protection (OHRP)). We will use an assigned number for your interview, and an alias rather than your name on study records. The information you provide will be stored in a locked file cabinet, where only the researchers will have access to the records. Your name and other facts that might point to you will not appear when we present this study or publish its results. The findings will be summarized and reported in group form. You will not be identified personally. For any tape-recorded interviews and focus groups, those recordings will be stored on a flash drive that will be stored in a locked file cabinet. We will destroy the tape after it has been analyzed, which we expect will be within one month of its taping. While participating in the focus group, we ask that you do not reveal what was discussed in the group. However, we as researchers do not have complete control over the confidentiality of the data.

VIII. Contact Persons:

Contact Dr. Makungu Akinyela at makinyela@gsu.edu or 404-413-5141 or Jasmine Thomas at blackmentalhealth2016@gmail.com or 810-449-0205 if you have questions, concerns, or complaints about this study. You can also call if you think you have been harmed by the study.

Call Susan Vogtner in the Georgia State University Office of Research Integrity at 404-413-3513 or svogtner1@gsu.edu if you want to talk to someone who is not part of the study team. You can talk about questions, concerns, offer input, obtain information, or suggestions about the study. You can also call Susan Vogtner if you have questions or concerns about your rights in this study.

IX. Copy of Consent Form to Participant:

We will give you a copy of this consent form to keep.

If you are willing to volunteer for this research and be audio recorded, please sign below.

Participant

Date

Researcher Obtaining Consent

Date