WHAT IS REQUIRED FOR CONSERVATIVE CHRISTIANS IN THE AFRICAN

AMERICAN COMMUNITY TO EXPERIENCE MENTAL HEALTH AS A POTENTIAL

RESOURCE FOR EMOTIONAL HEALING? A PHENOMENOLOGICAL APPROACH

by

Tawana Denise Helmich

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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APPROVED BY:

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ABSTRACT

The purpose of this phenomenological study is to examine what is required for conservative Christians in the African American community to experience mental health counseling as a potential resource for emotional healing. The theories guiding this study are person-centered and experiential with emphasis on the Gestalt approach. Person-Centered theory was created by Carl Rogers over 40 years ago to encourage clinicians to honor their clients' lead in their treatment process while discovering their own solutions. Experiential therapy is a humanistic approach to therapy, which will also be implemented in this research. An experiential approach to counseling prioritizes the need for genuine, empathetic, therapeutic relationship and focuses on the experience of the client during the session. The most significant experiential approach to this research is Gestalt therapy because it focuses on the here and now of the interviewee's experience. Participants will include eight members of African American churches from the southern geographic regions of the United States. Using the information gathered during the interviews, the researcher will better understand (a) their personal experiences with the mental health profession, (b) their perceptions of mental health, (c) their current coping skills for emotional healing, (d) as well as gain insight as to how to integrate African American religious culture and mental health. The results of this research will explain the disconnect between the mental health field and the African American community.

Keywords: African American, Christian, mental health, emotional healing.

Dedication

To my mother, grandmother, husband, two children, and Dr. June Tyson. My mother and grandmother were my motivation for continuing my educational journey. May they continue to rest in peace with God. My husband, Richard, encouraged and supported me along this journey. My twins, Aaron and Destiny, are the reason for this journey. And, Dr. June Tyson, for believing in me and providing me with the knowledge and expertise to complete the journey.

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CHAPTER ONE: INTRODUCTION

Overview

Conservative Christians in the African American community are those who believe the Bible is the sole authority as it relates to faith, life, and circumstances (Giger, Appel, Davidhizer, & Davis, 2008). These individuals rely heavily on the church, not just for spiritual guidance, but emotional guidance as well. African American families depend on the church to assist in challenging situations, such as systemic oppression and parental guidance; the correlation has improved the African American community's ability to positively adjust to emotional issues (Bell-Tolliver & Wilkerson, 2011). However, because of this perception, many conservative Christians in African American communities dispute the idea of mental health treatment (Murry, Hefflinger, Suiter, & Brody, 2011). Often the community refuses to seek or even acknowledge mental health issues; instead they trust the church to give them proper guidance (Murry et al., 2011). Spirituality has a significant influence in the lives of African American Christians, yet, minimal research has been done to understand the personal experiences between African American parishioners, their faith, and the field of mental health. This phenomenological study will explore the lived experiences of conservative Christians in the African American community as it relates to potentially using mental health services as a resource for emotional healing.

Background

The Black church has been the pillar of the African American community since slavery and continues to have a significant role in modern day (Giger et al., 2008). Nearly 80% of African Americans believe religion is significant in their lives compared to 50% of other ethnic groups (Avent & Cashwell, 2015). The African American community relies on spirituality, prayer, and God for coping with difficult situations in their lives. A majority of African

Americans identify as Christians and over 50% attend church services on a weekly basis at predominantly African American churches (Avent & Cashwell, 2015).

For many years the church has been more than just a place of worship, but also a safe haven, a place for cultural enlightening, and most importantly a place for coping and releasing the negative emotions imposed on African Americans from the world (Gadzekpo, 1997). The predominantly African American church has struggled, and dealt with challenges, but has been unable to sustain itself with the increased need for emotional support (Dempsey, Butler, & Gaither, 2015). Nevertheless, with the influx of mental health issues in the African American community, the church may no longer be equipped to meet the needs of a growing population. The issues impacting the mental health status of African Americans are a result of historical adversities, to include slavery and segregation, which caused socioeconomic discrepancies (Mental Health America, 2017). The organization also noted that socioeconomic status (SES) has a direct correlation to mental health. According to the U.S. Department of Health and Human Services Office of Minority Health (USDHHS OMH, 2016), "Thirteen point two percent of the US population identify as Black or African American; of those more than sixteen percent have been diagnosed with mental illness in the past year" (p. 4). For one to fully understand the African American conservative Christian's perception of mental health services as a potential source for emotional healing, one must first understand the relationship, impact, and influence that the African American church has on the parishioners.

Definition of the African American Church

For one to properly understand the importance and impact of this research on the African American community, one must first have a clear understanding of the meaning of the Black or African American church. The African American or Black church are terms used to define

predominantly African American Christian churches, regardless of denomination, that minister to African American communities (Giger et al., 2008). The article also mentioned, many of these churches were created as a result of teachings, which took place in majority White churches. Not all of these churches, such as the African Methodist Episcopal church, belong to African American denominations; many also belong to predominantly White denominations as well (Giger et al., 2008). During slavery African Americans often worshipped with their owners and were forced to practice in the same manner. The author further stated, following the end of slavery, the term African American or Black church was created because they were at liberty to practice according to their own ideas and beliefs. There is no significant difference between the African American church and what is now the White church except the predominant race of the members on Sunday (Gros, 1995).

African American Church and Slavery

Avent and Cashwell (2015) note that during the era of slavery, African Americans were not allowed to worship freely and often had limited ability to express themselves in accordance with their heritage and beliefs. The authors concluded that this reluctance of the slaves to express themselves was due to the slave masters' fears that the slave would learn the truth of the Bible and become educated and reject their slave ideas. Slaves were forced to serve God in the same location as the slave masters leaving them feeling resentful because of the harsh treatment and limited ability to worship. Many often met secretly in wooded areas to have religious services, which was forbidden by the slave owners. Around the mid-1700s slaves began to publicly gather for worship; this is considered the beginning of the idea of the African American Church (Avent & Cashwell, 2015).

According to Pinn (2010), African American churches became the foundation of the slave community, educating them and allowing them the opportunity to interact with others with the same cultural background. Slaves began to find comfort in the Word of God, rejoicing in the idea of heaven where oppression would no longer exist. Slaves perceived the burdens they endured to be parallel to people in the Bible who were followers of God. They related the crucifixion of Christ to the lynching of the Black man by the slave owners (Pinn, 2010).

Avent and Cashwell (2015) discussed the fact that mental health was not available during the era of slavery even though African Americans were forced to live a life consumed with trauma and other mental health issues. The church became a place to cope with their emotions and they found peace and love while in the church. The church supported the needs of the slaves by providing them with the resources needed to rise above their circumstances, as it does today (Avent & Cashwell, 2015). Understanding these circumstances could assist mental health professions with better techniques to market African Americans conservative Christians.

African American Church and Civil Rights

According to Amt (2017), the first national Black church was founded in the United States in 1816 by Richard Allen. The church was named the African Methodist Episcopal Church and Allen was the first bishop. Allen and others did a mass walkout because of the limitations placed on Black parishioners (Amt, 2017). Limitations included segregation of the pews at St. George's Methodist Episcopal Church; where Blacks and Whites worshiped together (Amt, 2017). Allen was the first African American to be ordained in the African American Methodist Episcopal ministry in 1799. Black Christians believed they should have the right to worship God without oppression. Many believed the Methodist faith promoted segregation of African Americans and Whites (Barber, 2015). According to Avent and Cashwell (2015), this

was also considered the first step leading to the Civil Rights Movement. More African American denominational churches were established to include Baptist, Presbyterian, and Episcopal, which were all setting the stage for the beginning of the Civil Rights era (Avent & Cashwell, 2015). As Blacks began to feel increased levels of oppression in the White churches, they began to segregate and create their own versions of each denomination. These churches offered Blacks freedom from abuse and emotional relief.

The role of the church increased drastically as Blacks transitioned from the periods following the end of slavery until the Civil Rights era (Avent & Cashwell, 2015). During the Civil Rights Movement the African American Church was pivotal to the community (Calhoun-Brown, 2000). The African American community began to realize that in order to survive they must learn to depend on each other for emotional, financial, mental, and social support. The African American Church was greatly independent during the 1950s and 1960s as they began expanding the doctrinal beliefs, electing leaders, and creating seminary institutions to educate leaders (Calhoun-Brown, 2000). The African American church allowed the community to meet and discuss the desires and need for civil rights. The Church not only financially and emotionally supported many of the parishioners in the church, but they also supported larger organizations, such as the National Association for the Advancement of Colored People (Barber, 2015). It was the economic growth of the African American Church during the Civil Rights Movement, which led both African American Church and community to adopt the idea of the self-help doctrine (Avent & Cashwell, 2015). During the Civil Rights Era, the Black church became the location where Blacks could feel valued, prestige, honor, and dignity denied to them by other establishments that were controlled by Whites (Douglas & Hopson, 2001).

African American Church Present Day

The African American Church remains the foundation of the African American

community (Calhoun-Brown, 2000). However, the issues the churches are dealing with are more

complex and are increasing at alarming rates. The church is dealing not only with spiritual

guidance, but also the HIV/AIDS epidemic (Okigbo, Okigbo, Hall, & Ziegler, 2002) and social

issues, such as unemployment, incarceration, poverty, and crime; and, mental health disorders,

including mood, anxiety, posttraumatic stress disorders (PTSD), and suicidal ideation. The

African American community has improved in areas, such as education and many credit the

church, however, mental health awareness remains stagnant (Avent & Cashwell, 2015).

The modern-day African American church, according to Calhoun-Brown (2000), must

recognize the influence it has on the community in regard to change. The African American

Church regardless of the circumstances continues to be a significant support system for those in

the community. Many in the African American community, however, are beginning to realize

the need for resources outside the church, while others believe the church will overcome the

adversities and prevail as it did in the slavery and Civil Rights eras (Avent & Cashwell, 2015).

The African American community relies heavily on their religious doctrine due to historical

repression. Those who work in the mental health profession must learn to integrate the African

American Church's doctrine into their counseling process to be effective with those in the

African American community. Until mental health therapists accept the role of the church in the

lives of Conservative African American Christians, they will not be effective or efficient in

becoming a source of emotional support for the community.

The need to research incentives for conservative African American Christians to

experience mental health services as a potential resource for emotional healing is significant to

the field of mental health, not only for service providers, but for the African American community. This research will allow conservative Christians the opportunity to reflect, explore, and discuss their personal truth, ideas, and beliefs as it relates to mental health. The study will also assist mental health professionals with better insight into why African Americans limit their use of mental health resources. The research also allows mental health professionals the opportunity to implement new concepts to embrace the African American conservative Christian community.

Situation to Self

As an African American, conservative Christian, who works as a mental health therapist, this researcher wants to gain further insight into the phenomenon of the African American community's unwillingness to seek mental health treatment. The researcher also wants to understand what circumstances contributed to this mindset and how these beliefs are impacting the mental health status of the African American community. The researcher also desires to understand the church's influence on both the treatment and the readiness of the conservative African American community to seek mental health. As a mental health professional, the researcher wants more insight as to the most effective and efficient methods to integrate religion and mental health without diminishing the value and respect of the African American church.

Problem Statement

The majority of the research conducted focuses on the influence of the church as it relates to mental health and the African American community with emphasis on church leadership. Focusing strictly on church leadership allows for increased research bias because, the leadership may have a different and more complex motive for their input and beliefs, as it relates to mental health treatment. The leadership in the church believes it is their responsibility to care for their

flock as the African American church leadership did in the past (Barber, 2015). Many in the church will approach counseling from a strictly biblical approach, an idea many in mental health services believe to be unethical; this in turn is a concern for the church (Dempsey et al., 2015). This proposed research focuses on the church parishioners; this gives the researcher a more subjective insight into the experiences of the members and their personal perceptions and reasoning.

The proposed study is beneficial not only to mental health professionals, but to the African American conservative Christian community. The African American church has significant influence on how the members perceive mental health, so to reach the community mental health professionals must first learn how to reach out to the church for assistance with integration of religion and mental health (Kaytura, Levine, & Burstin, 2003). This investigation will provide those in the mental health profession insight and awareness into the Christian culture of African Americans and how they perceive mental health. They will be educated on how to approach treatment with African Americans, when incorporating the significance of the church in their daily lives. As the mental health profession becomes more enlightened on the spirituality of the African American conservative community, mental health providers will be more inclined to integrate their faith into the sessions and approaches to treatment.

Purpose Statement

The purpose of this phenomenological study is to understand what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. At this stage in the research, this population needs insight into how these services can add to their emotional healing.

The theories guiding this proposed research are person-centered originated by Carl Rogers, experiential, and humanistic therapies, which focus on the personal experiences of the individual (Butman & Jones, 2011). These theories will allow the researcher to use the personal experiences of the interviewees to gain insight and understanding as to why African American Christians prefer religiosity as a coping method for emotional healing instead of mental health professionals.

Significance of the Study

The significance of this study is to assist those who work in the mental health field with a better understanding of what is required for conservative African American Christians to experience mental health as a potential resource for emotional healing. This proposed research is similar to other research done in the past in that it focuses on the relationship of the African American community, the church, and spiritual healing. However, this research will focus on the mental health experience of parishioners, instead of the church leadership. Conservative African American Christians rely on the church for coping with difficult situations in their lives. African Americans seek professional therapy at a far lower rate than other racial ethnic groups (Adewale, Ritchie, & Skeels, 2016). African American Christians tend to seek mental health guidance from their spiritual leaders and other sources within the church for emotional healing (Ayalon & Young, 2009).

Research Questions

What is required for conservative Christians in the African American Community to experience mental health as a potential resource for emotional healing? This is the central research question for this study. This question will be answered based upon the individual experiences of the interviewees. This question will assist in determining a more efficient and

effective method for those in the mental health profession to interact with the African American Christian conservative community. The central question grants the interviewer the opportunity to open her mind to the individual in front of her and not focus on the study in its entirety (Moustakas, 1994). This is important because each interview will give better understanding and insight into the phenomenon.

Research Question 1: What does a small sample of African American conservative Christian churchgoers from denominations in the southern United States report as barriers to obtaining mental health treatment for emotional issues or mental health disorders? This question explores the personal experiences of the interviewees as it relates to mental health services and what those experiences mean to the participants, and how it changed their personal views (Worthington, 2004). The interviewees will give their firsthand accounts of any experiences and beliefs they have with professionals in the mental health field. This question sets the foundation for the remaining questions during the interview process.

Research Question 2: What techniques can be incorporated by those who work in the field of mental health to assist African American Christians with being more willing to seek treatment? Focusing on the current techniques implemented allows the therapists and potential clients the opportunity to reflect on positive change. This allows the interviewees to begin to think of their experiences (Moustakas, 1994) and process the questions on a more personal level.

Research Question 3: How do African American conservative Christians perceive mental health? Question four gives insight into the personal views of African American Christians in regard to mental health services and if they would approach mental health issues for themselves and their family members based on their current views.

Research Question 4: How can spirituality be integrated into mental health techniques in a manner that will encourage African Americans to seek mental health as a source for coping without compromising the providers' ethical standards? This question will give the researcher insight as to what the mental health professionals can do to increase the relationship between them and the African American Christian community. This question also will assist in methods to integrate mental health and spirituality (Avent & Cashwell, 2015).

Definitions

1. *African American* - African American is an ethnic group in America with ancestry from Black racial groups from Africa; descendants of Black slaves who were in America. It is also the cultural, physical, social values, and emotional significance associated with being Black in America (Agyemang, Bhopal, & Bruijnzeel, 2005).

2. *Christian* - A Christian is someone who believes the following: the supernatural redemptive power of Jesus Christ's death and resurrection, the Bible's role is the guide to proper Christian living, the power of prayer, the obligation to share the Word of God with others, abide by a moral code, and one has to be born again (Foubert, Watson, Brosi, & Fuqua, 2012).

3. *Mental Health* - Mental health is the emotional, psychological, and social well-being. It impacts how an individual thinks, feels, and acts as well as how one handles stress, interacts with others, and makes life decisions throughout their life (MentalHealth.gov, 2018).

4. *Emotional Healing* - Emotional healing is the integration of moral and spiritual wholeness, which assists in not only understanding the past experiences, use but assists in resolving any conflict completely so there is no emotional response (Pan, 2003).

5. *Conservative Christians* - Conservative Christians are those who promote the belief that the Bible is God's word and because of this belief, the Bible is the guide book for how to live and believe. By accepting the Bible as a more authoritative role in their lives conservative Christians are strict and offer no flexibility in their faith (Garzon & Ford, 2016).

6. *African American Methodist Episcopal* - African American Methodist Episcopal is an African American Methodist Church founded in the United States in 1816. It was the first independent Protestant denomination created by African Americans (Davidson, 2015).

7. *National Association for the Advancement of Colored People* - The National Association for the Advancement of Colored People was created in 1909 to ensure the political, educational, social, and economic equality of rights of all persons and to eliminate racial discrimination. The National Association for the Advancement of Colored People assisted in changing the global discourse as it relates to race, self-determination, human rights, and decolonization (T. R. Vinson, 2016).

8. *Posttraumatic Stress Disorder (PTSD)* - Posttraumatic Stress Disorder is a psychiatric disorder that occurs when an individual has been exposed to a life-threatening event, serious injury, or sexual violence either directly, witnessing the event, or hearing evasive details of the event constantly (American Psychiatric Association, 2013).

Summary

The African American community is suffering significantly from issues with mental health, yet they seek mental health resources at a significantly lower rate than other ethnic groups. The proposed study will allow those in the mental health field an opportunity to better

understand the phenomenon of what is required for African American Conservative Christians to experience mental health as a potential resource for emotional healing. This proposed research will allow the parishioners the opportunity to openly discuss their life experiences as it relates to mental health, which will give the researcher a better understanding of their truth. The proposed research will also assist those in the mental health field with new ideas as to how to approach the African American community and African American Church. This proposed research will assist with properly integrating mental health resources and the African American conservative Christian community.

CHAPTER TWO: LITERATURE REVIEW

Overview

The purpose of this qualitative phenomenological study is to gain insight as it relates to what is required for conservative Christians in the African American community to experience mental health services as a potential resource for emotional healing. Mental health issues in the African American community are consistent with those of other ethnic groups in America. However, African Americans willingness to seek mental health treatment remains extensively low, even with elevated numbers of suicides over the past several decades, according to Bryant, Haynes, Greer-Williams, and Hartwig (2014).

The purpose of this literature review is to bring clarity and understanding to the topic in addition to exploring what is needed for mental health to be considered a viable method of healing to the proposed population. This research will at the same time contribute to and celebrate the work of the church as it relates to mental health. The African American community as a whole relies heavily on the church for answers and healing. However, when it comes to mental health the ability to turn to the church for assistance has been limited (Armstrong, 2016). This, however, is not solely the fault of the church or the members, but ultimately is due to a lack of education and understanding surrounding mental health and the integration of biblical teachings. Ultimately, before the church can be the answer for mental health, the leadership must first realize that mental health issues exist. Once this happens the leadership must then educate themselves and the members on mental health and the proper way to combat it, while integrating the word of God.

This chapter will scrutinize the reasons for the disengagement between the African American community and the mental health field. I will take a more extensive look into the

African American community's perspective of mental health and its overall influence, as well as how mental health services approach the African American community as it relates to research studies, diagnosing, and cultural sensitivity. Another aspect that will also be examined is the techniques implemented by the African American community, to include religiosity as a coping mechanism to deal with mental health issues. This chapter will also discuss the methods needed for mental health and religiosity to be merged in order to formulate positive changes, and to assist the African American community with proper mental health services as a potential resource for emotional healing. The literature review of these topics will provide the foundation for the current research, thus proving that there is a huge disconnect between conservative Christians in the African American community and those who work in the field of mental health.

Theoretical Framework

The majority of this research on the conservative African American Christian's experiences with mental health is grounded in the theoretical models of the humanistic and experiential psychologies, better known as person-centered therapy and experiential therapies. These models were selected to assist in examining the phenomenological experiences of conservative African American Christians' use of mental health services as a potential resource for emotional healing. Only a small percentage of therapists use person-centered treatment alone, the majority integrate this theory with experiential techniques to ensure effectiveness (Butman & Jones, 2011). Incorporating these theories, while learning about the experiences of the interviewees, will contribute to creating a more significant relationship between the African American community and the field of mental health through an integrative approach of religiosity.

Person-centered theory and experiential therapies relate to the current study because they explain how individuals' experiences have direct correlation to the way they perceive circumstances in their lives. Throughout the history of the African American cultural experience many believe they have never been granted the opportunity to receive the same health care as their White counterparts. African Americans acknowledge that they have had over 300 years of horrible health outcomes as well as restricted access to health care (Riley, 2012). As a result, they have a lack of trust and respect for those in the medical field, to include the mental health field.

Person-Centered Theory

Person-centered theory will be implemented in the research to determine what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. Carl Rogers developed person-centered theory over a 40-year time span and included three different name changes. It was first called nondirective therapy, but eventually changed to client-centered therapy, and eventually in the 1980s evolved into what is now called person-centered therapy (Murdock, 2009). Rogers believed human behavior was a result of their need to develop and grow similar to all other living creatures. This theory is founded on the concept that for individuals to reach their fullest potential they need to be fully accepted by their environment. African Americans have been unable to reach their fullest potential as it relates to mental health services because their needs have not been genuinely met (Fischer & Shaw, 1999). Person-centered therapists realize that even though humans may behave in destructive ways, these behaviors are a result of their environmental experiences and not a part of their psyche (Murdock, 2009). This is evident of the African American community as they were forced to endure slavery and oppression. Another approach

to person-centered theory is clients are self-directed and are in control of their own lives and decisions; which means that they have the ability to find the resources and strength needed to be a productive part of society (Butman & Jones, 2011). This is the foundation of why mental health should be explored as a coping method.

Rogers was a humanistic thinker and it was reflected in his theory, which is considered the most humanistic approach of all times (Butman & Jones, 2011). The humanistic approach believes humans can grow in harmony and peace with each other. Person-centered therapy is also entrenched in phenomenological approaches as well because of the uniqueness of the individual. The most important aspect for understanding individuals is through their perception of reality (Murdock, 2009). This is a result of their personal experiences as reflected in person-centered therapy and phenomenology. This important aspect is why person-centered therapy was integrated into the research. It will be used to gain understanding from the perception of African American Christian experiences as to what is required for them to seek mental health as a potential resource for emotional healing.

Person-centered therapy is beneficial to the research being conducted because it gives interviewees the opportunity to discuss their self-concept as it relates to mental health services as a coping skill for African American Christian conservatives. They will have the opportunity to express themselves as to what changes need to be implemented, such as, how to integrate spirituality into the sessions. They will also have the opportunity to discuss previous interactions, if any, with the field of mental health and the outcome. This research will use the experiences of the individuals to determine if it contributes to their growth or detracts from it (Murdock, 2009). The interviewer will not lead the client, but provide a safe climate for the interviewees to relive their personal experiences.

Experiential Theories

Experiential therapies are referred to as the humanistic approaches to therapy and require genuine, empathetic therapeutic relationships that emphasize in-session client experiences as the main task during treatment (Butman & Jones, 2011). This theory will be beneficial in the research to discover what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. The experiential theory is especially helpful with a population that has had such a turbulent history like that of the African American community. Many Christian therapists stray from this form of treatment because it is viewed as a self-help form of therapy and does not support Christian values. This is especially true for those in the African American community who believe that mental health issues are a result of spiritual imbalance. However, many Christian clients have issues with regulating, and recognizing their emotions, and could benefit from approaches that are more emotion-focused—integrating head with their heart (Butman & Jones, 2011). There are several experiential approaches used by Christians during treatment, such as existential, emotionally focused, and Gestalt therapy. However, for this research the most effective approach will be Gestalt therapy, because it is more consistent with the phenomenological study being conducted within the conservative African American Christian community.

Gestalt Therapy

Gestalt therapy will be very effective in determining what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. Gestalt therapy was created by Fritz Perls in Germany between the two world wars. Gestalt therapy is the most phenomenological of the humanistic approaches because it focuses on the what and how of current behavior and how past unfinished business

interferes with current functions (Butman & Jones, 2011). Gestalt therapy focuses on the here-and-now perception and experiences of the client during the interview process, which will be evident during this study. The implementation of Gestalt therapy approach to this study will allow the participants the opportunity to gain awareness of their current experience of self, others, and the environment as it relates to their perception of what is required for mental health as a source for emotional healing. The ultimate reason for implementing the Gestalt approach is to ensure the participants can freely express themselves about their experiences (Murdock, 2009) as it relates to mental health.

Implementing these theories will significantly impact the research study as a whole. The interviewees will have the opportunity to discuss their lived experiences as it relates to mental health, using approaches that support the phenomenological study. Using these techniques will give the researcher the insight needed to better understand the perception of those interviewed. These theories support the foundation of the study by focusing on the lived experience as a method for understanding the self and assisting in allowing the individuals to view the world in a different manner.

Related Literature

Numerous amounts of research have been done to better understand the integration of religion and mental health throughout history. This study was designed to further explain how one's personal, religious, spiritual leadership, and cultural experiences and understandings can influence one's interpretation and interactions in regard to mental health as an added source of healing. According to Conner, Copeland, et al. (2010), African American Christians fail to seek mental health because of the limited access to African American therapists, the inability to explain symptoms in a manner that allows for a proper diagnosis, as well as the negative stigmas

placed on mental health from other African Americans. Moreover, African Americans are less

likely to seek and engage in mental health services as a result of cultural differences, how

symptoms are explained, and stigmas placed on mental health issues. The study will reveal

many of the influences that impact the way mental health services are implemented in the lives

of conservative African American Christians. A few of the influences to be discussed are the

following: mental health services approach to the community as it relates to research studies,

diagnosing, and cultural sensitivity; and the techniques implemented by the community, to

include religiosity as a coping mechanism to deal with mental health issues.

Mental Health and African Americans

The demographics of African Americans versus other ethnic groups as it relates to mental

health is a serious issue and it should be addressed immediately. African American men are four

times more likely to commit suicide than African American women. African American men

have a suicide rate 70% less than the non-Hispanic White population (Bailey, Blackmon, &

Stevens, 2009).

According to the Surgeon General's report, the suicide rate for African Americans ages

10–14 increased 233% as compared to non-Hispanic Whites at 120% (USDHHS OMH, 2016).

Based upon the Centers for Disease Control (2016) reports 3.4% African Americans reported

serious psychological distress compared to 3.2% of White (USDHHS OMH, 2016). The report

also showed that among persons 18 and older with feelings of sadness, hopelessness, and

worthlessness, the rates were significantly higher in the African American community, which

were at 3.6%, 2.3%, and 1.7%, while Whites were at 2.4%, 1.7%, and 1.5% (USDHHS OMH,

2016). The most disturbing aspect of this mental health status report was the outcome for

treatment, which reveals the importance of this research to the African American conservative

Christian community. The percentage of adults who received mental health treatment, according

to the Substance Abuse and Mental Health Services Administration's (2015) report was 9.4% for

African Americans and 18.8% for Whites, while 6.6% of African Americans received

prescription medication for mental health treatment compared to 15.7% of Whites. Other

significant reports for this study were found in the *2016 National Healthcare Quality and*

Disparities Report (2017) which found that the rates for adults age 18 and above with major

depressive episodes who received treatment in the last year was 62.1% for African Americans

and 72% for Whites.

There are several reasons that could impact these numbers, but they are all significant to

understanding why African American use of mental health services are limited compared to their

White counterparts. As mentioned by the *2016 National Healthcare Quality and Disparities*

Report (2017), access to care as it relates to mental health is limited in the African American

community. The purpose of the Affordable Care Act was to assist those who needed insurance

to cover mental health services. During that time 15.9% of African Americans were still

uninsured compared to 11.1% of Whites (Centers for Disease Control, 2016). An estimated,

45.3% of Whites age 12 and over were treated for substance abuse and completed their program

compared to 40.6% of African Americans. Ultimately, all of these factors have an influence on

the way African American conservative Christians perceive mental health services as a source

for emotional healing. To better understand these numbers and how they impact the African

American community it is beneficial to explain in detail how depression and PTSD are truly

impacting an entire ethnic group. Due to the urgent need for mental health it is important to

determine what is required for conservative Christians in the African American community to

experience mental health as a potential resource for emotional healing. African Americans are

10% more likely to report having a serious psychological issue than non-Hispanic Whites (USDHHS OMH, 2016).

Disorders Impacting the African American Community

The African American community considers itself to be made up of a strong people who have denied the need for mental health assistance (Conner et al., 2010). This is why an effective method for incorporating mental health into the African American Christian community is very important. Awareness of mental health concerns makes it imperative to understand what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing, however, statistics and changes within the cultural norms have proven otherwise. Due to racial discrimination, violence in the neighborhoods, and poverty, mental health issues continue to plague the African American communities (D. R. Williams & Williams-Morris, 2000). Depression and PTSD are two of the major disorders impacting the African American community since slavery and without implementing proper mental health treatment the circumstances will only continue (Wimberly, 2015).

Depression. Depression is one of the most common disorders amongst Americans (Mowbray, Campbell, Kim, & Scott, 2017). The rate of depression in the African American community coincides with the importance of knowing what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. The National Institute of Mental Health (2016) stated there is an estimated 10.3 million adults and 3.1 million adolescents who have been diagnosed with at least one major depressive episode. For those in the African American community, these numbers are significantly staggering (Bryant et al., 2014). The authors also found suicide rates among

African American men have been at a steady increase over the past several decades. In addition, the authors state that, because mental health is often discredited in the African American community, many often suffer in silence, are misdiagnosed, or develop ineffective coping methods, which cause greater harm. According to Ward and Mengesha (2013), African American men face several risk factors as it relates to depression but have low use of mental health services. African American men who acknowledge depression describe it as a part of life (Ofonedu, Percy, Harris-Britt, & Belcher, 2013).

Depression is a significant issue within the African American community especially African American men who are at a greater risk, even though the majority refuse to admit to feeling depressed (Plowden, Adams, & Wiley, 2016). Bailey et al. (2009) reports major depressive disorders are more severe in the African American community than in the White community. However, due to improper diagnosis and the inability to properly treat the disorders, many African American men are left to suffer with their illness in silence. African American females are by far the least likely group to seek treatment for depression in the United States (Hastings, Jones, & Martin, 2016). Studies also show a correlation between depression in African American women and binge eating. African American women often binge eat to deal with stress and depressive symptoms (Adamus-Leach et al., 2013). However, African American women are less likely to attempt or commit suicide than African American men and other ethnic groups. The reason for this is African American women have a strong sense of heritage, history, and identity, which is perceived as protection against suicide (Borum, 2012). To better understand African American women and depression more research will need to be conducted. However, many suggest African American women's level of depression often coincide with self-esteem or self-awareness levels; the more in touch with themselves they are the less likely they

are to suffer from depression (Settles, Navarrete, Pagano, Abdou, & Sidanius, 2010).

Investigators all agree that there is a shortage of research as it relates to African Americans and

depression and more specifically, there is a shortage of research on African American women

(Carrington, 2006). Gaining insight into the African American community and their perception

of mental health programs can lead to better treatment for African Americans, especially

females.

African American adults are not the only ones impacted by increased levels of

depression. African American adolescents are very stressed, and many suffer from depression.

However, the majority are more willing to accept the signs of stress, but less willing to accept the

idea of depression (Kinser & Masho, 2015). African American youth who have mothers who

display symptoms of depression often follow suit due to lack of kinship support, social skills,

and parenting skills (Boyd & Wanders, 2013). The causes of depression among those in the

African American community are multifaceted; resulting from generational circumstances,

behavioral issues, and living in poor communities with limited educational resources. With the

increase in depression levels among African American youth, programs must be created to

improve youth resilience by ensuring all areas, which could lead to depression, are incorporated

(Chen, 2013). Many young females in the African American community have what is known as

peer relational aggression victimization. The studies show females who have peer relational

aggression victimization have significantly high levels of depression as well (Gomes, Davis,

Baker, & Servonsky, 2009). The most detrimental issue causing depression in African American

youth is chronic community violence. Youth in urban areas often lack the tools needed to cope

with such turmoil, which causes depression levels in youth ages 9 to 11 to be astronomical

(Jones, 2007). Understanding how African Americans perceive mental health as a source for emotional healing will assist in creating programs that will benefit African American youth.

Depression, in the African American community, is elevated due to discrimination and financial status (Green et al., 2013). Racial discrimination and SES have a direct correlation to depression and African Americans with higher levels of SES report more interaction with discrimination than those in lower SES (Hudson, Neighbors, Geronimus, & Jackson, 2015). The more educated African Americans are the more likely they will deal with racial discrimination in the workplace and in their communities, which also increases their level of depression. Research also states higher education increases depression in the African American community, especially for those in predominantly White areas (Elion, Wang, Slaney, & French, 2012). Depression is heightened in poverty stricken African Americans communities as well. Depression over a lifetime does not differ among genders as it relates to those in urban African American communities. However, rates of depression in urban African American populations are higher than those found in national samples of African Americans and more comparable to the higher rates found nationally among Whites (Green et al., 2013). The stressors coincide with living in poverty and lack of financial stability, which contribute to high levels of depression in urban communities (Kinser & Masho, 2015). Ultimately, racism and discrimination continue to impact African American mental health status.

Posttraumatic stress disorder. African Americans living in urban communities have elevated risks of psychological trauma as a result of being exposed to increased levels of violence (McDonald & Richmond, 2008). These events are not only tragic but have proven to drastically impact the community from the mental health perspective. As a result of the violence, PTSD has become another disorder, which supports the significance of being aware of

what is required for conservative Christians in the African American community to experience

mental health as a potential resource for emotional healing (Holmes, 2017). During 2016, there

were 4,000 shootings in Chicago alone, with 762 deaths; which was a 60% increase from the

previous year (DNAinfo, 2017). With the majority of the incidents in Chicago occurring on the

south and west sides, the members of the communities are left to suffer from these traumatic

events and cope with the overwhelming mental health issues to follow, such as PTSD (Holmes,

2017). African Americans are forced to deal with deaths at alarming rates and numbers without

having the ability to process such traumas. The constant exposure and loss of loved ones,

friends, or simply living in fear of being the next one to die show an entire population of

individuals living with trauma (Gunderson, 2017).

Due to the ages of those involved in the violence, the majority of those who are left to

carry the burden are teenagers and young adults. Adolescents in urban areas are exposed to

elevated amounts of violence in their communities, leaving them with elevated risks of

psychological issues (McDonald & Richmond, 2008). Many of those who live in these

communities and witness such horrific deaths often turn to a life that leads to a similar fate.

Research shows when PTSD is undiagnosed and untreated, individuals who are constantly

exposed to the violence and trauma have a greater chance to commit violent crimes as well

(Gillikin et al., 2016).

PTSD and depression are just two disorders impacting the African American community

that will be focused on in this research. However, there are other disorders, such as

schizophrenia, that are being diagnosed in the community at elevated levels as well. Due to

these disorders and the church's inability to maintain accountability or have the knowledge to

treat them, the African American community is suffering. Mental health providers must learn

the importance of interacting with churches and gaining the churches' trust in order to reach the congregation as a whole. Once mental health services and the church are able to integrate, the conservative African American Christian community will be willing to seek out mental health services as a source for emotional healing.

African Americans and Religiosity

The African American community has always been heavily influenced by religiosity, which includes the way in which they approach mental health awareness. The African American community has elevated levels of mental health illnesses, to include depression and PTSD, however, their willingness to seek out mental health services remains critically low (Bryant et al., 2014). This unwillingness to seek out such services coincides with the need to know what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. As those in the African American communities are forced to deal with more emotional issues, especially in urban communities, the need for mental health intervention will increase. The Ofonedu et al. (2013) research study determined African American youth living in urban communities are dealing with depression at an alarming rate due to the overwhelming number of tragic events, which include inner city violence. This research will take a more in depth look into the perception of the parishioners of the church as it relates to mental health rather than that of the church leadership.

African American Perception of Mental Health Services

The African American community experiences emotional distress at the same rate of any other ethnic group, yet their use of mental health services remains extremely lower (Ayalon & Young, 2009). Several factors contribute to the lack of seeking mental health services, such as, a history of inequitable services, experiencing mistrust or discrimination, as well as failed

treatment outcomes (Gonzalez, Alegria, Prihoda, Copeland, & Zeber, 2011), which further explains why such research is important. The conservative African American Christians' perspective of mental health has been influenced by a range of factors, such as cultural stigmas, biases, family, and individual experiences. Being aware of the perceptions placed on mental health can assist in determining what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing.

Cultural stigmas in the African American community have severely impacted their willingness to seek mental health services (Wimberly, 2015). Such stigmas often prevent African Americans from seeking mental health treatment for their mental health issues (Wimberly, 2015). As discovered in the Ward, Wiltshire, Detry, and Brown (2014) article, even though African Americans are aware of the symptoms and signs associated with mental health disorders, they are not open to acknowledging that they have a psychological problem because they are concerned about the stigmas associated with mental illness. Research shows African Americans believe depression or anxiety would be considered crazy in their social circles and believe discussions about mental illness is inappropriate, even among family members (Ward et al., 2014). They are, however, open to seeking mental health services, but through the church by using religious coping skills.

Cultural barriers also interfere with the African American community and their willingness to seek mental health services (Rostain, Ramsay, & Waite, 2015). Many in the African American community lack the understanding and the education to completely comprehend what a mental health condition is and therefore as a community refuse to discuss the issue openly. Many refuse to seek treatment because of the cultural issues associated with the condition, such as personal weakness or a punishment from God. Therefore, they believe that

through prayer and working through the issues internally they will resolve the problems associated with mental illness (Armstrong, 2016). Self-concealment is another barrier that hinders treatment in the African American community. Self-concealment is used often in the community as a behavioral mechanism to withhold distressing or possibly embarrassing or shaming information about one's self or one's family from others (Masuda, Anderson, & Edmonds, 2012), which gives further understanding as to why this research is significant. African Americans clients have several other barriers as it relates to mental health services. Shame and stigma, cultural barriers, fear and distrust in the system, lack of information, lack of insurance, as well as limited transportation in rural areas all contribute to the issues associated with mental health and the African American community (Conner, Lee, et al., 2010).

The members of the African American race are very family oriented and depend on each other for not only encouragement, but direction as well (Lindsey, Joe, & Nebbitt, 2010). Since so many in the African American community frown upon mental health and the use of mental health services, others within the family unit will follow the same philosophy without question or understanding of the reasoning as to why. Many will refuse to seek out mental health services even if the services are highly recommended by a professional out of fear of family repercussions. The barriers to treatment include family disapproval and unfamiliarity with accessing treatment in African American communities (Davis, Ressler, Schwartz, Stephens, & Bradley, 2008). When dealing with severe mental health issues in these family dynamics the individuals are less likely to receive mental health services and are more prone to seek care via primary care centers.

Conservative African American Christians have a distrust for those in the mental health service profession stemming from the medical experimentation of African Americans during

slavery, the Tuskegee study, and the perceived negativity received during the initial contact with the mental health provider. Hankerson, Suite, and Bailey (2015), discuss how African American men are discriminated against during treatment, which causes them not to trust the process. The article went on to discuss examples of discrimination to include; being involuntarily hospitalized at a higher rate, and African American men are diagnosed with more psychotic disorders, such as schizophrenia, than White men, who are more susceptible to having mood disorders.

Individual experiences with the mental health community also has an impact on why the African American community does not seek out mental health services for emotional healing (Alvidrez, Snowden, & Kaiser, 2008). Many African American elders refuse to seek mental health treatment due to their troubles with discrimination and racism when they were younger. African American conservative Christians relied on family support and spirituality as methods for coping with mental health concerns because of their personal interactions (Crewe, 2007). Many in the African American community have reported a distrust of psychotherapists (particularly psychologists) and a lack of cultural sensitivity as barriers to seeking mental health services (Armstrong, 2016).

Racial disparities based on geographical locations are also a factor in African Americans seeking out mental health. The majority of African Americans who need mental health are forced to seek assistance from mental health services that lack the professional requirements and education to properly diagnose the clients (Bryant et al., 2014). According to Dinwiddie, Gaskin, Chan, Norrington, and McCleary (2012), there are few mental health providers located in minority neighborhoods due to low reimbursement rates. The authors continue by stating, a majority of African Americans are covered by Medicaid or have no insurance which leaves them to be misdiagnosed or maltreated. African American women in an urban neighborhood study

perceived mental health providers during their individual experiences as being uncaring, emotionally detached, and overly prescribed psychotropic medication (Leis, Mendelson, Perry, & Tandon, 2011).

My hypothesis for this review is supported by the research gathered. The mistrust, lack of understanding and education, proper insurance, and fear of being stereotyped limit the desires of those in the African American community from seeking outside sources for possible mental health issues (Masuda et al., 2012). The barriers, subjective experiences, and The African American perception of mental health services have an impact on how they potentially use mental health services as a source for emotional healing.

African American Church Theology

To better understand the conservative African American Christian's perspective of what is required for mental health services to be a source for emotional healing, one must also understand the role of African American theology. Theology, the study of God, has a significant impact on the beliefs and behavior of conservative Christians especially from the African American community. Theology is what unites the African American church, while at the same time distinguishes one congregation from another. Individual churches and denominations differ in their theological principles causing them to differ in how they execute beliefs, their purpose, roles, and their responsibilities (Avent & Cashwell, 2015). Even though many who are unaware of the dynamics within the African American church categorize the Black churches together under one umbrella, the differences in theological beliefs cause this to be a false perception. There are several different theologies: liberation, alternate, other worldly, and this worldly; all are practiced within the different denominations of the African American church. The theological positions ultimately serve as the guiding principles and influences for the

parishioners and their life choices, to include seeking professional mental health services (Avent & Cashwell, 2015). When those in the mental health profession gain more insight into the theology of the African American church they will have a better understanding of the conservative African American Christian.

The Black Liberation theology was created by James Cones and was rooted in the civil rights movement of the 1960s. He drew inspiration from the teachings from both Dr. Martin Luther King Jr. and Malcom X. His theology doctrine was God was for the weak and oppressed and supported Blacks in their struggle against White America (McCormack, 2016). African Americans took what was considered a White man's religion and adopted it to assist with the struggles of Black people. This theology focuses on how the individual views God as well as how the individual interacts with others. Liberation theology believed the Black Church gave oppressed Blacks a sense of freedom and expression, something they did not have in their daily lives (Avent & Cashwell, 2015). The church gave African Americans a place to go and express their emotions as a community without being judged or criticized; it was a place for change and a place for comfort. Other theologies focused on Whites as the oppressors, while churches who practiced liberation focused on the freedom that is felt when members fellowshipped with each other (Avent & Cashwell, 2015). Liberation theology's values focus on addressing their members holistically and emphasizing the connection of the body and mind (Burrow, 1994).

According to Avent and Cashwell (2015), the creators of Alternate Society theology believed that the African American church would be a place where members could congregate and express themselves freely and comfortably. However, this theology was created on the idea that Whites do not understand and cannot relate to African Americans. Frazier believed the African American church should be a separate nation from the United States, so it could

adequately care for all the needs of African Americans (Avent & Cashwell, 2015). The plan was for the church to create its own schools, banks, housing, and social outlets without having to interact with the White culture. Churches who practice this theology would be more inclined to reject mental health services as a source for emotional healing due to their desire to meet all the needs of their members in house.

Other-worldly theology has dramatically different theological principles than Alternate Society and the Black Liberation theologies. Other-worldly theology consists of churches who believe freedom and reward should be deferred until after death (Avent & Cashwell, 2015). Those who follow this practice are more accepting of current pain and hardship because they will gain relief in heaven. Their message is deeply rooted in the slavery era and they find comfort in songs that discuss earthly suffering is only for a moment but eternal peace in heaven will be theirs upon death (Cashwell & Young, 2011). These members are taught suffering is a privilege and they should endure and not complain, a belief often taught to slaves; they are led to believe that this is their test and work for God and that they will be rewarded in heaven. These individuals will have limited interest in mental health and may even reject the idea of mental illness entirely because of their need and desire to not have a joyous earthly experience.

The final theology, This Worldly, is the most open to mental health and would be the group most open to using mental health services as a source for emotional healing (Avent & Cashwell, 2015). The Avent and Cashwell (2015) article further explains that this is the group who would be more susceptible to the integration of mental health and religiosity. This Worldly, unlike other-Worldly, believes African Americans deserve to experience happiness, freedom, and peace while on this earth (Avent & Cashwell, 2015). They will do whatever is needed to minimize pain and anxiety while on this earth. They are a group who believes God gives

individuals on this earth gifts to assist those who may be suffering. For example, mental health professionals are on this earth to assist those who may need mental health services to live a happier, more peaceful life on earth.

Regardless of what theology an African American church may be affiliated with, they all have their hesitancy when it comes to mental health services as a source for coping with emotional healing (Avent & Cashwell, 2015). To better understand how to reach conservative African American Christians, therapist must be willing to go beyond basic levels of multicultural competence and educate themselves on the theologies of the African American communities. When knowledge on the theologies of the African American communities is gained, the providers will be able to form a rapport in the communities, with the churches, and with the parishioners, eventually integrating mental health services, the African American conservative Christian community, and religiosity.

Mental Health Services and the African American Community

The availability of mental health services in the African American community is another important measure to assist in the understanding of what is required for mental health to be a potential source for emotional healing (Alvidrez et al., 2008). The lack of cultural sensitivity, cultural biases, and both the lack of research studies directed towards the African American community and the lack of African American representation in the profession have direct correlation to the limited number of African Americans who seek mental health resources (Alvidrez et al., 2008). Mental health services inability to incorporate the minority cultural views into the field also impacts their willingness to seek out the service regardless of financial or educational status. The article by Alegria et al. (2012) explained that African Americans who were not considered poor were less likely to receive specialty care than their White counterparts,

even after adjustments for demographic characteristics, insurance status, and psychiatric morbidity were all considered.

Many in the African American community feel they are not represented in the mental health field (Conner, Lee, et al., 2010). Many believe the service lacks cultural awareness and competency as it relates to the African American community. The negative beliefs of the African American community about White mental health service professionals stem largely from the perceptions about the mental health service delivery system, and how they have treated African Americans in the past and many expressed concerns about mental health researchers and how they manipulate and take advantage of African Americans (Conner, Copeland, et al., 2010). Although many issues may influence the perception of mental health, to those in the African American community, a majority report racism influences their views on mental health services (Nicolaidis et al., 2010).

African Americans are often misdiagnosed by physicians when dealing with mental health issues. One study found that primary care providers were less likely to report or detect anxiousness in their African American patients and these patients were less likely to be given medications for the symptoms (L. D. Vinson, Crowther, Austin, & Guin, 2014). The study also revealed African American patients were more likely to have diagnoses judged as less severe. African Americans often dismiss depression because doctors often misdiagnose because of the symptoms and lack of cultural competence (Bailey et al., 2009). Another issue African American often deal with when entering mental health services is misdiagnoses because the provider harbors resentment or a negative perception of those in the African American community, which affects the diagnostic assessment (Hankerson et al., 2015).

African Americans are less likely to be represented in research populations leading to less studies to better understand assessments, proper treatments, and impacts of the overall treatment process. Assessments of disorders, such as depression, anxiety, and dementia among those in the African American community are often complicated by differences in symptom presentation or reporting and a lack of validated assessment instruments with ethnically diverse populations (L. D. Vinson et al., 2014). African Americans are also medicated incorrectly because of lack of research studies. As mentioned in Bailey et al. (2009), due to lack of minorities in research studies the effectiveness of medication is limited because serotonin levels are different among ethnic groups. Studies show the importance of involving African American youth in depression research, along with the support of adults and community, as a technique to change cultural biases as they relate to depression and other disorders (Breland-Noble, Bell, & Burriss, 2011).

Many in the African American community refuse to seek mental health services because they are unable to have access to a therapist who resembles them (Allen, Davey, & Davey, 2010). African Americans often deal with discrimination or other racial issues and often feel therapists of other races are not culturally sensitive or believe the negative stereotypes placed on many in the African American community. According to Allen et al. (2010), due to racial factors research is now being conducted on ethnic/racial matching. Ethnic/racial matching is matching a Black client with a Black clinician, which may increase treatment success and participation. However, this option is limited because of the lack of minorities in the mental health field (Allen et al., 2010). African Americans make up less than 4% of all mental health providers in America. The lack of minority therapists directly limits the number of clients who will be able to participate in such programs, leaving the majority to continue seeking assistance where their race will not be a factor in their level of care: the church.

The results of this research reveal the discrepancies in the mental health service system as it relates to the African American community. My original hypothesis was consistent with the research gathered in the literature review. The research also displayed evidence that the inability of mental health services to effectively incorporate the minority culture into the field has a moderate to severe impact on the willingness of the African American to seek mental health assistance. Once the mental health system implements plans to improve and understand the relationships needed to assist the African American community, the conservative African American Christian will potentially seek out mental health services as a source for emotional healing.

Coping Skills for Emotional Healing

Emotional healing for the conservative African American Christian community typically revolves around spirituality (Hays, 2015). This research will enlighten the audience as to what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. African Americans are among the most religious ethnic groups in America and rely profoundly on the church for support when dealing with possible mental health issues (Hays, 2015). Coping skills for emotional turmoil include spiritual and pastoral care. Many in the African American Christian community rely on talking through their problems with others in their lives, going to church, and prayer. The Allen et al. (2010) study agrees with the overall hypothesis that the church and the pastors within the African American community are the first line of support and often guide the members on methods for coping with issues they may be having, including mental health issues. Research conducted by Bannon, Cavaleri, Rodriguez, and McKay (2008) suggests that the techniques, to include spiritual or religious coping, extended family care, and cultural pride reinforcement,

implemented by the African American community can be effective but only when proper techniques are implemented by those within the community.

The conservative African American Christian community relies profoundly on spirituality as a method for coping with emotional distress. Religion and spirituality are considered as both an alternative coping source for African American Christians and a protective factor against mental health issues, such as anxiety, depression, and grief (Avent, Cashwell, & Brown-Jeffry, 2015). Praying for comfort and relief has led many in the African American church to deny more professional services as they believe healing and assistance will come from God. There are several cultural tools that could be used by the Black church to foster the health and wellness of its members, including prayer as an active means to bring physical, mental, emotional, and spiritual relief (Adksion-Bradley, Johnson, Sanders, Duncan, & Holcomb-McCoy, 2009). Most in the African American church believe prayer is the answer to their problems and often disregard any type of assistance that does not involve the church, prayer, and faith. However, as Hays (2015) mentioned, how much longer can the African American church continue to treat those with mental health issues, due to the recent increase and severity of the diagnosis within the community.

Many within the church have different opinions as it relates to mental health, whether as an actual illness, a punishment for a sin, or part of the burden they must bear as a Christian and an African American. There is little evidence available as to how the African American church perceives mental health or deals with parishioners who may display symptoms (Allen et al., 2010). Having a better understanding of the pastoral perspective of mental health will allow one to better comprehend the congregation's perception of mental health, since according to Allen et

al. (2010), church leaders are considered the gatekeepers to the members and the methods that impact how they deal with circumstances in their lives.

African American conservative Christians who follow specific theologies may refuse to seek mental health services outside of the church because they may believe the church can take care of all the needs they may have. The parishioners may receive messages from the church that they are the ones who will provide for them, which includes any mental health needs they may have (Avent & Cashwell, 2015). Due to many African American conservative Christians' perception that the church offers every class they may deem necessary to be successful in Christ, many will reject the idea of going outside the church for mental health issues, even if they may be experiencing severe symptoms because of the belief of going against the church and its values.

Religion and pastoral care are not the only sources used by the African American Christian community as a method for coping with emotional turmoil. Many find more comfort and trust when talking to those who can relate to their situation and know them on a more personal level. African Americans tend to cope with mental health problems by using informal resources, such as family, friends, neighbors, and coworkers (Ward, Clark, & Heidrich, 2009). Due to the lack of trust in the services or lack of education as it relates to mental health services, many African Americans throughout history have taken their issues to the individuals who surround them for support. African Americans resort to family support, peer support, and connectedness as methods for coping with mental health issues (Matlin, Molock, & Tebes, 2011). This assistance is not from a professional perspective but often allows the individual going through struggles the opportunity to release stress and continue to function in a manner that is considered to be normal.

The research results as it relates to the African American community and their current coping skills when dealing with emotional issues directly correlates with the original hypothesis. This measure of religion as a coping mechanism has a significant impact on the African American community and their need to potentially seek mental health resources for emotional healing. Conservative Christians in African American communities said it best when they stated that health promotion, church attendance, or both decreased the frequency of loneliness, depression, trouble sleeping, and family problems. The majority of Christians in African American communities said God and prayer were the reason for their healing (Gonnerman, Lutz, Yehieli, & Meisinger, 2008). Once the leaders of the church allow the parishioners to learn the importance of mental health awareness, refer members to mental health resources, and/or incorporate mental health into their congregation, the members will not have a desire to search for assistance from other outlets.

Integrate and Synthesize

Conservative African American Christians' perspective of mental health services, the efforts of the mental health service community as it relates to African Americans, and the current emotional healing process are all important measures to better understand the relationship between mental health and religiosity. History has been very influential in the way African Americans perceive mental health. Racial disparities in mental health service utilization are caused by complex sociocultural factors (Lukachko, Myers, & Hankerson, 2015) and also influence how African American conservative Christians perceive mental health services. These disparities have led many African Americans to suggest that mental services were not created to meet their needs and the providers are unable to relate to issues found in the African American community. As a result, many prefer to resort to pastoral care for assistance. Since many of the

pastors in the church have had similar experiences with mental health services, they prefer to handle mental health issues within the congregations. Ministers may be more willing to make referrals to mental health services if they felt the mental health concerns of the congregants would be met (Mattis et al., 2007).

A negative to parishioners seeking mental health guidance from those in pastoral positions is many members may feel uncomfortable discussing detailed issues with the minister out of fear of being judged or rejected by the church (Mattis et al., 2007). Another negative is the relationships the members have with the parishioners hinder the treatment process and in many instances, pastors are aware of this problem. Prior studies have suggested ministers are knowledgeable of the concerns faced by the parishioners and that they are uncomfortable coming to them for support, which coincides with Mattis et al.'s (2007) research that developing more collaborations with outside mental health care professionals is very important.

Mental health service providers must change their approach to treating African American conservative Christians if they would like for them to implement providers as a source for emotional healing. They must be willing to reach out to the African American church congregations to establish relationships, build trust, and increase their visibility in the communities (Avent & Cashwell, 2015). Mental health providers must reach out to the African American community through outreach programs and offer support to the local churches to encourage mental health awareness. They must also incorporate positive change within the African American communities to assist in changing the negative perceptions placed on mental health services. Understanding the needs of those in the African American conservative Christian community, while at the same time incorporating their religious theologies, will motivate change in the mental health service/African American dynamics.

Churches being more willing to incorporate change and accept the idea of mental health services for their members will ultimately improve the relationship between the parishioners and those in the mental health service field. The ministry must be intentional about addressing the emotional and spiritual needs of its congregants through what is called a continuum-of-care model (Armstrong, 2016). This continuum includes licensed mental health service providers, trained ministers, as well as trained grief support group facilitators. Finally, the church must become proactive with encouraging their members to seek out mental health without judgment or repercussions. To maximize visibility, ministry services and programs can publicize in the church bulletins, newsletters, create a bulletin board dedicated strictly to mental health services, create videos, and add to church websites the importance of mental health wellness (Armstrong, 2016). Another aspect, which could be implemented in assisting the African American community with adapting to mental health intervention, because of them feeling neglected for so many years, would be to incorporate community-based participatory research to the treatment. Community based participatory research is an approach that focuses on the strengths and expertise of the client and the therapist (Mance, Mendelson, Byrd, Jones, & Tandon, 2010). This will also give the leaders of the church more comfort in allowing the congregation to seek treatment from outsourced mental health services.

Summary

The results of the literature review allowed the researcher to gain a better understanding of the conservative African American community and their perception of mental health services and their normal coping skills, which influence their need for mental health services. It also points out the disparities in mental health services as it relates to African Americans. Rostain et al.'s (2015) research explained the importance of clinicians and other mental health providers

learning and understanding the historical background of the African American community as it relates to mental health. Barriers to care, as well as strategies to eliminate barriers, must be implemented to ensure that African American communities can receive effective and efficient mental health care.

Based on the information gathered, the researcher was able to determine several areas in which more studies should be conducted. The first is most research focuses on the pastor and his perception of the issues with mental health and the African American community, however minimal to no research was conducted focusing on the parishioners and their individual experiences, beliefs, or ideas. Also, the research should have a more diverse population within the African American community to gain a broader understanding of the overall perception of the community. Another area that should be studied more is the church's perception of mental health as it relates to its members.

Since the years immediately following slavery the African American community has turned to the church for assistance due to lack of support and service availability. As a result, many in the African American community continue to rely on the church, often disregarding more fundamental and professional services that are available. Avent et al. (2015) suggest the ministers in the church must be willing to encourage mental health services to the church members so they will be more comfortable with seeking assistance. Not only that, mental health services must implement change by becoming more culturally aware of the needs of those from the African American Community.

Mental health providers must become more culturally sensitive to the needs and stigmas surrounding the African American community and mental health services (Davis et al., 2008). Another key factor discovered during this research is mental health services must be integrated

into the spiritual lives of those in the African American community, so that they can gain a better understanding and also learn the importance of mental health wellness (Dempsey et al., 2015). Lukachko et al. (2015) explained the importance of ministers and mental health service providers forming some type of cohesiveness to not only educate the African American church about the importance of mental health services but also about the integration of spiritual and mental health services.

Ultimately, the research was consistent with the overall hypothesis, which was originally introduced by the writer. The articles researched were able to not only support the study but also give insight into possible changes and improvements needed to correct the mistakes currently made from the initial themes. The research proved the measures discussed to include the following: African American perspective of mental health, the mental resources availability, and coping skills currently used for emotional healing. These measures influence how conservative African American Christians experience mental health services as a potential resource for emotional healing.

This study will assist mental health professionals with understanding the dynamics that make up the African American community. Even though each individual's experience may be different to some degree, ultimately the circumstances of the past all play a significant role on today's perception. From the time of slavery African American conservative Christians have been rejected and oppressed. Overtime they identified their own methods for dealing and coping with situations surrounding their lives; these are methods that the oppressor will never completely understand. As times changed and the struggle of the African American community changed, one source remained and that is the church and what it offered to a people who had nothing. Now in a new era with greater issues on the horizon, the church, the foundation of the

African American community, can no longer withstand the demand. It is at this time that those within the church must step out on faith and look for other sources to fulfill those needs without abandoning their religious principles.

This is where mental health professionals must be willing and ready to meet the challenge. They must be willing to prove themselves to a community, they must be willing to educate themselves not only on the basics of multicultural details, but they must go beyond to the root of the African American conservative Christian's spirit and faith and incorporate that into every aspect of their treatment process. Through learning and understanding the African American conservative Christian parishioners' perspective they will gain insight on how to integrate this treatment process effectively and efficiently. It will be at that time that African American conservative Christians will accept mental health services as a source for coping with emotional healing. This study is not only important for research purposes, this study is important because eventually the information gathered will assist in improving the livelihood and personal experiences of the African American conservative Christian community for many generations to come.

CHAPTER THREE: METHODS

Overview

A qualitative phenomenological research study will be conducted to explore what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. Research has shown that African American Christians prefer to seek emotional healing from religious outlets rather than through mental health services (Dempsey et al., 2015). Current literature does not discuss the interactivity between the two as it relates to religiosity from the perspective of members of the congregation. This research will grant those working in the field of mental health a more concrete understanding as to why church members seek religiosity for treatment instead of mental health services and what changes the mental health field can incorporate to be a potential source for emotional healing for African American Christians.

Design

A 20th-century German philosopher by the name of Edmond Husserl is the founder of phenomenology. Husserl formed a scientific method that was created to assist psychological researchers with investigating human experience and behavior (Wertz, 2005). Phenomenological inquiry starts by asking a question as it explores the phenomenon from the perspective of those who have gone through the experience (Matua & Van Der Wall, 2015). The author notes that phenomenology has evolved over the years, becoming more of an interpretation of the experience rather than a pure experience. During Husserl's period of study, previous research was based upon pure description, however, later Heidegger, Gadamer, and Ricoeur began to focus more on the interpretive experience of the individual (Matua & Van Der Wall, 2015).

The study was designed to be qualitative. "Qualitative research is a nonnumerical study that seeks to interpret meaning from particular data, which will assist in understanding life through the perception of the targeted audience" (DeFranzo, 2011, p. 1). According to Crossman (2017), this type of research is created using descriptive data which must be interpreted by the researcher using systematic methods, such as transcribing, coding, and analysis of trends and themes. This researcher will incorporate several methods to ensure the data gathered is correct and efficient from the study participants, such as direct observation, oral observation, open-ended surveys, focus groups, in-depth interviews, oral history, and participant observation. One of the most profound and major strengths of qualitative research is its ability to place emphasis upon understanding the phenomenon of interest in a holistic manner and in the proper context (Al-Busaidi, 2008).

Phenomenological qualitative research was conducted because the research focuses on lived experiences of those selected as study participants. As the researcher, I believe that this was the most obvious method for answering the research questions. According to Adams and van Manen (2017), phenomenology is a qualitative research approach that focuses on a shared lived experience within a particular group. This research focuses on a group of conservative African American Christian's personal experiences as it relates to mental health services as a potential resource for emotional healing; they all share a common interest and similar experiences as it relates to the research topic. African Americans living in the south share similar financial burdens, this often leads to a higher level of mental health issues, however, they rarely seek out mental health services for emotional healing (Murry et al., 2011).

Phenomenological research studies the methods used by individuals in order to put together a phenomenon they experience in such a manner that it makes sense of the world and

develops their worldview (Al-Busaidi, 2008). Phenomenology is a person's perception of an event regardless of how it exists to others. As it relates to this research, the experiences encountered by the African American Christian community have influenced their perception of possibly using mental health services as a potential source for emotional healing.

According to Matua and Van Der Wall (2015), there are currently two methods of phenomenology research: descriptive and interpretive. The descriptive approach is correlated more towards the Husserl view in that the researcher is seeking a pure form of the research. The researcher must explore and explain the research, while avoiding any preconceptions or engaging in what is called phenomenological epoche or bracketing, which means the researcher sets aside all prejudgments and previous experiences about the phenomenon and is willing to approach the research with an open mind (Al-Busaidi, 2008).

The interpretive approach coincides with Heidegger and his team's perception of phenomenology. According to Matua and Van Der Wall (2015), the interpretive approach, which is implemented in this research, requires the researcher to focus on gaining a deeper understanding of an experience. The hermeneutic method allows the researcher to investigate the meaning of an experience related to issues that may have some form of implication on the researcher (Adams & van Manen, 2017). This allows the researcher to gain greater insight and understanding as to what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing.

Research Questions

Central Research Question: What is required for conservative Christians in the African American Community to experience mental health as a potential resource for emotional healing?

Research Question 1: What does a small sample of African American conservative Christian churchgoers from denominations in the southern United States report as barriers to obtaining mental health treatment for emotional issues or mental health disorders?

Research Question 2: What techniques can be incorporated by those who work in the field of mental health to assist African American Christians with becoming more willing to seek treatment?

Research Question 3: How do African American conservative Christians perceive secular mental health?

Research Question 4: How can spirituality be integrated into mental health techniques in a manner that will encourage African Americans to seek mental health as a source for coping without compromising the provider's ethical standards?

Setting

Once the Institutional Review Board grants the approval, this researcher plans to interview eight conservative Christians from the African American church. The participants will be selected from three rural churches located in South Carolina, North Carolina, and Alabama. The reason for choosing this population is because Blacks in rural areas are heavily influenced by fear and stigma, rely on informal support systems, and often seek treatment through ambulatory and emergency care (Blank, Mahmood, Fox, & Guterbock, 2002). African Americans who are members of southern rural churches rely heavily on the church for emotional guidance and support. According to Blank et al. (2002), Black churches may provide greater mental and social support but will have limited access to formal systems of care.

Participants

The eight participants will be selected by the researcher based on certain criteria. The researcher will submit a letter to the three churches seeking volunteers to participate in the study. Based upon those who are willing to participate, the researcher will choose four females and four males to complete the interview process. The participants must be members of the church, who attend a minimum of four services a month, range from the ages of 30–55, and have not been diagnosed with a mental health disorder.

Procedures

Upon the approval of the Institutional Review Board, the research study will begin. The data will be collected through phenomenological personal detailed notes to self and in-depth interviews to acquire the lived experiences as it relates to the mental health of eight African American parishioners. The research will consist of four men and four women from three different African American church denominations in the south. The phenomenological approach will be used to gain better insight into the perception of African American Christians as it relates to them potentially using mental health services. The researcher plans to write memos-to-self of my lived experience as an African American Christian working in the field of mental health services, my prior perceptions of the field, and my religious beliefs. I also plan to choose members from different African American churches to interview due to the different theological doctrines within the community. The researcher will also allow experts in the field to review, and then pilot the interview with a small sample outside of my study sample to ensure clarity of questions and wording to ensure the research was conducted properly.

I believe the eight individuals I will ultimately interview will provide the evidence needed to better understand the lived experience of conservative African American Christians

and the potential for them to use mental health services as a source for emotional healing. The results should reveal how history impacted the way in which African Americans perceive mental health services. The results should also reveal how counselors' lack of cultural sensitivity to the African American community has been a crucial barrier to their willingness to seek mental health services. It should also reveal the reasons the African American Christian community relies so heavily on religiosity for emotional healing.

The Researcher's Role

The researcher's role in this study is to interview my participants and properly report their firsthand experiences as African American Christian conservatives as it relates to using mental health as a potential source for emotional healing. As the researcher my role is to ensure that I practice epoche, and set aside prejudgment, biases, and any preconceived notions on the topic (Moustakas, 1994). As for the individuals whom I plan to interview, I will not have a relationship with them personally and will use my limited association with the churches to ensure that I have no relationship with the participants. My assumption for the research is that the majority of those I will interview will have similar experiences as it relates to mental health, as well as the techniques used for emotional healing. However, even though I may have this assumption, I must remain naïve, and open-minded, while at the same time create new beliefs, ideas, and perceptions (Moustakas, 1994). My ability to be in the moment with the participants in my study will not only give the best results, but will allow each person's experience to be significant in their eyes as well as in mine.

Data Collection

I intend to conduct face-to-face interviews with members of different denominations or diverse religious bodies within the Christian faith who share similar traits, such as church name

or doctrine. I currently have limited affiliation only through friends or family and referrals to the potential churches. I will introduce myself, and the purpose of the study, explain the research, and confidentiality, along with the risk and benefits of the study. I am projecting no risk to the participants, since all information is confidential. Once I have eight participants, I will schedule 45- to 60-minute open-ended interviews with each interviewee, which will be recorded if they consent to it. I will take detailed notes during the interview as well, I will do follow-up interviews with everyone for any clarifications or possible corrections. The next session provides a list of the questions asked during the face-to-face interview sessions.

Interviews

The data for this study will be conducted by interview between the researcher and the participants from the African American churches. The questions must have both social meaning and personal significance (Moustakas, 1994). The researcher will interview all participants, while recording all sessions to ensure the information is accurate. This research will assist those in the mental health field with a more concrete understanding as to how the experiences of those in the conservative African American Christian community perceive mental health as a potential source for emotional healing. The questions, which will be asked during the interview are important in gaining insight into the experiences of those interviewed and the researcher will answer any questions that the participants may have.

1. Will you please introduce yourself to me, and detail anything about yourself you may feel is important not only to this interview but to you personally?

2. As an African American Christian what is your perception, belief, or idea, of mental health?

3. What or who has had the greatest influence on your perception of mental health? Why?

4. Do you believe a person can have a mental health disorder? Why? or why not?

5. How do you care for your mental health needs?

6. Have you ever received assistance for a mental health issue from the church? Why? Or why not? If so, was the assistance helpful and if so how?

7. If so what techniques or activities were incorporated to improve your emotional state?

8. If not, what barriers interfered with your willingness to seek assistance?

9. What is your experience with the secular mental health field?

10. How do you perceive secular mental health as it relates to

    - Counseling Psychology?

    - Adult/Children services?

11. What do you need from the mental health community in order to feel comfortable asking for services?

12. Would you seek mental health if it were integrated with your faith?

13. Would you seek mental health if the church encouraged it?

14. Reflecting on this interview is there anything you would like to add as it relates to your perception of mental health services as a source for coping with emotional issues?

15. Is there anything you would like to add to the interview to allow more insight into you as an individual as it relates to the topic of mental health?

16. With your permission, I would like to meet with you again for a brief interview, once I have written up everything to ensure the information is accurate and interpreted correctly from your perception?

Question one is more of a social conversation between the researcher and the participant. This question allows time for relaxation and to build trust between the interviewer and

interviewee. This question gives the interviewer the opportunity to open her mind to the individual in front of them and not focus on the study as a whole (Moustakas, 1994).

Questions two through four focuses on the interviewees' perception of mental health and whether or not one can have a mental disorder. This allows the interviewees to begin to think of their experiences (Moustakas, 1994) and process the questions on a more personal level. These questions will also cause the interviewees to reflect on how their experiences impact their family dynamics and their experiences with mental health.

Questions five through 10 afford the interviewees the opportunity to reflect on their own personal experiences with mental health and the field of mental health in general. These questions focus on the actual experiences, what those experiences mean to the participants, and how it changed their personal views (Worthington, 2004). The interviewees have the opportunity to reveal their experiences and details to the phenomenon.

Questions 11 through 14 focus directly on how to implement change and possibly change the perception of the phenomenon without discrediting the experience of the participant. These questions give the interviewee the opportunity to incorporate positive change into the phenomenological experience, which could benefit them and others in their community. These questions are directed at the interviewees' experiences, feelings, beliefs, and conviction about the specific theme in question (Groenewald, 2004).

Questions 15 and 16 give the interviewees the opportunity to add any information to the experience and any insight they may have to assist the interviewer with the phenomenological study. Question 15 focuses on giving the interviewees the chance to reveal any information they may believe is pertinent to the study. These questions also allow the interviewer the opportunity to meet with the interviewees again to ensure the information is accurate and a direct reflection

of the interviewees' personal experience (Moustakas, 1994). The participants will be told that they can stop the interview if and when they begin to feel uncomfortable. In case participants have any feelings of discomfort after the interview process or if the interview has brought up any unpleasant memories, the researcher will be available for four free counseling sessions to assist them in processing their feelings. This will assist in ensuring the participants are not left in emotional danger as a result of the interview.

Data Analysis

The data will be analyzed using the Modified Van Kaam Method of Analysis of Phenomenological Data. This method of analysis uses the complete transcript of each of the participants in the study (Moustakas, 1994). The current information gathered leads the researcher to believe that it is relevant to the study because it allows the researcher to do listing and preliminary grouping, and horizonalization, which lists every quote that is relevant to the experience, as well as allows for reduction and elimination (Moustakas, 1994). I will also include my personal notes and perspectives into the analysis as well.

Trustworthiness

Trustworthiness addresses the credibility, dependability, transferability, and confirmability of the study. The trustworthiness of the study refers to the level of confidence the researcher has in the data, the way in which the data is interpreted, as well as the methods used to ensure the quality of the research (Polit & Beck, 2014). The qualitative research was conducted using the phenomenological approach which means that the validity of this research is based upon the truth as perceived by the participant. The participants will have access to any information gathered to clarify or make corrections to their statements, leaving limited space for error during and following the interview process. There could be minimal discrepancies with the

surveys completed by the congregation, however, the researcher will explain the importance of honesty and confidentiality. The researcher will disclose all information regarding the research purposes and procedures to all participants. However, I will assure them that their information will not be released to anyone affiliated with the church. The research will be limited to the perspective of African American Christians.

Credibility

Credibility is the extent to which the findings accurately describe reality. The information for the research was conducted through standard procedures typically used during this type of study (Polit & Beck, 2014). This was established by the researcher by reflective journaling, recording interviews with participants, follow-up interviews, and giving the participants the opportunity to discuss their experiences without any influence. The researcher will also report negative results found in the study as well.

Dependability and Confirmability

Dependability refers to the consistency of the data over time, while confirmability refers to the consistency of the study being repeated (Polit & Beck, 2014). Some of the participants in the study may have similar experiences, however, circumstances and outcomes will be different even for those who are members of the same congregation, which will prove dependability of the research. The confirmability of the research will be evident through the notes, journaling, memos, and recordings kept by the researcher.

Transferability

Transferability is the degree to which the findings of the research are useful to individuals in another research setting (Polit & Beck, 2014) article. This study will be beneficial to future studies as it relates to African Americans and mental health. This research will be beneficial to

those in the mental health field, those seeking to understand barriers in the conservative African American Christian community, African American religiosity, and integration of mental health in the African American church.

Ethical Consideration

Upon approval by the IRB, this researcher will begin the phenomenological study. As for my personal notes they will be scanned into my locked computer and all other evidence will be shredded. I will also store all recorded tapes in a secured lock box. All information from my interviewees will be stored on the locked computer as well for three years; then the hard drive will be destroyed. The researcher will ensure confidentiality with each participant and will have them sign forms to guarantee all information will be kept confidential and will not be released to anyone who does not have direct impact on the research.

Summary

This is a detailed description of the planned research study method. A qualitative methodology will be used to examine what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. The participant sample will be made of eight selected individuals from three different southern African American churches. The results should reveal the impact history as far back as slavery has impacted the way in which African Americans perceive mental health services. The results should also reveal how counselors' lack of cultural sensitivity to the African American community has been a crucial barrier to their willingness to seek mental health services. I also believe the research will reveal the reason the African American Christian community relies so heavily on religiosity for emotional healing. The data will be collected through the interviews and will be analyzed using the Moustakas' (1994) modification of the Stevick–Colaizzi–Keen

Method. Validity and limitations will be accounted for to include the sample size, familiarity, and demographics.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this phenomenological research was to gain insight from the personal experiences of African American Christians as to what will allow them to feel comfortable with seeking mental health services as a source for emotional healing. The purpose for this chapter is to give a description of the participants for the study and to present themes that were developed by analyzing the data. This study examined the personal experiences of eight African American Christians from predominantly Black churches located in the southeastern region of the United States. The participants were between the ages of 30–55, a member of a church, attend a minimum of four services a month, and have not been diagnosed with a mental health disorder. The researcher indicated that she would seek individuals from three specific churches, however, due to unforeseen circumstances surrounding the weather and flooding in South and North Carolina, two churches could no longer participate. Instead, the researcher selected two other churches from the same region. Results from this study are also discussed in this chapter, beginning with the development of themes generated from the data collected during the face-to-face interviews. After the presentation of themes, the discussion section, which addresses the research questions follows.

Participants

The study on what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing presented the personal experiences of eight African American Christians in the Southeast. The interviewees are from various churches and meet the qualifications required to participate in the study.

Table 1

Participant Demographics

Pseudonym	Age	Ethnic group	Religion	Church membership	Diagnosis
Male I	30–55	African American	Christianity	Yes	No
Female I	30–55	African American	Christianity	Yes	No
Male II	30–55	African American	Christianity	Yes	No
Female II	30–55	African American	Christianity	Yes	No
Male III	30–55	African American	Christianity	Yes	No
Female III	30–55	African American	Christianity	Yes	No
Male IV	30–55	African American	Christianity	Yes	No
Female IV	30–55	African American	Christianity	Yes	No

Male I

Male I is a 46-year-old Department of Defense employee and is also retired military. He reports that he is heavily involved in his church, to include Bible studies and male support groups. He believes mental health awareness is very important, however he prefers to seek assistance from his pastor rather than someone who works in the field of mental health. His greatest influence for his perception of mental health was his uncle, a Vietnam veteran, who suffered from PTSD, but refused medication or treatment for his illness. However, at the time he was not aware of PTSD and his uncle was labeled by family and friends as "crazy and he and his younger relatives were told to leave him alone." Prior to serving in the military, male I was

unaware of mental health disorders. This was something African American families did not discuss, he reported.

Male I reported that he cared for his mental health needs by discussing whatever problem he may be having with his church pastor. He reported his pastor understood what he needed, he could relate, and he offered support and prayer. The interviewee reported that he has never received assistance for a mental health issue from the church because he does not have a mental health issue, but he does refer to his pastor for spiritual guidance and of course it is always helpful.

Female I

Female I is a 35-year-old married female. The interviewee reported that she believes mental health issues are real, however, as a result of the stigmas, many African Americans stay away from it. She reported her husband has been the greatest influence on her perception of mental health because he has been diagnosed with a disorder. Prior to getting married, mental health was not discussed in her family or with friends. She reported that she cares for her mental health needs through prayer and talking to friends and family. She stated that she enjoyed talking through her issues and believes her family and friends would give her the sound advice needed to cope with the situations.

Female I has never received assistance for mental health from the church because she states she has never had an issue where the church's assistance was needed. She also reported that she did not know if she would feel comfortable seeking assistance for her mental health issues from the church because of lack of confidentiality and the fear of being judged by others within the church.

Male II

Male II is a 30-year-old married male with one child. He reported he was always taught to believe everything should be held in and that he should never discuss his emotions. He reported that he was never encouraged to seek mental health services or that mental health issues actually existed. He reported recently however, that his perception has changed drastically; he reported his father has been diagnosed with both depression and PTSD. Knowing the impact these disorders have had on his father, he has been forced to accept the facts. As a result, male II encourages others to seek out mental health treatment when needed. He reported that he personally has never sought out mental health services, instead he seeks spiritual guidance from his spiritual leaders through prayer and scripture.

Female II

Female II is 33 years old and she met the requirements needed to participate in the interview process. Female II believes mental health issues are real and individuals should not be ashamed, especially if they are Christians. She also reported that her children had the greatest influence on her perception of mental health because she has to ensure that she has control of her life for them, whether it is anxiety or being aware of negativity in her life. Prior to having children her perception of mental health was if people had control of their mental state, they could accomplish anything. The interviewee reported that she does believe a person can have a mental health disorder, however individuals have to be aware of their mental state and know when to seek assistance. As a mom, Female II, reported she constantly cares for her mental health needs. She reported she does this by sharing her feelings, as well as mental processing; she says she has self-awareness and deals with her emotions and maintains healthy boundaries and relationships to ensure she remains mentally healthy.

Female II reported that she had received assistance from the church for a personal issue and the situation was not handled in a manner that led her to believe that she could turn to her church for support in the future. She did seek secular mental health services, however, the therapist could not relate culturally to her experiences and often incorporated his actions from personal relationships to assist her with resolving her issues. Her perception of mental health services is that they are needed especially in today's society and individuals should be willing to seek the assistance. She reported that she would not be willing to seek mental health services if it was integrated with her faith; she believes the two should remain separate.

Male III

Male III is a 34-year-old veteran and Department of Defense employee who is married with no children. Male three reported that prior to exiting the military, mental health was never something he encouraged or discussed. As a child he was taught problems were a part of life and to "just deal with it or suck it up." Male III has never sought out mental health services from a professional, but instead seeks assistance from God through prayer and discusses his life issues with his wife and mother. He reported the African American's perception of mental health has and will continue to have a large impact on the ways in which he views mental health. He believes that an individual who has mental health concerns should definitely seek out assistance from a professional.

Female III

Female III is a 34-year-old, married with no children. She reported that as a child her family never discussed mental health and does not believe "they were even aware mental health disorders or issues were an actual thing." Female III also reported as she began to learn of mental health issues it was all negative and she believed it to be a spiritual struggle rather than

what it actually was. She also reported she believes we are made up of three parts; mind, body, and soul and all are equally important. She reported, African American in general, often only focus on their spiritual health, the body to some extent, and refuse to focus on the mental aspect of their health. She believes mental health is very important in today's society especially for African Americans of the Christian faith.

Female III reported, she has never received mental health treatment from a professional. However, she did seek assistance from the church. She reported the results left her confused and she did not believe that they focused on her mental state but more so on her spiritual relationship with God. She reported that she felt as if she had committed a sin against God because of her feelings and strongly believes the church should not be involved in mental health concerns unless they are educated in the field. Female III says she would attempt to seek out professionals in the mental health field in the future if she deems it necessary. For now, she feels prayer and communicating with those around her is the best way for coping with any emotional issues she may have.

Male IV

Male IV is a 49-year-old military retiree and is married with three children. He reported mental health was never discussed in his home growing up, even though he has a sister who was diagnosed. The family often disregarded her emotional state and referred to her as being crazy and often laughed and belittled her as a result. He reported that even to this day the family does not speak openly about her, as if she is an embarrassment to the family. He also stated that his time in the military allowed him the opportunity to gain insight and education as it relates to mental health and now, he better understands his sister's struggle with bipolar disorder.

Male IV stated that he seeks guidance from his pastor as it relates to his emotional or mental health needs "because prayer and assistance from church leadership changes things." He also reported that as he was transitioning out of the military, he did meet with a mental health professional and actually found it very helpful, and continued seeing the therapist for nearly a year. He stated that mental health awareness is very important and if someone notices things in their mind is not quite right or they need someone to talk to about life, a mental health professional is an excellent outlet.

Female IV

Female IV is 39 years old and is married with two children. She stated during the interview that when she was growing up, mental health was not a concern; "these were not Black people issues." She reported that even though she believes mental health is a serious issue that she does not believe that she herself has any emotional issues for which she needs to see a professional. She reported the cost of treatment and lack of or limited insurance has a significant role in why many refuse mental health assistance, including herself. She reported that her church offers mental health treatment and encourages their members to implement mental health care in their lives. She reported her daughter has a mental health therapist and understands the importance of treatment and encourages anyone who needs it to seek it out as quickly as possible.

Results

The purpose of the study was to gain insight into what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. The data was analyzed using the Modified Van Kaam Method of Analysis of Phenomenological Data. This method of analysis uses the complete transcript of

each of the participants in the study (Moustakas, 1994). This particular method allowed the researcher to do listing and preliminary grouping, and horizonalization, which lists every quote that is relevant to the experience, as well as allowed for reduction and elimination (Moustakas, 1994). The researcher also included her personal notes and perspectives into the analysis as well. This chapter will discuss steps for data analysis that lead to the development of themes and a discussion on the participants' responses to the research questions.

Several themes emerged from the interviews, which assisted in answering the research study questions. The first theme, barriers in the African American community answered research question one; What does a small sample of African American conservative Christian churchgoers from denominations in the southern United States report as barriers to obtaining mental health treatment for emotional issues or mental health disorders? This question was answered in two themes, to include negative labels and appearing weak to their family and community. Research question two, What techniques can be incorporated by those who work in the field of mental health to assist African American Christians with being more willing to seek treatment? was answered in two themes: being more involved in the community and cultural diversity in the field. Another significant theme, the significance of mental health answered question three, How do African American conservative Christians perceive mental health? Research question four, How can spirituality be integrated into mental health techniques in a manner that will encourage African Americans to seek mental health as a source for coping without compromising the providers' ethical standards? was answered in the themes, the importance of integration and confidentiality, as well as spiritual support.

Theme Development

 The most important aspect of qualitative research is the process of data analysis. To answer the research questions, one-on-one interviews were conducted and analyzed. Once the interviews were completed, specific themes were developed to determine what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. The researcher identified several major themes from the eight interviews conducted.

Theme 1: Barriers

 Studies have shown that barriers in the African American community have limited their willingness to seek mental health (Davis et al., 2008). Seven of the eight participants in the study spoke directly of the barriers that impacted their perception of mental health services. Eight out of eight of those interviewed was the stigmas placed on African Americans who have a mental health disorder or seek out mental health treatment, which causes them to be hesitant to seek mental health services. Seven out of eight indicated another barrier, which is the unwillingness to speak of mental health in the African American community. All eight out of eight interviewees discussed the barriers which have not only interfered with their perception of mental health but also their willingness to seek out mental health professionals for their own emotional support.

 Subtheme 1: Negative labels. Derogatory labels have been placed on those who need mental health professional assistance. Male I reported that "my family called my uncle crazy and told us not to bother him." Female III stated that "Black people are scared to get mental health because they don't want to be called crazy." Male II reported that "as soon as we as Black men talk about mental health people start calling us crazy." Male III stated that "there is a

stigma behind mental health that you are crazy, and no one wants that title." Female IV reported that "when I mentioned to my family that my daughter was seeing a mental health professional, they instantly said why she's not crazy or slow." Male IV stated that "we have to learn getting help doesn't mean you are crazy."

Subtheme 2: Weakness. African Americans often associate mental health with being weak and therefore being unable to deal with life adversities and struggles. This was also evident with the male individuals who participated in this research study. Male I stated that "I don't want to appear to be weak and unable to care for myself and my family." Male II reported that "most of us as Black men believe mental health issues and seeking out mental health treatment means we are weak." Male III, also stated that

Black people have been taught to be tough and being able to suppress our issues and not talk about them makes us strong but when we open up about a mental health issue then we are weak, and life is too difficult for us.

Male IV had a similar perception, "We have to learn getting help doesn't make us weak as a man."

Subtheme 3: Perception of mental health. Growing up in many African American households, mental health was not a topic of discussion (Breland-Noble et al., 2011). This was also true for those who participated in the one-on-one interviews. Male I reported, "We didn't discuss mental health growing up, everyone has problems." Female I, "We did not talk about it at all, I never talked about it until I met my husband." Male II reported, "We didn't talk about any mental problems we had, we just dealt with what life gave us." Female III said, "We didn't discuss mental health issues we were taught to pray, and God would do the rest." Male IV stated, "He was told whatever traumas he had was just life and he was okay, be thankful, and

people were dealing with more serious issues." Female IV stated, "Mental health was not something we talked about Black people know how to deal with their problem."

Theme 2: What Professionals Can Implement

The purpose of this research is to determine what is required for African American conservative Christians to experience mental health as a potential resource for emotional healing. In order to completely understand the mental health experience, the study must also investigate the role the professionals in the field have in the African American community. The perception of those in the African American community as it relates to mental health professionals was a significant topic in this research study. The common theme from those interviewed was the need for community outreach from those in the field, as well as more individuals who share their cultural and ethnic background, and the cost as a result of lack or limited health insurance.

Subtheme 1: Community outreach. Several research articles discussed that lack of education could have a tremendous impact on African Americans willingness to seek mental health (Dinwiddie et al., 2012). This was evident in the themes found in this research as well. Male II reported, "Mental health providers need to get out in the community more and let people know they are there and willing to help." Male III reported,

> He knows it is about the bottom dollar and ensuring you are in a location to make money however, if they want to reach those in the African American community, they may need to offer services in a location that is accessible to the Black community.

Female III stated,

> Mental health professionals should participate more in health fairs in low income areas as well as in Black communities. Allow people in the areas to know you and understand

your purpose and more about the profession as a whole, this will encourage more Black

people to seek them out during trying times.

Male IV suggested,

Mental health providers need to ensure they are a part of the community they serve to

include the Black community we tend to avoid what we don't know and if those in the

field are not willing to give back then Black people will never turn to them for support.

Subtheme 2: Cultural background. Another subtheme that was pertinent in this

research was the need for more African Americans in the field. The majority of those

interviewed reported that they would be more comfortable with someone who resembled them

and shared the same cultural background and concerns. Actually, all but two of the eight

individuals interviewed reported they would be more willing to seek out mental health if more

therapist were of African American descent. Male I stated, "I would be more willing to seek

professional help if they looked like me. A White person doesn't understand my struggles and

they can't relate to my life issues." Male II reported, "It would be better for the field of mental

health as it relates to people in the African American community if more Black people worked in

the field." Male III and Female III both reported, "Having a black therapist would make the

process easier; Female III went on to report, "This is because we are visual beings." Female III

went on to say, "African American therapists would make those seeking out therapy more

comfortable with the idea of getting help." Female IV reported, "I would be more comfortable

because there are things we would not have to report because between cultures things are just

known and understood." Male IV stated,

Having more African Americans in the field would let other African Americans know

mental health issues are real and people who look like them are aware of this and are here

to help them cope with whatever the problem may be.

Subtheme 3: Cost. The cost of mental health was also a factor that interfered with

African Americans and their willingness to seek mental health (Riley, 2012). This was evident

in this research study as well. Many of those interviewed do not have insurance or have limited

insurance which does not cover mental health treatment. Female I reported, "I would be more

willing to go to therapy if the price was cheaper or if I had better insurance." Female II stated, "I

believe more Black people would use mental health therapists if it weren't for the price."

Female IV reported, "I would probably be more willing to get therapy for myself if I had better

insurance or if therapist were more willing to offer discounted prices." Male IV reported, "If it

weren't for my insurance, I would have not been able to see a therapist and I am sure that

contributes to why others just go to their primary doctors for assistance."

Theme 3: Mental Health Care

African Americans have different perceptions of mental health; this was also proven in

this research study (Leis et al., 2011). Another common theme was how each individual

perceived mental health for others versus how they perceived it for themselves. Each individual

interviewed reported they believed mental health issues and disorders did exist. Of the eight

interviewees, all of them agreed seeking mental health for emotional support or for disorders is

very important, they also suggested individuals should be able to seek mental health treatment

without being judged. These answers were very important to the research and allowed the

interviewer insight into the changing perception of those in the African American community.

The eight interviewees denied having a need to visit a therapist or any other mental health professionals. The individuals interviewed reported that they cared for their mental health needs by communicating with friends and family, prayer, and through spiritual guidance from religious leadership. They all believed these techniques were more productive for them as a whole than treatment from a professional. Females I, II, III, and IV reported, "I talk to my friends and family and when I am struggling emotionally, they give me the advice I need and talking gives me a chance to let it all out." Male I, II, and IV all stated they prefer to talk with church leadership when they are having a difficult time. While Male III reported, "I talk to my mother and my wife when needed and they give me the emotional support I need."

Theme 4: Church and Mental Health

Studies have discussed the importance of integrating the church as a resource for African Americans to seek mental health for emotional healing (Kaytura et al., 2003). However, as evident by this research, these ideas may be changing. A common theme was the Black church and mental health. While the common subthemes were; role in African American community, the impact of the church, and integrating the church and mental health.

Subtheme 1: Role of the church. Each person interviewed believed that the church is the foundation of the African American community, which coincides with all previous research. "The church is where all African Americans go to feel apart of something and as if they belong and are understood" (Male I). Male III reported, "Many do not realize the impact and control the church has on the African American Christian community they are similar to their own government and what they put out to their members their members follow."

Subtheme 2: The impact of the church. The churches' impact on the African American community has been both negative and positive, which has in turn impacted the

perception of mental health as well as leadership and congregation relationship (Allen et al.,

2010). Those who participated in the research who were in the age group of 40–55, relied on the

church for direction of their lives and how they should deal with circumstances. Male I, Male

IV, Female I, and Female IV all agreed the church and prayer offers everyone a source for

healing. While, Male II, Male III, Female II, and Female IV all agreed the church has significant

power in the personal lives of African Americans and this is wrong, and they should only rely on

the church for spiritual guidance.

Subtheme 3: Integrating the church and mental health. Previous research believed

integrating the church and mental health would be the most effective method for reaching those

in the African American conservative Christian community (Adksion-Bradley et al., 2005).

However, the participants in this study worried about confidentiality and trust within the church.

Female and Male III suggested the church have a referral list, but that is the extent of it to ensure

all information remained private. All participants agreed spirituality is important in everything

that they do, especially mental health because of the extreme secular aspects of mental health

professionals. Finding mental health professionals who are willing to pray and incorporate the

Bible into the treatment process would bring more comfort to the client. Male IV stated, "When

you walk into the person's office and find out they worship God and will pray for and with you

gives you a sense of peace, which is why I stayed in treatment for a year."

Research Question Responses

The original research questions for this study were answered by the eight individuals who

participated in the one-on-one interviews. The research questions, What does a small sample of

African American conservative Christian churchgoers from denominations in the southern

United States reports as barriers to obtaining mental health treatment for emotional issues or

mental health disorders? What techniques can be incorporated by those who work in the field of mental health to assist African American Christians with being more willing to seek treatment? How do African American conservative Christians perceive mental health? and How can spirituality be integrated into mental health techniques in a manner that will encourage African Americans to seek mental health as a source for coping without compromising the providers' ethical standards? were all incorporated within the major themes found in the research.

   Question 1. What does a small sample of African American conservative Christian churchgoers from denominations in the southern United States report as barriers to obtaining mental health treatment for emotional issues or mental health disorders? African American conservative Christians report the barriers to obtaining mental health treatment for emotional issues or mental health disorders. The most common barriers revealed in this research is fear of being labeled as crazy or weak. As reported by those in the study, African Americans struggle with the idea of not being accepted by those they love and respect, so they will deny their own emotional wellness to ensure those relationships remain intact. Another common barrier discussed in this study was the limited discussion of mental health from childhood has placed restrictions on African American's willingness to seek out mental health into adulthood. Male I stated,

> African Americans must learn compassion for one another they must learn to respect the fact some of us suffer from mental health disorders and have mental health issues that desire the assistance of a professional and that is okay, just be supportive.

   Question 2. What techniques can be incorporated by those who work in the field of mental health to assist African American Christians with being more willing to seek treatment? This research revealed those who work in the field of mental health should make themselves

accessible to the Black community. Knowing they are there and willing to assist would

significantly change the influence others have placed on mental health as a whole. Another

answer to this question is encouraging other African Americans to enter into the field of mental

health as a profession. The limited amount of African American therapists in the field has

caused many in the African American community to believe that their mental health is not

important. Male IV stated, "It bothers me when I go in and these individuals pretend as if they

understand me or can relate to my life, I would feel so much better if I would walk in and see

someone who resembles me."

Question 3. How do African American conservative Christians perceive mental health?

African Americans from the age of 30 to 55 believe mental health is a serious concern in the

African American community. They believe if someone has issues please seek out mental health

assistance. However, a discrepancy is present; the individuals 40 and up relied more on the

church for direction as it relates to mental health where those under the age, who relied more on

self-experience and personal perception.

Question 4. How can spirituality be integrated into mental health techniques in a manner

that will encourage African Americans to seek mental health as a source for coping without

compromising the providers' ethical standards. This study has revealed many agree if the church

encouraged mental health; they would be more willing to input mental health treatment into their

lives. Female IV reported, "I would definitely be more willing to seek mental health if the

church encouraged it." The research also revealed African Americans would not be willing to

seek mental health at the church or if the church was involved in the treatment process due to

fear of limited confidentiality. Female II states, "I would not seek mental health if it were

integrated into the church." Male III reported, "Church and mental health should remain

separate because I don't trust that my business will not be shared throughout the congregation." The participants ultimately, all agreed they would be more willing to pursue mental health services if it incorporated spirituality; such as prayer, and biblical references.

Summary

This chapter discussed the findings of what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. The following questions were investigated during the research study:

Research Question 1: What does a small sample of African American conservative Christian churchgoers from denominations in the southern United States report as barriers to obtaining mental health treatment for emotional issues or mental health disorders?

Research Question 2: What techniques can be incorporated by those who work in the field of mental health to assist African American Christians with being more willing to seek treatment?

Research Question 3: How do African American conservative Christians perceive mental health?

Research Question 4: How can spirituality be integrated into mental health techniques in a manner that will encourage African Americans to seek mental health as a source for coping without compromising the providers' ethical standards?

Participants were chosen from predominantly African American Christian churches in the southeastern region of the United States. All participants were between the ages of 30–55, a member of a church, attended a minimum of four services a month, and had not been diagnosed with a mental health disorder. There were major themes that emerged from the participants' experiences with mental health. The first theme was the barriers associated with mental health as

it relates to the African American community which was connected to the first research question. The second theme, the desire for cultural diversity and community involvement by those in the field of mental health answered the second research question. The third theme discussed the need for mental health in the African American community which correlated with question three. The final theme, spirituality and confidentiality within the African American community, was connected to the fourth research question.

CHAPTER FIVE: CONCLUSION

Overview

This chapter discusses the findings and implications of this research study which focused on what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. This chapter is organized with a summary of the findings, a discussion of the findings, and implications of the study, an outline of delimitations and limitations of the study, and recommendations for future research. The experiences of African Americans and mental health services is discussed using person centered, experiential, and Gestalt theories.

Summary of Findings

This research study investigated what is required for conservative Christians in the African American community to experience mental health services as a potential resource for emotional healing. Based on the data collected through one-on-one interviews, the participants in the study revealed their perception of mental health based on their personal life experiences. In addition to the central research question, the study also explored four subquestions which focused on major issues impacting the African American Christian community's views of mental health. The following paragraphs will summarize the findings of the research study.

Research Question 1

What does a small sample of African American conservative Christian churchgoers from denominations in the southern United States report as barriers to obtaining mental health treatment for emotional issues or mental health disorders? The eight participants described their personal experiences in regard to the barriers in the African American conservative Christian community as it relates to mental health treatment as a resource for emotional healing. All

participants discussed the fact that mental health was not discussed in their homes, leaving them to believe that mental health was not an issue, or it was taboo to discuss such problems. The participants also reported the barrier of being labeled as "weak" or "crazy" by others in the community was a burden that they preferred not to deal with. As a result of the negativity placed on mental health, it remains difficult for the African American Christian community to share their mental health concerns or even seek treatment from a mental health professional.

Research Question 2

What techniques can be incorporated by those who work in the field of mental health to assist African American Christians with being more willing to seek treatment? The eight individuals who were interviewed for this research made suggestions of techniques that professionals in the mental health field could incorporate to improve the relationship between them and the African American community. The participants suggested that more community outreach involvement by the professionals would perhaps bridge the gap between mental health and the African American community. They also suggested that this outreach involvement could begin to change the negative perception of the mental health field from African American Christians. Another technique to incorporate is having more African Americans in the profession. As a result of limited cultural and ethnic professional visibility, many African Americans steer clear of mental health treatment because it is presumed to be only for the majority race. Having more African Americans in the field would allow those in search of treatment to feel as if they are understood and that the therapist cannot only relate to, but be more empathetic to their concerns and mental health treatment.

Research Question 3

How do African American conservative Christians perceive mental health? The eight individuals who were interviewed perceive mental health as a serious concern, especially in the African American Christian community. All participants agreed that if an individual needs treatment, the individual should definitely seek it without hesitation or apprehension due to what others may believe. However, of the eight individuals interviewed, only two have actually had mental health treatment. The other six participants prefer spiritual guidance or family and friends as a resource for coping with emotional issues in their lives.

Research Question 4

How can spirituality be integrated into mental health techniques in a manner that will encourage African Americans to seek mental health services as a source for coping without compromising the providers' ethical standards? The reactions to the integration of mental health and spirituality from the eight individuals who participated in the study were very insightful for the study. All eight interviewees believe the church should be more involved with reassuring members of the importance of caring for their mental health. They also agreed that they would be more willing to seek mental health services if the church encouraged this as an option. The eight participants also agreed that confidentiality was a tremendous factor when they reflect on integration of church and mental health. The interviewees were divided on the influence that the church should have in their mental health process. The individuals, ages 30–39, believe that the church should only be involved in the spiritual aspects of their lives. Meanwhile, individuals 40–55, believe that leaders and members should be involved to ensure mental health wellness.

Several themes emerged from the research. The first theme was cultural barriers experienced by participants. The participants discussed the cultural barriers by those in the

African American community as it relates to mental health disorders and services. The

participants discussed the unwillingness to speak on mental health issues within the African

American community as well as the stigmas which coincide with mental health treatment. A

second theme significant to this research was the need for community outreach by those in the

mental health profession. A majority of the interviewees reported that those in the field must

make themselves more accessible to the African American community by conducting

community outreach or health fairs. Another major theme is the desire to have more African

Americans working in the field. The interviewees believe that this will eliminate many of the

cultural barriers as well as give those who desire to seek mental health services a sense of

security in being able to share with someone who has a similar culture and ethnic background. A

fourth theme found amongst the participants was the perception of mental health. The

participants involved in the study believed individuals can have mental health disorders and can

also have mental issues due to environmental circumstances and encourage those individuals to

seek treatment. However, the majority of those interviewed have never sought out mental health

treatment for themselves. A final theme present in this research was the integration of mental

health services and the church and the need for confidentiality. The participants believe that

confidentiality is the most important aspect for integrating church and religion, however, all

would be more willing to seek mental health if it were integrated into their faith and encouraged

more by their church leaders.

Discussion

The results of this phenomenological study indicate what is required for Christians in the

African American community to experience mental health as a potential resource for emotional

healing. The study's participants offered insight based on their personal life experiences as it

related to mental health. All eight participants agreed on the importance of mental health treatment as well as the need for mental health awareness in the African American community. The participants offered insight as to what actions should be taken by those who work in the field of mental health to encourage and motivate Christians in the African American community to seek mental health services. The results of this study contribute additional perspectives to the ever-growing body of literature regarding mental health and the African American community.

Empirical Literature

Previous research suggests the importance of understanding the experiences of African American conservative Christians in order to understand what is required for them to implement mental health as a potential source for emotional healing (Avent & Cashwell, 2015). The research findings confirmed many other studies in the field of mental health concerning African Americans and their limited use of treatment. This present study offered an opportunity for African American Christians to detail their personal experiences with both mental health and their current sources for emotional healing. Two of the eight participants received professional mental health treatment for a year. The individuals who were interviewed all agreed that mental health is having a significant impact on the African American community, to include PTSD and bipolar disorder. However, only two of the eight interviewed considered anxiety or depression as a mental health issue for themselves or others in the African American Christian community. According to Plowden, Adams, and Wiley (2016), African Americans often deny depression even when the symptoms are obvious.

All participants in the study discussed the barriers and stigmas placed on mental health in the African American Christian community and even admitted these were the reasons they have not ventured out to seek mental health services for themselves. Six of the eight interviewed

reported they have received emotional support from their spiritual leaders, family, friends. According to Ward et al. (2009), this form of emotional support is normal within the African American community. Four of the eight interviewed preferred to maintain separation of their mental health and spiritual health, while the other four participants believed the church should be involved in all aspects of their lives. The participants in the study offered a perspective of their experiences with mental health services and their reasoning for the limited use within the African American community. The participants were eager to participate and share their negative or positive experiences.

Theoretical Literature

The theoretical framework guiding this study was Carl Roger's Person-Centered Therapy, Gestalt Therapy, and Experiential Theories, which all rely on individuals' personal experiences to gain insight into what is required for them as conservative Christians in the African American community to seek mental health as a potential resource for emotional healing. Focusing on the what and how determines how the experiences influenced life and behaviors (Butman & Jones, 2011). The eight individuals interviewed discussed their personal experiences with mental health as an African American Christian to assist in bridging the gap for others who so desperately need mental health treatment. Their willingness to share their experiences enlightens not only the participants on the importance of mental health treatment, but also those who interact with them and those who may be searching for guidance. Their participation also gives awareness to those in the field about what approaches to use to reach the African American Christian community by being aware of the barriers, the perception of mental health, and the role of the church.

Implications

The study on what is required for conservative Christians in the African American community to experience mental health services as a potential resource for emotional healing has revealed specific implications that can benefit those who are involved in the field of mental health. The purpose of this section of the research is to address the theoretical, empirical, and practical implications for this research study.

Theoretical Implications

The findings of this study imply that if African Americans begin to understand and discuss openly what mental health issues are and the importance of seeking mental health treatment, the culture will discover solutions to the problem. With proper knowledge and being aware that psychological issues do exist within the community, African Americans can begin to work on solutions. This education and enlightenment would be more beneficial however, if it came from the mental health community with the support and backing of church leadership. The media to include social media outlets could also contribute to enlightening and educating the African American community on mental health services and the importance of mental health awareness through public service announcements, commercial ads, and incentives.

Empirical Implications

Besides focusing on theoretical implications, it is also important to consider empirical implications based on the literature in Chapter Two. This research revealed pertinent information as it relates to the empirical implications. This section addresses the empirical implications for African American conservative Christians, mental health professionals, and predominantly African American church leadership.

African American conservative Christians. The African American conservative Christian community is experiencing mental health issues at alarming rates. However, the willingness to seek treatment remains stagnant. Some older individuals in the African American Christian community refuse to discuss the topic of mental health, therefore it is disregarded completely. While, the younger generations accept that there is an issue, they refuse to seek treatment or to admit that they have a problem.

The African American community must be willing to educate themselves on the importance of mental health wellness as well as what is classified as emotional issues that may need professional support. Once educated on mental health, the community may be more willing to discuss the issues faced in the African American community in its entirety without incorporating the negative stigmas, as well as learn to eliminate the barriers.

Mental health professionals. Mental health professionals must learn to interact in the African American communities as well as educate themselves on methods to improve the relationships. Mental health professionals must not only encourage African Americans to seek therapy, but also embrace the cultural challenges surrounding their perception of mental health. Mental health providers must participate in outreach as well as offer educational resources to those in the African American community as a way to motivate self-care as it relates to mental health.

Another important avenue mental health professionals should integrate to bridge the relationship is to give incentives for more African Americans to pursue careers in the mental health profession. Some possible incentives could be student loan repayment, licensing bonuses, and possible discounts on licensing and supervision. Having more African Americans working in the field will motivate the African American community to be more assertive when it relates

to mental health. As a result, more African American Christians will potentially realize they can also benefit from seeking mental health treatment for emotional support from professionals.

Predominantly African American churches. The African American church also has a significant role when it comes to African American Christians' willingness to use mental health as a source for emotional healing. The church must be willing to openly discuss the fact that mental health issues do exist, mental health treatment and wellness are important, and it is acceptable to seek mental health treatment from a professional. The research study suggests that if the church encouraged mental health the members would be more willing to accept it as a source for emotional healing.

The church, however, must be willing to separate themselves from the treatment of their members. The church leadership must learn that they have a duty to their parishioners and must allow them the opportunity to find the correct path needed for them. The church should offer mental health awareness classes, allow mental health professionals to come in and educate the members, and also maintain a list of qualified professionals in case members are in search of potential providers. However, beyond that point the church should remain detached.

Practical Implications

Finally, it would be beneficial to discuss the practical implications based on the results of this study. Those interviewed discussed the importance of seeking mental health treatment from a professional, however, the majority of the interviewees refused to visit a professional out of fear of being labeled, as a result of the stigmas placed on mental health. "I don't want to be looked at as being crazy or weak," was a statement repeatedly used throughout the interview process. The taboos placed on mental health must be eliminated, but this cannot happen without proper education and awareness. The most insightful method for African American conservative

Christians to willingly seek and accept the truth about mental health is encouraging church leaders to promote mental health awareness and treatment. "I would definitely seek out mental health if the church encouraged it" was a statement used by all study participants.

Delimitations and Limitations

This research study, similar to any other qualitative research studies has delimitations and limitations which must be discussed. Delimitations are the decisions the researcher makes to limit or define the boundaries of the study. The main delimitation in this study required that the eight participants be African American Christians. This was important because the researcher wanted to understand the role faith had in their decision to seek mental health. Other delimitations found in this study was the participants had to attend a minimum of four services a month and be a member of a predominantly African American church. This choice was made to have a better grasp and understanding of the influence the church as a whole has on the parishioners' willingness to seek mental health. Choosing participants who have never been diagnosed with a mental health disorder was also a delimitation. Eliminating those participants allowed for the research to focus strictly on the topic and not stray into other areas, such as treatment techniques for those of African American descent and also eliminated possibilities for unforeseen harm to the participants.

The age range of the participants as well as the location of those participating in the research were also delimitations. The age group was chosen to offer insight from those who have experienced enough in life to have an opinion on mental health as well as the church, while at the same time be of an age to possibly share different views and perspectives on the topic. The southeastern region of the United States was chosen because of the majority rural areas and limited resources offered to these individuals, which would allow insight into the parishioners'

historical roots to the church and theology, which those from other areas of the United States may no longer have. The most significant delimitation was the decision to use phenomenological research. The purpose for this choice was in order to understand what is needed by the African American conservative Christian community to seek mental health as a source for emotional healing, one must first understand their personal experiences as it relates to the topic.

Not only did this study have delimitation, but also limitations which should be mentioned to assist those who may conduct future research on the topic. Limitations are potential weaknesses of the study that cannot be controlled. The first limitation was the number of individuals used in the research. I used eight participants, however, I think there would have been more data for the research questions if there were more participants. A second limitation was limiting the research to only Christians, because this is an issue that impacts the entire African American community and focusing strictly on Christians does not give insight into how to ensure all African Americans' needs are met as well.

Recommendations for Future Research

There are several recommendations for future research related to African American conservative Christians and what is required for them to experience mental health as a potential source for emotional healing. The first recommendation would be to gather a larger population for the study. Another recommendation would be to broaden the age group in order to discover if the drastic perceptions on mental health were a result of changes in the generational eras or a result of educational experiences. Also, broadening the research to those outside of conservative Christians could assist in understanding what is required to assist all African Americans. I would also eliminate using the church as a source for seeking out participants, because as a result of

using this technique, my access to individuals became limited. Many who were willing to assist in being a point of contact prior to the research study beginning decided against participating once their assistance was requested. Those individuals reported that they did not want to cause confusion within the church and did not want to bring the devil into their church home. Another recommendation would be to focus on younger generations of African Americans, who appear to be separating their mental health away from the spiritual. A final recommendation would be to conduct quantitative research on African American Christians to understand how widespread the age group is between the importance of the integration of mental health and spirituality and the need to segregate mental health and spirituality phenomenon.

Summary

The purpose of this qualitative phenomenological study was to explore the lived experiences of eight individuals to learn what is required for conservative Christians in the African American community to experience mental health as a potential resource for emotional healing. The research revealed African Americans understand the importance of mental health in the African American community and upon reflecting on the interviews were more willing to seek professional treatment for themselves. This research also revealed mental health providers need to incorporate themselves into the African American community and encourage African American youth to seek degrees in the mental health field. The research also revealed that the church does not have as much influence on the African American community as once believed, but instead lack of education, understanding, and cultural barriers and stigmas have the greatest influence.

According to the findings in this study, African Americans are beginning to break away from the complete control theology that the church once had over their lives, yet church

leadership recommendations remain significant. A lack of understanding as to what is

considered mental health and how to care for mental health needs are impacting the will to seek

out mental health services. It is evident mental health providers making themselves readily

available with the support of church leaders can drastically impact the future of the African

American Christian community and their willingness to seek mental health as a potential

resource for emotional healing. Ultimately, mental health professionals must be willing to seek

out potential church leaders to assist them in methods for reaching the African American

community, while at the same time assuring church leaders, that they are genuinely focused on

the improvement of the African American Christian community mental status.

REFERENCES

Adams, C., & van Manen, M. A. (2017). Teaching phenomenological research and writing. *Qualitative Health Research, 27,* 780–791. doi:10.1177/1049732317698960

Adamus-Leach, H. J., Wilson, P. L., O'Connor, D. P., Rhode, P. C., Mama, S. K., & Lee, R. E. (2013). Depression, stress and body fat are associated with binge eating in a community sample of African American and Hispanic women. *Eating and Weight Disorders, 18,* 221–227. doi:10.1007/s40519-013-0021-3

Adewale, V., Ritchie, D., & Skeels, S. E. (2016). African-American and African perspectives on mental health: A pilot study of the pre and post-colonial and slavery influences and their implications on mental health. *Journal of Communication in Healthcare, 9*(2), 78–89. doi:10.1080/17538068.2016.1170316

Agyemang, C., Bhopal, R., & Bruijnzeel, M. (2005). Negro, Black, Black African, African Caribbean, African American or What? Labelling African origin populations in the health arena in the 21st century. *Journal of Epidemiol Community Health, 59*, 1014-1018. doi:10.1136/jech.2005.035964

Adksion-Bradley, C., Johnson, D., Sanders, J. L., Duncan, L., & Holcomb-McCoy, C. (2005). Forging a collaborative relationship between the Black church and the counseling profession. *Counseling and Values, 49,* 147–154. doi:10.1002/j.2161-007x.2005.tb00261

Al-Busaidi, Q. Z. (2008). Qualitative research and its uses in health care. *Sultan Qaboos University Medical Journal, 8,* 11–19. doi:10.18295/squmj

Alegria, M., Canino, C., Rios, R., Vera, M., Calderon, J., Rusch, D., & Ortega, A. (2012). Mental health care for Latinos: Inequalities in use of specialty mental health services

among Latinos, African Americans, and non-Latino Whites. *Psychiatry Services, 53,* 1547–1555. doi:10.1176/appi.ps.53.12.1547

Allen, A. J., Davey, M., & Davey, A. (2010). Being examples to the flock: The role of church leaders and African American families seeking mental health. *Contemporary Family Therapy, 32,* 117–134. doi:10.1007/s10591-009-9108-4

Alston, R. J., Gayles, T., Rucker, R., & Hobson, M. (2007). The centrality of race in rehabilitation: Views of former clients who are African American. *Journal of Applied Rehabilitation Counseling, 38,* 12–19. Retrieved from https://digital.library.unt.edu /explore/collections/JARC/

Alvidrez, J., Snowden, L. R., & Kaiser, D. M. (2008). The experience of stigma among Black mental health consumers. *Journal of Health Care for the Poor and Underserved, 19,* 874–893. doi:10.1353/hpu.0.0058

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

Amt, E. (2017). Down from the balcony: African Americans and Episcopal congregations in Washington County, Maryland, 1800–1864. *Anglican and Episcopal History, 86,* 1–42. Retrieved from https://www.jstor.org/journal/anglepishist

Armstrong, T. D. (2016). African American congregational care and counseling: Transcending universal and culturally-specific barriers. *Journal of Pastoral Care & Counseling, 70,* 118–122. doi:10.1177/1542305016634666

Avent, J. R., & Cashwell, C. S. (2015). The Black church theology and implications for counseling African Americans. *The Professional Counselor, 5,* 81–90. doi:10.15241/jra.5 .1.81

Avent, J. R., Cashwell, C. S., & Brown-Jeffry, S. (2015). African American pastors on mental

    health, coping, and help seeking. *Counseling and Values, 60,* 32–47. doi:10.1002/j.2161

    -007x.2015.00059.x

Ayalon, L., & Young, M. A. (2009). Racial group differences in help-seeking behaviors. *Journal*

    of Social Psychology, 145, 391–403. doi:10.3200/SOCP.145.4.391-404

Bailey, R. K., Blackmon, H. L., & Stevens, F. L. (2009). Major depressive disorder in the

    African American population: Meeting the challenges of stigma, misdiagnosis, and

    treatment disparities. *Journal of the National Medical Association, 101,* 1084–1089. doi:

    10.1016/S0027-9684(15)31102-0

Bannon, W. M., Cavaleri, M. A., Rodriguez, J., & McKay, M. M. (2008). The effect of racial

    socialization on urban African American use of child mental health services. *Social Work*

    in Mental Health, 6(4), 9–29. doi:10.1080/15332980802032326

Barber, K. H. (2015). Whither shall we go? The past and present of Black churches and the

    public sphere. *Religions, 6,* 245–265. doi:10.3390/rel16010245

Bell-Tolliver, L., & Wilkerson, P. (2011). The use of spirituality and kinship as contributors to

    successful therapy outcomes with African American families. *Journal of Religion &*

    Spirituality in Social Work: Social Thought, 30, 48–70. doi:10.1080/15426432.2011

    .542723

Blank, M. B., Mahmood, M., Fox, J. C., & Guterbock, T. (2002). Alternative mental health

    service: The role of the Black church in the South. *American Journal of Public Health,*

    92, 1668–1672. Retrieved from https://ajph.aphapublications.org/doi/full/10.2105/AJPH

    .92.10.1668

Borum, V. (2012). African American women's perceptions of depression and suicide risk and protection: A womanist exploration. *Affilia, 27,* 316–327. doi:10.1177 /0886109912452401

Boyd, R. C., & Wanders, C. (2013). Protective factors for depression among African American children of predominantly low-income mothers with depression. *Journal of Child and Family Studies, 22*(1), 85–95. doi:10.1007/s10826-012-9588-y

Breland-Noble, A. M., Bell, C. C., & Burriss, A. (2011). "Mama just won't accept this": Adult perspectives on engaging depressed African American teens in clinical research and treatment. *Journal of Clinical Psychology in Medical Settings, 18,* 225–234. doi:10.1007 /s10880-011-9235-6

Bryant, K., Haynes, T., Greer-Williams, N., & Hartwig, M. (2014). A rural African American faith community's solutions to depression disparities. *Public Health Nursing, 31,* 262–271. doi:10.1111/phn.12079

Burrow, R. J. (1994). *James H. Cones and Black liberation theology.* Jefferson, NC: McFarland.

Butman, R. E., & Jones, S. L. (2011). *Modern psychotherapies: A comprehensive Christian appraisal* (2nd ed.). Downers Grove, IL: IVP Academics.

Calhoun-Brown, A. (2000). Upon this rock: The black church, nonviolence, and the Civil Rights Movement. *PS, Political Science & Politics, 33*(2), 168-174. doi:10.2307/420886

Carrington, C. H. (2006). Clinical depression in African American women: Diagnoses, treatment, and research. *Journal of Clinical Psychology, 62,* 779–951. doi:10.1002/jclp .20289

Cashwell, C. S., & Young, J. S. (Eds.). (2011). *Integrating spirituality and religion into counseling: A guide to competent practice.* Alexandria, VA: American Counseling Association.

Centers for Disease Control. (2016). *Tables of summary health statistics.* Retrieved from http://www.cdc.gov/nchs/nhis/shs/tables.htm

Chen, H. J. (2013). Robust protective factors for African American youths who have a parent with depression. *Social Work Research, 37,* 121–134. doi:10.1093/swr/svs026

Conner, K. O., Copeland, V. C., Grote, N. K., Rosen, D., Albert, S., McMurray, M. L., . . . Koeske, G. (2010). Barriers to treatment and culturally endorsed coping strategies among depressed African American older adults. *Aging & Mental Health, 14,* 971–983. doi:10.1080/13607863.2010.501061

Conner, K. O., Lee, B., Mayers, V., Robinson, D., Reynolds, C. F., Albert, S., & Brown, C. (2010). Attitudes and beliefs about mental health among African American older adults suffering from depression. *Journal of Aging Studies, 24,* 266–277. doi:10.1016/j.jaging.2010.05.007

Crewe, S. E. (2007). Joy of living: A community-based mental health promotion program for African American elders. *Journal of Gerontological Social Work, 48,* 421–438. doi:10.1300/J083v48n03_09

Crossman, A. (2017). *An overview of qualitative research methods: Direct observation, interviews, participation, immersion, and focus groups.* Retrieved from https//www.thoughtco.com/qualitative-research-methods-3026555

Davidson, C. C. (2015). Black Protestants in a Catholic land: The AME Church in the Dominican Republic 1899–1916. *New West Guide, 89,* 258–288. doi:10.1163/22134360 -08903053

Davis, R. G., Ressler, K. J., Schwartz, A. C., Stephens, K. J., & Bradley, R. G. (2008). Treatment barriers for low-income, urban African Americans with undiagnosed posttraumatic stress disorder. *Journal of Traumatic Stress, 21,* 218–222. doi:10.1002/jts.20313

DeFranzo, S. E. (2011, September 16). *What is the difference between qualitative and quantitative research?* [Web log post]. Retrieved from https://www.snapsurveys.com /blog/qualitative-vs-quantitative-research

Dempsey, K., Butler, S. K., & Gaither, L. (2015). Black churches and mental health professionals: Can this collaboration work? *Journal of Black Studies, 47,* 73–87. doi:10 .1177/0021934715613588

Dinwiddie, G. Y., Gaskin, D. J., Chan, K. S., Norrington, J., & McCleary, R. (2012). Residential segregation, geographic proximity and type of service used: Evidence for racial/ethnic disparities in mental health. *Social Science & Medicine, 80,* 67–75. doi:10.1016/j .soscsimed.2012.11.024

DNAinfo. (2017, November/December). *Chicago murders: The 2017 death toll.* Retrieved from https://www.dnainfo.com/chicago/2017-chicago-murders/map/

Douglas, K. B., & Hopson, R. E. (2001). Understanding the Black church: The dynamics of change. *Journal of Religious Thoughts, 56*(57), 95–113.

Elion, A. A., Wang, K. T., Slaney, R. B., & French, B. H. (2012). Perfectionism in African American students: Relationship to racial identity, GPA, self-esteem, and depression. *Cultural Diversity and Ethnic Minority Psychology, 18,* 118–127. doi:10.1037/a0026491

Fischer, A. R., & Shaw, C. M. (1999). African Americans' mental health and perceptions of

    racist discrimination: The moderating effects of racial socialization expenses and self-

    esteem. *Journal of Counseling Psychology, 46,* 395–407. doi:10.1037/0022-0167.46.3

    .395

Foubert, J. D., Watson, A., Brosi, M., & Fuqua, D. (2012). Explaining the wind: How self-

    identified born-again Christians define what born again means to them. *Journal of*

    Psychology and Christianity, 31, 215–226. doi:10.1111/j.1748-0922.2009.01380_2.x

Gadzekpo, L. (1997). The Black church, the Civil Rights Movement, and the future. *Journal of*

    Religious Thought, 2, 95–112. Retrieved from https://iibp.chadwyck.com/infopage/publ

    /jrt.htm

Garzon, F., & Ford, K. (2016). Adapting mindfulness for conservative Christians. *Journal of*

    Psychology and Christianity, 35, 263–268. Retrieved from https://www.questia.com

    /library/p62578/journal-of-psychology-and-christianity

Giger, J. N., Appel, S. J., Davidhizer, R. D., & Davis, C. (2008). Church and spirituality in the

    lives of the African American community. *Journal of Transcultural Nursing, 19,* 375–

    383. doi:10.1177/1043659608322502

Gillikin, C., Habib, L., Evces, M., Bekh, B., Ressler, K. J., & Sanders, J. (2016). Trauma

    exposure and PTSD symptoms associate with violence in inner city civilians. *Journal of*

    Psychiatric Research, 83, 1–7. doi:10.1016/j.jpsychires.2016.07.027

Gomes, M. M., Davis, B. L., Baker, S. R., & Servonsky, E. J. (2009). Correlation of the

    experience of peer relational aggression victimization and depression among African

    American adolescent females. *Journal of Child and Adolescent Psychiatric Nursing, 22,*

    175–181. doi:10.1111/j.1744-6171.2009.00196.x

Gonnerman, M. E., Lutz, G. M., Yehieli, M., & Meisinger, B. K. (2008). Religion and health connection: A study of African American, Protestant Christians. *Journal of Health Care for the Poor and Underserved, 19,* 193–199. doi:10.1353/hpu.2008.0020

Gonzalez, J. M., Alegria, M., Prihoda, T. J., Copeland, L. A., & Zeber, J. E. (2011). How the relationship of attitudes toward mental health treatment and service use differs by age, gender, ethnicity/race and education. *Social Psychiatry and Psychiatric Epidemiology, 46,* 45–57. doi:10.1007/s00127-009-0168-4

Green, K. M., Fothergill, K. E., Robertson, J. A., Zebrak, K. A., Banda, D. R., & Ensminger, M. E. (2013). Early life predictors of adult depression in a community cohort of urban African Americans. *Journal of Urban Health: Bulletin of the New York Academy of Medicine, 90,* 101–115. doi:10.1007/s11524-012-9707-5

Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of Qualitative Methods, 3,* 42–55. doi:10.1177/160940690400300104

Gros, J. (1995). Eradicating racism: A central agenda for faith and order movement. *Ecumenical Review, 47,* 61–69. Retrieved from https://onlinelibrary.wiley.com/doi/pdf/10.1111/j .1758-6623.1995.tb03679.x

Gunderson, A. (2017). *Breaking the cycle of inner-city violence with PTSD care.* Retrieved from http://chicagopolicyreview.org/2017/06/02/breaking-the-cylce-of-inner-city-violence -with-ptsd-care

Hankerson, S. H., Suite, D., & Bailey, R. K. (2015), Treatment disparities among African American men with depression: Implications for clinical practice. *Journal of Health Care for the Poor and Underserved, 26,* 21–34. doi:10.1177/1557988311424072

Hastings, J. F., Jones, L. V., & Martin, P. P. (2016). African Americans and depression: Signs, awareness, treatments, and interventions. *Qualitative Social Work, 15,* 585–588. doi:10 .1177/1473325016652539

Hays, K. (2015). Black churches' capacity to respond to the mental health needs of African Americans. *Social Work & Christianity, 42,* 292–312. Retrieved from https://www.nacsw .org/publications/journal-swc/

Holmes, C. R. (2017). *Chicago's gun violence crisis is also a mental health crisis.* Retrieved from http://www.pbs.org/newshour/updates/chicagos-gun-violence-crisis-also-mental -health-crisis

Hudson, D. L., Neighbors, H. W., Geronimus, A. T., & Jackson, J. S. (2015). Racial discrimination, John Henryism, and depression among African Americans. *Journal of Black Psychology, 42,* 221–243. doi:10.1177/0095798414567757

Jones, J. M. (2007). Exposure to chronic community violence: Resilience in African American children. *Journal of Black Psychology, 33,* 125–149. doi:10.1177/0095798407299511

Kaytura, F. A., Levine, D., & Burstin, H. R. (2003). African American church participation and health care practices. *Journal of General Internal Medicine, 18,* 908–913. doi:101046 /j1525-1497.2003.20936x

Kinser, P., & Masho, S. (2015). "I just start crying for no reason": The experience of stress and depression in pregnant, urban, African-American adolescents and their perception of yoga as a management strategy. *Women's Health Issues, 25,* 142–148. doi:10.1016/j.whi .2014.11.007

Leis, J. A., Mendelson, T., Perry, D. F., & Tandon, S. D. (2011). Perceptions of mental health service among low-income perinatal African-American women. *Women's Health Issues, 21,* 314–319. doi:10.1016/j.whi.2011.03.005

Lindsey, M. A., Joe, S., & Nebbitt, V. (2010). Family matters: The role of mental health stigma and social support on depressive symptoms and subsequent help seeking among African American boys. *Journal of Black Psychology, 36,* 458–482. doi:10.1177 /0095798409355796

Lukachko, A., Myers, I., & Hankerson, S. (2015). Religiosity and mental health service utilization among African Americans. *Journal of Nervous and Mental Disease, 203,* 578–582. doi:10.1097/NMD.00000000000334

Mance, G. A., Mendelson, T., Byrd, B., Jones, J., & Tandon, D. (2010). Utilizing community-based participatory research to adapt a mental health intervention for African American emerging adults. *Progress in Community Health Partnerships: Research, Education, and Action, 4,* 131–140. doi:10.1353.cpr.0.0112

Masuda, A., Anderson, P. L., & Edmonds, J. (2012). Help-seeking attitudes, mental health stigma, and self-concealment among African American college students. *Journal of Black Studies, 43,* 773–786. doi:10.1177/0021934712445806

Matlin, S. L., Molock, S. D., & Tebes, J. K. (2011). Suicidality and depression among African American adolescents: The role of family and peer support and community connectedness. *American Journal of Orthopsychiatry, 81,* 108–117. doi:10.1111/j.1939 -0025.2010.01078.x

Mattis, J. S., Mitchell, N., Zapata, A., Taylor, R. J., Chatters, L. M., & Neighbors, H. W. (2007). Uses of ministerial support by African Americans: A focus group study. *American Journal of Orthopsychiatry, 77,* 249–258. doi:10.101037/0002-9432.77.2

Matua, G. A., & Van Der Wall, D. M. (2015). Differentiating between descriptive and interpretive phenomenological research approach. *Nurse Researcher, 22*(6), 22–27. doi: 10.7748/nr.22.622.e1344

McCormack, M. B. (2016). *Black theology.* doi:10.1093/OBO/9780190280024-0024

McDonald, C. C., & Richmond, T. R. (2008). The relationship between community violence exposure and mental health symptoms in urban adolescents. *Journal of Psychiatric Mental Health Nursing, 15,* 833–849. doi:10.1111/j.1365-2850.2008.01321.x

Mental Health America. (2017). *Black & African American communities and mental health.* Retrieved from www.mentalhealthamerica.net/african-american-mental-health

MentalHealth.gov. (2018). *What is mental health.* Retrieved from https://www.mentalhealth.gov /basics/what-is-mental-health

Moustakas, C. (1994). *Phenomenological research methods.* Thousand Oaks, CA: Sage.

Mowbray, O., Campbell, R. D., Kim, I., & Scott, J. A. (2017). Quitting mental health services among racial and ethnic groups of Americans with depression. *Journal of Behavioral Health Services & Research, 45,* 269–279. doi:10.1007/s11414-017-9560-0

Murdock, N. L. (2009). *Theories of counseling and psychotherapy: A case approach* (2nd ed.). Boston, MA: Pearson.

Murry, V. M., Hefflinger, C. A., Suiter, S. V., & Brody, G. H. (2011). Examining perceptions about mental health care and help-seeking among rural African American families of

adolescents. *Journal of Youth and Adolescence, 40,* 1118–1131. doi 10.1007/s10964-010
-9627-1

National Institute of Mental Health. (2016). *Mental illness.* Retrieved from https://www.nimh.nih
.gov/health/statistics/mental-illness.shtml

Nicolaidis, C., Timmons, V., Thomas, M. J., Waters, A. S., Wahab, S., Mejia, A., & Renee-
Mitchell, S. (2010). "You don't go tell White people nothing": African American
women's perspectives on the influence of violence and race on depression and depression
care. *American Journal of Public Health, 100,* 1470–1476. doi:10.2105/AJPH.2009
.161950

Ofonedu, M. E., Percy, W. H., Harris-Britt, A., & Belcher, H. M. E. (2013). Depression in inner
city African American youth: A phenomenological study. *Journal of Child and Family
Studies, 22,* 96–106. doi:10.1007/s10836-012-9583-3

Okigbo, C., Okigbo, C. A., Hall, W. B., & Ziegler, D. (2002). The HIV/AIDS epidemic in
African American communities: Lessons from UNAIDS and Africa. *Journal of Black
Studies, 32,* 615–653. doi:10:1177/00234702032006001

Pan, D. (2003). The Tao of a peaceful mind: The representation of emotional health and healing
in traditional Chinese literature. *Mental Health, Religion & Culture, 6,* 241–259. doi:10
.1080/13674670310000100984

Pinn, A. B. (2010). *Understanding & transforming the Black church.* Eugene, OR: Cascade
Books.

Plowden, K. O., Adams, L. T., & Wiley, D. (2016). Black and blue: Depression and African
American men. *Archives of Psychiatric Nursing, 30,* 630–635. doi:10.1016/j.apnu.2016
.04.007

Polit, D. F., & Beck, C. T. (2014). *Essentials of nursing research: Appraising evidence for nursing practice* (8th ed.). Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins.

Riley, W. J. (2012). Health disparities: Gaps in access, quality and affordability of medical care. *Transactions of the American Clinical and Climatological Association, 123,* 167–174. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3540621/

Rostain, A. L., Ramsay, J. R., & Waite, R. (2015). Cultural background and barriers to mental health care for African American adults. *Journal of Clinical Psychiatry, 76,* 279–283. doi:10.4088/JCP.13008co5c

Settles, I. H., Navarrete, C. D., Pagano, S. J., Abdou, C. M., & Sidanius, J. (2010). Racial identity and depression among African American women. *Cultural Diversity & Ethnic Minority Psychology, 16,* 248–255. doi:10.1037/a0016442

Substance Abuse and Mental Health Services Administration. (2015). *Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health: Mental health detailed table.* Retrieved from https://www.samhsa.gov/data/sites/default /files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf

2016 national healthcare quality and disparities report (AHRQ Pub. No. 17-0001). (2017). Retrieved from https://www.ahrq.gov/sites/default/files/wysiwyg/research/findings /nhqrdr/nhqdr16/2016qdr.pdf

U.S. Department of Health and Human Services Office of Minority Health. (2016). *Mental health and African Americans.* Retrieved from https://minorityhealth.hhs.gov/omh /browse.aspx?lvl=4&lvlid=24

Vinson, L. D., Crowther, M. R., Austin, A. D., & Guin, S. M. (2014). African Americans, mental health, and aging. *Clinical Gerontologist, 37,* 4–17. doi:10.1080/07317115.2013.847515

Vinson, T. R. (2016). Bourgeois radicals: The NAACP and the struggles for colonial liberation, 1941–1961. *American Historical Review, 121,* 266–267. doi:10.1093/ahr/121.1.266

Ward, E. C., Clark, L., & Heidrich, S. (2009). African American women's beliefs, coping behaviors, and barriers to seeking mental health services. *Qualitative Health Research, 19,* 1589–1601. doi:10.1177/1049732309350686

Ward, E. C., & Mengesha, M. (2013). Depression in African American men: A review of what we know and where we need to go from here. *American Journal of Orthopsychiatry, 83,* 386–397. doi:10.1111/ajop.12015

Ward, E. C., Wiltshire, J. C., Detry, M. A., & Brown, R. L. (2014). African American men and women's attitude toward mental illness, perceptions of stigma, and preferred coping behaviors. *US National Library of Medicine, 62,* 185–194. doi:10.1097/NNR .0B013e31827bf533

Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology, 52,* 167–177. doi:10.1037/0022-0167.52.2.167

Williams, D. R., & Williams-Morris, R. (2000). Racism and mental health: The African American experience. *Ethnicity and Health, 5,* 243. doi:10.1080/713667453

Wimberly, W. (2015). The culture of stigma surrounding depression in the African American family and community. *Journal of Pastoral Theology, 25,* 18–29. doi:10.1179 /1064986715Z

Worthington, M. (2004). Differences between phenomenological research and a basic qualitative research design. *International Journal of Qualitative Methods, 3,* 1–27. Retrieved from

http://a1149861.sites.myregisteredsite.com/DifferencesBetweenPhenomenological

ResearchAndBasicQualitativeResearchDesign.pdf

APPENDIX A

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

August 13, 2018

Tawana Helmich
IRB Approval 3400.081318: What is Required for Conservative Christians in the African
American Community to Experience Mental Health as a Potential Resource for Emotional
Healing? A Phenomenological Approach

Dear Tawana Helmich,

We are pleased to inform you that your study has been approved by the Liberty University IRB.
This approval is extended to you for one year from the date provided above with your protocol
number. If data collection proceeds past one year or if you make changes in the methodology as
it pertains to human subjects, you must submit an appropriate update form to the IRB. The forms
for these cases were attached to your approval email.

Your study falls under the expedited review category (45 CFR 46.110), which is applicable to
specific, minimal risk studies and minor changes to approved studies for the following reason(s):

6. Collection of data from voice, video, digital, or image recordings made for research purposes.

7. Research on individual or group characteristics or behavior (including, but not limited to, research on
perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social
behavior) or research employing survey, interview, oral history, focus group, program evaluation, human
factors evaluation, or quality assurance methodologies (NOTE: Some research in this category may be exempt
from the HHS regulations for the protection of human subjects 45 CFR 46.101(b)(2) and (b)(3). This listing
refers only to research that is not exempt.)

Thank you for your cooperation with the IRB, and we wish you well with your research project.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
The Graduate School

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APPENDIX B

CONSENT FORM

What is Required for Conservative Christians in the African American Community to Experience Mental Health as a Potential Resource for Emotional Healing? A Phenomenological Approach
Tawana Helmich
Liberty University
School of Behavioral Sciences

You are invited to be in a research study on what is required for Conservative Christians in the African American community to seek mental health services as a potential resource for emotional healing. You were selected as a possible participant because you are African American, a member of a church, attend a minimum of four services a month, within the age range of 30-55, and have not been diagnosed with a mental health disorder. Please read this form and ask any questions you may have before agreeing to be in the study.

Tawana Helmich, a doctoral candidate in the School of Behavioral Sciences Doctor of Education Community Care & Counseling at Liberty University, is conducting this study.

Background Information: The purpose of this study is to gather insight and understanding as to what is required by those in the mental health field to assist African American Conservative Christians. This research will also identify incentives for African Americans to potentially implement mental health services as a source for emotional healing. The research will also assist those in the field with awareness of the impact religion and a history of oppression has on African American Conservative Christian and their willingness to seek mental health.

Procedures: If you agree to be in this study, I would ask you to do the following things:
1. Meet with me for an interview which will last about an hour. I will record this interview as well as take notes to ensure I am accurate in detailing your personal experience as it relates to this research study.
2. I will meet with you a second time to clarify any discrepancies or concerns I may have. You may also give me any information you may feel you did not have the opportunity to elaborate on during the first interview. This encounter should be around thirty minutes. This interview will be recorded, and notes will be taken to ensure I capture your experience properly.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. However, if this interview does trigger some type of emotions I will be available for assistance by offering four free mental health sessions.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include educating mental health professionals with a better understanding of the importance of integrating religion into mental health services offered to African American Conservative Christians. Another benefit would be to build a relationship between the mental health services community and the African American Conservative Christian community.

Compensation: Participants will not be compensated for participating in this study.

Confidentiality: The records of this study will be kept private. In any sort of report, I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records. I may share the data I collect from you for use in future research studies or with other researchers; if I share the data that I collect about you, I will remove any information that could identify you, if applicable, before I share the data.

- Participants will be assigned a pseudonym. I will conduct the interviews in a location where others will not easily overhear the conversation.
- Data will be stored on a password locked computer and may be used in future presentations.
- Interviews will be recorded and transcribed. Recorded tapes will be stored in a secured lock box for three years and then erased. Only the researcher will have access to these recordings.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Contacts and Questions: The researcher conducting this study is Tawana Helmich. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at (757)753-5742 and/or thelmich@liberty.edu. You may also contact the researcher's faculty chair, Dr. June Tyson at jtyson15@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

☐ The researcher has my permission to audio-record me as part of my participation in this study.

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Signature of Participant   Date

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Signature of Investigator   Date