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Help Seeking and African American College-Aged Men:
An Integrated Literature Review Through Somebodiness

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African American male college students (AAMCS) underutilize counseling services in the face of rising mental health needs. This article is aimed at situating the help-seeking experiences of AAMCS from the theory of somebodiness, recognizing the agency and meaningfulness with which AAMCS author their own lives in the face of dehumanization. The methodology for this article was a narrative literature review, which consisted of reviewing empirical and conceptual peer-reviewed journal articles using a combination of the keywords African American, Black, male college students, help seeking, and counseling. This review was designed to consider the contextual factors that affect AAMCS decisions to seek counseling. Those factors were shared racial identity, access to mental health information, relational norms, spirituality, mental health stigma, and gender socialization. This article concludes with future research and implications for counseling practices to encourage mental health service use among AAMCS populations.

Public Health Significance Statement
Research on help-seeking behaviors of Black men historically highlights deficits of these men, namely low academic motivation, hypercriminality, and low help-seeking behavior. This review is designed to understand help-seeking behaviors of African American men through the construct of somebodiness. Somebodiness is a phenomenon that acknowledges the personhood of African American men. Through somebodiness, clinicians can gain awareness on how to support Black men in counseling.

Keywords: African American male college students, help seeking, somebodiness, counseling, spirituality

Research has highlighted how racial and ethnic minority college students hold negative attitudes about seeking counseling despite experiencing moderate to high mental health- and academic-related stressors as compared to White students (Cheng et al., 2018; Masuda et al., 2012; Wu et al., 2017). Among racial and ethnic minority college students, researchers found African American males[1] have fewer intentions to seek professional counseling services than White students or African American female students in face of rising mental health needs (Masuda et al., 2012; Mushonga & Henneberger, 2020). In this context, research considering the impact of specific factors on help seeking and racial minority students can be used to teach counselor trainees to provide culturally responsive care and support to members of racial and ethnic minoritized populations (Briggs et al., 2014; Tovar-Murray & Tovar-Murray, 2012).

Researchers have found African American male college students (AAMCS) to experience higher levels of academic dropout (Farmer & Hope, 2015), greater levels of substance use (Duncan, 2003), and similar levels of psychological distress

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[1] For the purposes of this review, the term African American is used interchangeably with the term Black to identify individuals who live in the United States reflecting U.S. census demographics. Refer to Agyemang et al. (2005) for further inquiry.

(Cadaret & Speight, 2018; Fripp & Carlson, 2017) as their White and female counterparts. Additionally, researchers have found some of these stressors to have negative influence on the psychological help-seeking attitudes of AAMCS (Alvidrez et al., 2008; Avent Harris & Wong, 2018). Given that engaging in counseling services has been correlated to increased retention rates among college students (Mushonga & Henneberger, 2020; Sharkin, 2004), professional counselors in both community and college-based settings are encouraged to explore how their counseling services are meeting the needs of AAMCS.

Holden et al. (2012) contextualized help-seeking factors of African American men, more specifically, they found that factors like cultural mistrust, stigma, difficulty in self-advocacy for mental health resources, gender-role socialization, and lack of cultural-specific supports to be the largest inhibitors of Black men seeking help. One of the biggest inhibitors embedded in institutional support was financial resources. Holden et al. (2012) noted that those with lower socioeconomic status or income earnings were less likely to access mental health services in their communities. Though this provides key information into social supports of Black men, the emphasis on socioeconomic influences does not explain the underutilization of counseling services among AAMCS, who have affordable and readily available access to mental health services in university settings. Not to mention reviews on help seeking of Black men, have been majority focused on Black men in community mental health settings (Cofield, 2023; Holden et al., 2012; Taylor & Kuo, 2019) Therefore, a goal of this review is aimed at discussing the literature around AAMCS as an effort to improve counseling utilization on college campuses. First, the literature surrounding help-seeking intentions among AAMCS will be presented. Then, within the help-seeking domain, factors will be broken down into positive and negative factors toward help seeking. From there, the discussion will then focus on how mental health practitioners (e.g., psychologists, counselors, and social workers) can utilize this information for their clinical practice and outreach.

Conceptual Framework: Somebodiness

African American men have historically experienced a stripping of their agency, dignity, and even life at the hands of White supremacy (American Counseling Association, 2017; Johnson, 2006, 2016; Washington & Henfield, 2019). Examples of these dehumanizing experiences include the disproportionate killings of Black men at the hands of police, and the subsequent denigrating of their identities in the public sphere, such as the labeling of Trayvon Martin as a thug in 2012 in the U.S. state of Florida, or the branding of Philando Castile as a registered sex offender in 2016 in U.S. state of Missouri, as ways to justify trauma toward Black males (Washington & Henfield, 2019). Somebodiness is an African American community-recognized concept that affirms the humanity of African Americans, more specifically Black men. However, the application of somebodiness to counseling and psychotherapy was introduced by Johnson (2016). The origins of this concept stem from 1972, when Reverend Jesse Jackson famously shared a poem, "I Am—Somebody" to Black students in Chicago, the philosophy reverberates throughout African American history (Cone, 1991; Franklin, 2004; Smitherman, 1994). Most notable examples of this include enslaved African Americans embracing theological affirmations of identity (e.g., being a child of God) rather than accepting slavemaster ascriptions of identity such as slave or property (Smitherman, 1994). Somebodiness is reflected strongly in the civil rights era, where leaders such as Jackson and Martin Luther King advocated consistently about the dignity and worth of marginalized persons, namely Black Americans. To King, human dignity was quintessential for African Americans, and being consistently overlooked in one's somebodiness meant being stalled in pathways to maturity (Bernstein, 2012).

Researchers have called for mental health professionals to consider how somebodiness is important to the psychological functioning of African American men (Franklin, 2004; Johnson, 2016). And larger professional bodies of research, specifically in counseling and psychology, have enabled reductionist beliefs about African American men rendering their humanity to stereotypes and deficit-based narratives (Hannon & Vereen, 2016; Johnson, 2006). Additionally, somebodiness is also connected to critical theories such as intersectionality, in that it is positioned to see the person who is as the convergence of multiple systems of oppression (e.g., racism, heterosexism, ablism,

etc.). Born out of state-sanctioned racism and oppression, somebodiness is the acknowledgment and conviction to validate self-worth and worth of Black persons so as to cultivate hope and healing (Cone, 1991). Because somebodiness is connected to the psychological well-being of African American identities, mental health research is well positioned to consider how his framework applies to African American populations, including help-seeking behaviors. Johnson (2016), constructed the only empirical study in counseling-based literature, on somebodiness and the existential meaning to African American men. They found that somebodiness was reflected in six themes (a) I am somebody to God, and my worth is based on that, (b) my teachers helped me to feel like somebody, (c) I am somebody with a purpose, and I must discover it, (d) My poor choices are my responsibility, (e) somebodiness can manifest in positive and negative ways, and (f) I want to be somebody who gives back to the community and to the youth. Building off of Johnson's findings, the aim of this research is to consider the somebodiness embedded in the help-seeking behaviors of AAMCS.

Somebodiness, Help Seeking, and AAMCS

Help seeking has been described as a universal human experience, reflecting ones' safety, ability, and feelings of support toward accessing need for support (Shannon, 2023). Help-seeking research traditionally focused on the static nature of mental health service utilization outcomes, rather than considering cultural influences as to how and why one make seek help (Cauce et al., 2002). Though service utilization is a plausible outcome focus, it can only tell us that underutilization is occurring among marginalized populations, and not necessarily why it's occurring. Furthermore, there is room to explore how help seeking is reflective of one's agency to go after supports for their well-being. The adaption of somebodiness is intentionally designed to apply agency to the participants of help-seeking research, namely AAMCS. Somebodiness as a concept has merit for understanding the psychological experiences of African American men (Johnson, 2016). Therefore, this article is aimed to consider how agency, dignity, and self-actualizing values, through the lens of somebodiness, are reflected in ones' decision to seek help.

Method

I chose to adopt an integrated literature review method for this article. This involves three processes: (a) determining the scope of literature, (b) determining the period of time of published literature, and (c) general conclusions of the review (American Psychological Association, 2020). For purposes of this review, I examined empirical and conceptual peer-reviewed journal articles (scope) via the following databases, Education Source, Education Resource Information Center (ERIC), APA PsycAricles, and Psychology and Behavioral Sciences Collection. I used various combinations of the "college students," "help-seek*," and "counseling." The initial search yielded 572 peer-reviewed papers. Because of the robustness of help-seeking and counseling experiences among college students, I then added keywords such as "African American," "Black," "male college students" to narrow the scope of the search. I identified 15 articles that specifically named African American male college students as participants in their study. The literature search reviewed articles from over a 20-year time span to reflect the most recent and consistent data. The dates of publication ranged from 2003 to 2022.

I utilized somebodiness as a conceptual framework to guide their synthesis of the literature. The components affecting help-seeking behaviors of AAMCS were conceptualized as reflections of how AAMCS view themselves as somebody who do or do not seek mental health counseling support. Because help seeking in counseling can reflect an individual desire for growth and wellness, it is possible that somebodiness can center the agency and dignity of AAMCS decisions behind approaching mental health services. The components presented are derived from factors found by help-seeking researchers on AAMCS. These components are then contextualized within the framework of somebodiness, as found by Johnson (2016). Components that were found to be influential to the help-seeking behaviors of AAMCS were the following, shared racial identity, access to mental health information, relational norms, spirituality, mental health stigma, and gender socialization.

Shared Racial Identity

Researchers have found support for shared racial identity between AAMCS clients and counselors

to be significant in improving help-seeking behaviors (Duncan, 2003; Taylor & Kuo, 2019; Townes et al., 2009). For example, Duncan and Johnson (2007) explored how cultural influences such as African Self-Consciousness, which related to how individuals found saliency within their Black identity, and cultural mistrust were associated with preferred counselor identity. Participants' preference for working with a counselor of shared racial identity positively influenced help-seeking attitudes of AAMCS toward professional counseling. Similarly, Townes et al. (2009) found AAMCS's help-seeking attitudes to predict preference for working with a Black counselor. Despite the preference, a limitation of this factor is that there is no evidence that the shared identity counseling is responsible for better counseling outcomes, than nonshared identity practices. Rather, the preference for shared identity counselors illuminates individual perceptions of cultural mistrust, perceived cultural competency, and building the therapeutic alliance (Goode-Cross & Grim, 2016).

The experiences of therapeutic alliance among shared identity is an example of having representative models encourage self-worth of AAMCS. Johnson's (2016) subtheme of "teachers helping me to feel like somebody" is reflected because therapists who have shared identity and therapeutic alliance are also affirming the sense of worth and humanity of AAMCS clients. Another hindrance to recognizing somebodiness within AAMCS is cultural mistrust. Shared identity and therapeutic alliance are also likely to reflect lower levels of cultural mistrust between AAMCS and mental health professionals (Duncan & Johnson, 2007; Goode-Cross & Grim, 2016; Townes et al., 2009). Goode-Cross and Grim (2016) found that there was a felt sense of solidarity, trust, and comfort with working between Black therapists and Black clients. Duncan and Johnson (2007) found Black male undergraduate students to prefer working with a Black counselor as opposed to unmatched identity counselors. It is important to note the shared sense of identity, solidarity, and trust are all values that build the self-worth of clients (Johnson, 2006; Townes et al., 2009). For AAMCS, having a shared identity counselor, encouraged them to be somebody to seek counseling support when necessary (Townes et al., 2009).

Accessing Mental Health Information (AMHI)

AMHI refers to the information one obtains to support their mental health. Researchers have used mental health literacy (MHL) to also describe this concept (Kutcher et al., 2016). However, MHL has also been critiqued for implying deficit-based language for marginalized groups whose indigenous ways of healing have been disregarded in the public eye in favor of Westernized mental health services (Dipre Montes De Oca, 2022). Therefore, I framed this concept as AMHI for consider the agency of participants. AMHI includes having access to education on diagnostic symptoms (psychoeducation), low presence of stigma behind seeking help, and the normalization of dialogue around mental health (Briggs et al., 2014; Cheng et al., 2018; DeBate et al., 2018; Stansbury et al., 2011). Existing literature also reiterates that AAMCS who have higher levels of access to mental health information are likely to have stronger attitudes about seeking counseling (DeBate et al., 2018; Ward & Besson, 2013).

AAMCS have access to mental health services on college campuses, however, that does not always mean greater counseling use. Goodwill et al. (2022) found that many Black male freshmen college students did not know who to turn to when experiencing emotional equilibrium, adjustment to college issues, and challenges to masculinity. This is also corroborated by further research in which college-aged men tend to have lower AMHI in comparison to women on campuses (DeBate et al., 2018; Stansbury et al., 2011).

In the context of somebodiness, AAMCS deserve to be recognized as somebody worthy of receiving culturally responsive mental health information. The agency behind AMHI reflects the purposefulness of AAMCS' goals for seeking counseling. Believing in a sense of purpose and having the support to pursue it is reflective of somebodiness. However, many AAMCS do not receive culturally responsive information and counseling services (Briggs et al., 2014; Whaley, 2001). Examples of these types of services are having clinicians who validate your lived experiences, broach topics of race and racism, and use culturally applicable information in conjunction to therapeutic skills (Briggs et al., 2014; Day-Vines et al., 2020). For research

that documents lower AMHI among African American men, it is important to keep in mind, that many AAMCS do not have clinicians who reflect their identity on college campuses. Not to mention that the saturation of white clinicians, and history of racism in the fields of counseling and psychology influenced cultural mistrust and racial battle fatigue experienced by Black clients (Hannon et al., 2023; Smith et al., 2007). Therefore, though the access seems present, it is very distant because of cultural barriers between clients and clinicians, both perceived and confirmed.

AMHI considers cultural and contextual factors as to mental health help seeking of AAMCS. Due to institutional racism, Black students are more often subject to arriving to campuses from underfunded socioeconomic communities, or lack of academic supports (e.g., relevant academic preparation) than their White counterparts (Obasi & Leong, 2009). AMHI also means recognizing the resiliency and built-in supports that AAMCS possess when they arrive on campus. Mushonga (2021) noted that AAMCS, were found to have positive coping strategies on college campuses, reporting strong levels of spirituality and peer support between fellow AAMCS. From this perspective, somebodiness undergirds AMHI, because it should lean into the strengths of AAMCS, consider the supports around mental health for this specific population, and ultimately validate the humanity of AAMCS.

Relational Norms

Another way clinicians can support the strength, and therefore somebodiness, of AAMCS, is to recognize the social supports already around their lives. There is evidence that AAMCS find much support from friends and family when experiencing psychological or academic distress (Avent Harris & Wong, 2018; Barksdale & Molock, 2009). The influences of these relationships cannot be understated as they are often the first lines of support among AAMCS. Barksdale and Molock (2009) found family norms to play a significant role in influencing help-seeking intentions of African American college students. The findings indicated across all participants, those who perceived negative peer and family norms (i.e., negative perceptions of mental health and treatment), also had low intentions to seek counseling. African American men in this sample were found

to hold stronger peer norms than women, suggesting that the perception of mental health and treatment among one's peers is influential to the help-seeking behaviors of AAMCS. Research suggests that if one's friend group or family supports the use of counseling services, then there is a greater likelihood that AAMCS will use counseling services. In the context of somebodiness, relational norms can represent the community values AAMCS have with their peers and loved ones. Feeling tied to ones' community, characterized by engaging in activities supported by the community, means to take part of something bigger than ones' self. It is important for clinicians to consider that if AAMCS feel that going to counseling is against their community, then the clinicians need to honor the somebodiness embedded in relational support and work to build cultural capital with AAMCS community.

Spirituality

Spirituality also represents a strong communal form of somebodiness. Historically, African Americans have mostly sought input from religious leaders on mental health issues such as depression to solely spiritual concerns (Avent Harris & Wong, 2018; Avent Harris et al., 2015, 2020). For many African Americans, religion, and spiritual communities (predominately protestant Christian domains) are not only coping systems but protective factors against symptoms of depression and anxiety (Avent Harris & Wong, 2018). Though a protective coping, it also can be reflective of cultural mistrust in professional health services. For example, Alvidrez et al. (2008) found African Americans to hold the perspective of entrusting oneself to God and religion as considered the "Black" solution whereas seeking mental health treatment from mental health providers was seen as a "White" solution. Similarly, Duncan (2003) found that AAMCS who held high Afrocentric values of spirituality to also have higher levels of cultural mistrust towards seeking counseling.

According to Johnson (2016), somebodiness in this realm is reflective of how for many African American men, their personhood is determined by God rather than what others think about them. Holding to these value systems can be crucial for AAMCS, because in the onslaught of racism and microaggressions, they are reminded of their value and worth in God's sight. Clinicians

would do well to inquire about spiritual salience of AAMCS identity. Another way to support AAMCS in this realm is reaching out to religious leaders in African American communities. Researchers have found that religious leaders can assist in referral for mental health services (Avent Harris et al., 2015). Because of spirituality or preference for seeking help from a spiritual advisor as opposed to a mental health counselor, it is important to consider how it reflects the somebodiness of AAMCS.

Mental Health Stigma

Stigma refers to the idea that an individual has a mark or flaw that comes from a characteristic (physical or personal) that has been deemed socially unacceptable (Blaine, 2000). Mental health stigma has been observed to be the most cited reason for why individuals do not seek counseling services (Cheng et al., 2018; Crowe et al., 2018). According to Corrigan (2004), mental health stigma can be divided into two domains: public and self. Public stigma is the perception held by the public or others rather than the individual. It maintains a perception that the individual is socially rejected. Self-stigma is when the individual holds the perception that they do not feel socially accepted.

Among racial and ethnic minority college students, AAMCS showed greater beliefs of public stigma around seeking mental health than others (Barksdale & Molock, 2009; Shannon et al., 2022; Wu et al., 2017). There has been some evidence of public stigma negatively influencing college students away from counseling, indicating its role as a deterrent (Bathje & Pryor, 2011; Vogel et al., 2007). However, emerging research has found public stigma to positively influence help seeking for AAMCS (Shannon et al., 2022). Shannon et al. found help-seeking behaviors of AAMCS ($n = 116$) to be positively influenced by public stigma, indicating its social recognition encouraged AAMCS to seek counseling. This is likely reflective of the somebodiness factor of pursuing purpose or assistance regardless of how others may view the person (Johnson, 2016). In view of this research, AAMCS willingness to seek counseling is not negatively deterred by public opinion of help seeking. This is helpful to counselors because it reflects a growing interest of AAMCS to seek counseling services for their own purposes.

Along with public stigma, self-stigma is associated with reduced counseling and psychological help seeking (Cheng et al., 2018; Vogel et al., 2007, 2011). Researchers have also found self-stigma to be a deterrent of AAMCS seeking counseling (Masuda et al., 2012; Shannon, 2023; Vogel et al., 2011). The negative internalization of self-stigma also has had correlates with lower intentions to seek counseling, and higher cultural mistrust toward mental health service providers among African American men (Cheng et al., 2018; Taylor & Kuo, 2019). Holding an internal belief about ones' self will largely affect their somebodiness. With the presence of self-stigma, AAMCS will think less of themselves if they were to seek counseling services. The internalization of negative images about help seeking among AAMCS is also likely reflective of additional experiences of this AAMCS (e.g., John Henryism, racial battle fatigue, racial microaggressions). Challenging the self-stigma, therefore, requires AAMCS to feel safe to share their personhood with counselors and trusted peers. The reflective point here is that AAMCS are people who can feel a natural internal stigma around seeking counseling for themselves individually.

Gender Socialization

Somebodiness is also reflected in gender-role socialization of AAMCS. AAMCS receive many messages about the race and gender identities. Traditionally, socialized messages about Black men have been negative (Johnson, 2006). Some dehumanizing messages include pone to criminality, violence, and lacking dignity (Hannon & Vereen, 2016; Johnson, 2016). Researchers have explored how affinity to masculine messages can affect AAMCS and their views toward mental health help seeking (DeBate et al., 2018; Vogel et al., 2011). Examples of these messages include the assertion of physical strength or low emotionality as compared to their female counterparts (Lindsey & Marcell, 2012; Vogel et al., 2011), hypercriminality, hypersexuality, and low academic motivation have also been socialized messages impressed upon Black men (Hannon & Vereen, 2016; Johnson, 2016). These messages show that gender socialization works in tandem with racial identity to affect help-seeking experiences. AAMCS, who hold adherence to these

masculinity messages more than any other racial group, are therefore vulnerable to having negative views of seeking counseling (Cadaret & Speight, 2018; Vogel et al., 2011; Wu et al., 2017).

In connection to somebodiness, gender socialization can be reflective of AAMCS desires to seek help in the face of multiple negative messages impressed upon them. Unfortunately, there can also be the internalization of those messages, which will likely negatively impact help seeking. Messages such as needing to handle problems on your own, or avoiding talking about emotions have been largely endorsed by Black men (Holden et al., 2012; Vogel et al., 2011). This in turn influences the narratives clients receive about their identity. Namely, it will likely impact their attitudes, emotions, and steps toward engaging in socially acceptable/unacceptable behavior. It is worth noting, however, that AAMCS decisions to seek counseling in the face of these messages demonstrates the strengths and purpose-driven motivations in a world that dehumanizes Black men (Shannon, 2023).

Recommendations for Counseling Practice

The purpose of this review was to integrate the literature of AAMCS help-seeking behavior toward counseling services, using the lens of somebodiness. Somebodiness, initially developed out of Black theological and civil rights context, encourages clinicians to honor the agency of Black men (Smitherman, 1994). Through the review of the literature, I identified six contextual factors from the literature that impacted help-seeking behaviors of AAMCS. Those factors were shared racial identity, access to mental health information, relational norms, spirituality, mental health stigma, and gender socialization. These factors were further explored through the lens of somebodiness to reflect the agency of the help-seekers, AAMCS. Upon reviewing these factors, I provide recommendations for improving the mental health service network for AAMCS.

Recruitment and Retention of Shared Identity Clinicians

As a start, service providers can begin examining their practice on how it promotes shared identity. This provides a means for counseling centers to address potential issues of cultural mistrust, the presence of racially and ethnically diverse staff,

and challenges related to mental health awareness (Taylor & Kuo, 2019). Another actionable step may be the intentional recruitment of counselors who specialize in working with African American populations, as well as counselors who hold those identities themselves. Since shared racial identity between counselors and clients may not exist in large amounts in university settings, counseling centers need to be more intentional about recruiting and retaining Black male counselors.

Clinician Self-Awareness

The need for somebodiness rises as Black Americans experience the effects of racism across multiple levels. Counselors need to build their awareness around how the structures of racism operate to impact them and their clients. Racism operates from external systems such as structural systems (laws governing rights and privileges), institutional policies (organizations extending rights), and interpersonal experiences. These external systems then influence people internally to operate on the basis of bias, privilege, and among racial and ethnic minoritized persons, internalized racism (Butler & Butler, 2014; Graham et al., 2016). A recommendation for counselors is to build their awareness on how the structures of racism impact their clients. In particular, the reader is encouraged to check out *Cracking the Codes: The System of Racial Inequity* (Butler & Butler, 2014), a 75-min film, which is designed to build awareness and knowledge around systemic racial inequity. By building these skill sets, counselors are learning to dive deeper how systemic inequities impact racially marginalized populations.

In addition to systemic inequities, counselors should increase their awareness of these client-specific values to further support the personhood of their marginalized populations. Increasing awareness of these experiences ultimately assists counselors in building their cultural competency (Ratts et al., 2016). Furthermore, building knowledge of client population experiences is another way for clinicians to increase their awareness. Avent and Cashwell (2015) charge counselors to build their knowledge of African American phenomenological experiences, detailing from spirituality to social supports, to experiences of racial trauma. A particular place for building awareness of AAMCS can start with looking

into professional literature, such as the *Journal of Black Psychology* collection on help-seeking behaviors of African American clients.

Earlier, I mentioned how relational norms in the form of cultural capital reiterated the some-bodiness of AAMCS. I now wish to highlight some resources counselors can use to affirm cultural capital and the personhood of AAMCS, namely the Counselor-Advocate-Scholar model (CAS; Ratts & Pedersen, 2014) and the Community Cultural Wealth model (CCW; Yosso, 2005). CAS is a model designed for counselors to help themselves and clients gain insight into how systems of oppression impact them. This can be done by utilizing culturally specific interventions, using positions to challenge oppressive policies, and applying scholarship that centers the need of marginalized populations (Ratts & Greenleaf, 2018). Similarly, CCW is another culturally specific conceptualization model with which counselors can support the strengths of AAMCS, that often go unrecognized such as aspirational capital informed by community, or linguistic capital of navigating dialects of American English and African American Vernacular English (Yosso, 2005). By employing strengths and values of AAMCS through models such as these, it is possible for counselors to reinforce the somebodiness of AAMCS.

Culturally Responsive Skill Intervention

Cultural mistrust, which has been associated with racialized trauma, racial battle fatigue, and microaggressions could be addressed through broaching subjects of racial identity in session. Broaching identity is a responsive way to affirm the somebodiness of Black men. Broaching identity is when counselors intentionally and explicitly introduce the subject of how racial and cultural concerns contribute to the presenting issue (Day-Vines et al., 2020). Day-Vines et al. (2020) further posit that by engaging in these behaviors, counselors are better suited to improve premature dropout rates among racial and ethnic minority clients. Counselors across all identities must have a willingness to address the lived racial and ethnic concerns that clients continually experience. Research further supports that by engaging in broaching around race, counselors can increase therapeutic alliance and show signs of increased multicultural competence (Day-Vines et al., 2018; King & Borders, 2019).

Counselors who share varying degrees of identity with AAMCS (e.g., race, ethnicity, gender) are encouraged to explore the intrapersonal experiences between client and counselor, while validating the idiosyncrasies of the individual's life. For example, in working with African American men specifically, racial identity-shared counselors using probing questions such as "Are you would feel comfortable describing your experience as a Black man on this campus?" can demonstrate an openness and willingness on behalf of the counselor to engage in these discussions and the validity their content (King & Borders, 2019). Similarly, racial identity matched counselors using reflections such as "Although we share similar identities on race, I do not assume that our experiences are the same. Please feel free to share more about your experiences on campus." present meaningful and validating opportunities to broach identity with AAMCS.

Another intervention would be integrating modalities rooted in intersectionality. One such intervention is Watts-Jones's (2010) "Location of Self". In this modality, the counselor is encouraged to disclose their varying social location identities with their client, with the intention to dialogue how therapist and client identities are impacted by both privilege and marginalization in both the outer world and potentially the therapy room. Like broaching, the goal of carrying out this intervention is to aid clients in processing how their socialized identities, in this case being African American and male, have been impacted by systems, and to encourage processing of these experiences.

Community Psychoeducation

Culturally responsive psychoeducation-based programming has been effective in addressing mental health stigma among African American communities (Alvidrez et al., 2008, 2009, 2010; Briggs et al., 2014). Specific psychoeducational interventions noted by Alvidrez et al. (2009) included the use of a mental health brochure based on the experiences of Black mental health help-seekers. As a follow-up, Alvidrez et al. (2010) found that the particular interventions of discussing counselor–client confidentiality, normalizing mental health through comparison to physical health, and validating feelings of shame attached to the help-seeking process as meaningful

approaches to building the therapeutic relationship. These types of programs are centered in Black identity experiences and can be applicable to asserting the somebodiness of AAMCS. To address mental health stigma and encourage the personhood of AAMCS, counselors could connect to local Black community members to build mental health awareness programs, which could also in turn increase MHL and service utilization. Utilizing a culturally specific program as proposed by Alvidrez et al. (2009) could be beneficial in increasing help seeking in counseling among AAMCS. Additionally, training counselors and additional mental health professionals to facilitate these programs on college campuses could potentially expand professional help-seeking networks of AAMCS.

Additional benefits of psychoeducation include increased AMHI. Within individual counseling contexts, counselors providing information on treatment adherence, illness, and presenting and behavioral concerns has increased AMHI among college students (Chow et al., 2021). Similarly, the use of case vignettes and mental health information have served as resources to assess the degree of MHL among young adult populations (Kutcher et al., 2016; Stansbury et al., 2011). For individual counseling usages, adapting vignettes into metaphors or narrative-based formats could serve as psychoeducational assessments in understanding students' comprehension of mental health and the help-seeking process.

Adopting a Systems Approach

Understanding systems of influence is another helpful way to consider the personhood of Black men. Systems approaches encourage the counselor to consider how family, community, and cultural systems impact the lives of African American men. Duncan (2003) charged counselors to learn about the unique experiences of Black men on college campuses. In a college setting African American men have experienced systemic interactions that may result in feelings of isolation, lacking a sense of belonging, depression, anxiety, and racism on campuses (Powell et al., 2016). In addition, AAMCS, may feel uncomfortable in seeking out help because of feelings of discomfort, mistrust, and unfamiliarity with the help-seeking process (Kam et al., 2019). Owen et al. (2011) encouraged counselors to embrace a multicultural system approach which

involves exploring and adopting the client's worldview while suspending their (counselors) own judgment. Embracing this approach allows exploration of systemic influences such as racism that have negative effects on mental health for AAMCS (Hook et al., 2013).

Understanding systems of influence means also examining the proximal and distal mental health supports surrounding AAMCS. It's about asking who is represented in the counseling centers, in the classroom, among peers, and in the greater campus community. A beginning step to understanding cultural influences and support can be done with clinicians using the Cultural Formation Interview protocol published in the *DSM-5*. Researchers have noted that counselors who adopt this practice have reported clients feel encouraged to share cultural beliefs and values without judgment (Jarvis et al., 2020). Applying this to AAMCS would likely mean that a counselor is exploring how cultural support systems such as The Black Church have influenced the client's help seeking. Counselors could explore these systems by reaching out to members and leaders as a way of building networks for AAMCS. Furthermore, embracing a multicultural orientation and broaching identity would invite the client to bring the fullness of themselves without a sense of judgment from the counselor, contributing to the therapeutic alliance (Hook et al., 2013).

Conclusion

This review explored factors of seeking counseling, and specifically aimed at how those factors reflected the personhood of AAMCS. The attempt of this review was to understand the uniqueness of these experiences as reported in empirical literature, while also providing a humanistic lens fo contextualizing these experiences. By understanding AAMCS, through somebodiness, counselors can learn how to engage culturally responsive practices to support AAMCS. Practices such as broaching identities within clinical setting can be meaningful for the client as the counselor provides a space for discussing racial and ethnic concerns. In the same realm, utilizing psychoeducational interventions can be effective at dispelling mental health stigma, spiritualizing concerns, and cultural mistrust, reducing barriers to help seeking in college. Lastly, adopting a systems perspective allows for

opportunities for the counselor to explore how the cultural environment of the clinic, university, and community impacts the lives of AAMCS, thus fostering ways to improve help seeking among members of this population.

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