"You Good, Bruh?": An Exploration of Socially Constructed Barriers to Counseling for Millennial Black Men

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In recent years, there has been a significant increase in the prevalence of mental illness among millennials. However, there is still a significantly lower rate of millennial Black men engaging in mental health counseling compared to other marginalized groups. The lack of engagement of Black men in mental health counseling has become an increasingly popular topic in scholarly literature, yet the research is still limited. This critical phenomenological study explored the influence of social constructs on millennial Black men's decisions about seeking counseling using a multidimensional theoretical framework combining critical race theory, Black critical theory, and Black masculinity. Sixteen participants who identified as millennial Black men who reported an interest in seeking counseling were interviewed. Results indicated three themes: Black masculine fragility, racial distrust, and invisibility. Implications and future research recommendations are provided for counselors and counselor educators to improve advocacy efforts to engage and retain more millennial Black men in counseling.

Keywords: **Black men, millennial, mental health counseling, Black masculinity, phenomenological**

On October 4, 2016, Kid Cudi, a Black male rapper, tweeted he was being hospitalized for depression and suicidal thoughts, which led to an influx of social media dialogue about the mental health of Black men and the Twitter hashtag #YouGoodMan (Francis, 2018, 2021). The hashtag provided space for Black men to tell their stories and struggles with mental health and provide each other with support. One user stated, "Kid Cudi's situation resonates with me because I've admitted myself into rehab before because of depression and suicidal ideation" (Francis, 2021, p. 450). Other users discussed their experiences with counseling and medication; another user stated, "I've been getting help for over a year for shit that I couldn't tackle alone. Best decision I ever made" (Francis, 2021, p. 450). The incident received media attention because Black men rarely openly discuss their struggles with mental health. The hashtag influenced the title of this article, which I revised to a more common colloquialism among Black men. For this article, Black will be used to address Black Americans or those of African descent who were born and/or raised in the United States.

Cudi, who was 32 at the time of his tweet, is considered a millennial, a generation that has endured a recent rise in mental illness (Hoffower & Akhtar, 2020). Millennial is a socially constructed label for people born from 1981–1996 (Dimock, 2019). The prevalence of mental illness in this generation has led to an increase in awareness and mental health advocacy among them, which in turn has increased counseling engagement (Hoffower & Akhtar, 2020). However, Black millennials utilize mental health services at lower rates compared to other races, and this is especially true for millennial Black men (MBM; Kim, 2018; White-Cummings, 2017). Although the stigma continues to be addressed more with this generation, Black men are still reluctant to express their mental health struggles and seek counseling; yet the literature concerning MBM and mental health remains scarce. In a generation that is working to normalize mental health treatment, this raises concerns about the barriers MBM face

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when considering or seeking counseling (Kim, 2018; White-Cummings, 2017). Although many social structures have been identified as barriers to treatment seeking such as stigma, race, and masculine norms, scholars have called for specific attention to masculinity and racism (Cofield, 2023, 2024). The purpose of this critical phenomenological study is to explore the influence of social constructs on MBM's decisions about seeking counseling.

Black Men and Counseling

Black people continue to suffer because of the anti-Black systems driving this country (American Counseling Association [ACA], 2021). Anti-Black, often used synonymously with anti-Black racism, refers to a broader antagonistic relationship between Blackness and humanity that questions the humanity of Black people and influences racial violence against them (Dumas & ross, 2016). The paradox of anti-Blackness is it can be a barrier to counseling while also being a contributing factor to mental illness in the Black community. Sellers et al. (2009) and Hoggard et al. (2019) found that racial discrimination significantly impacted the mental and physical health of Black men with no regard for factors such as age, education, and income.

Compared to White men, Black women, and men of other races, Black men utilize counseling at significantly lower rates (DeAngelis, 2021; Shannon, 2023). Black men also have a significantly higher prevalence of mental illnesses such as depression and anxiety when compared to others (Cofield, 2023). Only 26.4% of Black men with depression and anxiety seek counseling compared to 45.4% of White men (DeAngelis, 2021). Additionally, suicidal death rates among Black men are four times higher than Black women, and they are increasing at significant rates (Centers for Disease Control and Prevention [CDC], 2021; National Institute of Mental Health, 2023; Tate, 2023). In 2019, more than half of reported suicides in the United States were Black men with the majority being millennials between 25–34 years old (CDC, 2021). These numbers do not consider the many non-fatal suicide attempts not reported and show a need for more attention to these concerns, as scholars have acknowledged for over 30 years (Cadaret & Speight, 2018; Coleman-Kirumba et al., 2022; Francis, 2018, 2021; Hoggard et al., 2019; Shannon, 2023; Toler Woodward et al., 2011; Ward & Besson, 2013).

The current political climate and significant rise in publicized killings of Black men would lead one to believe Black men are in greater need of counseling; however, there is no current indication of increased utilization (Cofield, 2023). Toler Woodward et al. (2011) investigated the utilization of mental health services among Black men through a quantitative analysis of trends in the use of professional and informal supports. The authors used four categories to describe mental health help-seeking behaviors among the sampled participants: professional services only (14%), informal supports only (24%), both professional and informal supports (33%), and no help (29%). However, the authors failed to provide a clear understanding of how they were defining informal supports, with the assumption being this would entail seeking support among family, peers, and non-professional resources. Additionally, the authors noted no determination of whether those who used both forms of support did so concurrently or on separate occasions and no clarification on whether those who used only one support, or none, were having their mental health needs met. Findings suggest the importance of both professional and informal support for Black men with psychiatric disorders and confirm the lack of professional support utilization. The authors also described the need for more exploration of how racism and masculinity impact help seeking both separately and together (Toler Woodward et al., 2011).

Cadaret and Speight (2018) found that stigma was a social barrier to counseling for Black men. The authors labeled the study a gateway into understanding help-seeking attitudes while also calling

for future studies to specifically address racism and masculinity as barriers to counseling. Their findings were later supported by Shannon (2023) in a study exploring the impact of stigma on Black men seeking counseling, with results also supporting previous findings from Coleman-Kirumba et al. (2022). Coleman-Kirumba et al. also found masculinity, specifically Black masculinity, influenced stigma and the socialized thinking that seeking help makes Black men weak.

The limited scholarship on the lack of counseling engagement by Black men provides evidence of a gap in current literature. This study was conducted to fill that gap and to advocate for the silent struggles of Black men while allowing their stories to help improve treatment outcomes, available resources, and treatment engagement. Though many factors have been identified, race and masculinity are two that have remained consistent (Cadaret & Speight, 2018; Cofield, 2024; Coleman-Kirumba et al., 2022; Shannon, 2023; Toler Woodward et al., 2011). A common implication in the previously discussed studies is the impact of race and masculinity and the need to further explore how these social constructs act as barriers to counseling. This study aimed to achieve that by focusing specifically on racism and masculinity as potential barriers and learning more about how these and other social constructs continue to impact and influence help-seeking behaviors among MBM. Hence this study's framework integrated Black masculinity, critical race theory (CRT), and Black critical theory (BlackCrit), which each offer key insights into the relationship between race, masculinity, and mental health.

Theoretical Framework

Black Masculinity

Black masculinity critiques traditional masculinity rooted in Whiteness with traits like aggression, emotional suppression, homophobia, and family patriarchy (Ferber, 2007; hooks, 2004). Images of Black men are influenced by comparisons to White men, forcing unrealistic expectations on them and leading to harmful stereotypes (Smiley & Fakunle, 2016). Society's masculine norms dictate how Black men handle emotions (Cofield, 2023). These norms often cause Black men to internalize self-hate and conform to an image created to demonize them (Akbar, 2016), which can lead to undiagnosed mental health issues. A key concept of Black masculinity guiding this study is the expectation for Black men to be tough and hide their vulnerability, which can impact their decisions to seek counseling.

Critical Race Theory

CRT highlights the permanence of racism in societal structures and its intersection with other identities, such as gender, sexual orientation, and class, all of which can impact mental health and the likelihood of seeking counseling (Bell, 1995; Crenshaw, 2015). This study is also guided by the tenet of counter-storytelling, which empowers minoritized races to share their lived experiences of racism. However, CRT has been critiqued for underrepresenting the Black experience, leading to the development of BlackCrit (Dumas & ross, 2016).

BlackCrit

BlackCrit extends CRT by centering the Black experience and addressing anti-Blackness (Dumas & ross, 2016). It also addresses the tension between Blackness and neo-liberal multiculturalism, which denies that racism still exists. By focusing on how Black men internalize trauma, BlackCrit connects to the emotional and psychological impacts addressed in both Black masculinity and CRT (Cofield, 2023). Together, they highlight how societal norms around race and masculinity shape Black men's mental health and inform their decisions to seek counseling.

Methodology

The following research questions guided the methods of this study: 1) What are the socially constructed barriers to counseling for millennial Black men? and 2) How do anti-Black racism and Black masculinity influence millennial Black men's decisions to seek counseling? I used a qualitative approach to explore how social constructs like race and masculinity influence MBM's decisions to seek counseling.

Engaging critical theories with phenomenology, I used a critical phenomenological approach (Guenther, 2020). Critical phenomenology is an extension of phenomenology that reflects the "quasi-transcendental social structures that make our experience of the world possible and meaningful" and seeks to "generate new and liberatory possibilities for meaningful experience and existence" (Guenther, 2020, p. 15). At its foundation, traditional phenomenology fails to consider the historical and social structures that shape the lived experiences of the participants in both empirical and quasi-transcendental ways (Guenther, 2020; Moustakas, 1994). Transcendental structures are ideas or constructs that remain constant and consistent and are meant to help understand the true nature of how the world is experienced, uninfluenced by human assumptions, prejudices, or scientific theories (Davis, 2020). Social constructs such as racism and masculinity are quasi-transcendental structures because they are not constantly operating in consistent ways across all contexts and may be experienced differently among participants. Critical phenomenology is both philosophical and political. It does not seek just to identify a problem, but "it is also a creative, generative practice of experimenting with ways of addressing what is wrong without assuming that it can simply be made 'right,' but still aspiring to make it less wrong, less harmful, less oppressive" (Guenther, 2021, p. 8). I used this approach to develop a detailed understanding of the participants' experiences and how they interpret them while critically questioning societal structures that create and support these experiences (Guenther, 2020).

Positionality

As an MBM who has grappled with depression most of my life, the signs were evident, yet my limited understanding of mental health led to a silent struggle that I endured for years. The recognition of my own depression was a pivotal moment, but the fear of appearing vulnerable and weak initially discouraged me from seeking counseling. I eventually realized the difficulties of coping on my own and began counseling. This journey of healing proved to be a decision I never regretted. Also, as a Black man and counselor, I have witnessed the troubling lack of advocacy focused on engaging more Black men in counseling. This issue is personal to me, as I feel a calling to support and uplift other Black men struggling with mental illness through my unwavering commitment to research and advocacy.

Participants

Eligible participants needed to self-identify as MBM who have considered seeking counseling, including those who had never sought treatment. Participants needed to be 25–40 years old, following the age range of millennials at the time of the study (Dimock, 2019). Eligibility was determined through a pre-screening of demographic questions and questions regarding both interest in and experience with counseling, if applicable. These queries did not ask how many sessions the participants attended, if any. Participants also needed to identify as cisgender. Sexual orientation was not a factor in determining participant eligibility. The final sample consisted of 16 MBM with an age range of 29–34 years old located in multiple states in the United States, but most were in the Southeast (n = 9). All participants were college educated with some diversity in marital status (n = 11 single; n = 5 married) and sexual orientation (n = 12 heterosexual; n = 3 bisexual; n = 1 homosexual; n = 1 no label). Pre-screening responses indicated those who had been to counseling (n = 12) and those

who had not (n = 4). Those who had engaged in counseling reported their experiences were positive (n = 8), negative (n = 2), or neutral (n = 2). Participant demographics are detailed in Table 1.

Table 1

Participant Demographics

Pseudonym	Age	State	Sexual Orientation	Marital Status	Been to Counseling?	Experience
Jai	33	CA	No Label	Single	Yes	Positive
Dro	31	FL	Heterosexual	Married	Yes (couples only)	Negative
Jamal	31	SC	Heterosexual	Single	Yes	Positive
Andre	34	MD	Heterosexual	Married	Yes	Positive
TJ	31	SC	Heterosexual	Married	No	N/A
Malik	29	NC	Heterosexual	Single	Yes	Positive
Micah	30	CO	Heterosexual	Single	Yes	Positive
Ali	33	PA	Heterosexual	Single	Yes	Negative
Hakeem	31	SC	Homosexual	Single	Yes	Positive
Jarrell	32	TX	Heterosexual	Single	Yes	Neutral
Tariq	30	MD	Heterosexual	Single	No	N/A
Dejerrio	32	NC	Heterosexual	Single	No	N/A
Jamarcus	33	NC	Bisexual	Single	No	N/A
Travis	32	TN	Bisexual	Married	Yes	Positive
Craig	33	MD	Bisexual	Single	Yes	Positive
Khalil	32	NC	Heterosexual	Married	Yes	Neutral

Recruitment and Data Collection

After obtaining IRB approval, I used purposeful sampling for recruitment via a flyer posted by myself, colleagues, peers, and their followers who shared it on social media and in social media groups

(Hays & Singh, 2012). I also used snowball sampling by reaching out to recommended participants identified by eligible participants, colleagues, or peers (Hays & Singh, 2012). Flyers included a link to informed consent and pre-screening questions. Unexpectedly, 40 eligible participants completed the screening. After ensuring eligibility, I again used purposeful sampling to select a diverse sample of 20, ensuring the inclusion of MBM who had gone to counseling and those who had not, as well as those who reported positive, neutral, and negative experiences. Email correspondence was used to schedule Zoom interviews and provide participants with potential interview questions to help prepare well-thought-out responses once they scheduled interview times. Follow-up emails were also sent out after a week if they had not responded. I did not receive any response from four of those chosen for the sample, which led to a final sample of 16 participants. I conducted semi-structured interviews, hoping that my being a Black man would provide a comfortable and safe space for participants. Interviews lasted between 45–75 minutes. Participants were asked questions regarding their beliefs toward mental health and counseling, issues they believe prevent Black men from seeking counseling, their experiences with counseling (if applicable), and how race and masculinity have impacted their beliefs about mental health and counseling. The questions were guided by the multidimensional framework and critical phenomenology. Influenced by critical phenomenology, I developed questions to illicit responses oriented "towards creative, reparative action, beyond the clarification and diagnosis of problems" (Guenther, 2021, p. 9). For this study, that meant questions that allowed participants to provide their own interpretation of race, masculinity, and what it means to be a Black man, as well as how power and history have shaped their experiences with mental health and decisions to seek counseling (Guenther, 2021). Some examples of interview questions were:

1. What does it mean to you to live life as a Black man?
2. How would you define "masculinity"?
3. In what ways does your answer change, if any, when I say "Black masculinity"?
4. How does society view Black masculinity?
5. What would you describe as Black masculinity norms/stereotypes?
6. Have you ever been to counseling?
7. What factors influenced your decision to go or not go to counseling?
8. How would you describe your experience with counseling, if you have been?
9. What are your perceptions of the difference between counseling-seeking behaviors of Black and White men?
10. How have Black masculine norms influenced, if they have, your decision to seek counseling?
11. What advice would you give to Black men facing mental health challenges?
    a. Would you recommend counseling to another Black man? Why or why not?
    b. What do you believe can be done to encourage more Black men to go to counseling?

Trustworthiness

I used multiple strategies to ensure trustworthiness and limit the effects of researcher bias. These strategies included bracketing, reflexive journals, member checking, thick descriptions, and external auditors to ensure credibility, dependability, confirmability, and transferability (Hays & Singh, 2012). Taking a critical phenomenological approach to bracketing meant suspending hegemonic norms and acknowledging my own biases and experiences with the topic to be open to different views,

interpretations, and experiences while remaining mindful of how White supremacy and other forms of systemic oppression shape(d) the lived experiences of myself and the participants (Guenther, 2021). I used reflexive writing by keeping a journal to reflect on any biases that came up throughout data collection and analysis. I also had weekly meetings to reflect and debrief with a counselor educator with experience and knowledge in social justice–related research in counseling. This study was also reviewed by a committee of three counselor educators and a qualitative researcher in education as external auditors. I completed member checking by having participants review their interview transcripts for accuracy. Additionally, the significance of counter-storytelling as part of the theoretical framework and aligning with the critical phenomenological approach of this study meant centralizing the voices of the participants with the inclusion of multiple direct quotes to support the results of the study.

Data Analysis

After interviews were completed and transcribed, transcripts were edited for accuracy and anonymity. Participants were assigned pseudonyms, though some chose their own during the interview process. Once transcripts were reviewed and edited, member checking was attempted, and participants were emailed their transcript to ensure accuracy. Some responded confirming approval while others did not. After allowing participants a week to respond, I began analyzing the transcripts. The week also gave me time to step away from the research and return with a refreshed mindset to avoid burnout and bias.

I analyzed the data using a similar modification of Moustakas's (1994) phenomenological analysis by Eddles-Hirsch (2015) through the lens of CRT, BlackCrit, and Black masculinity. Initial analysis began while editing transcripts and journaling. Next, I analyzed each transcript while listening to the interviews, becoming more familiar with each participant's story (Eddles-Hirsch, 2015). I completed two additional rounds of analyzing transcripts, without audio, highlighting significant statements relevant to the research questions and theoretical framework. While reviewing transcripts, I also referred to journal entries written after each interview. During the third round of analysis, the highlighted statements were recorded in a separate document. Moustakas (1994) referred to this process as horizontalization and the statements as horizons. After reviewing the list of horizons to ensure there were no repetitive, overlapping, or unrelated statements, I began grouping them based on categories developed from my review of the transcripts. This grouping process was specific to each transcript and resulted in different group labels for each participant. I then compared groups across transcripts, forming clusters of statements and modifying labels as I noticed trends and connections. This process led to what I felt was data saturation and a representation of the participants' responses, which resulted in three themes and additional subthemes.

Findings

An analysis of interview transcripts resulted in the following three themes among all participants ($N = 16$): Black masculine fragility, racial distrust, and invisibility. All themes applied to both research questions, though some subthemes did not. Each theme and subtheme is described and supported with participant quotes.

Black Masculine Fragility

Black masculine fragility is Black men's discomfort, defensiveness, and avoidance of anything contradictory to perceptions of Black masculinity. It refers to Black men and their need to avoid feelings and emotions that threaten their masculinity and the sociocultural pressure placed on them to maintain the image. All participants reported socialized perceptions of Black masculinity when

referring to reasons for not seeking treatment. The expectation that Black men are supposed to be hypermasculine, emotionless, hypersexual, heterosexual, cisgender, dangerous, providers, and protectors was fluently expressed in all participant interviews. Each participant's explanation of life as a Black man included potential reasons MBM do not seek counseling. The following subthemes and participant quotes supported this theme.

Socialization

Socialization (N = 16) refers to social influences on the behaviors, perceptions, values, and attitudes of Black men and their masculinity. Acknowledging masculinity as a social construct, Jai stated that it is "based upon how [society] thinks boys and men should move in, exist in, and speak within the world." Dejerrio described the nuances of Black masculinity, stating, "You gotta have the threat of danger around you for Black masculinity. Even if you not that dangerous." Also, in maintaining their masculinity, Black men must be hard workers that provide for and protect those they care about. Dro stated, "My idea of a [Black] man is somebody who's able to protect and provide. Unfortunately . . . you're not allowed to have feelings. 'How dare you!'" Black men are conditioned to believe that no matter what they go through, the answer is always to grind harder.

Ali noted femininity, a threat to masculinity, must be avoided at all costs:

> You show anything that's not hyper strong, hyper tough, hyper emotionless, then you're not a man. That's feminine. . . . When Black men tend to exude things society has deemed to be feminine or Black women deem to be feminine, you really get talked about to the point where you get shamed for doing it. He can't ask for help. His struggles must be kept secret . . . [if] you complimented me, you gay!

TJ felt that masculinity had no place in counseling, stating, "I got to cut it off to go to therapy, but as soon as I leave therapy, I gotta cut it back on." Comments like TJ's shed light on MBM's internal struggles between maintaining their masculinity and seeking help. The struggles often lead to minimizing the need for counseling, as noted by Jarrell, who after attending two sessions felt he should shoulder the burden of his own mental health because he felt there were people who needed it more than him. He provides an example of Black men glorifying the act of sacrificing their emotional well-being for others' needs. Being socialized to think this way makes counseling seem like a foreign concept that some are not equipped to handle. Participants credited their childhoods and families for this way of thinking.

Media Influence

Media influence (n = 15) refers to the impact of media on images of how Black men should be, the lack of portrayals of Black men in counseling, and the portrayal of them not taking it seriously when they do go. Dejerrio and Jai provided examples of TV shows from their childhood that normalized White men in counseling such as *Frazier*. Dejerrio stated, "The only therapy with a Black man I can think of in a movie was *Bad Boys* when he went to a therapist and he ends up [having sex with] her." Jai discussed comical portrayals from TV shows like *Fresh Prince of Bel Air*, stating, "They went to therapy, well couples therapy . . . they started hitting each other with the balls and bats and they got into it with other people. People actually think, 'Oh this is what therapy is, it causes more drama.'" Media portrayals can also lead to distrusting counselors. Jamarcus stated, "I would be cool to talk to you if I don't feel like you'd be writing a blog about it. . . . I see y'all on movies and y'all be crazy. Or exploiting the person." The media can lead to inaccurate perceptions that counselors cannot be trusted and that counseling has no benefit to Black men.

Racial Distrust

Racial distrust refers to MBM's refusal to see White counselors. This theme is characterized by the racial differences and lack of cultural connections in counseling and was present in all participant interviews. Jai stated, "I will not, I cannot, and I do not go to any White therapists." Participants expressed concerns about White counselors not being able to understand their culture and experiences. Jamal stated, "The first person that I worked with was White, so I was like nah, I might just wipe off all White therapists and say they ain't for me." Similarly, Ali discussed his experience with a White counselor:

> The environment was just not an environment that I felt was for culturally relevant healing. It was a space that I wasn't used to. I was in this man's home. I'm walking in and I'm like "bruh, I don't even think you know how people like me grew up. . . . I'm trusting what you say comes from a place of understanding and not from 'well my book told me this and I'm going to reiterate that.' I'm Black, I'm probably not covered well in your book anyway." I came there open, but it was just reminders to stay in your place boy, "I'm big, you're small. I'm right, you're wrong. White is right, and Black is wack."

Ali's and Jamal's experiences point out the perceived lack of cultural competence for counseling Black men and the minimal consideration, if any, of Black people in theoretical approaches found in textbooks. Their experiences also show the impact that just one negative experience can have on discouraging MBM from continuing counseling, which Ali still has yet to do.

Invisibility

Invisibility refers to the lack of accessibility of Black counselors, lack of knowledge about counseling, and lack of positive testimonies. The following subthemes and participant quotes illustrate this theme.

Lack of Visible Black Counselors

Lack of visible Black counselors ($n = 9$) refers to MBM not knowing about Black counselors in their communities. Those who spoke about this barrier discussed how discouraging it was not seeing local Black counselors. Hakeem spoke of the impact on the image of counseling: "When I think therapy or when I think psychologist or counselor or shrink, I think of a little old White man or White lady, and I think of a couch." Those who thought Black counselors should be more visible felt there was not enough promotion. Jamal stated, "If I'm a person living in a town and the only therapists that I've heard of or saw ads for are White and I'm Black, that's probably going to dissuade me from seeking therapy." These statements support the need for more Black counselors in the mental health profession.

Many discussed the lack of access to counseling in Black communities. TJ discussed counseling being more accessible and acceptable for White men and the likelihood that seeking help would result in seeing a White counselor. Micah stated, "Most of the people of color that I have come to learn about are booked full of the few Black or people of color that already exists here." Micah identified how location can make it harder to find Black counselors, particularly in areas with a smaller Black population. Hakeem also discussed accessibility to mental health medication when discussing his experience with seeking antidepressants from White doctors, stating, "I have to essentially prove myself and audition for this shit . . . and it is simply because of how Black men are treated in health care." He acknowledged the racism impacting accessibility to other forms of mental health treatment.

Lack of Positive Testimonies

The subtheme lack of positive testimonies (n = 14) refers to the need for more MBM to share positive counseling experiences. Participants believed some MBM avoid counseling because they do not know of any Black men who have benefited from it. This subtheme is characterized by the impact of positive testimonies and how some MBM do not feel comfortable sharing their experiences. Hearing about positive experiences of Black men in counseling was influential for some participants who struggled with deciding to seek counseling. Regarding positive testimonies from his friends, Jamal stated, "Had they not had those discussions with me, I don't know that I would have decided to go." While Jamarcus, who has never had counseling, acknowledged the benefit of positive testimonies, the negative experiences were more significant to him. He discussed the people he knew who had gone to counseling, stating, "The majority of them, of course it helps, but I feel like there's still a large portion as well that would say 'I didn't get what I really wanted from therapy.'" Still, Jamarcus's experiences do not negate the need for more positive testimonies to outweigh the negative ones.

There are other factors that might dissuade MBM from sharing positive stories about counseling. Ali credited stigma as a deterrent to sharing, stating, "If they do, they don't talk about it because of the stigma that exists. . . . 'I would rather do this in quiet than you to make me feel bad or me to have to defend it.'" These statements identify another internal struggle for MBM when it comes to the stigma associated with counseling.

Lack of Clear Knowledge and Understanding

Lack of clear knowledge and understanding (n = 15) refers to misconceptions MBM have about counseling. Many had the wrong idea about counseling or lacked knowledge of how to seek it. Malik stated, "The reason why [they] don't go is, 1) people gonna think you crazy, 2) they think it's expensive, and 3) they don't know how to find one or what they should look for." This subtheme is characterized by counseling myths and the process of getting started.

The inaccurate belief that counseling is only for severe situations was common among those who had not gone. Tariq stated, "I think most of the things that I've dealt with mentally and emotionally had been akin to colds and stuff like that, things I wouldn't go see a doctor for." The misunderstanding of why to seek counseling is one influenced by masculinity when it comes down to MBM feeling they must admit to things being bad or more severe than "a cold." Still, there are other misunderstandings about counseling that also act as barriers.

Almost every participant who had never been to counseling stated it was too expensive. They were unaware that most health insurance plans cover counseling. Dejerrio stated, "There should be more information readily available, and the current insurance system doesn't help anything because it's so confusing." Beyond the lack of understanding of insurance policies, participants highlighted the confusion that comes with finding a counselor. Tariq stated, "Not really understanding the resources plays into it. . . . I think I'm still a little bit less clear about how to secure something like that. . . . it's not as clear to me where to go for therapy." Tariq, Dejerrio, and other participants who did not understand the process of getting started with counseling were given a thorough explanation with suggestions and resources to assist them.

Discussion

The following research questions guided this study: 1) What are the socially constructed barriers to counseling for millennial Black men? and 2) How do anti-Black racism and Black masculinity influence millennial Black men's decisions to seek counseling? The three themes derived from participant responses provided answers to both research questions. Additionally, the themes and subthemes are all consistent with the tenets and principles of the theoretical frameworks. In response to the first research question, the three themes provide specific insight about the perceived barriers. Black masculine fragility details how the social construction of race and masculinity influences the behaviors, perceptions, values, and attitudes of MBM and discourages them from seeking help. Racial distrust is a result of socially constructed racial identities that lead to cross-racial trust issues for MBM when deciding if they will seek counseling. Lastly, knowledge is a social construct, and the counseling profession can also be shaped by social norms and cultural values, which makes the invisibility of Black counselors, MBM who engage in counseling, and information about counseling results of social construction.

In response to the second research question, all three themes provided insight. The results of this study suggest MBM are socialized based on their race and gender, which impacts their views on help seeking. Because of anti-Black racism, MBM find it hard to trust White counselors, which creates a barrier to treatment when the common belief is that counseling is for and provided by White people. Systems of anti-Black racism impact the visibility of Black counselors, and Black masculinity discourages MBM from sharing positive counseling testimonies. Only race was evident in the lack of clear knowledge and understanding subtheme. The themes provide evidence to conclude that anti-Black racism and Black masculinity are barriers to counseling for MBM, discouraging them from seeking treatment.

The theme Black masculine fragility aligned with CRT, BlackCrit, and Black masculinity, and participants' definitions of Black masculinity accurately aligned with the literature (Ferber, 2007; hooks, 2004). Black masculinity establishes norms for dealing with emotions; specifically, how Black men should not express emotions, thus leading to not acknowledging their mental health concerns and seeking counseling. Participants who had never been to counseling discussed not wanting to show emotions and be perceived as feminine, gay, or weak. Though not all participants agreed with this idea, they acknowledged that it was common among MBM. Dumas and ross (2016) spoke of the significance of anti-Blackness questioning the humanity of Black people. Black masculine fragility illustrates the internalized disregard of their humanity—it is anti-Black for Black men to believe their emotions do not matter, and they are only as good as the work they do to provide and protect.

Racial distrust refers to the lack of trust and comfort MBM have with engaging in counseling from White counselors and their refusal to do so. Racism plays a significant role in this lack of trust because of the historical violence against Black people. Some participants mentioned racial trauma being both a reason MBM might seek counseling as well as a barrier. Historical racism and oppression have understandably had a significant impact on the mental health of Black men (Hoggard et al., 2019; Sellars et al., 2009). Finding a safe space to process the trauma of navigating a racist society and witnessing public racial violence may seem impossible to many MBM who feel they would have no choice but to see a White counselor. The counseling profession is dominated by White counselors, so this is a significant barrier to treatment for MBM (DeAngelis, 2021).

Some participants attempted counseling with a White counselor, but none of them reported positive results. They expressed wanting a counselor with similar lived experiences who would not need cultural references explained to them. This also highlights the perceived lack of cultural competence for working with Black men among White counselors. This aligns with the CRT critique of liberal ideology and its acceptance of color blindness and dismissal of racism, and how current systems continue to minimize White privilege and remain centered in Whiteness (Haskins & Singh, 2015). It reflects the concerns that outdated counseling practices derived from theories created by and for White men are not effective (Singh et al., 2020).

Participants felt that counseling is easily accessible for White people, and the perception of access to counseling as a barrier has been noted in previous studies (Newhill & Harris, 2007; Ward & Mengesha, 2013). It is also worth noting that this barrier impacts access to mental health medication, as evident by Hakeem's experiences with feeling the need to audition for medication from White doctors.

Invisibility also aligns with aspects of all three theories. Many participants acknowledged both the importance and lack of Black counselor representation as a reason they chose not to go to counseling or were initially reluctant to go. This theme was also reported by Black men and Black clinicians in previous research (Hackett, 2014; Ward & Besson, 2013). Black people account for less than 5% of mental health professionals, which includes more than just professional counselors (DeAngelis, 2021). In a report from The Association of Black Psychologists, they found that 11% of professional counselors identify as Black (Eutsey, 2024). Studies show that Black people in general prefer Black counselors (Ertl et al., 2019). This makes it difficult for Black counselors to meet the needs of the Black community. Another key component is the need for positive testimonies of MBM in counseling. Participants who had struggled with their decision to seek counseling stated they were more open to it after hearing about the positive experiences of Black men they knew. This relates to the impact of positive testimonies found in other studies (Francis, 2018, 2021; Ward & Mengesha, 2013). Some participants reported having or hearing about negative experiences with counseling; however, most did not speak of negative testimonies and instead spoke of the lack of positive testimonies. For those who did recall hearing about negative experiences or having them, they placed more value on the negative testimonies even if they could admit to hearing more about the positives. Additionally, the discussion of stigma related to this theme supported findings from previous studies (Cadaret & Speight, 2018; Shannon, 2023).

Implications

The misconceptions participants reported about counseling make this one of the most important aspects of this study. MBM need to understand what counseling is, why they should seek it, and how to get started. Advocacy efforts should be revised to include accurate education about counseling resources geared toward MBM. More education should also include knowledge about affordability. It should be common knowledge that counseling is part of most medical insurance plans. Many people assume it is not because they do not relate it to medical coverage; however, psychotherapy is typically included with medical insurance plans (U.S. Department of Health and Human Services, 2023). This should be addressed the same way that other more common medical procedures are detailed when explaining policies. Knowledge about financial assistance for the uninsured, such as sliding scale fees and pro bono services offered by some counselors, should also be made available.

Another way to increase knowledge and resources is more marketing geared toward MBM. Participants reported it is often difficult to find Black counselors, especially in less diverse areas. Counselor directories such as *Psychology Today* and *Therapy for Black Men* are easily accessible and

MBM need to be made aware of them. Although current advocacy efforts heavily promote awareness, increasing outreach efforts highlighting Black counselors could help encourage more MBM to seek help. This could include ads and promotional media that provide resources for finding local Black counselors. Participants also felt that Black counselors could do more to increase their visibility. Participants expressed the desire to hear more positive counseling experiences from Black men. Mental health advocates and professionals can encourage Black men to share testimonies publicly beyond their personal social networks. Social media has been a great resource for advocacy and can be used to provide more spaces for MBM to share their experiences with a wider audience, as shown by Francis (2018, 2021).

Lack of representation is a factor preventing Black men from engaging in counseling that has been consistent across literature (Cofield, 2023). As participants made clear, MBM are not likely to want to see a White counselor. An increase in marketing is a start to reaching more MBM, but the overall issue is the lack of Black counselors. This can be addressed through meaningful efforts to increase diversity in counselor education programs to recruit more Black people rather than pictures of Black people on webpages and empty promises in mission statements. Programs should target recruitment efforts to Black communities and Historically Black Colleges and Universities (HBCUs) and create scholarship and grant opportunities that fund Black students as an incentive to appeal to more Black people and increase recruitment.

These findings also provided implications for clinical practice. Participants who had seen White counselors felt they were not culturally competent. Counselors are expected to be culturally competent and should be able to provide culturally appropriate care to all clients (ACA, 2014; Ratts et al., 2016). However, it seems counselor education programs are not being as effective at teaching cultural competency as they have been charged to do. Following CRT and BlackCrit critiques of multiculturalism (Bell, 1995; Dumas & ross, 2016), multicultural counseling education should be incorporated in more than just the multicultural counseling course(s) and it needs to be restructured to include critical approaches to working with Black men and other marginalized groups (Cofield, 2023). For example, one way of improving clinical practice with MBM is using CRT and BlackCrit in counseling to promote culturally appropriate care (Cofield, 2022; Singh et al., 2020).

Limitations and Future Research

The results of this study should be considered within the context of its limitations. The use of social media and snowball sampling risked the possibility of recruiting many participants with similar views based on established social connections. The social connection also highlights that similar education might have impacted results, with all participants having some amount of college education. Results might be different with MBM who are not college educated. Also, the age range required for participation was 25–40 years old but the sample age range was 29–34 years old with the majority being 31–33 years old. Location could also be a limitation, with 11 participants residing on the East Coast and nine residing in Southern states. Additionally, results may have been different had there been more participants who had never been to counseling.

There is still a need for more research in this area. Future research could explore generational differences in perceptions of counseling among Black men. This could potentially identify ways to improve advocacy efforts for Black men of all ages. Scholars might also consider exploring the experiences of Black men who have had counseling to identify factors that contribute to retention. I hope this study will motivate more researchers to further explore barriers to counseling for Black men

as solutions are needed to help improve our mental health as we continue to navigate an anti-Black society that oppresses, traumatizes, and dehumanizes our existence.

Conclusion

The purpose of this critical phenomenological study was to explore the influence of social constructs on MBM's decisions about seeking counseling using a theoretical framework of Black masculinity, CRT, and BlackCrit. The findings of this study identified three significant themes supported by previous research. The results of this study provide more detail into previously established barriers to counseling for MBM with a more in-depth exploration of race and masculinity. I offer suggestions to improve advocacy, practice, and education in counseling Black men from the voices of MBM who have considered or actively engaged in counseling.

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