Factors Influencing Help Seeking Relationships of Heterosexual African American Males

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ABSTRACT—The purpose of this quantitative study was to explore the factors that contribute to or diminish the likelihood of African American men seeking mental health services. Participants were 103 heterosexual, African American men geographically located throughout the United States. It was hypothesized that attitudes toward seeking psychological help were related to willingness to seek help, social stigma toward seeking psychological help, cultural mistrust, and emotional expressivity. Based on multiple regression analyses, the findings were that attitudes toward seeking professional help were predicted from general willingness to seek help and perceived social stigma toward receiving psychological help. Additionally, emotional expressivity and cultural mistrust were correlated with attitudes toward seeking professional help. The social change implications of these findings include providing a better understanding of the motivations of African American men as clients and the barriers that hinder their relationships with mental health provider. Lastly, this study may also assist with reducing the stigma associated with psychotherapy within the African American male community through increased education and awareness.

KEYWORDS—help seeking relationships, African American men

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Introduction to the Study

Research confirms that some African American males tend to underutilize mental health services (Thompson et al., 2004). There are many possible reasons for the underutilization of services among African American men, some of which include cultural characteristics associated with race-based experiences commonly shared by some African American males. Literature exploring the mental health of African American males has supported the hypothesis that this population may experience substantial psychological distress from the many economic, social, and physical stressors they endure (Thorn & Sarata, 1998). These stressors may stem from widespread biases held against African American males. Several of these biases include the following assumptions: the population has lower-than-average intelligence, a propensity for drug addiction, and increased likelihood of violent sexual predator activity, which results in incarceration and unemployability. Johnson et al., (2005) stated that African American men as a group are largely demoralized. Other barriers that prevent them from seeking mental health services include mistrust and fear of treatment and change, racism, discrimination, cost, availability, and social stigma. All of these negative associations can lead to unfavorable perception of mental health treatment (Carten, 2006). Johnson et al. also stated that African American males desire to be acknowledged as powerful and capable (2005). They also desire security in their self-esteem and self-worth. However, this is often impacted by the racial oppression and daily micro aggression they experience compromising their emotional well-being. One long-standing hypothesis critiques restrictive ideals of traditional masculinity (e.g., strength and stoicism) as contradicting the emotional vulnerability and communication needed to access and fully engage with effective psychological treatment (Seidler et al., 2018; Vogel & Heath, 2016; Westwood & Black, 2012). Many factors contribute to whether or not a heterosexual African American male will seek therapy. Moreover, Addis and Mahalik (2003) referred to a gender-based social-psychological model of help-seeking, which supports the idea that help-seeking behaviors of men are influenced by gender socialization. Gender socialization is the way in which both men and women learn what is socially acceptable. This model also suggests that traditional masculine norms endorse dominance, the desire to win, and emotional restriction. The cultural message of masculinity is learned and internalized from childhood and acted out in manhood. Enmeshed with male ego and gender social-

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ization some men may never seek help. Men are often initially ambivalent toward psychological treatment (Good & Robertson, 2010) and drop out of services prematurely (Pederson & Vogel, 2007; Spendelow, 2015). According to Almer (2015) factors that may contribute to men declining to seek help is the belief that their problems are unusual or if they believe their issues diminish their sense of self. Moller-Leimkuhler (2002) stated that just thinking about seeking help can impede a man's own role expectations. Before seeking help can become an option for most men, there are six obstacles that they have to overcome. The obstacles they must consider are the loss of status, the loss of control and autonomy, feeling a sense of incompetence, feeling a sense of dependence, and making themselves vulnerable to damaging their identity. According to Broman (1996), when difficult situations arise, the African American culture supports the theory of *toughing it out*.

Fear of Feminine (FOF) is described as a man's fear of the feminine (Kierski & Blazina, 2009). According to Kierski and Blazina (2009), FOF is associated with more of the socio-cultural level associated with gender role and issues. FOF is linked to the expectations of Western civilization in regard to gender normative behavior. However, when men experience feelings of helplessness, vulnerability, dependency, loneliness, lack of personal influence, lack of certainty is not considered masculine. Kierski and Blazina (2009) conducted a study using 12 male volunteers between the ages of 30 and 65 and found that the fears most experienced by men included: isolation, fears about proper/safe place in society and life, health and safety, pain, lack of positive (sustaining) human contact, not being able to look after those who depend on them, losing one's life, incapacitation, lack of meaning, not being good at what one does, letting others down, fears about contact with others, and not being in control and going beyond one's limit. McCusker and Ggalupo (2011) stated psychological help seeking behavior did impact perceived femininity ratings and the pattern of effects differed across sexual identity. Cadaret & Speight (2018) and Ward & Besson (2013) suggest that self-stigma is a major deterrent to seeking help for psychological issues.

Problem Statement

This study continued the research and trends regarding African American men and the factors that contribute to or diminish the likelihood of them seeking psychotherapy. Research suggests that African Americans in general utilize mental health services inconsistently (Thompson et al.,

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2004), which is indicative of societal factors that lead the African American male population to avoid confronting mental health issues. As Constantine (2007) reported, there are several factors that have been reported in the literature as being responsible for the underutilization of mental health services by African Americans. First, there are the economic constraints. Second, African Americans may lack knowledge regarding mental health services. Third, because of the inherent racist attitudes still pervasive in some communities in the United States, African Americans may have a cultural mistrust of European American therapists (Constantine, 2007).

Hence, the theoretical underpinnings of this study are based on Critical Race Theory (CRT). In this current study, CRT serves as the foundation for understanding social issues such as why African American men do not seek mental health treatment. CRT helps in understanding that it may be more than having the economic power to afford such services. Instead, CRT may help to explain other issues outside of economics that prevent African American men from seeking treatment. CRT also examines the existing power structures. CRT identifies that these power structures are based on white privilege and white supremacy, which perpetuates the marginalization of people of color.

Purpose of the Study

The purpose of this study was to investigate and understand what factors contribute to and diminish the likelihood of heterosexual African American males over the age of 18 to seek psychotherapy. Heterosexual males were targeted for this study because Addis and Mahalik (2003) assert that there is a gender-based social-psychological model of help-seeking. This model supports the idea that the help-seeking behaviors of men are influenced by gender socialization, which is the way in which men learn what is socially acceptable. The model also suggests that traditional masculine norms endorse dominance, the desire to win, and emotional restriction. More specifically, this study examined through a quantitative, nonexperimental, correlational design whether the stigma associated with treatment and mistrusts of health providers based on past racial injustices influenced the African American males' attitude toward seeking psychotherapy. This study also surveyed willingness and emotional expression to help understand if it directly affects the African American males' decision to seek psychotherapy. Lastly, social stigma was also examined and its relationship to the African American males' attitude toward seeking psychotherapy. Understanding

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what barriers hinder this population in seeking help can influence positive social change. The information provided by this study can be used to educate this population and counter avoidance through education. Lastly, the information acquired may help others understand the challenges associated with being an African American man in a European American dominated society and how this racial identity influences emotional, physical, mental and spiritual development.

Research Questions and Hypotheses

What factors contribute to or diminish the likelihood of heterosexual African American males over the age of 18 to seek psychotherapy? It was hypothesized that Willingness to Seek Help, as measured by Willingness to Help Questionnaire (WSHQ); Emotional Expressivity, as measured by Emotional Expressivity Scale (EES); Stigma related to seeking psychological help, as measured by the Stigma Scale for Receiving Psychological (SSRPH); and Cultural Mistrust, as measured by Cultural Mistrust Inventory (CMI) would be able to predict attitudes toward seeking professional psychological help, as measured by Attitudes Toward Seeking Professional Psychological Help (ATSPPH).

> Research Question 1: What factors contribute to or diminish the likelihood of heterosexual African American males over the age of 18 to seek psychotherapy?
>
> $H1_0$: Emotional Expressivity, as measured by the Emotional Expressivity Scale (EES); Stigma related to seeking psychological help as measured by Social Stigma Receiving Psychological Help (SSRPH), Willingness to seek help, as measured by Willingness to Seek Help Questionnaire (WSHQ); Cultural Mistrust, as measured by the Cultural Mistrust Inventory (CMI), will not predict attitudes towards therapy seeking behavior as measured by the Attitudes Toward Seeking Professional Psychological Help (ATSPPH).
>
> $H1_a$: The Emotional Expressivity, as measured by the Emotional Expressivity Scale (EES); Stigma related to seeking psychological help as measured by Social Stigma Receiving Psychological Help (SSRPH), Willingness to seek help, as measured by Willingness to Seek Help Questionnaire (WSHQ); Cultural Mistrust, as measured by the Cultural Mistrust Inventory (CMI), will predict attitudes towards ther-

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apy seeking behavior as measured by the Attitudes Toward Seeking Professional Psychological Help (ATSPPH).

Research Question 2: Is there a relationship between willingness to seek help and attitudes toward seeking professional psychological help?

$H2_0$: There is no significant positive relationship between Emotional Expressivity, as measured by the Willingness to Seek Help Questionnaire (WSHQ); and attitude toward seeking help, as measured by Attitudes Toward Seeking Professional Psychological Help (ATSPPH). $H2_a$: Increased scores on willingness to seek help, as measured by the Willingness to Seek Help Questionnaire (WSHQ) are correlated with an increase attitude toward seeking psychotherapy, measured by the ATSPPH.

Research Question 3: Is there a relationship between emotional expressivity and attitudes toward seeking professional psychological help?

$H3_0$: There is no significant, positive association between emotional expressivity, measured by the Emotional Expressivity Scale (EES), and Attitudes Toward Seeking Professional Psychological Help, measured by the ATSPPH.

$H3_a$: There is a significant, positive association between emotional expressivity, measured by the Emotional Expressivity Scale (EES), and attitudes toward seeking professional psychological help, measured by the ATSPPH.

Research Question 4: Is there a relationship between social stigma and attitudes toward seeking professional psychological help?

$H4_0$: There is no significant positive association between social stigma, measured by the Stigma Scale for Receiving Psychological Help (SSRPH) and attitude toward seeking professional psychological help, measured by the ATSPPH.

$H4_a$: There is a significant inverse association between social stigma related to psychological services, measured by the Stigma Scale for Receiving Psychological Help (SSRPH) and attitude toward seeking professional psychological help, measured by the ATSPPH.

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Research Question 5: Is there a relationship between the Cultural Mistrust Inventory (CMI) and attitude toward seeking professional psychological help, measured by the ATSPPH.

$H5_0$: There is no significant, positive association between cultural mistrust, measured by the Cultural Mistrust Inventory (CMI) and attitude toward seeking professional psychological help, measured by the ATSPPH.

$H5_a$: There is a negative correlation between mistrust of White Americans and mainstream American institutions, agencies, and other entities; measured by the Cultural Mistrust Americans (CMI); and attitude toward seeking professional psychological help, measured by the ATSPPH.

Research Methods

Procedure and Design

A quantitative, correlational design involving several measures was used. This approach allowed the constructs hypothetically associated to seeking mental health services to be measured; subsequently, the correlation between these measures and the underlying constructs they represent could be assessed.

Setting and Sample

There is no specific setting for this study. Instead, the convenience and snowball sampling techniques included men drawn from major cities all over the United States. These men were sent an invitation to participate in the study by e-mail request. The participants were recruited online through email utilizing various professional organization list serves (i.e. fraternities, sororities, Facebook, and Historical Black College University alumni). The survey asked participants to self-identify that they were single, heterosexual, no children, African American men over the age of 18. In considering the adequacy of the obtained sample size, the sample (N = 103) provides adequate statistical power ($1-\beta = .931$) to detect bivariate correlations between the variables using an alpha level (α) of .05 (one-tail) when assuming a medium effect size ($r = .3$); this was computed using G*Power 3.

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Table 1. Region of United States Where Participants Were Reared

	N	***Percent***
Northeast	43	41.3
Southeast	24	23.1
Midwest	11	10.6
Southwest	2	1.9
West	23	22.1

Demographics

The survey was completed by 103 participants who fit the research criteria (male, African American, heterosexual, English speaking) and provided responses to each of the measures. These participants ranged in age from 21 to 56 years old (M = 34.91, SD = 7.70), and the individuals were raised throughout the United States (see Table 1). The participants were primarily single (60.6%) but included individuals who identified as being married (29.8%), divorced (4.8%), separated (1.9%), or not single (1.9%). Most of the sample did not have children (58.7%) and had at least some college education (see Table 2). The sample was also predominately affiliated with protestant religious denominations (50.0%); however, several religious groups were represented: Muslim (1.9%), Christian Scientists (7.7%), Roman Catholic (12.5%), Seventh Day Adventist (2.9%), Episcopalian (4.8%), and others (8.7%). The reported household incomes for the sample were quite diverse (see Table 3), and more than half of the sample had a family member who had sought therapy (55.8%). Additionally, half of the sample was raised in a household with both biological parents (50.0%). Other types of households in which people were raised included: single mother (31.7%), single father (5.8%), one biological parent and one step-parent (7.7%), and extended family (3.8%). The participants were primarily employed for wages (67.3%), but some were self-employed (17.3%), students (6.7%), retired, 1.0%, disabled (1.0%), out of work less than a year (2.9%), and out of work for more than a year (2.9%). In considering the adequacy of the obtained sample size, the sample (N = 103) provides adequate statistical power ($1-\beta = .931$) to detect bivariate correlations between the variables using an alpha level (α) of .05 (one-tail) when assuming a medium effect size (r = .3).

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Table 2. Educational Background of Participants

	N	*Percent*
High School Graduate	2	1.9
Some College	14	13.5
College Graduate	37	35.6
Graduate School	50	48.1

Table 3. Household Income Categories for Participants

	N	*Percent*
<19,999	9	8.7
20–39,999	11	10.6
40–59,999	26	35.6
60–79,999	6	10.6
80–99,999	10	9.6
>150,000	36	34.6

Recruitment Participation and Data Collection

The nonprobability convenience sampling and snowball sampling was used for recruiting participants. The participants were recruited online utilizing various professional organization list serves and data sets (i.e. fraternities, sororities, Facebook, and Historical Black College University alumni). Due to this method of recruitment the participants were geographically located throughout the United States including major cities. However, they all had similarities in the fact that to participate the participants had to be heterosexual and African American men over the age of 18. The data was collected utilizing an online survey tool—SurveyMonkey. Participant's confidentiality was considered and protected. SurveyMonkey has a layer of password protection added for each survey site it hosts. The data placed on the website of SurveyMonkey is owned by the researcher. That data is never shared or sold to any third parties. All respondents' names and e-mail addresses are protected and are never sold to third parties. In addition, data entered into SurveyMonkey can only be released to the owner of the survey site. The data is stored on servers in the United States and can only be removed

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by researcher request. No names are ever used in the collection of data on SurveyMonkey. Participants were recruited through email requesting them to participate in the study. Participants could only access the questionnaires once per Internet Protocol (IP) address to limit the possibility of multiple responses from the same computer. Only surveys that were 100% completed were used in the analyses.

Instruments

The Cultural Mistrust Inventory (CMI; Terrell & Terrell, 1981) consists of 48 items which are rated on a 7-point Likert-type scale, ranging from strongly agree to strongly disagree, which measures the extent to which African Americans distrust European Americans and mainstream American institutions, agencies, or other entities. An example of an item on the assessment is, "is it best for Blacks to be on guard among Whites." This inventory has demonstrated a low correlation with a social desirability test, as well as a 2-week test-retest reliability of .82. Between-item and total score correlations on the CMI range from .34 to .47.

This instrument has been used to measure the mistrust level of Black clients in more than 300 studies over the past few decades according to an EBSCOhost search. It was found that a higher level of mistrust, as measured by the CMI, correlated with a higher rate of premature termination among highly mistrustful Black clients who were seen by White counselors (Terrell & Terrell, 1984). Studies have suggested that there are many reasons African Americans underutilize mental services including racism, racial biases, and stereotypes among the European American counselors. According to Nickerson, Helms, and Terrell (1994) Black participants of their study expressed mistrust when utilizing White counselors and clinics staffed primarily with White Counselors. A higher score on the CMI indicates a higher level of cultural mistrust.

The Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH; Fischer & Turner, 1970) consists of 29 items designed to assess general attitudes toward seeking professional help for psychological problems and issues. Based on a search with EBSCOhost, there are 12 studies using Fischer and Turner's Attitudes Towards Seeking Professional Psychological Help Scale from 1992–2019. Fischer and Turner found four factors for the ATSPPH scale. These factors are (a) Recognition of Personal Need for Psychological Help (8 items); (b) Stigma Tolerance Associated with

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Psychological Help (5 items); (c) Interpersonal Openness Regarding One's Problems (7 items); and (d) Confidence in Mental-Health Professionals (9 items). Items are rated using a 4-point Likert type scale ranging from 0 (*disagree*) to 3 (*agree*). Eleven items are positively keyed so that agreement indicates positive attitudes, and 18 are negatively keyed so that disagreement with the item shows positive attitudes toward seeking psychological help. Total scores range from 0 to 87, with a higher score indicating positive attitudes toward psychological help seeking. Internal reliability estimates as measured by coefficient alpha for the entire scale range from .83 to .73 and for the four factors range from .74 to .62 and from .76 to .53 (Fischer & Turner, 1970; Good & Wood, 1995). Test-retest reliabilities of .89 (2 weeks) to .84 (20 months) were reported by Fischer and Turner who also provided support for the construct validity of the scale. Higher scores are related to a decreased stigma regarding mental health treatment, as well as increases in emotional disclosure, anticipated utility and intentions to seek treatment, social norms regarding treatment seeking, and patient satisfaction.

Willingness To Seek Help Questionnaire (WSHQ; Cohen, 1999) is a 25-item self-report questionnaire that evaluates one's openness to seeking out professional psychological help. Based on a search with EBSCOhost, nine studies have used Cohen's Willingness to Seek Help Questionnaire with publication dates ranging from 2004 to 2018.,and has been cited 76 times from 1999–2018. Items are rated on a 4-point Likert scale ranging from 0 (*do not identify with the statement at all*) to 3 (*strong identification*). The measure yields a Total Score only; higher scores indicate a greater willingness to seek help. The measure is based on a theoretical view of help-seeking—specifically, that the willingness of a person to seek help is dependent on three elements: recognition of the need for outside assistance, readiness for self-disclosure, and willingness to relinquish at least some degree of control to an expert helper. Factor analyses, however, did not isolate the three expected factors but instead proved the scale to have one robust dimension.

Stigma Scale for Receiving Psychological Help (SSRPH; Komiya et al., 2000) is a five-item, 4-point Likert-type scale used to assess individuals' awareness of social stigma associated with receiving psychological services. Scores can range from 0 to 15. Higher scores indicate a greater perceived stigma connected to receiving psychological treatment. Komiya, Good, and Sherrod (2000) found a coefficient alpha of .72 for the SSRPH. In a study by Wallace and Constantine (2005), a Cronbach alpha of .67 was obtained for

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the SSRPH. Robinson, Shaver, and Wrightsman (1991) suggested that measures should have a reliability of .70 to be considered internally consistent, so reliability was deemed adequate. Based on a search with EBSCOhost, an estimation of 80 studies have used Komiya et al.'s Stigma Scale for Receiving Psychological Help from 2004–2019.

Emotional Expressivity Scale (EES) was designed as a self-report measure of the extent to which people outwardly display their emotions. The EES was used to measure individual differences in outward display of emotion, regardless of valence or channel, was developed by Kring et al., (1994). Based on a search with EBSCOhost, more than 182 studies have cited/referenced Kring et al.'s article from 1997–2019. It consists of 17 items. It is a Likert-type scale with 6-point response categories. The six response categories ranged from *never true* to *always true* and were scored as 1, 2, 3, 4, 5, and respectively 6 for positively phrased items. This scoring was reversed for the negative items. Thus a high score on the scale reflects that a person is highly expressive and a low score shows that a person does not very frequently express his or her emotions.

Demographic Data Sheet was created and utilized to help identify and clarify cultural background, age, gender, sexuality, children, relationship status, and residence to verify that participants met the criteria. On the other hand, language, past therapy experience, household, education, employment, income, and religion were also used.

Analysis

This study included heterosexual, African American males over the age 18. The necessary sample size was computed using G*Power 3. The initial consideration focused on the statistics to be performed, and the bivariate correlation required the highest sample size with all other factors being equal; thus, the necessary sample size was calculated using this statistic. Additionally, the computation employed a significance level (α) of .05, a desired statistical power (1-β) of .90, and a medium effect size (.3). Using these factors, the sample size required would be 103 participants assuming one-tail significance. The data analysis was conducted using the Statistical Package for the Social Sciences (SPSS) version 20. Descriptive statistics were completed for the demographic variables to describe the characteristics of the sample.

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Table 4. Descriptive Statistics for Variables included in Analyses

	M	*SD*	*Min*	*Max*	*Cronbach's α*
EES	57.44	14.15	24.00	87.00	.922
WSHQ	70.90	7.27	46.00	84.00	.634
SSRPH	10.58	3.22	5.00	20.00	.790
CMI	173.85	36.73	103.00	287.00	.936
ATSPPH	83.65	12.32	49.00	110.00	.866

Table 5. Results for one-sample Kolmogorov-Smirnov tests

	EES	*ATSPPH*	*WSHQ*	*SSRPH*	*CMI*
Z	.477	.488	1.088	.967	.730
p (two-tailed)	.977	.971	.187	.308	.661

Results

Descriptive statistics were completed for the demographic variables to describe the characteristics of the sample.

There are a couple of underlying assumptions that need to be considered for regressions and correlations: (a) scores are quantitative and normally distributed, and (b) pairs of variables are linearly related and have a bivariate normal distribution. These assumptions were considered using histograms, one-sample Kolmogorov-Smirnov tests, and scatterplots. These data screening techniques assessed the univariate and bivariate distributions for each of the variables. The histograms and one-sample Kolmogorov-Smirnov tests showed the individual scales were normally distributed (see Table 5). The bivariate distributions were assessed using scatterplots, which revealed roughly linear associations between the variables. Additionally, the scatterplots did not reveal any extreme outliers that would inflate the correlations between the pairs of variables.

The first hypothesis involved a regression analysis to see if attitudes toward seeking professional help, measured by the ATSPPH, were predictable from the other scales (i.e., EES, WSHQ, SSRPH, CMI). This analysis revealed a significant regression equation (F (4, 75) = 18.061, $p < .001$, $R = .700$, $R^2 = .491$, $R^2_{abj} = .463$). This data shows 49.1% of the variance in ATSPPH

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Table 6. Regression Predictor Slopes and Semi-Partial Correlations

	B	*SE*	*B*	*T*	*P*	*sr^2unique*
WSHQ	.938	.154	.530	6.103	.000	.253
EES	.138	.073	.164	1.896	.062	.024
SSRPH	−1.093	.333	−.283	−3.285	.002	.073
CMI	−.015	.027	.047	−.551	.583	.002

Dependent Variable: ATSPPH

scores is explained by the WSHQ, EES, SSRPH, & CMI scores. In considering the contributions of the individual variables, the WSHQ (t (75) = 6.103, p < .001) and SSRPH (t (75) =−3.285, p = .002) both showed significant individual contributions to the regression equation (see Table 4). Specifically, a one-point increase in the WSHQ, which has range from 0 to 75, is related to a .938-point increase in the ATSPPH, which has a range from 0 to 87; this may also be understood using the standardized coefficient, which shows an increase of one standard deviation on the WSHQ is associated with an increase of .530 standard deviations on the ATSPPH. In contrast, a one-point increase in the SSRPH, which has a range from 48 to 336, is associated with a 1.093-point decrease in the ATSPPH; this also may be understood using the standardized coefficient, which shows an increase of one standard deviation on the SSRPH is associated with a decrease of .283 standard deviations on the ATSPPH. As a final note, the remaining two variables (i.e., EES (t (75) = 1.896, p = .062), CMI (t (75) =−3.285, p = .583)) did not significantly contribute to the prediction equation. This information provides support for hypothesis one as ATSPPH scores can be predicted from the WSHQ and SSRPH scores.

The second hypothesis focused on the individual association between the WSHQ and the ATSPPH. This association was analyzed using a Pearson's product-moment correlation, which revealed the WSHQ had a significant, strong, positive correlation with the ATSPPH (r (89) = .548, p < .001). Subsequently, the second hypothesis is supported as an increase in the WSHQ score is associated with an increase in the ATSPPH score.

The third hypothesis is similar to the second but focused on the individual association between the EES and the ATSPPH. This association was also analyzed using a Pearson's product-moment correlation. The analysis showed the EES had a significant, moderate, positive correlation with the ATSPPH (r (89) = .335, p = .001). These results support the third hypoth-

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esis as higher scores on the EES were associated with higher scores on the ATSPPH.

The fourth hypothesis was related to the individual association between the SSRPH and the ATSPPH. This hypothesis was addressed using a Pearson's product-moment correlation, which showed the SSRPH exhibited a significant, moderate, negative correlation with the ATSPPH (r (95) $= -.409$, $p < .001$). This finding supports the fourth hypothesis as higher scores on the SSRPH were related to lower scores on the ATSPPH.

The fifth hypothesis considered the individual association between the CMI and the ATSPPH. This association was analyzed using a Pearson's product-moment correlation; this showed the CMI had a significant, weak, negative correlation (r (89) $= -.249$, $p = .009$). The finding is in support of the fifth hypothesis as an increased score on the CMI was associated with a lower score on the ATSPPH.

In considering variables beyond the hypotheses, a one-way analysis of variance (ANOVA) showed a significant difference (F (2, 89) $= 3.905$, $p = .024$, $\eta^2 = .081$) in ATSPPH scores for the different education groups that had enough participants to be considered in the analysis (i.e., some college, college graduate, graduate school). Specifically, individuals who had some college ($M = 75.923$, $SD = 14.256$) showed lower scores on than individuals who had graduate level education ($M = 86.413$, $SD = 10.634$) as supported by the Tukey's Honestly Significant Difference test ($p = .019$; see Figure 1). Additionally, it might be expected that individuals who have a family member who has sought therapy would show higher ATSPPH scores; however, an independent-samples t-test revealed there was not a significant difference (t (91) $= 1.367$, $p = .175$, $\eta^2 = .020$, two-tailed) between individuals who did and did not have a family member who sought therapy.

In summary, the results showed the attitude toward seeking psychotherapy was correlated with each of the primary measures. Specifically, the willingness to seek help and emotional expressivity showed positive correlations with attitude toward seeking psychological help while the stigma and CMI had negative correlations with the ATSPPH. These findings support a general willingness to seek help and being emotionally expressive is related to an increase in the attitudes to seek professional help. In contrast, thinking there is a social stigma related to seeking psychological services and being culturally mistrustful is associated with a decrease in the attitudes toward seeking professional help. Moreover, when these variables are collectively used, the WSHQ and SSRPH scores significantly predict the ATSPPH scores. Further-

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more, ATSPPH scores were related to education level with higher education being associated with improved attitudes toward seeking professional help.

Discussion

The purpose of this study was to understand what factors contribute to and diminish the likelihood of heterosexual African American males with over the age of 18 to seek psychotherapy. The study was used to examine whether the stigma associated with treatment and mistrust of health providers based on past racial injustices influence African American males willingness to seek therapy. Additionally, this study was used to look at the factor of emotional expression and if it directly affected the African American male decision to seek therapy. Lastly, social stigma was also examined and its relationship to the African American male willingness to seek therapy.

Each of the individual variables were related to attitude toward seeking professional help in the manner expected. Specifically, emotional expressivity and willingness to seek help showed medium and large positive associations, respectively, to attitudes toward seeking professional help while social stigma and cultural mistrust showed small to medium negative associations, respectively, to attitudes (Cohen, 1999). In considering the ability of these variables to predict attitude, all of the variables provided a significant predictive equation with willingness to seek help and perception of social stigma contributing to significantly to the equation. These results suggest that, while each of the variables individually is related to attitudes, the effects of emotional expressivity and cultural mistrust are not predictive when willingness to seek help and social stigma are considered. Emotional expressivity and cultural mistrust were not significant predictors in the regression equation, despite their individual correlation with the outcome variable, attitudes toward seeking professional psychological help. This would suggest co-linearity among the predictive variables were present.

Two studies collected some of the same demographic information that was collected in the present study: Cokley (2005) and Payne and Hamdi (2009). Those two studies had a similar age group to the present study, but the age of the men in those studies did not exceed 40, whereas there were men over 40 in the present study. Cokley and Payne and Hamdi asked about previous experience with mental health counseling; that was not one of the demographic questions in the present study. This study, in fact, collected more demographic information about the African American men who par-

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ticipated than any other study researched, giving a better understanding of the backgrounds of the men who volunteered to be in the study, thus giving practitioners thorough information about the participants.

The first research question asked, what factors contribute to or diminish the likelihood of heterosexual African American males over the age of 18 with to seek psychotherapy? It was expected that emotional expressivity and willingness to seek help were positively related, while stigma and cultural mistrust were negatively related.

The findings showed that males with less education were more likely to seek mental health counseling than males who had some college experience. Additionally, those males who had family members who sought counseling were less likely to seek help for themselves. This finding was unexpected as it would be assumed that if others in the participant's family had sought counseling before, then the fear of counseling would have been erased. It was also surprising to see that less educated individuals were more likely to seek counseling than well-educated ones were. This finding is not supported in the literature as several studies have suggested that the more educated an African American man was, the more likely he was to seek counseling (Williams & Justice, 210). Perhaps it is because this present study included more demographic detail, it may be that education is just one factor involved in addressing the issue of whether African American men will seek mental health counseling if needed.

The second research question asked, is there a relationship between Willingness to Seek Help and Attitude Towards Seeking Professional Psychological? It was expected that they were positively related to each other. The WSHQ was positively correlated with the ATSPPH. This finding showed that African American males are willing to seek help from other sources like family members and may be willing to seek professional help. The acceptance of help is based on three elements: first, their recognition of the need for outside assistance; second, readiness for self-disclosure; and third, willingness to relinquish at least some degree of control to an expert helper. Harper et al. (2009) had similar findings and suggested that counselors can be effective when working with Black males when they work as change agents. The change agent focuses on counseling the client as well as changing organizations, systems, and people who influence the African American male.

The third research questioned asked, is there a relationship between Emotional Expressivity and Attitude Towards Seeking Professional Psychological Help? The findings showed that the EES was also positively correlated with

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the ATSPPH. That finding suggested that males who have more positive emotions were more open to seeking mental health counseling. Moreover, Obasi et al. (2009) findings support the belief that when African American men have a positive attitude about therapy in general, they are more likely to think about seeking treatment for themselves. What the findings show for Research Question 3 is that when African American men have a more positive perspective on expressing their emotions, they are more likely to open themselves up to counseling. As shown in the findings of this study, more than half of the sample had a family member who had sought therapy (55.8%), and over 50% of the sample had been raised in a two-parent household. The positive attitude of family members toward counseling may make African American men more likely to accept counseling for themselves.

The fourth research questioned asked, is there a relationship between Social Stigma and Attitude Towards Seeking Psychological Help? The findings showed that the SSRPH was negatively correlated with the ATSPPH. This suggested that males were not as willing to admit that they had any psychological problems that needed to be addressed. The findings also suggest that African American men had less positive attitudes toward counseling when they perceived that there was a social stigma attached to seeking counseling. This finding is not surprising in light of Critical Race Theory, which details how African American men were not treated as human beings, but as animals during much of their history in the United States. The racial bigotry faced by African American men often made them hide their emotions and avoid showing any real weaknesses. Miranda et al. (2005) said even when African American men have fallen into deep depression, they find other ways to cope, rather than admit they are depressed and appear weak.

The fifth research questioned asked, is there a relationship between the Cultural Mistrust and Attitude Toward Seeking Psychological Help. The findings showed that the CMI was negatively correlated with the ATSPPH. This finding suggests that as individuals reported being more culturally mistrustful they also have less positive attitudes toward seeking mental help.

Most of the findings in this study have been supported in previous research. Historically, African American males have looked to their churches for emotional support since the days of slavery. Johnson et al. (2005) stated that African Americans have traditionally used spirituality as means of expression, meaning, refuge, and catharsis. Spirituality also provides a method for understanding and prevailing over racial and financial barriers. The "Black Church" has been utilized as an outlet for African Americans, a place

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that they could utilize to meet their emotional, material, psychological, social and spiritual needs (Barbarian, 1983; Taylor & Chatters, 1988). While the present study did not ask if African American men in the study preferred to go to the church for help, demographic information about the sample's religious denomination was collected. Most of the participants self-reported that they were religious; thus, it is possible that for the African American men in this study, church may be a viable option to seeking psychological counseling with a stranger.

Additionally, the therapeutic relationship is difficult for African American males because as Sue and Sue (2003) stated, the therapeutic relationship sometimes represents a portion of the client's societal world; any thoughts and feelings that an African American client may have toward European Americans in a general context, positive, negative, or neutral, may influence the therapeutic relationship. Thus, African American men may perceive that a European American counselor may not be able to help an African American male because a European American counselor has not experienced racism in his or her life.

Limitations

The first limitation is that all the instruments used in this study were self-report instruments. It is quite possible that African American males may not have reported their true feeling on the responses. Another limitation of the study is the education level of the sample. In particular, there were only two individuals with less than some college education and most of the sample were college graduates and almost half attended graduate school. These levels of education are higher than the medium level of African American males in the United States and may mean that men who are not likely to respond to this survey would also be less likely to seek professional care. More educated men in the study were less likely to seek treatment than men with less education. It may be that some well-educated African American males have created an image of themselves as highly successful people. To admit that they may have problems that need to be addressed by psychological help would destroy the image they have created for themselves.

Recommendations for Further Study

More studies should be conducted on African American males about what their feelings are in regard to seeking mental health treatment. A quantitative study can only suggest areas that may be barriers to the seeking of

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mental health services for African American males. There is a need to do a qualitative research study with African American males in which they are given an opportunity to tell their lived experiences as African American males and in which they can name the barriers they perceive that prevent them from seeking mental health services. Qualitative investigation of the problem is necessary so that in their own voices African American men can explain why they might be reluctant to seek mental health services.

Another important study would be if researchers followed a small number of African American men who had European American counselors through their therapy sessions and then interviewed these men about what the experience had been like for them. Researchers would want to determine what their attitudes about therapy were before they started therapy and if those attitudes had changed about therapy.

Additionally, it might be interesting to have a qualitative study in which African American men are asked about whether they prefer to seek help from their church's minister rather than looking for a therapist. Such a study would enable African American men to voice why they are reluctant to seek mental health counseling and give them a chance to elaborate on where they would prefer to seek help. Such information would be important for counselors in knowing how to reach out to this particular segment of the population. It would be important to conduct a larger scale quantitative study in various settings where an equal number of uneducated and well-educated African American men can be found. Perhaps the use of college students in their senior year could be used as the base for the well-educated participant, and undereducated African American males could be sought at vocational schools, community centers, and churches. An equal sample for educated and undereducated would clear up the confusion that still exists over whether educated men are more likely seek help or not. Although other factors may be involved, such a study would at least eliminate the factor of whether education is a predictor of African American men seeking mental health counseling.

Recommendations for Practice

The findings show that there is still much work that has to be done to erase the many years of racial prejudice faced by African American males in our society. Because of the deep-seated feelings of resentment against the way in which American society has treated African American men, they have developed self-images that will not allow them to be seen as emotional or in

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need of help (Sanders et al., 2004). What was learned from this study is that African American males face several obstacles to seeking mental health. As CRT has suggested, the psychological trauma experienced by African Americans since the time of slavery suggests that African Americans do not trust European Americans, and that distrust might be responsible for some African American men refusing to seek mental health counseling. As we learned through this study the Black church plays a significant role in the African American community's life. The church can also be used as an outlet to teach this community about mental health. It is also important that the counselor address this issue with his or her African American client, and decide if it would be more helpful for the client to be referred to a counselor of the same race. Having an open dialogue between counselor and client about race might be an effective way of bridging that difference or it may help the original counselor refer the client to counselor of the same race.

Seidler et al. (2018) provide a comprehensive summary of recommendations for how to engage men in psychological treatment based on review of articles published between 2000 and 2017. Mental health therapists should encourage their African American men to talk about their problems as objectively as they can since one of the factors inhibiting African American men from seeking counseling is that they do not like to express their emotions because such discussions may be perceived as being less manly. Additionally, African American men do not like to admit that they have any psychological problems because there is bravado or coolness in the male African American community that creates an identity of invulnerability. This bravado is largely an outgrowth of years of being treated as less of a man than males of other races, particularly White males. The history of the oppression of African American males has left these men with the need to create an image of their manhood as one that is strong and able to meet all challenges. As suggested by CRT, African American men have to present an image of being strong and emotionally detached because of the years they were dehumanized during slavery and the years of racial prejudice that occurred even after slavery ended. The psychological damage done by their experiences with racism means that African American men may enter counseling reluctantly, and this potential reluctance may require that a therapist address racial issues before beginning the primary therapy process.

Additionally, future mental health counselors should be trained in cultural differences among the racial groups so that practitioners will have the

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correct skill set needed to deal with any racial group. The most important job of the therapist is to be able to understand the problem from the client's viewpoint so that the therapist can help the client determine what changes he or she must make. A course in multicultural viewpoints would prepare all new therapists for dealing with clients outside their own race and culture ("Racial Discrimination Threatens Mental Health," 2009).

Additionally, the fact that mental health treatment is stigmatized in American society cannot be overlooked. People who seek help, regardless of their race, are thought to be mentally unstable, and people may often compound a person's problems by making that individual believe they are the only one who has problems. It is important that people be well-educated on mental illness so that stigma can be erased, and people can seek the help they need.

Conclusion

Although mental health services and providers are available to society to provide mental health treatment, there are many variables that are considered when someone is deciding to seek help. For each of the individual variables of emotional expressivity, willingness to seek help, perceiving seeking psychological help as having a social stigma, and cultural mistrust were related to attitude toward seeking professional help, but not always in the way expected. For example, even participants who had family members who sought counseling did not necessarily mean that they, too, would be open to seeking counseling. Instead, emotional expressivity and willingness to seek help showed medium and large positive associations, respectively, to attitudes toward seeking professional help while social stigma and cultural mistrust showed small to medium negative associations, respectively, to attitudes (Cohen, 1992). Thus, the results suggest that, while each of the variables individually are related to attitudes in some ways, the effects of emotional expressivity and cultural mistrust may not be predictive when willingness to seek help and social stigma are considered.

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