LIBERTY UNIVERSITY
RAWLINGS SCHOOL OF DIVINITY

Doctor of Ministry Thesis Project

PASTORAL COUNSELING AND THE AFRICAN AMERICAN CHURCHES OF METRO ATLANTA: BREAKING THE STIGMA ASSOCIATED WITH ASKING FOR HELP

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PASTORAL COUNSELING AND THE AFRICAN AMERICAN CHURCHES OF METRO ATLANTA: BREAKING THE STIGMA ASSOCIATED WITH ASKING FOR HELP

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ABSTRACT

Pastoral Counseling and The African American Churches of Metro Atlanta: Breaking the Stigma Associated with Asking for Help

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Rawlings School of Divinity, 2019

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A stigma exists in the African American Christian community that seeking counseling services displays a lack of faith and therefore is unspiritual; however, as a new generation emerges with more liberal views on counseling and the role of the church, an opportunity to define pastoral counseling as an acceptable practice is emerging. The current lack of pastoral counseling in the African American church is negatively affecting the spiritual health of the church but offering counseling services will increase spiritual maturity. African American churches must re-evaluate their stance on pastoral counseling and begin to emphasize pastoral counseling as not only acceptable, but also a healthy practice.

Abstract Length: 102
ACKNOWLEDGMENTS

I must first thank my Lord and Savior Jesus Christ for giving me the strength to go on this journey. I thank my husband who has encouraged me and endured the late nights of paper writing, taking my computer on vacations, reading in the car on the way to our various destinations, and even missing events.

To my granddaughter Angel who endured me being away and taking care of her grandpa while I was gone, I pray I have set an example you can not only be proud of, but one you can follow in your life.

To my dad, James, who encouraged me in his own special way and to my rock, my mother, Sarah, gone way too soon, when others said I couldn’t you confidently told me, “Baby you can be anything you want to be.” I believed her and my life has been full of adventures, accomplishments and the disappointments were never the conclusion of the matter. Even though you couldn’t be with me in the natural to the end, you have always been on this journey with me in my heart and mind.
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Chapter 1

INTRODUCTION

There is a prevailing perception among the professional counseling community that African Americans are an underserved population as it pertains to counseling services. While African Americans display similar rates of mental health issues, the populace has significantly lower numbers seeking and accessing mental health services.¹ On the surface, it appears they do not seek counseling. One aim of this project intends to discover if in fact the African American community’s views toward counseling have changed.

This research also intends to discover how heavily religion factors into the African American community’s decision-making process and willingness to seek counseling. This will in turn identify whether African Americans do not seek counseling at all, or do they just not seek counseling services from the traditional licensed professional counselor. If they do not seek counseling at all, the research will attempt to discover what barriers keep them from seeking services.

Statement of the Problem

There is a general consensus among many counseling professionals, that the African American community, despite the significant instances of mental health issues, fails to receive professional mental health support. Some believe, that while there is a population of African Americans with mental health issues who will reach out to many sources for help, it is still their pastor they seek first. Still others believe African Americans have an aversion to seeking mental

health assistance, even from their pastor. The basis for their apprehensions includes, “Can the church speak with any relevance to their concerns? Is competent and compassionate care consistently available at their levels of need? Is that care truly confidential? How accessible is it?”¹ There seem to be several reasons for this disparity which will be discussed further as the project progresses.

Researchers have cited barriers such as religiosity and the sentiment that to receive counseling was a sign of a lack of faith or strength. Other barriers include, the stigma associated with counseling from surrounding African American members and amongst family members, believing the individual who goes to counseling is displaying weakness and being labeled “crazy”. Some quotes echoed by many in the African American community which create barriers to seeking mental health counseling were, “‘Our family doesn’t air our dirty laundry.’ ‘I don’t put my business out in the street.’ ‘What if they think I’m crazy?’ ‘As long as I’ve got King Jesus, I don’t need nobody else!’”²

The culture of the individual, meaning family structure and what the family believes about counseling may also affect their willingness to seek counseling services. These feelings feed into a social perception and fear of mockery, further intensifying their own fear. There are those who lack adequate insurance to cover the costs of therapy, the lack of insurance leads to limited access, thus a lack of opportunity to receive treatment.

Finally, the necessity to deal with negative stereotypes, homelessness, incarceration, rejection, and substance abuse have created an atmosphere ripe for mental health struggles.


² Ibid., 119.
Unfortunately, the stereotypes creating the issues, would be the same complications keeping them from seeking the help needed to treat the problems. So, while mental health matters are severe in the African American faith community, treatment is not only less sought after, research has shown it to be less accessible.

**Statement of Limitations**

For the purpose of this project, the terms African American and Black, and Caucasian and White are used interchangeably. The limitations of this project are, both qualitative and quantitative studies must be accomplished to determine the facts about whether African Americans have a true aversion to therapy and if so, why this opposition exists. It will ascertain if religion has any bearing on their choice to seek professional counseling services or seeking the help of their pastor.

Many of the studies were conducted prior to 2005, which limits a current comparison of information. This research will see if the same reasons discovered in the research are present with a current study to be conducted in the churches of Metro Atlanta. Pastoral interviews and congregational surveys will be conducted in predominately African American Metro Atlanta churches.

For the purpose of this study the terms, religion, religious and pastor, all refer to those practicing a Christian faith. It does not address other religious belief systems. Research shows this phenomenon may not be exclusive to the African American community, “In a survey of Florida residents randomly selected from telephone listings, a greater number of respondents preferred help from a pastor than from a psychologist, social worker, psychiatrist, or community mental health center.”

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A Florida study in which 88% of the respondents were White, reveals religion weighed heavily in their counseling preferences. The study asks:

Should religion play an important role in psychotherapy? This exploratory study surveyed opinions of lay people about the relationship between religion and psychotherapy. A questionnaire was designed, tested for reliability, and given to a sample of 126 people in Escambia County, Florida. A total of 86 respondents returned completed questionnaires. It was found that the majority of these lay people distinguish between religious and secular psychotherapy and that 35% seem to prefer some form of religious counseling. Also, 79% thought that religious values were an important topic to be discussed in therapy, and 53% stated that they would seek counseling as a pastoral center if one were available. This survey suggest that many people want religion to be included in psychotherapy.

Theoretical Basis

We must first define a mental health provider or professional counselor. “Licensed professional counselors (LPCs) are master’s-degreed mental health service providers, trained to work with individuals, families, and groups in treating mental, behavioral, and emotional problems and disorders.” They must fulfill work experience requirements and pass an examination. Once these requirements are met, they must also obtain a proper state licensure for their desired specialty. They use therapeutic techniques to guide, support and rehabilitate individuals and groups. While titles and licensure requirements vary from state to state, once an individual completes licensure requirements in one state, their license is recognized in every state.


5. Ibid.


7. Ibid.
The conflicting views of LPCs and pastors must be considered in the argument. One author writes, “Counselors often regard individuals who hold any spiritual belief as deluded, and clergy view counseling as overly focused on scientific research and secular psychodynamic approaches that fall outside of Christian values.” These negative opinions do not lend themselves to an ideal partnering situation between pastors and LPCs, making pastors hesitant to refer their congregants to LPCs and LPCs reluctant to partner with pastors.

Quackenbos et. al. revealed in a 1971 survey of over 4,000 mental health professionals, the researchers discovered that, “36% of their sample did not identify with any established religion.” Despite counselors studying religion more, amongst scientist, they remain the least religious. This mistrust does a disservice to the person seeking help. Because it is believed congregants with mental health issues first reach out to their pastor for help, pastors and LPCs must strive to gain a better respect for each other’s abilities. When utilizing church-based counseling, congregants tend to stay in counseling for longer periods. If LPC’s want the support of the pastoral community, by way of referral, they must be more sensitive to their religious point of view.

Brian Jackson employed a phenomenological design to gather data for his study, he identified meanings based on the answers, then formed his theoretical outcome. The research question he asked LPCs was, “What are the perceptions that licensed professional counselors

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11. Ibid., 87.
working in the southeastern United States have towards pastors providing pastoral counseling in the African American church?"\(^{12}\)

Jackson reported there were 3,165 practicing LPCs in the United States, his sample was specific to the southeastern United States and only consisted of 31 participants, which equates to less than 1%. He contacted 451 LPCs, 42 initially agreed, 35 kept their appointment and 4 halted the interview after reviewing the consent form.\(^{13}\) Of the contacted LPCs, Jackson interviewed 6.8%.

While predominantly Caucasian (84%), the pool did include 1 Asian (3%) and 4 African American (13%) counselors of various religious preferences. Sixty-Eight percent were female and thirty-two percent male. It must be observed that while the surveyed pool consisted of counselors from the southeastern United States, 84% were Caucasian\(^ {14}\), in contrast, according to the U.S. Department of Health and Human Services Office of Minority Health (DHHS OMH), 58% of the total African American population of the United States resides in the south.\(^ {15}\)

**Statement of Methodology**

The research will consist of a phenomenological study. This study describes the meaning for several individuals of their lived experiences of a concept or a phenomenon.\(^ {16}\) It will consist of a case study to explore the stigma of counseling in the African American community. All

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13. Ibid.

14. Ibid., 91.


participants will be African American members of various Metro Atlanta churches and the study will involve data collection through interviews and surveys. There will be an element of both qualitative and quantitative research in the study.

To further explore the phenomenon, it will be a collective case study consisting of one issue, the stigma of counseling in the African American community, addressed in various Metro Atlanta church sites. This methodology is appropriate because the study is clearly identifiable with boundaries, the African American community, and it seeks to provide an in-depth understanding of whether there is a stigma with counseling. The case is multi-site aimed at a specific group of people. Data collection will be by pastoral interview and member surveys, the member surveys’ only identifiable feature is the church from which they came.

The case study will begin with pastoral interviews and ascertain their personal demographics to include gender and age. It will discover their level of experience to include their years in ministry, years pastoring, number of churches pastored, and membership population. The interviewer will ask questions to discover if counseling is available, and whether it is accessible through the church or by referral.

There are some churches large enough to have a team of counselors, the researcher will discover if any of the participating churches have a team that handles specific issues and if congregants are able to request a specific counselor by gender. The research will determine the qualifications of the church counselors, by discovering whether they have received any formal training.

To determine if cost and insurance are factors in seeking assistance, the survey asks if there is a cost associated with counseling services? If there is a cost, can it be billed to insurance
if mental health treatment is a part of their coverage? The researcher will further seek to ascertain what options an individual has for receiving counseling services if they do not have insurance.

There is a population who may not be associated with a specific congregation but still has a religious background. The survey asks if counseling is available to non-members and if so if there is a fee for them. To determine if accessibility is a barrier, the research will learn if sessions are available at various times so those who desire counseling may access them.

The members of the congregation will be asked to complete an anonymous survey to learn what their thoughts on counseling are and if they would be receptive to counseling. The research will ascertain whether congregants have participated in therapy and collect their opinions on whether they felt the sessions were helpful in resolving their issue. The study will also explore reasons congregants are not receptive to counseling. Finally, the research will determine the counselor preferences of individuals to answer the question of who they feel most comfortable with when receiving counseling services.

Chapter 2 garners historical information on the African American community, their beliefs, biases and history with certain professional groups, such as medical and law enforcement, offering possible reasons for their lack of trust, leading to their reluctance to seek help. It also explains how the research was accomplished and the research tools used in this project.

Chapter 3 reports the findings of the qualitative and quantitative research. It defines generations and gives an in-depth report of how the participating African Americans feel about counseling.
Chapter 4 summarizes the project and offers a comprehensive suggestion to ease the stigma of mental health counseling and increase treatment for African Americans needing assistance.

Review of Literature

The literature reviewed in the research for this study includes books, journal articles, articles from newspapers and online sources, reports and theses relating to the subject of African Americans and counseling. Some of the sources contributed to this work by giving specific guidance to the research methodology, formulation of the project and writing of the paper. Others give historical background information about counseling, the church and African Americans and their relationship with the church. Still other sources offered guidance about the art and act of counseling. Finally, the writer utilized various media sources to explain the current state of affairs as it pertains to the African American community, their standing within society and how it relates to seeking counseling.

Books

As a portion of the research for this project is qualitative in design, John Creswell in *Qualitative Inquiry & Research Design* offers the writer a thorough guide in how to identify a research method, conduct the study and properly document its results for a comprehensive thesis project.

Tim Sensing in *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses* gives specific direction in writing the thesis project to include the importance of following the mentor’s guidance. He states the mentor will be the student’s advocate when it is time to defend the work. He also discusses the significance of following the university’s outline and suggested research tools to complete the work.
Your Guide to Writing Quality Research Papers by Nancy Vyhmeister gives comprehensive information in project research. She offers detailed explanations of various types of research, how it is conducted, analyzed and reported. She goes on to offer instruction on how to formulate the paper.

Loren Townsend provides the researcher with a historical context of what pastoral counseling is and the role it played in the lives of the congregants and the clergy practice in America in his book Introduction to Pastoral Counseling.

C.E. Lincoln and L.H. Mamiya suggests studying a culture’s religion can offer significant insight into their motivations and behaviors, in their work entitled The Black Church in the African American Experience.

Douglas Sweeney offers information about the role of Christianity and racism in the church during and after slavery, in The American Evangelical Story. He gives specific examples and quotes well known religious and civic leaders of the time.

The History & Heritage of African American Churches by L.H. Whelchel, Jr., highlights the role European Christianity played in introducing sexism into the religious culture. He also discusses racism in and outside the church.

Edward Wimberly, presents a type of counseling known as “narrative counseling” in his work, African American Pastoral Care: Revised. Giving the reader a glimpse into a form of counseling that can be useful if well understood but harmful if the counselor lacks training.

To conduct research on Christian counseling, there must be a definition of what counseling is to properly assess its execution. The New Christian Counselor by Ron Hawkins and Tim Clinton, offers a definition of Christian counseling. Strategic Pastoral Counseling, by David G. Benner also offers a definition of pastoral counseling as well as knowing when to refer.
Counselors must also acknowledge there are numerous types of counseling and understand their own limitations in the counseling process. Howard Clinebell, in *Basic Types of Pastoral Care & Counseling*, addresses these topics. Diana Sullivan Everstine and Louis Everstine in their work, *Strategic Interventions for People in Crisis, Trauma, and Disaster*, address things that can be detrimental events in the lives of people and the effects of those traumatic events.

Goal setting is essential in counseling, Lawrence J. Crabb, Jr. gives guidance for setting goals and a blueprint on how to get to the goal in his book, *Effective Biblical Counseling*. Tim Clinton and Ron Hawkins also discuss goal setting in counseling in, *The Popular Encyclopedia of Christian Counseling*.

When conducting counseling, the counselor must have an idea of how best to proceed in the session. For the pastor who is engaging in Christian counseling it is important to establish the status of the counselee. Philip Henry, in his work, *The Christian Therapist’s Notebook*, gives a comprehensive tool to conduct a counseling session to include graphs and handouts.

Relationship is a key factor and sometimes a determinate of the success or failure of counseling. James L. Killen, in *Pastoral Care in the Small Membership Church*, addresses the importance of the pastor’s relationship in the community as it pertains to referrals.

Emmanuel Lartey in his work, *In Living Color: An Intercultural Approach to Pastoral Care and Counseling*, looks at the relationship between the counselor and counselee. While Aubrey Malphurs addresses building credibility through long term relationships between the pastor and congregation in, *Leading Leaders, Empowering Church Boards for Ministry Excellence*. 
D.R. Atkinson, G. Morten & D.W. Sue, offer an explanation why mental health conditions for the African American often go undiagnosed or misdiagnosed in their work *Counseling American Minorities*.

Finally, Mark R. McMinn, suggests the preference for pastoral counseling may not be indigenous to the African American culture, in his book, *Psychology, Theology and Spirituality in Christian Counseling*.

Journal Articles

The journal articles used in this research project provided extensive information.

Tonya Armstrong with, “African-American Congregational Care and Counseling: Transcending Universal and Culturally-Specific Barriers;” Alice Muller-Leonhardt, Shannon G Mitchell, Joachim Vogt, and Tim Schurmann with “Critical Incident Stress Management (CISM) in Complex Systems: Cultural Adaptation and Safety Impacts in Healthcare;” and Jessica Young Brown and Micah L. McCreary. “Pastors’ Counseling Practices and Perceptions of Mental Health Services: Implications for African American Mental Health,” all consist of an explanation for the belief that there seems to be a disparity in the mental health care received by African Americans versus non-African American individuals. The articles list some obstacles African Americans face, hindering them from getting the mental health care they need. Those obstacles include religious beliefs, family values, and a lack of knowledge and trust. The articles also highlight some of the groups who do seek counseling services.

Ojmarrh Mitchell’s, “The Continuing Evolution of Race and Sentencing Research and Reviews of This Research,” speak extensively to the issue of racism and how it affects African Americans in multiple areas of their lives.

In medical care, it addresses the lack of diagnoses of mental health conditions as well as the misdiagnosis of mental health disorders. With law enforcement, over policing and racial profiling negatively influence interactions with African Americans, to include the level of protection this group receives. In the judicial system, African Americans experience harsher sentencing terms for the same or lessor offenses than their White counterparts.

Finally, Janee R. Avent, Craig S Cashwell, and Shelly Brown-Jeffy with “African American Pastors on Mental Health, Coping, and Help Seeking;” Brian K Jackson’s, “‘Licensed Professional Counselors’ Perceptions of Pastoral Counseling in the African American Community;” Stephen Quackenbos, Gayle Privette, and Bonnel and Klentz with “Psychotherapy: Sacred or Secular?;” and Frame Wiggans, Marsha, and Carmen Braun Williams, with “Counseling African Americans: Integrating Spirituality in Therapy,” address the lack of diversity amongst LPCs as well as the lack of education and training in the pastoral population and the conflict between the two groups. They highlight the need for education and training in the pastoral community and the necessity for the LPC community to learn more about the religious beliefs of African Americans and how strongly they influence their lives.

News Articles and Reports

The referenced news articles from, Steve Almasy, Holly Yan, and Jamiel and Levenson, Eric Lynch; Adam Ferrise, Grand Jury Clears Cleveland Cops in Tanisha Anderson’s Death; Matt Hamilton’s, Parents of Ezell Ford who was Fatally Shot by LAPD Officers Settle Lawsuit with City; George C Klein’s, “On the Death of Sandra Bland: A Case of Anger and
"Indifference;” and Jason Silverstein’s, “Cops Bought Dylan Roof Burger King After his Calm Arrest: Report,” highlight the disparities in the interaction of law enforcement with African Americans versus White persons. These disparities have, at times, resulted in death for the African American when the initial infraction, if there was one, was a minor offense. They further discuss the lack of accountability and liability in the deaths of African American citizens by the police when no charges were filed by the district attorneys or grand juries if convened. The articles also speak to the lack of training the police have when they must respond to cases involving persons with mental health issues. Finally, they address the monetary settlements given to the families of African Americans killed by police.

The referenced reports from the Baptist Press Staff, “Survey, Pastors Say Pastors Should Stop Moving;” the Department of Health and Human Services, “Mental Health: Culture, Race, and Ethnicity;” the Department of Health and Human Services Office of Minority Health, U.S. Profile Black Americans; the Association of Religion Archives, “Quality Data on Religion;” the Association of Religion Data, “Size of Congregation” and the Substance Abuse and Mental Health Services Administration, “Who are Licensed Professional Counselors;” provide information such as the African American population and demographics in the United States. In addition, the reports give the congregational sizes of the average church in the U.S., this number was used to compare the churches utilized in the survey process for this study. Additionally, they gave the researcher a catalogue of historically Black church denominations. Finally, the reports provide a clear definition of the Licensed Professional Counselor.

Online Sources

The online sources, “Black & African American Communities and Mental Health” by Mental Health America and Jill Novak’s, “The Six Living Generations in America,” dealt with
topics such as, the history of African Americans in the counseling arena and barriers hindering them from seeking counseling. The sources outlined the generational age groups and corresponding names used in this project. Furthermore, they outlined the average length of time pastors stay at a church before moving on and the reasons they give for moving.

Lastly, Johnny Wood’s online source, “The United States Divorce Rate is Dropping, Thanks to Millennials”, provided possible reasons divorce rates are on the decline in America. These reasons include such areas as the age in which people are marrying and the fact they are more established in their careers. This information further speaks to the fact Millennials do not appear to be influenced by previous generations concerning their counseling choices.

Other Sources

In a Liberty University lecture, Tim Clinton, addressed the need for the counselor to be prepared to speak to the issues brought before them. He further emphasized the counselor possessing the wisdom to know when the individual’s issues surpassed their training and understanding at what point they need to refer them. Eric Scalise lectured on Dysfunctional Family Dynamics hindering the ability to get needed mental health assistance.

In her thesis, *The Reluctance of African Americans to Engage in Therapy*, Monique Williamson relays the story of an African American woman who told of substandard medical care given to African American adults and infants by hospital staff, to include treatment being administered by non-medical personnel.

Foundation

To understand why it is believed African Americans prefer pastoral counseling to LPCs, one must look at the historical role of the church in the African American community. In the African American culture, church attendance was considered a mandatory activity, “Parents
often brought their children to church, sometimes even forcing them to go, because they deeply believed that the church would provide a dose of moral education for the children and open up the spiritual dimensions of their lives.”

The heavy use of the church by African Americans, make the relationship and collaboration between clergy and psychologists vital for the mental health well-being of congregants.

Therefore, the pastors’ perception of mental health services will largely determine what services his or her congregant has access to or seeks. A pastor with a healthy attitude or respect toward mental health issues will more readily work with the psychological community, know what community resources are available, and make the necessary referrals.

The Definition of Counseling

To adequately conduct counseling, one must first have a comprehensive understanding and definition. The American Counseling Association defines counseling as, “The diagnosis and treatment of mental and emotional disorders, including addictive disorders; psychoeducational techniques aimed at the prevention of such disorders; consultation to individuals, couples, families, groups, and organizations; and research into more effective therapeutic treatment modalities.”

One must also note counseling may be aimed toward different areas of an individual’s psyche. Benner states, “Pastoral counseling can be both distinctively pastoral and psychologically informed.”

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Counseling entails a variety of factors to include, “…the skilled and careful use of relationship, within which conditions are created to facilitate the expression of thoughts and feelings and the exploration of behavioral patterns which may be causing concern. It is the ability to freely express and explore thoughts, feelings and behavior that makes the counseling process work.”\textsuperscript{20} In order for counseling to be effective, individuals must feel free to express themselves in a manner that is comfortable and honest, without fear of being judged by the counselor.

From the Christian perspective, counseling is defined as, “… a form of discipleship designed to help free people to experience God’s pardon, purpose, and power so they become fully devoted followers of Jesus Christ.”\textsuperscript{21} As pastors engage in counseling their members, they must ensure they allow them to express themselves without reservation. It is vital they be able to explain that God already knows the counselee’s innermost thoughts and it is alright to vocalize their feelings so they can be dealt with, whether that means asking for forgiveness, repentance or further counseling. Congregants must know, to confess sin, does not automatically mean they are condemned to hell, with no opportunity for redemption.

“Pastoral care and counseling were central factors in shaping congregational life and clergy practice in American history.”\textsuperscript{22} Many times mental health providers were not readily available, and pastors were a group anyone could have access to, so that is where they went for help. “Prophets, priests, and wise women and men were responsible for helping God’s people

\begin{flushright}
\textsuperscript{20} Emmanuel Y. Lartey. \textit{In Living Color: An Intercultural Approach to Pastoral Care and Counseling} (New York, NY, Jessica Kingsley Publishers, 2003), eloc 833-835. \\
\textsuperscript{21} Ron Hawkins, Tim Clinton, \textit{The New Christian Counselor} (Eugene, OR: Harvest House Publishers), eloc 253-254. \\
\end{flushright}
organize life effectively. Each had a unique focus—prophets assured continuity of tradition, priests organized worship, and wise men and women provided practical guidance in daily life.”

The congregant must also be receptive to mental health services in order to receive the help they need. Pastors may make referrals and congregants may be amenable to receiving services, but a lack of financial resources may still prohibit counseling from occurring. If an individual has no insurance or there is no community or financial aid available, congregants still may not be able to receive the help they need.

A pastor may not be so eager to work with the psychological community, because of their own personal feelings about mental health issues. Whether they would utilize counseling services themselves, could determine if they would offer counseling? In other words, do they believe counseling is something that will help. The pastor’s education level is another factor. The more education the pastor has, the more likely he or she is to make a referral. An additional dynamic is the pastor’s connections with social service agencies within their communities and their confidence in the people within those agencies to meet the needs of their congregants.

While African Americans were less likely to seek mental health assistance, as high as 90% were well connected to the religious community. College students reported they were more likely to utilize religious services than traditional services to address their mental and emotional needs. This high rate of connectivity to the church and the traditional counselor’s failure to address the spiritual aspect, may account for the large number of African Americans discontinuing counseling early. Older African Americans tended to engage in prayer to cope with

23. Ibid., 3-4.

their mental health issues. With 30 – 40% of congregants utilizing the church as their first stop for counseling services, if the traditional counselor is going to be effective with the “church going” individual, they must be able to at least, acknowledge the importance of their religious beliefs and at best, attempt to incorporate the religious aspect into their practice. Conversely, pastors must be able to recognize their own feelings and perhaps biases toward counseling, know their limits and take the appropriate steps when it is time to make the referral.25

Pastor Edward Wimberly in his book, *African American Pastoral Care Revised Edition*, speaks to pastoral care from a “narrative” perspective that draws on the pastor’s personal experience and Bible accounts. “A narrative perspective involves the use of stories by pastors in a way that help persons and families visualize how and where God is at work in their lives, thereby receiving healing and wholeness.”26 When a counselor has the ability to attach a story to a situation, the counselee may be better able to understand and realize their situation and what to do to resolve it. He outlines three dangers with this method of counseling.

The first danger is, it is very subjective and personal, drawing on the life and experiences of the pastor, leading them to a “my way is the only approach” mentality. When a pastor cannot see past their own experiences, it leaves little room and few options for the counselee. The second danger is, the approach may lead some pastors to believe life experience is all that is necessary, in lieu of any formal training. This is similar to the “my way is the only approach” because the counselor is in essence saying, their experiences are all the counselee will need to receive help for their situation. The final danger Wimberly lists is the pastor may be less


empathetic and turn the session from a counselee-centered one into a pastor-centered session. This may give the pastor an, “If I did it, you can too” attitude. He also noted some positive characteristics to the narrative approach. It can facilitate growth and empathy, be counselee-centered, and contribute to the essential qualities of any caring relationship.

The LPCs felt pastoral counseling focused on the spiritual aspect of counseling and gave little attention to the psyche or medicating certain behaviors. Many also felt to consider the community was an opportunity to bring the two professions together, or at least lessen the gap, to be able to work together to meet the needs of the congregant/patient. This is putting aside personal biases for the good of the individual who needs counseling.

Some LPCs feel pastors need to be governed by some regulations and set expectations in their counseling roles to include licensure. There were other viable suggestions the LPCs made to include education and/or training and a mentoring program. The LPCs felt pastors should have, “…more training, better communication, and a better understanding of how the two professions can bridge the divide and work for the betterment of the public they serve.”

It is encouraging that the LPC community desired to bridge the gap and at least offered some suggestions on how to accomplish this, one must wonder how much of the LPC’s opinion is fact and how much is perception. It is obvious, by the sheer volume of African Americans who turn first to their pastor for mental health advice, the LPC community must find a way to work with this group if they are to assist that large category of people.


28. Ibid.

In order to be effective, the church must reflect on the cultural, theological and strategic needs of the congregation. Even though African Americans may be less likely to seek help, those who do are more likely to seek it from their church.

With this in mind, there are two obstacles the church must address:

The need for suffering people to access sustained care, particularly in a context of a large or mega-church where pastoral visitation may be severely limited or absent altogether, and the need for suffering people with complex, multi-layered challenges to access appropriate, skilled care that transcends traditional barriers and is consistent with the beliefs, values, and practices of their faith.30

Higher levels of African Americans participate in the religious activities of prayer and use clergy support than Caucasians. “Because African Americans have higher reported rates of church attendance and religiosity than members of other racial-ethnic groups, the Black Church may be uniquely positioned to overcome barriers such as stigma, distrust, and limited access that contribute to racial disparities in mental health service utilization.”31 The church may be the place the stigma can be overcome, but African Americans continue to consistently have significant physical and mental health disparities.

There have been numerous and varied reasons reported for the African American community’s trepidation in seeking counseling services. They include statistics on contributing factors, such as racial comparisons of education, a lack of insurance coverage, diseases, incidents of incarceration, what occurs when they do seek treatment and the role of racism in the African American community as it pertains to mental health.


Reports

The Department of Health and Human Services compiled a report in 2001 on *Mental Health: Culture, Race, and Ethnicity*.\(^\text{32}\) The report, using the 2001 U.S. Census numbers, relates that while 12% or 34 million Americans identified themselves as African American, there was a disproportionate percentage of African Americans found in various categories which directly speaks to the contributing factors of mental health issues within the population.

When looking at the DHHS report as it pertains to African Americans, it shows 22% live in poverty, 45% are in the youth criminal justice system and 45% are in foster care. Over 25% of those exposed to violence suffer with the effects of post-traumatic stress disorder (PTSD) and are nearly twice as likely as Whites to be diagnosed with schizophrenia. Medically, in comparison, African Americans are 3 times more likely to have diabetes, 45% more of them suffer with heart disease, their incidence of prostate cancer is more than double and the numbers with HIV/AIDS is more than seven times that of Whites.\(^\text{33}\)

Furthermore, for African American women, their incidence of breast cancer is higher than that of White women and the infant mortality rate among African American women, commonly associated with a lack of motherly education, is more than twice that of Caucasians, to include the most educated African American women versus the least educated Caucasian woman.\(^\text{34}\)


\(^{33}\) Ibid.

The increased numbers of African Americans dealing with such matters as homelessness, incarceration, foster care, welfare, infant mortality and victims of serious crimes, have made this group of people an at-risk population for mental health issues.

In a July 2015 report, the U.S. DHHS OMH reported that there were 40.7 million black people in the United States, which represented 12.7% of the total population, making African Americans the second largest minority population.\(^{35}\) This report shows an increase of 6.7 million or 7% in African American people. Despite the report being 14-years after the *Mental Health: Culture, Race, and Ethnicity* report, there were still startling disparities within the population.

A 2015 Census Bureau report stated, the average African American household median income was $36,515, conversely, for Caucasian households it was almost double at $61,394. African Americans represented 25.4% of the population living at the poverty level in comparison to 10.4% of Caucasians.\(^{36}\) This statistic was a direct correlation to, “African Americans being 7.3 times more likely to live in high poverty neighborhoods with limited to no access to mental health services.”\(^{37}\) The unemployment rate for African Americans was more than twice that of Caucasians, 11.4% to 5.0 % respectively. This finding was consistent for both men and women.\(^{38}\)

**Comparisons**

In 2015, a comparison of African Americans to Caucasians 25 years of age and over, revealed a lower percentage of Blacks had earned at least a high school diploma (84.8 percent


\(^{38}\) Ibid., 61.
Blacks with a bachelor’s degree or higher equaled 20.2 percent, as compared with 34.2 percent of Whites. More Black women than Black men had earned at least a bachelor’s degree (22.4 percent compared with 17.7 percent), while among Whites, a higher proportion of men than women had earned at least a bachelor's degree (34.4 percent and 34.0 percent, respectively).  

Blacks with health insurance coverage were 54.4 percent of the population, in comparison to 75.8 percent of whites who used private health insurance. Also, 43.6 percent of blacks in comparison to 32.7 percent of whites relied on Medicaid, public health insurance. Finally, 11.0 percent of blacks in comparison to 6.3 percent of whites were uninsured.

Treatment

To add to the African Americans’ myriad of reasons many mental health disorders go undiagnosed is seeking the wrong treatment from the wrong provider. For instance, going to the emergency room to receive treatment for the physical symptoms of a psychological concern. Emergency medicine doctors are not fully equipped, nor do they have the time or resources to properly evaluate, diagnose and treat mental health issues. Routinely, their training teaches them to treat the presented symptoms rather than investigate the epidemiology of the condition. For the pastor attempting to treat the cause rather than the symptoms, due to their possible lack of training, they may themselves experience burnout trying to help, the result being the individual gets worse. Persons with mental disorders must be treated on a “whole person” concept.

39. Ibid., 24.
Self-medication is yet another concern. This may come in many forms, the most common being drugs (illegal or prescribed), alcohol or food. More uncommon forms of coping may include gambling, pornography, work and frivolous spending. A fourth barrier encourages the individual to rely solely on God and to use Scriptures such as, “It is better to trust in the Lord than to put confidence in man.” Or, “Put not your trust in princes, nor in the son of man, in whom there is no help.” Such counseling can lead a Christian to believe their faith is weak if they seek help.

The Role of Racism

To fully grasp the depth of the misgivings of counseling and understand the importance of the church, one must understand their origin. While there have been some strides, racism still plays a large part in the African American’s distrust of a “system” that has a history of over 200 years of slavery, through the 40-year Tuskegee Syphilis Experiments, to today’s continuing gross mistreatment of blacks, especially black males, by those sworn to serve and protect. These recurring injustices leaves the individual with the impression counseling would just be one more thing used to label them. Black males are among the highest groups diagnosed with schizophrenia and placed on medication. This will be discussed further as the project progresses.

Even in hospitals, African Americans had to deal with unsanitary conditions and receiving substandard medical care to include being treated by unqualified personnel.

In an interview with a nurse’s aide at Ellen Fitzgerald Hospital, Mabel Williams (Oral History Interview, 1999) recalls that African Americans were treated in the basement and newborn infants were placed in a utility room where nurses emptied bedpans and sterilized needles. She also stated that nurse’s aides and maids were allowed to perform

42. Psalm 118:8 KJV
43. Psalm 146:3 KJV
injections and other services on African Americans that only licensed nurses could perform on Caucasian patients. Because of the things she witnessed at work she feels that the treatment at the hospital was a form of genocide to curb the African American population because the hospital staff did not care about African Americans.45

It would be easy to assume from the interview, that Mrs. Williams believed hospitals did not care about African Americans, which undoubtedly fostered a sense of distrust in that system. As many opinions and biases are passed down from generation to generation, it is likely she has influenced her children’s sentiments about the medical system, despite them not having witnessed or experiencing it themselves.46

The “Second Great Awakening”47 brought with it, Evangelicals who landed on both sides of slavery. There were those who not only supported the slave trade, they owned slaves, extolling Christianity would make slaves more obedient. Segregating the congregation for service, placing the Blacks in roped off areas or balconies, if available. Even notable preachers such as Charles Finney, Dwight Moody and Billy Sunday all allowed segregated seating at their meetings. This practice brought harsh criticism from black pastors.48 “In the words of one black Christian, Moody’s ‘conduct toward the Negroes during his Southern tour has been shameless, and I would not have him preach in a barroom, let alone a church.”49

The black abolitionist Frederick Douglass when speaking about Dwight Moody was quoted as saying, “Of all the forms of negro hate in this world, save me from that one which


46. Ibid.

47. John D. Woodbridge, Church History, Volume Two: From Pre-Reformation to the Present Day (Grand Rapids, MI, Zondervan, 2013), eloc 11453.


49. Ibid., 112.
clothes itself with the name of the loving Jesus. . . . The negro can go into the circus, the theatre, and can be admitted to the lectures of Mr. Ingersoll, but he cannot go into an evangelical Christian meeting.  

Even Billy Graham failed to desegregate his crusades until after the U.S. Supreme Court *Brown v. Board of Education* ruling, despite inviting Dr. Martin Luther King, Jr. to pray at one of his New York City crusades.  

 Conversely, there were others who revolted against slavery and fought for the freedom of African Americans. There were church splits over the issue of slavery, some denounced cruelty to slaves. The church was one of the first places an enslaved African American had the ability to lead. Some were even “allowed” to pastor congregations, finding hope in preaching the Exodus of the Hebrews from their tormentors in contrast to the sermons of the slave masters preaching the “slaves obey your masters” of the New Testament.  

 The church was the place many African Americans learned to read and write. Slaves assembled in secret meetings in swamps and forests, violating the laws of the land. They engaged in secret prayer and praise. Although, Abraham Lincoln issued the Emancipation Proclamation in 1863, declaring all the southern slaves “forever free”, it was not until 1865 when the Union troops won the Civil War, the system of slavery finally ended. Despite the proclamation, racial discrimination continued, and evangelicals are still untangling themselves from this sordid legacy.  

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52. Ibid., 108.
The church is also the first place where many blacks demanded and received their freedom, so the pastors of those churches became someone other African Americans looked up to and even idolized. They were often the preacher, teacher, counselor, protector, and savior of the slaves, to the point they organized their freedom from slavery.

Chapter Summary

The goal of this study is to determine if there is truly a stigma with counseling among African Americans or if this is the opinion of LPCs because they have failed to engage the religious community. The research will seek to discover how integral the church is in the lives of African Americans today.

Pastors must endeavor to know and respect their limitations when it comes to counseling. A pastor who can do so, will be much better able to help their congregant. “A wise referral is one of the most significant caregiving services a pastor can offer suffering persons and their families.”53 The LPC community must allow room for the religious beliefs of their African American clients if they are to be successful in helping them achieve better mental health.

Defining counseling is key to providing the best possible therapy to those African Americans in need and it starts with LPCs understanding the history of African Americans and recognizing the importance of religion in their value system.

The research in the next chapter delves further into the psyche of the African American and their history, to include how trust, economic means, the justice system, law enforcement and even Scripture factor into the African American and their views toward counseling.

Chapter 2

RESEARCH

To answer the question of whether African Americans are averse to counseling, there must first be an attempt to understand the mindset and history of the African American and their culture. It is important to recognize that at some point; everyone requires assistance in handling life and its many challenges. Whether one gets that help or not is another matter. There are some who are called to administer to the needs of those individuals who are wise enough to ask for help or fortunate enough to be directed to help. Those who are called must be properly equipped to deliver assistance in a way that is profitable to the receiver. Not only is wisdom, “Commonly understood as the ability to make sound choices and good decisions”¹, there is a requirement for the counselee to ask for help, and the counselor must exercise wisdom to know when to counsel and when to refer.

Possible reasons for the discrepancy in African Americans seeking Mental Health counseling include, “pervasive medical distrust, lack of social resources, lack of the appropriate economic means to obtain mental health care, negative attitudes about mental health and the disbelief in the ability of therapists to treat them fairly and effectively.”² “The popular view is that African Americans have already been subjected to enough stigmatization through mainstream media that they refuse to open themselves up to further ridicule.”³


The Stigma and Prevailing Mistrust of the System

While the consensus among many professionals, is that the African American community, despite the significant instances of mental health issues, does not seek care, one must look at the possible reasons. Some believe, that although there is a population of African Americans with mental health issues who will reach out to many sources for help, it is still their pastor they seek first. Still others believe African Americans have an aversion to seeking mental health assistance, even from their pastor. Their apprehensions include, “Can the church speak with any relevance to their concerns? Is competent and compassionate care consistently available at their levels of need? Is that care truly confidential? How accessible is it?”¹ There seem to be several reasons for this disparity.

In a Liberty University class lecture, Eric Scalise spoke of three dysfunctional family rules. 1. Don’t talk – individuals are not to talk about personal family issues outside the family. 2. Don’t feel – individuals are not allowed to express how they are really feeling. 3. Don’t touch – or it’s the wrong kind of touch, meaning abuse that is physical, emotional and/or mental.² When an individual is being bound by these unwritten, but loudly spoken family rules, it does not open the door to receiving mental health assistance. It may also lead to more guilt for the individual if they break this unwritten family code of ethics.

A factor which may affect the trust level of the African American woman, not only with nonreligious counselors, but also male counselors is that of sexism and a patriarchal society, even in the church.

In traditional African cultures women were not relegated to subordinate roles in society or religion… Enslaved Africans were introduced to sexism among other things


² Eric Scalise, “Dysfunctional Family Dynamics”, (Class lecture Liberty University, 2017).
when they were brought to the Americas. Unlike immigrants to America, the Africans were forcibly prohibited from maintaining their former cultural practices. They lost almost all of the material signs and symbols of their previous cultural identity, purpose, and calling. European Christianity played a central role in the process of eradicating traditional African religion and culture.³

While traditionally, it would seem the Black church has its own culture when it comes to worship practices and their expressiveness during the preaching of the message; there are some practices which seem to have carried over from the White church and their beliefs.

Lincoln and Mamiya observed that the White church denominations in America preached and practiced the admonition of the Apostle Paul, which called on “wives to obey their husbands and slaves to obey their masters.” The women were to be silent in church. The genesis of the male domination of leadership roles in the Black church took place within the circumstances of a wholesale adoption of European customs by the early church fathers, without sufficient comprehension of the impact of such behaviors on the community, and in the absence of a critical analysis of the values and psychological motivations underlying these customs.⁴

This sentiment makes it very difficult for women in leadership to trust that they will be taken seriously and treated fairly by male counselors. The possibility they will be told, you are experiencing this, because you were not meant to be in this position, may weigh heavily and even discourage them from seeking counseling.

The peonage system replaced chattel slavery and was just as bad. It was a web of deceit entrenched throughout the South which exploited and oppressed African American men. A system of terror in which countless Black men were arrested, under flimsy pretext, levied with exorbitant fines they could not afford to pay, then sold out to work for corporations as a means of


⁴. Ibid.
paying off the fines. State legislatures in the South enacted “Black codes”, laws making arbitrary arrest and excessive fines against Blacks legal charges.\textsuperscript{5}

Although there have been strides to level the justice system, there remain instances of unfair sentencing practices of African Americans in the court system. “Blacks in the United States make up more than 36 percent of the 1.5 million people in prison, even though they represent only 12 percent of the nation’s population.”\textsuperscript{6} “Among first-time offenders, both the race-only models and race and skin color models estimate that, on average, blacks receive sentences that are 4.25 percent higher than those of whites even after controlling for legally-relevant factors such as the type of crime.”\textsuperscript{7} Despite the numerous and various actions U.S. courts have implemented to alleviate racial/ethnic sentencing disparities, “…racial disparities in sentencing outcomes are still common”.\textsuperscript{8}

Black Lives Matter

It would appear the threat for African Americans has not changed much today when we see incidents such as those involving unarmed Blacks being killed by police or dying under suspicious circumstances while in police custody. With conflicting reports and even video evidence, the officers are either not indicted or found not guilty of the killings. In an article entitled, “I Can’t Breathe”: Eric Garner and In/Out-Group Rhetorics” the author discusses the phenomenon of persons being placed on a sliding scale category worthy of certain treatment,

\textsuperscript{5} Ibid., eloc 2963.


\textsuperscript{7} Ibid., 396.

“…the law-abiding “insider” end (community member; entitled to protection) to the
transgressing “outsider” end (not a community member; certainly not entitled to protection)”⁹, a
distinction in which Black males tend to automatically slide to the “outsider” end of the scale.

In July 2014, Eric Garner died after being placed in an illegal choke hold by police, a
practice prohibited by the Police Department because of its dangerous nature, for selling loose
 cigarettes.¹⁰ The New York Times reported the officers in the case were not indicted by a grand
jury, yet his family received a $5.9 million settlement.

In August 2014, in Ferguson MO, teenager, Michael Brown, was unarmed and fatally
shot by a police officer, who was not indicted in the shooting.¹¹ There was an undisclosed
wrongful death settlement. The LA Times, The Homicide Report, reported in August 2014, Ezell
Ford, a 25-year-old unarmed, mentally ill man, was shot three times, including once in the back,
by a white police officer, LA prosecutors declined to charge the officers. The family filed a
lawsuit against the city of Los Angeles and received a $1.5 million settlement.¹²

In July 2015, Sandra Bland was found hanging in her jail cell after being arrested for a
traffic stop for improper lane change in Texas, an offense which would normally just be ticketed
or disregarded completely. A grand jury declined to indict the county sheriff and jail staff for a

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¹⁰. Ibid., 434-446.

¹¹. Department of Justice, “Memorandum Regarding the Criminal Investigation into the Shooting Death of Michael Brown by Ferguson, MO Police Officer Darren Wilson,” (Dept of Justice, 2015), 4-86.

felony relating to her death. Her mother filed a wrongful death lawsuit and settled for $1.9 million.\textsuperscript{13}

In a story on Cleveland.com, Tanisha Anderson, died after officers in Cleveland allegedly slammed her head on the pavement while taking her into custody. Anderson’s family knew she had mental illness issues, reporting she had been diagnosed with bipolar disorder and schizophrenia. The family called police for help when she began acting erratically and the family could not calm her down. There were conflicting stories about the incident and the cause of death, one coroner’s report ruled her death a homicide, while a second autopsy ruled it a cardiac event. The family filed a wrongful death suit and received a $2.25 million settlement from the city of Cleveland.\textsuperscript{14} Incidents in which a family calls for help in cases where they do not have the resources, nor the training to deal with a loved one in a mental health crisis, results in the harm, arrest or death of their loved one, it only increases the mistrust of African American people in a system they believe is supposed to help them.

CNN reported on a 2016 Baton Rouge, LA case where Alton Sterling was fatally shot by police while lying on the ground, his crime was selling cd’s. The Department of Justice declined to file charges against police officers involved in the case.\textsuperscript{15} These are just a few cases in which Blacks feel they will not receive fair treatment from the “system”, be it legal, medical or psychological. It is such incidents which have sparked the “Black Lives Matter” movement.


With cell phone technology, most people have the ability to readily film and stream live and recorded videos, numerous incidents of African Americans enduring unfair treatment, being arrested and or killed for minor or no infraction of the law are repeatedly being witnessed. These acts are occurring, yet no one is held accountable for the senseless deaths of African American men and women.

Conversely, Dylan Roof, a White man who by his own admission, walked into an African American church, sat down for approximately one hour in a Bible study, then shot and killed nine African American people, is apprehended alive and taken to Burger King to get something to eat before being transported to jail.16 These types of occurrences are what continue to fuel the mistrust of systems and people who may truly be trying to help, but unable to break the barriers constantly being rebuilt by what is witnessed in the media.

“For centuries, Black men in America have been victims of a system that was designed to suppress and obliterate their sense of confidence, self-reliance, and mature manhood.”17 As this practice continues, it makes it more difficult to convince African Americans to seek mental health treatment, even though it is a much-needed service.

Fear of Misdiagnosis

In addition to the increased attention being drawn to unfair and unethical treatment of African Americans in systems which are supposed to protect all citizens equally, African Americans must also deal with the fear of being unduly labeled and possibly medicated to create a form of control through drugs that produce a sense of lethargy, mood changes, and can increase


the chance of creating other health issues such as high blood pressure and diabetes. In an article, *Schizophrenia in African Americans*, Lawson reports African Americans are, in some cases, four times more likely to be diagnosed as schizophrenic than European Whites. He further shows in Table 1 the results of six researchers who conducted studies from 2001 – 2004. All the reports stated African Americans were more likely to be diagnosed with schizophrenia than European Americans.

Table 1. Reports Comparing Rates of Schizophrenia by Race.

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<tr>
<th>Reference</th>
<th>Results</th>
<th>Setting</th>
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<tr>
<td>Delbello et al. (2001)</td>
<td>African Americans are more likely to be diagnosed with schizophrenia than European Americans.</td>
<td>Inpatient adolescent</td>
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<tr>
<td>Blow et al. (2004)</td>
<td>African Americans are four times more likely to be diagnosed with schizophrenia than European Americans</td>
<td>Veterans Administration database</td>
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<td>Barnes (2004)</td>
<td>African Americans are four times more likely to be diagnosed with schizophrenia than European Americans</td>
<td>State psychiatric hospitals</td>
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<td>Neighbors et al. (2003)</td>
<td>African Americans are more likely to be diagnosed with schizophrenia than European Americans when semistructured interviews are used.</td>
<td>Private and public inpatient facilities</td>
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<td>Strakowski et al. (2003)</td>
<td>African Americans are more likely to be diagnosed with schizophrenia than European Americans despite use of structured interviews.</td>
<td>Inpatient, outpatient county mental health system</td>
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<td>Minsky et al. (2003)</td>
<td>African Americans are more likely than Latinos or European Americans to be diagnosed with schizophrenia.</td>
<td>Behavioral health service system in New Jersey</td>
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19. Ibid.
This researcher experienced this phenomenon firsthand when their own son was diagnosed as schizophrenic at the age of 22 and prescribed medications which he reported made him sleepy, lethargic and unable to function or think clearly. An additional notable side effect of the drug was an increased risk of developing high blood pressure. The researcher questioned the doctor about other options such as a different medication which would not so heavily affect his mental awareness, or adjusting the dosage, which were met flatly with a, “No”.

In listening to the list of possible side effects, the researcher continued, asking if in fact Black males were already in a high-risk category medically for high blood pressure, the doctor again flatly replied, “Yes”. To which the researcher responded, “And you want to put him on medication that puts him even more at risk and you won’t adjust the dosage?” This question received another flat, “Yes” from the doctor. At this point the researcher informed the doctor she would not support her course of treatment, took her son, left the office and did not return.

The response was not meant to believe there was no treatment needed, but the doctor’s unwillingness to even discuss an alternative form of treatment created an unsurmountable barrier for the researcher and her son. While her son has had periods in which he had difficulty maintaining steady employment and at times exhibits some anger issues, his behavior is not near a “schizophrenic” diagnosis. He was subsequently evaluated by another professional who stated he was not schizophrenic.

The Sufficiency of Scripture

Recognizing the significant role religion plays in the lives of African Americans, one must consider the role of Scripture in the counseling process. Counseling is not, by any means, a new concept. The reader need only look at Ex. 18:13-24 for a front row seat in a counseling session taking place between Moses and his father-in-law, Jethro. The story tells of Moses sitting
from morning until night dealing with the issues of the people. When his father-in-law, Jethro sees what is occurring, he expresses concern for Moses’ health and in verse 19 tells him, “Hearken now unto my voice, I will give thee counsel, and God shall be with thee.” This passage not only demonstrates a need for counseling but that it is blessed by God. It was not the “typical” counseling session a person may imagine today, but to be effective, counseling must consider the goal, what the individual is asking for, and what the individual wants to accomplish overall as a result of their counseling session.20

Another biblical counseling session taking place in 2 Sam. 12:1 – 9, perfectly depicts Wimberly’s “narrative” form of counseling. In this account, Nathan the prophet, tells King David a story about a poor man, his one ewe lamb and a rich man who took it and dressed it to serve to a traveler rather than taking from his own abundant flocks. When King David became incensed about this injustice, it was then that Nathan reveals that King David was the rich man in the story, Uriah was the poor man and Bathsheba was the ewe lamb. The result was David accepted Nathan’s counsel, immediately repented, fasted and prayed for the child even though he still died. David sought his God for comfort and help, he went to his spiritual roots.

While there are individuals who face problems, there are those who fail to receive assistance in dealing with them. Those in ministry who are also called to the area of counseling are in a unique position to present the teachings and disciplines of Christ. They have the opportunity to help people perhaps increase their faith, in an effort to set them on a path that will lead to an acceptable resolution to their problem and ultimately a relationship with Christ. The

primary concern of Christian counseling is, “Helping clients become more like Christ and grow into a deeper intimacy with God and with one another.”

Pastoral Care

Counseling is not necessarily just members coming to their pastor for help, it may begin with the congregant approaching the pastor for assistance or the pastor seeing an individual in distress and approaching the congregant and offering or identifying the need for assistance.

Over half of the participants (59%) said they had a church counseling or pastoral care ministry, and most said they counseled parishioners at least a few times a month. This finding indicates that these pastors are consistently providing these services to their parishioners. Pastors also reported that these sessions were initiated in a variety of ways, with the most endorsement of members coming directly to them for help. Additionally, almost half said that they approached members who they thought might need help. This suggests that the church care relationship between the clergy person and the parishioner is in fact a two-way relationship. Pastors make an effort to deliver these types of help, even in cases where the parishioner may not explicitly solicit it.

“In counseling, when people share their most serious and secret problems, counselors need to have something to say. We need guidance about how to respond to such information.”

In those times…the words that fill the silence show what counseling resources you believe to be the most informative, helpful, and trustworthy. The “wisdom” that comes out of your mouth demonstrates where your trust is—whether it is the “wisdom” of the world, the “wisdom” of secular psychology, your own personal brand of “wisdom,” or the wisdom of God in the Bible.

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24. Ibid.
“The Christian faith is about love.”\textsuperscript{25} Lambert emphasizes the opportunity the small membership church has to foster a caring community of individuals who reflect Christ. These churches can meet needs, affect quality of life and shape the way of life in a community if properly led. In a report by the Hartford Institute for Religion Research, 59\% of U.S. churches have a membership of less than 100, while less than 2.5\% have a membership of over 1000.\textsuperscript{26} Killen notes that many times, the expectation of the members of a small church is to have more of a relationship with their pastor. They expect to see him or her out and active in the community. With that in mind he or she should take the initiative to attend community events, school events or fund-raisers to get to know the people in the community and for the community to get to know them; this is important to do even if it is outside their comfort zone. Relationship is key for the small community and church.\textsuperscript{27}

Not only are pastors called on in various circumstances, they are sought by various groups of people, single, married, divorced, male, female, couples and families. This variety of people further challenge his or her ability to effectively and appropriately counsel. There are assorted trainings and classes pastors may attend, and varying methods of counseling techniques and approaches a counselor may utilize to help the counselee.

There are numerous scenarios pastors must consider when determining whether counseling services are offered. The people who seek out the pastor may or may not be members of his or her congregation. There may or may not be compensation involved in the care. Will the

\textsuperscript{25} James L. Killen, \textit{Pastoral Care in the Small Membership Church}, (Abingdon Press, 2005), eloc 1.


\textsuperscript{27} James L. Killen, \textit{Pastoral Care in the Small Membership Church}, (Abingdon Press, 2005), eloc 5.
pastor conduct counseling alone or involve a counseling board or committee from within the church? These are just a few things to ponder.

Determining Who Will Provide the Care

A pastor may elect to train a group of lay members and form a counseling team of lay helpers. “Lay helpers are caring individuals without professional credentials who seek to aid spiritually and emotionally distressed people in church or ministry environments”.28 Once trained, lay helpers can assist the pastor in a supervised counseling setting. Just as pastors must know their limits, so too must the lay counselor, and be ready to refer specified cases to the licensed professional, such as in the case of an individual threatening harm to themselves or others and other cases deemed appropriate by the trainer.29

The pastor may or may not be the preference for individual or family counseling, the person may simply want a referral. If the pastor is the preference for family counseling, it is vital they all understand that in a family counseling setting, “The pastor’s task is not to cure but to provide a structure in which he or she can convey his or her care and ability to communicate with each member of the family in the presence of the other members.”30

The counselor must be able to empathize with the client. To establish trust and the subsequent openness needed for the counselor to see and treat the unspoken problem, the client must feel the counselor can identify with their plight. It is essential the counselor see and understand the nonverbal communication to be able to treat the whole person. Paul says in 1 Corinthians 9:22b “…I am made all things to all men, that I might by all means save some.” In


29. Ibid.

order to accomplish this and avoid the pitfalls of bias, racism or stereotyping, the counselor may benefit from self-assessments designed to identify their own tendencies and attitudes toward certain personality types. These may also bring to light certain situations that may be racially motivated of which the counselor may not have been aware.

The way people relate to each other is largely determined by their own personality traits. One must first understand his or herself to effectively minister to or counsel others. When a person understands who they are and can acknowledge their own strengths and weaknesses, they can recognize certain personality traits in others, then know how to deal with those traits to be able to help them. Without this knowledge, there could be much frustration on the part of both the counselor and the counselee.

There are certainly factors in the lack of counseling services sought after or rendered to the African American community, and there are indeed valid reasons for the lack of care. Despite this fact, there is one thing that remains true of all God’s children, everyone at some point in their lives will suffer some type of loss. Be it the death of a family member, friend, coworker or classmate or even a beloved pet; loss of a job, or a marriage ends in divorce. There will be turmoil, and circumstances we cannot overcome by ourselves or through prayer alone. The pastor will in all likelihood, remain the primary source for counseling help and he or she must take their cue from the ultimate Counselor; “For unto us a child is born, unto us a son is given: and the government shall be upon his shoulder: and his name shall be called Wonderful, Counsellor, The mighty God, The everlasting Father, The Prince of Peace” [emphasis added] Isa 9:6.
Jesus, the Example

When a pastor provides counseling, it could be termed ministering. Pastors are called to minister to the people as Jesus did. When Jesus ministered to the 5,000 men, plus women and children, he had compassion when he provided food for them. “But when he saw the multitudes, he was moved with compassion on them, because they fainted, and were scattered abroad, as sheep having no shepherd”.31 Jesus again showed compassion when he fed 4,000 men, plus women and children, “Then Jesus called his disciples unto him, and said, I have compassion on the multitude, because they continue with me now three days, and have nothing to eat: and I will not send them away fasting, lest they faint in the way.”32

Jesus set the example for us as people and as ministers of the Gospel called out for a purpose, it is vital pastors lead the way in the command mankind has been given, “This is my commandment, That ye love one another, as I have loved you”.33 Jesus did not ask mankind to do anything that He had not shown him how to do. There are avenues such as formal education, targeted training, techniques, theories, courses and organizations that will provide instruction to anyone seeking the knowledge. A wise counselor/pastor will avail themselves to the information to arm themselves with knowledge to responsibly minister to God’s people.

Types of Counseling

There are problems people will face and the counselor must either be prepared to assist with those problems or have a referral plan in place. These problems may include, marriage, fatherlessness, domestic violence, sexual abuse, depression, suicide, stress & anxiety,

31. Matt. 9:36KJV
32. Matt. 15:32 KJV
33. John 15:12 KJV
alcoholism, substance abuse, pornography, or mental health issues. As a pastor and counselor, it is important to recognize that because there are numerous types of counseling, there is no one counselor who will fit every person and no one counselor who will be able to address every need. People can present with a myriad of issues, all which need to be addressed, but not necessarily by one individual counselor. “Pastors, like all other professional counselors must, therefore, be clearly aware of their limits of competence and be ready and willing to make referrals once these limits are reached.”

Additional areas in which individuals may express counseling needs, consists of addiction, which could include, food, sex, shopping and the list continues; premarital; family; abuse, which could comprise physical, mental, emotional, or financial; grief, PTSD, and crisis counseling. Individuals may express issues in one or multiple areas, they could also require long- or short-term counseling. All these factors must be considered when embarking on counseling by both the counselee and the counselor. These factors are also important for the researcher to consider when determining how best to gather meaningful, appropriate and accurate information.

The Why of Counseling

The need for counseling may come about because of a specific traumatic incident which may necessitate the convening of a critical incident stress management (CISM) team. These teams were originally convened for paramedics, fire fighters, police officers, soldiers and medical personnel to attempt to maintain the cognitive function of the workers thereby preserving the level of safety with which they operate. CISM are now convened when groups go

34. Tim Clinton, Lessons Learned in the Counseling Chair Handout, PowerPoint slides 8-18.
35. David G. Benner, Strategic Pastoral Counseling: A Short-Term Structured Model (Grand Rapids, MI: Baker Publishing Group, 2003), eloc 43.
through a common trauma such as a school shooting, church shooting, the 9/11 bombings, etc. to attempt to minimize the effects of PTSD.\textsuperscript{36}

Not only must a counselor be aware of the reason persons may come for counseling, but also the manner in which they will address that person, not just meaning by first name or title and last name, but whether the counselor needs to be confrontational, comforting, confirming, etc. or a combination of styles. “Certainly, there are times when strong firm confrontation is right and necessary. But there are other times when gentle support, encouragement, concerned listening, exploration of inner dynamics, reflection, clarification, and acceptance of feelings are desirable.”\textsuperscript{37}

While there are many effective methods a counselor may use, Crabb outlines a seven-stage approach to assist counselors with getting to the heart of the counselee’s issue. Stage one is to, “Identify problem feelings”. Stage two is to, “Identify goal-oriented (problem) behavior”. Stage three is to, “Identify problem thinking”. Stage four is to, “Change the assumptions or clarify biblical thinking. Stage five is to, “Secure commitment”. Stage six is to, “Plan and carry out biblical behavior and the final stage is to, “Identify spirit-controlled feelings.”\textsuperscript{38}

\textbf{Mandated versus Voluntary Counseling}

Pastors and counselors must consider and respond accordingly to the reason individuals present for counseling and be equipped to address the corresponding emotions and attitudes the individual will display as a result. The individual coming to counseling because they recognize

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\textsuperscript{38} Ibid., eloc 2009 – 2174.
\end{flushright}
they need help will be much more cooperative and participative than the one whose husband, wife, a doctor, judge or another person of authority in their life has mandated they go to counseling.

Determining the Appropriate Research Tool

“In its simplest form, the research process involves identification, collection, evaluation, and presentation.” To determine if in fact African Americans are averse to seeking mental health counseling, the researcher began by determining what information to gather to answer the question and how best to gather that information. Using the steps set forth in Creswell’s *Qualitative Inquiry and Research Design*, due to the nature of the study and the specific group to be studied, the researcher first determined that the research problem was best examined using a phenomenological approach. The phenomenon being all the participants were of African American heritage and congregants of a predominantly African American Metro Atlanta church.

According to The Association of Religion Data Archives,

Historically, the Black Church has been composed of seven major denominations: the African Methodist Episcopal Church, the African Methodist Episcopal Zion Church, the Christian Methodist Episcopal Church, the Church of God in Christ, the National Baptist Convention of America, the National Baptist Convention, USA, Inc., and the Progressive National Baptist Convention, Inc.

This approach was appropriate because it involved the shared experiences of a group of people who had something in common, being of African American heritage and Christians. Next,


the phenomenon of interest was a perceived aversion of African Americans to seeking mental health counseling.

The questions were field tested with someone who had previously engaged in counseling and with someone who had never engaged in counseling and were adjusted accordingly before distributing to participants. They were arranged in such a way that if the answer to one question made the next question nonapplicable, the response gave instructions to “skip to question…” with the corresponding question to answer next.

The researcher used what Sensing refers to as a “structured” interview for the pastors which consisted of a predetermined wording of questions, a predetermined order of questions and the oral form of a survey.42 On some questions, participants were given the opportunity to write in a response if none of the choices pertained to them. The members were given a fixed choice survey which, “Asks the question in a set fashion and provides a choice of predetermined answers.”43

Eliminating Bias

“Some of the most dangerous pitfalls for researchers are those related to a previous mindset.”44 “The prejudices (meaning here “prejudged results”) taken into a research project set the tone and often determine the answer to a question.”45 Because the researcher is of African American heritage, a Christian, a pastor, and has had experience with counseling African


43. Ibid., 114.


45. Ibid., eloc 16-17.
Americans, one notion which had to be set aside was whether the limited number of African American LPCs, one study revealed there was just 13% in the field, was the cause of African Americans not seeking counseling. Or if in fact they were just not engaging the LPC, and instead were engaging with their pastors for counseling. Another bias the counselor heard from some pastors was African Americans went to their pastors for counseling because, “They were too cheap to go to someone they would have to pay.”

Care was taken not to allow preconceived notions and experiences to affect the research. This was accomplished by attempting to make the surveys simple to complete and giving the participating pastors specific instructions on how to administer the surveys to their members, this limited the researcher’s contact with the participating members and the possibility of transferring the researcher’s beliefs to participants. The goal was to allow the participant to answer the survey willingly, honestly and from their own experiences without input from the researcher.

Selecting Participants

Data collection consisted of interviews and anonymous surveys. Participating churches were chosen based on connections the researcher had with two local leaders in different parts of Metro Atlanta, who preside over a group of churches known as a church association. Each was asked to participate and provide the names of pastors in their respective associations they felt would assist the researcher in conducting the study.

Contacts for a total of ten African American churches of various denominations were given to the researcher. Of the ten churches, the researcher was able to contact nine of the

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pastors. Of the nine pastors contacted, the researcher was unable to coordinate schedules to conduct interviews with two, one pastor scheduled an interview but failed to show up for the appointment, six pastor interviews were completed, and their members completed surveys.

Pastors and churches from various denominations were used in this study, one Baptist, three identified themselves as Missionary Baptist, one Church of God and one Non-denominational church. This provided the researcher with a mix of people to determine if there was any pattern which could be attributed to a specific denomination or if African Americans across denominations exhibited an aversion to counseling. Three churches are located north of Atlanta, two in Marietta, one in Woodstock, two churches are west of Atlanta, one in Douglasville, one in Winston and one church is south of Atlanta, in Locust Grove.

A 2012 National Congregation Study revealed the majority of churches contain a membership of less than 100 people. In this study, the church memberships varied to include 1 church with less than 50 members, 1 church with 50 – 99 members, 3 churches had populations between 100 – 299 and 1 church had over 500 members.

Conducting the Interview

Each pastor was asked to set aside 25 – 30 minutes for the interview, this allowed time to discuss the project, complete the consent form, entertain discussion and address any questions or concerns which may arise. Once the interviews were scheduled, a copy of the approved Permission Request/Pastor Recruitment letter (see A1), Pastor Consent Form (see A2), Pastoral Interview Questions (see A3), Member Recruitment Script (see A4), Member Consent Form (see A5), and Member Survey Questions (see A6) were forwarded via email to each pastor for review and to give them the opportunity to decline to participate. They were also asked to provide a
realistic number of surveys for the researcher to bring to the interview for completion by their members.

Interviews were scheduled at an agreed upon time and location that was both private and safe. Each interview was confirmed before the date. The interviews began with the researcher introducing herself, the researcher had previous contact with only two of the interviewees and assuring participants that the interview would be kept confidential. Once introductions were made, the researcher asked the participant if they had received the information and if they had a chance to review it. They expressed they had seen the information. The researcher then reviewed the pastoral consent form with each participant, they were given the opportunity to ask questions for clarification, the option to either continue or decline and instructed that if they elected to go forward they would be asked to sign the consent form. All participants agreed to continue and signed the consent form.

The pastoral interview continued with the researcher explaining that the interview would consist of 21 multiple choice questions (see A3) and that it would take approximately 15 – 20 minutes to complete, unless they had questions or further information they would like to provide. The interviews commenced and all interviews were completed without incident or concern on the part of the researcher or participants.

Administering the Surveys

After completing the interviews, the researcher then gave each pastor instructions on how to administer the survey. Each pastor received a “kit” prepared by the researcher consisting of the requested number of surveys, the member consent forms, a sealed box with a slot large enough in which to place the completed surveys, and the Member Recruitment form. The Member Recruitment Script was affixed to the top of the box with the pertinent information each
member needed to know about the purpose of the survey so they could determine if they would like to participate in the research project and the option to withdraw consent. It also contained the date by which the surveys were to be completed and returned. In most cases a period of two weeks was given with more time allowed if requested. Two pastors requested additional time, one was to get additional participation, the other expressed his mental health professional was having some problems she had to work through.

The pastors were given the agreed upon number of surveys for their members to complete. A member consent form (see A5) was attached to each survey (see A6) with instructions on how to complete the survey, explaining that it was an anonymous survey in which they could withdraw their consent by not placing the completed survey in the box. The member survey consisted of eleven questions for members to respond to as applicable.

Retrieving the Completed Member Surveys

Once the pastors indicated the members had completed the surveys, the researcher arranged to pick up the box and any unused surveys. Once again the meeting took place in a public and safe environment. Once the researcher retrieved the completed surveys, they were organized, sorted and prepared to interpret the findings.

With one exception, the pastors’ anticipated participation was within 70%-80% of the requested surveys. One pastor requested 125 surveys, but only 13 of his members participated in the project. He was notably disappointed in the lack of response from his members and relayed his shock at their low involvement rate.

Chapter Summary

To understand the behavior of a culture, one must appreciate its history. The African American has experienced numerous years of abuse, oppression, subjugation, cruelty and
mistreatment from systems that are supposed to serve and protect the rights of all individuals. This behavior has created an environment of doubt and mistrust amongst some African Americans. Because religion weighs so heavily in the lives of African Americans, pastors have an obligation to get the appropriate training if they are going to provide counseling to their members. They must recognize and accept they will not be able to help everyone and having a referral network is vital if they are to properly assist their members.

As the project progresses, the next phase of this study will analyze the survey responses to determine what the respondents disclose about counseling and their preferences for a counselor.
Chapter 3

FINDINGS

Compiling the Data

The member surveys were distributed to the pastors at the interview with instructions for the members’ completion. Six pastors participated and their church members completed a total of 157 surveys. The researcher retrieved the boxes with the completed surveys from each pastor. Upon reviewing the completed surveys, the researcher discovered, while the pastors were given instructions on how the surveys were to be completed, and it was believed the instructions were clear, there was apparent confusion with one question. “The art of asking a question seems so simple…Yet, the art of asking a question is difficult to master.”

There were participants who had difficulties understanding the question that asked them to rank their preference for choosing a counselor. The exact question was, “If you were to seek counseling, please rank your top five criteria for selecting a counselor, one being most important and five being least important.” (see A6, pg. 2) There were 13 options to choose from and the array of incorrect responses included placing a check mark in five or more choices, ranking all 13 choices, selecting just one and choosing 5 but ranking them all with a 1 or 2.

Defining Generations

To determine if there was any correlation between the respondent’s answers and their age demographic, the responses were grouped by generation. The Mature/Silents are classified as those born from 1927 – 1945, they are 73+ years of age. Baby Boomers are classified as those born 1946 – 1964, they are 54 – 72 years of age. Generation X are classified as those born 1965

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– 1980, they are 38 – 53 years of age. And Millennials are classified as those born 1981 – 2000 and are currently 19 – 37 years of age.¹

Pastoral Interviews

Pastoral interviews were conducted to ascertain what they believed about counseling. Of the ten original names given, there was one female pastor and one husband and wife co-pastor team. The researcher was unable to connect with the female pastor and the male of the co-pastor team was one of the six interviewed. All interviewees were males.

As previously stated, older generations have the ability to influence the generations that follow, a pastor with an aversion to counseling could not only influence numerous families but could also affect multiple generations. Two pastors were in the Baby Boomers² category, and four were Generation X³.

To determine their level of experience, the pastors were asked the total number of years they had served in ministry. One had been in ministry 5 – 10 years, two had been in ministry 11 – 20 years and three had been in ministry more than 20 years. To discover if there was time to establish a relationship with the congregants, the pastors were asked how many years they had pastored their current church. Three men had been pastoring their current church 6 – 10 years, 1 had been pastoring their current church between 11 – 20 years and 2 had pastored their current church more than 20 years.

The number of years, both in ministry and pastoring their current church indicates a level of stability and the opportunity to build trust with the congregants. Malphurs asserts that it takes


² Ibid.

³ Ibid.
eight to ten years for a pastor to establish credibility. In general, people will not follow an individual or allow them into their personal lives until they feel they can trust them.

According to a survey conducted by LifeWay Christian Resources of the Southern Baptist Convention, pastors of large churches remain in position an average of 8.7 years, compared to 7.2 years in small churches. This can directly affect not only the success of the church but the attitude of the people toward leadership, the programs the church can offer its congregants and the relationships that may be established in the community.

In the area of pastoral care Killen asserts,

The first step in offering pastoral care is moving into relationship with others. You must take the initiative in offering a special kind of friendship. You must get to know others, allow yourself to be known by others, and offer to become involved with others in certain significant ways. In a small membership church, you can and should offer that kind of relatedness to every member of the congregation and also to as many other people as possible in the community that the congregation serves.

The number of churches pastored could give an indication of the commitment and rapport the pastor has with their congregation. Longer tenures allow relationships to not only develop but thrive. The LifeWay Christian Resources survey further states, “Most ministers take a job with a different church for reasons such as wanting to move to a different community, wanting to lead a larger church and getting promoted to a higher position -- not simply because they feel God calling them to a different church.” Two men had pastored one church and one each had


6. James L. Killen, Pastoral Care in the Small Membership Church, (Abingdon Press, 2005), eloc 5.

pastored two, three and four churches. The pastor with the largest congregation was the one who had pastored four churches. It is not known if each time he moved to a larger church or the reasons for his moves.

Counseling Services

The church population can sometimes determine the number of people who know what programs are available. Larger churches can understandably offer more services to and ministries for its members. The reason a person attends church can vary greatly. There are those who come with the attitude of giving and look at the church as a place where they can serve. These people seek out ways to help. Then there are those with the opposite motivation, they come with a “WIIFM” or “what’s in it for me” mentality, only looking for what can the church do for them. Just as people’s motivations vary, so does their level of knowledge about what is available in the church, sometimes the larger the church, the fewer people know what ministries are available.

To determine the level of knowledge members had about the available services offered in their church, and whether the church population had any bearing, both pastors and members were asked if their church offered counseling services. Of the six participating churches, only one pastor and all the members had the same response of yes. His church population was <50 members. Conversely only one pastor responded his church did not offer counseling services, yet an overwhelming 79% of the members stated the church did offer counseling services. The population of this congregation was 100 – 299.

Four pastors reported they had counseling services but had members who responded the church did not have counseling services. One church reported a population in the 50 – 99 range, with 45% of its members replying their church did not offer counseling. Two churches reported populations in the 100 – 299 range with 46% and 42% responding their church did not offer
counseling. The church reporting the largest membership of 500+ had the lowest percentage of disagreement with 12% responding the church did not offer counseling and 5% responding they did not know.

The presence of a referral network could indicate whether pastors were attempting to handle every situation their members brought to them. A network of referral agencies to which they could refer their members if the level of service they needed was outside of or more advanced than they were willing or able to provide is essential. The one pastor who expressed he did not provide counseling did have a network of referral agencies, this could account for the 79% of his members who responded in the affirmative that their church did offer counseling services, the other five pastors did not have a referral network.

While counseling services may be offered within a church body, there are multiple combinations of persons who may provide the service. Three pastors indicated they personally provided counseling for their members. The church with the counseling team had a membership of 50 – 99, and in the remaining church both the pastor and associate ministers perform counseling. (see figure 1).

Figure 1. Pastoral interview question 9 responses
Because the opinion of the LPC community is that religious leaders do not consider the psyche as much as they should or that they need to have a licensure process and more training,\(^8\) pastors were asked if there was any formal training for those conducting counseling. Four responded there was formal training and one responded there was no formal training. The respondent who had not had formal training yet was providing counseling services was a pastor.

Training can come from various resources and with that training various procedures can be established. According to Benner, the following five guidelines, while not comprehensive, serve as a framework for the ethical practice of pastoral counseling: 1. Protect the rights of those you counsel, 2. Avoid dual role relationships, 3. Avoid romantic or sexual intimacies in counseling, 4. Be aware of your limitations, and 5. Remain in relationships of personal accountability.\(^9\)

Individuals can be lay counselors trained by a professional counselor, they can participate in a certificate program or they can go to school themselves and become an LPC. An effective caring and counseling program in which clergy and trained laypeople minister in partnership can transform the interpersonal climate of a faith community.\(^10\) Of those who responded that training was received, three received formal education and one was certification through a formal program.

To determine if the pastors had considered gender or being able to request a specific counselor was important to the members, they were asked if their members had the option to

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request a specific counselor. One church had the option for members to request a specific counselor because there was only one church with a team, note it was not the largest congregation that had the team of counselors. In the other churches, the pastor or ministers conducted the counseling, or the member was referred to someone outside the church. The church with more than one counselor assigned counselors by their area of expertise.

Because of the number of instances of abuse of power or inappropriate counselor/counselee interactions, pastors were asked what safeguards they utilized. Four of five of the churches, or 80%, had safeguards in place to protect the counselor and counselee. Safeguards included the pastor’s spouse being present when the counselee was a female, recording the sessions and leaving the door open. While the option of leaving the door open, may provide safety for the counselor and counselee, it does not necessarily ensure privacy.

All pastors with counseling services, reported they were available at various times for the convenience of the members and that counseling was provided at no cost to members. While it was not asked of the pastor participants, there were pastors who shared that they believed, because counseling was free when it was given by the pastor; this is the reason many people preferred the pastor over the LPC. We will further review the validity of this statement when we review the member survey responses.

While counseling was available to non-members, two pastors expressed that there is a fee, the other three do not charge non-members. It was not ascertained whether non-members did not continue to seek counseling because of the fee and the churches had not investigated whether insurance could be billed for the services. To date, the churches had not attempted to bill insurance.
The final question for pastors asked if they had ever personally engaged in counseling services. “A pastor who is unwilling to seek out mental health services or has a stigma about mental health will be far less likely to refer parishioners and less likely to use psychological resources in the church setting.” An article entitled “African American Pastors on Mental Health, Coping, and Help Seeking”, which interviewed pastors about their attitude toward counseling members and their own mental health stated,

Overall, participants disclosed that the role of pastor is taxing, and they often neglect their own personal wellness in caring for members of their congregation. Felicia stated, “And we’re the worst. Pastors are the worst. We don’t rest. You know?” Only one of the participants, William, stated that he had never worried in his entire life and attributed this to his faith.

Four pastors reported they had personally utilized counseling services, and two had never engaged in counseling services. One pastor casually remarked he probably needed to. “Several factors influence both pastors’ counseling practices in the church and their own willingness to engage in dialogue with psychological professionals. One important factor is the pastors’ attitudes about seeking mental health services themselves.”

Member Surveys

Member surveys consisted of 11 questions (see A6), in which participants answered the appropriate questions. The number of questions answered was based on their responses. A total of 157 surveys were received, the researcher calculated the overall responses of the respondents.


based on the total received, grouping them by generation. There were three surveys in which the respondent failed to identify whether they were male or female and one survey in which the respondent failed to select their age.

Demographics

A U.S. Congregational Life Survey reports, “There are fewer men in worship than women…61% of worshipers are women, despite men being about 50% of the population.” Figure 2 identifies the percentage of male and female participants, grouped by overall responses and generation. The ratio of male to female respondents was rather the same with one exception, Generation X had a significantly lower percentage of male responses compared to other groups.

Figure 2. Member respondents by gender

On occasion, experiences and fears can pass from generation to generation. To determine if responses were age related, responses were separated by generational groups. Congregants were required to be at least 18 years old to participate in the research project. The generational groups represented in this research were Mature/Silents, age 73+, Baby Boomers, age 54 – 72, 14.

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Generation X, age 38 – 53 and Millennials, age 18 – 37. Baby Boomers comprised the largest percentage of respondents at 56%, followed by Generation X at 25%. The millennials followed at a distant 15%, last were the Mature Silents at 14%. (see figure 3)

Figure 3. Member respondents by age

Counseling Services

Because the belief amongst the LPC community is that African Americans turn to their pastor first for counseling, the researcher had to ascertain if the members were aware of whether their church/pastor offered counseling services for the congregation. As previously stated in the pastoral interview responses, five out of six pastors stated they do have counseling services available to their members.

To determine if church members knew what programs are offered in their church, the members were asked if their church offered counseling services? Just 1 out of 6 pastors stated their church did not offer counseling services, yet more than 57% of respondents in every generational category stated their church does offer counseling services. The lone pastor who stated he does not offer counseling services, is also the only pastor who has a network of referral agencies. Even though it may be a referral to another agency, the members may feel this is their
church offering counseling which could account for the disparity between the pastor’s and the members’ responses. (see figure 4)

Figure 4. Member survey question 3 responses

Question 4 was key in answering the query of whether African Americans have an aversion to counseling. The anonymity of the survey gave congregants the freedom to respond openly and honestly about their use of counseling. In addition, it also gives insight into whether previous generational experiences and attitudes have had an impact on the younger generations in terms of their attitude toward counseling. The question asked respondents if they had ever engaged in counseling services?” (see figure 5) Overall the Baby Boomers were the largest percentage who had received counseling at 62%, contrasted by the Mature/Silents at 43%. Initially, it does not appear that the Mature/Silents have had a negative impact on the following generations with their lack of utilizing counseling services, in fact, they boasted the second highest percentage of those who reported they had engaged in counseling. Overall, 56% of the respondents state they have engaged in some form of counseling.
This research speaks broadly on the subject of counseling. To identify whether respondents had an aversion to all counseling or just mental health counseling, the respondents who answered in the affirmative were then asked what type of counseling services they had received.

Overall, the counseling service received most often was marital counseling as reported by 30% of the respondents followed by premarital counseling at 21%. This may be good news for a population that has a current divorce rate of over 50% in and outside of the church or it could account for the 50% who stay married. A World Economic Forum article reports divorce rates are decreasing thanks to Millennials. It goes on to cite circumstances such as completing their education, established careers and sound finances before getting married as possible reasons their marriages are succeeding.15 This survey shows that overwhelmingly, 56% of millennials engaged in premarital counseling, which could also be a contributing factor in the decrease in divorce rates.

Avent et al. reports that just 15.7% of African Americans diagnosed with mood disorders and 12.6% of African Americans diagnosed with anxiety disorders seek mental health assistance. The overall numbers seeking mental health counseling in this study are slightly higher at 19%, but this study does not address whether those seeking mental health counseling have been diagnosed with mood or anxiety disorders. (see figure 6)

![5. Types of counseling services received](image)

**Figure 6. Member survey question 5 responses**

The effectiveness of counseling can affect one’s opinion about counseling and will likely determine if an individual continues in counseling. (see figure 7)

![6. Were counseling services effective?](image)

**Figure 7. Member survey question 6 responses**

Just 56% of those who answered that they had received counseling services responded to this question, of those, overall 82% stated their counseling was effective. The respondents who felt their counseling was not effective and replied “other” for the reason, wrote in just two responses, “Did not give resources to work through” and “Did not attend”.

Of the Baby Boomers who engaged in counseling, 83% felt that it was effective. For the 17% that did not feel it was effective, 26% reported they were not ready to address their issue, 17% felt the counselor did not address their issue and 17% did not trust the counselor.

Millennials reported their counseling was effective 100% of the time and the Mature/Silents were the group who felt their counseling was least effective.

The next question asked, “Have you ever desired counseling services but did not engage?” (See figure 8) The group least likely to seek counseling services, even though they wanted them was Generation X at 38%. The survey shows Mature/Silents had the least incidents of wanting counseling but not engaging.

![Figure 8. Member survey question 7 responses](image-url)
Those respondents were then asked, “If you desired counseling, but did not engage, what is the reason? (Mark all that apply)” Overall, the number one reason respondents failed to get counseling was they, “Did not know how to ask for help”, totaling 23% of the responses and 13% of respondents indicated they, “Did not know where to look”. We see by these results that 36% of the respondents lacked knowledge. The Scripture says, “My people are destroyed for lack of knowledge” (Hosea 4:6a). If 36% of African American people do not know how to ask for help or where to look, this could account for at least a portion of the lack of mental health care in the African American community. (see figure 9)

![Figure 9. Member survey question 8 responses](image)

Also of note, 50% of the Mature/Silents reported they did not feel their session would be kept confidential, a barrier reported by Armstrong, “I don’t put my business out in the street.”

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This response is significantly higher than every other generational group, the next closest group concerned with confidentiality was Generation X at 17%.

Members addressed the lack of effectiveness of their counseling and why they felt it was not effective. “Responsible pastoral counseling involves making a good diagnostic judgment about the nature of the problem.” If either party fails to understand the issue, the effectiveness of counseling may be severely hindered. Overall, 46% of the respondents cited issues not being addressed as the reason for the ineffectiveness, whether it was the counselor not addressing their issue at 23%, or the individual not being ready to address their issue, also 23%. (see figure 10) This may indicate a lack of understanding on the part of the counselor and/or the counselee.

![Figure 10. Member survey question 9 responses](image)

9. If your counseling was not effective, why not?

Did not feel comfortable speaking with the counselor 33% 18% 13% 15% 13%
Counselor did not address my issue 33% 25% 22% 33% 18%
I was not ready to address my issue 37% 17% 17% 13% 13%
Did not trust the counselor 26% 17% 12% 13% 13%
I felt forced to attend 13% 9% 15% 13% 13%
Other 25% 13% 15% 15% 15%

Figure 10. Member survey question 9 responses

Question 10 asked respondents to rank their top five preferred criterion in a counselor in order of importance with one being the most important and five being the least important. Not all

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respondents completed the question correctly, there were those who placed a check mark, those who ranked all responses one through five and those who selected fewer than five responses. Only the surveys marked correctly were used in this portion of the research.

Counselor Criterion Ranking

A total of 157 surveys were received, 145 of the responses for question 10 were scoreable. To rank the responses, the number of times each response was selected was counted, next the corresponding rankings were added together, then the average scores of the top five selections was calculated and finally ranked according to the lowest average being the choice of most importance for the respondents. (see Table 2) Table 2 includes the 13 options the respondents had to select from and the total responses for each choice. The generational responses include only the top five choices.

Overall Rankings

Overall, the respondents ranked their preference for a counselor as follows: 1) Pastor/Minister with degree, 2) Pastor/Minister, 3) Licensed Professional Counselor, 4) Years of experience and 5) Age.

Table 2. Overall top five counselor preference criterion ranking

<table>
<thead>
<tr>
<th>Criterion</th>
<th># of scored Responses</th>
<th>Total Score</th>
<th>Avg</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>60</td>
<td>209</td>
<td>3.5</td>
<td>5</td>
</tr>
<tr>
<td>Race</td>
<td>40</td>
<td>126</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychologist</td>
<td>29</td>
<td>76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Worker</td>
<td>9</td>
<td>32</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pastor/minister</td>
<td>54</td>
<td>128</td>
<td>2.3</td>
<td>2</td>
</tr>
<tr>
<td>Years of experience</td>
<td>84</td>
<td>254</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Same gender as myself</td>
<td>31</td>
<td>96</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opposite gender as myself</td>
<td>8</td>
<td>28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Professional Counselor</td>
<td>82</td>
<td>200</td>
<td>2.4</td>
<td>3</td>
</tr>
<tr>
<td>Session will be covered by insurance</td>
<td>36</td>
<td>122</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counselor with 4-year degree or higher</td>
<td>22</td>
<td>63</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Mature/Silents Rankings

The Mature/Silent generation can set the tone for following generations, passing on their experiences, biases and beliefs. This group had a very small sample size, comprising just 9% of the total respondents. The criterion Mature/Silents sought in a counselor were 1) counselor with a certificate of counseling, 2) pastor/minister with degree in counseling, 3) years of experience, 4) LPC, and 5) age. (see table 3)

Table 3. Mature/Silents top five counselor preference criterion

<table>
<thead>
<tr>
<th>Mature Silent – 73+</th>
<th># of scored Responses</th>
<th>Total Score</th>
<th>Avg</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counselor with a certificate of counseling</td>
<td>5</td>
<td>7</td>
<td>1.4</td>
<td>1</td>
</tr>
<tr>
<td>Pastor/minister with degree in counseling</td>
<td>7</td>
<td>11</td>
<td>1.6</td>
<td>2</td>
</tr>
<tr>
<td>Years of experience</td>
<td>9</td>
<td>26</td>
<td>2.8</td>
<td>3</td>
</tr>
<tr>
<td>Licensed Professional Counselor</td>
<td>7</td>
<td>21</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Age</td>
<td>5</td>
<td>20</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Baby Boomers Rankings

Baby Boomers had the largest number of respondents comprising 56% of the total responses. The criterion that was important in a counselor for the Baby Boomers in this study was 1) LPC, 2) Pastor/Minister, 3) Pastor/Minister with degree, 4) Years of Experience, and 5) age. (see table 4)

Table 4. Baby Boomers top five counselor preference criterion

<table>
<thead>
<tr>
<th>Baby Boomers – 54 – 72</th>
<th># of scored Responses</th>
<th>Total Score</th>
<th>Avg</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Professional Counselor</td>
<td>51</td>
<td>117</td>
<td>2.29</td>
<td>1</td>
</tr>
<tr>
<td>Pastor/Minister</td>
<td>32</td>
<td>74</td>
<td>2.31</td>
<td>2</td>
</tr>
<tr>
<td>Pastor/Minister w/ Degree</td>
<td>35</td>
<td>92</td>
<td>2.6</td>
<td>3</td>
</tr>
<tr>
<td>Years of experience</td>
<td>47</td>
<td>141</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Generation X Rankings

Generation X comprised 25% of the respondents. Their top five preferences in a counselor included, 1) Pastor/minister with degree, 2) Pastor/minister, 3) LPC, 4) Covered by insurance, and 5) Years of experience. (see table 5)

Table 5. Generation X top five counselor preference criterion

<table>
<thead>
<tr>
<th>Generation X – 38 – 53</th>
<th># of scored Responses</th>
<th>Total Score</th>
<th>Avg</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pastor/Minister w/ degree</td>
<td>14</td>
<td>20</td>
<td>1.4</td>
<td>1</td>
</tr>
<tr>
<td>Pastor/Minister</td>
<td>9</td>
<td>25</td>
<td>2.8</td>
<td>2</td>
</tr>
<tr>
<td>Licensed Professional Counselor</td>
<td>17</td>
<td>50</td>
<td>2.9</td>
<td>3</td>
</tr>
<tr>
<td>Covered by insurance</td>
<td>12</td>
<td>38</td>
<td>3.2</td>
<td>4</td>
</tr>
<tr>
<td>Years of experience</td>
<td>19</td>
<td>63</td>
<td>3.3</td>
<td>5</td>
</tr>
</tbody>
</table>

Millennials Rankings

Millennials were 10% of the respondents and ranked their top 5 preferences in criterion as follows, 1) LPC, 2) Pastor/minister, 3) Years of experience, 4) Psychologist, and 5) age. (see table 6)

Table 6. Millennial top five counselor preference criterion

<table>
<thead>
<tr>
<th>Millennial – 18 – 37</th>
<th># of scored Responses</th>
<th>Total Score</th>
<th>Avg</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Professional Counselor</td>
<td>7</td>
<td>12</td>
<td>1.7</td>
<td>1</td>
</tr>
<tr>
<td>Pastor/Minister</td>
<td>10</td>
<td>22</td>
<td>2.2</td>
<td>2</td>
</tr>
<tr>
<td>Years of Experience</td>
<td>9</td>
<td>24</td>
<td>2.7</td>
<td>3</td>
</tr>
<tr>
<td>Psychologist</td>
<td>5</td>
<td>18</td>
<td>3.6</td>
<td>4</td>
</tr>
<tr>
<td>Age</td>
<td>8</td>
<td>30</td>
<td>3.8</td>
<td>5</td>
</tr>
</tbody>
</table>
Comparisons

In reviewing the top five preferred counselor criteria by generation, there were two criteria selected by every generation, LPC and years of experience. Three categories were selected by three of the four generations, pastor/minister with degree, pastor/minister and age. The Mature/Silents were the only generation who selected counselor with certificate of counseling. Generation X was solitary in their selection of covered by insurance as one of their top five. And the Millennials were alone in psychologist as one of their top five counselor criterion.

Based on these findings and considering the overall preferences pastor/minister with degree and without were the top choices followed by LPC. Although LPC was selected more frequently, it was not scored as most important, but every generation did have them in their top five.

Overall, the participants in this research primarily favored a pastor/minister preferably with a degree, but they would see one without a degree before seeing an LPC. Unexpectantly, years of experience and age were of vital importance, conversely, race was not in the top five criteria for any generation. This is not to say it did not matter, it just wasn’t in the top five criteria as important to the respondents.

Respondent’s Share

The final question gave respondents the opportunity to share anything else they wanted as it pertained to counseling. The following were their responses. (See table 7)

Table 7. Member survey question 11 responses

| Counseling is very important and people should know that it’s available to seek when needed. Some may not have anyone to reach out to and knowing can save someone's life. It was very helpful, a much-needed service that has helped me uncover and overcome the patterns of my childhood and help me release my anger and return to love. |
Therapy can work wonders if you allow it. I encourage anyone to try it, releasing thoughts with non-judgmental persons is a safe feeling. It’s a great help if you are in need. It can steer you in the right direction when you may feel there is no hope. Learning to accept counseling is critical personal decision. Counseling was very helpful to me and my husband. Free service, not exposed to congregation. Mental health issues need to be addressed. It’s more helpful than people think. More should engage.

It works. Although I’ve gone through counseling sessions it was hard to continue because my counselor did not practice confidentiality or have non-judgmental perspective. Additionally, my spouse didn’t deem it as imperative as I. It’s hard to counsel in a partner situation when the other party isn’t open. I feel that counseling is much needed however, Black Christians tend to feel that by seeking counseling they may be wavering in their faith. As a result they pray and stress instead. Counselors are superficial, they tell you what you want to hear! Sometimes honesty is best - life is real. Ability to keep confidential information. This is the second only to skill in a counselor. It would be expected that the person is certified as a licensed counselor. Make the topic of counseling is direct to the issue. The importance of seeking health. I am a counselor. A write-in for criterion for selecting a counselor was walking with God.

Chapter Summary

The research consisted of interviews and surveys. For most churches the project was well received and with the exception of one question, well responded to. According to the responses, Mature/Silents have not negatively influenced younger generations in their aversion to counseling and have themselves participated in counseling. While every generation had LPC in their top 5 criterion, when ranked, pastor/minister with degree was still the overall choice of being most important to respondents. Most of the write-in responses were of a positive nature, with just 4 of 21 or 19% being negative about counseling or the counselor.
Chapter 4

Conclusion

Project Aims

The primary aim of this project was to discover if African Americans’ views toward counseling have changed over the years. It was also to determine how heavily religion factors into the African American community’s decision-making process and their willingness to seek counseling and what, if any, barriers hinder them in seeking services.

Additional factors to consider were the human aspects. Were the counseling views of elder generations being passed down to the generations that followed, and what role do religious leaders have in the process of counseling for its church members and whether they seek it? The research sought to discover if the pastoral leaders were not only familiar with but connected to counseling resources in the community. There was a need to know if insurance or the lack of financial resources factored into the decision to not seek counseling. The research further addressed the question of whether race was a factor in the decision to seek treatment and from whom.

To answer the question whether the African American community is averse to seeking counseling and if a stigma still exists, the researcher conducted a combined qualitative and quantitative phenomenological study of African American congregants in Metro Atlanta churches. The researcher asked questions of the African American, religious community beginning with interviewing the leaders or pastors of the church and conducting guided surveys with the membership of their churches.
Religion and Counseling

This study found that while religion is still at the forefront of the African American community, it does not appear that it is a barrier to counseling. The majority of the write-in comments of the research were positive ones that encouraged people to seek counseling. Conversely, there were some very real and valid concerns expressed also, to include the counselor being non-judgmental and confidentiality.

The Leaders

The researcher interviewed six male pastors, leading predominately African American churches of various denominations in Metro Atlanta. Their years of pastoral experience ranged from 6 to 20+ years with their current congregation ranging in size from less than 50 to more than 500 members.

A leader’s views can greatly affect and influence their followers and pastors are no exception. Their opinions on a subject can sometimes impact members, so it was important to ascertain the pastors’ feelings about counseling. In this study 67% of the pastors had personally engaged in counseling and of the 33%, that had not, half expressed a probable need to engage in counseling. This study found all the churches either had counseling available in-house or by referral, indicating these leaders would not only support counseling for their members, they would encourage it.

Of concern is that in this small sampling of pastors, 17% were counseling with no formal training in counseling, nor was there a referral network, yet they felt it was acceptable to counsel the members in their church. Furthermore, counseling was being conducted by an individual who had never engaged in counseling themselves. This is the type of situation about which the LPC
community expresses concern and the need for education, training and oversight.\textsuperscript{1} The population of this pastor’s church was in the 100 – 299 range, this affords one individual the opportunity to negatively impact hundreds of lives by giving well-meaning but misguided counsel.

All the pastors seemed to have a healthy attitude toward counseling but failed to go further by not having the “safety net” or back up of a referral network to call upon when a counselee’s issue was beyond their training, area of expertise or experience. With one exception, it does not appear pastors and the professional counseling community are working together for the betterment of the people they serve.

When 83\% of pastors do not have a referral network, members are forced to make choices that are not only unhealthy and unhelpful but could potentially be harmful. They either must counsel with someone who may not be qualified to handle their situation, attempt to find help for themselves or choose to not get the help they need. The last option seems to be the case on average for 29\% to 38\% of the population.

Barriers to Counseling

History plays a significant role in the psyche of the African American when it comes to seeking and getting mental health assistance.

Historical adversity, which includes slavery, sharecropping and race-based exclusion from health, educational, social and economic resources, translates into socioeconomic disparities experienced by African Americans today. Socioeconomic status, in turn, is linked to mental health: People who are impoverished, homeless, incarcerated or have substance abuse problems are at higher risk for poor mental health.\textsuperscript{2}


The research participants did not relay whether they had directly or were currently experiencing these barriers but, according to the member responses, 44% have never engaged in counseling of any type, with less than 20% having engaged in mental health counseling. This would indicate that the views of African Americans toward mental health counseling have not changed.

While pastors may not be a barrier to members seeking counseling, they may be a barrier to effective counseling if they feel they can, and attempt to handle every situation the members bring to them. This is what is occurring if there is no network of referral agencies or formal training. Because there were at least two generational groups who preferred LPCs as their first choice in counseling, pastors should make a concerted effort to establish relationships with that group in their community.

Since all the participating churches that offered counseling did so for free, cost should not have been a factor in getting help, yet almost 20% of the respondents cited a lack of financial resources as their reason for not seeking help. This indicates there could be a disconnect in what the church offers versus what the congregant knows about the availability of ministry services. There were pastors who felt members come to them because counseling is free, this is not the case for everyone, because there is a population who does not know it is free.

The opinion of others continues to be a barrier to seeking help. While expressing a desire for counseling, participants additionally expressed concern about confidentiality and what others would think, as reasons for failing to seek counseling. If individuals don’t feel their session will be kept confidential, it speaks to the integrity of the counselor/pastor. The congregant must be able to determine what is the pastor betraying their confidence from the pulpit and what is the
Holy Spirit convicting them through the message and messenger. This can only come by building a relationship of trust between pastor and member.

In order to ease the fears of what others will think, because respondents did not have the knowledge to get the help they needed, whether it was not knowing how to ask for help or not knowing where to look, and since religion factors so heavily in the African American community, there must be a concerted effort, starting in the religious community, to educate African Americans on the availability and benefits of counseling and mental health treatment. Knowledge is key to getting the African American community access to and treatment for the mental health challenges they face.

Religion did not appear to be a significant barrier to counseling and amongst Millennials, religion was not a factor at all. This could signify that religion is no longer a major barrier in receiving mental health assistance. In contrast, because the numbers seeking counseling are still low, it could also mean African Americans are simply finding other reasons to forgo counseling.

Generational Patterns

It appears the opinions of former generations is not affecting those that follow in their perceptions and feelings about counseling. Forty-three to sixty-two percent of the generations have engaged in some form of counseling. Baby Boomers represent the largest group in the survey and the group with the largest percentage of respondents who have engaged in counseling, which means they are not being influenced by the Mature/Silents.

While marital and premarital counseling were the most utilized counseling services, the fact that African Americans are utilizing some type of counseling is at least a step in the right direction. Mental Health counseling is still severely lacking in the African American community. Because the issues in the community which would drive the need for mental health counseling
continue to be substantial, 19% utilizing mental health counseling is extremely low in comparison.

The Membership

Six churches participated in the study with a membership that included individuals from the Mature Silents, age 73+; Baby Boomer, age 54 – 72; Generation X, age 38 – 53; and Millennial, age 18 – 37 generations. The female participants outnumbered the male participants by 52%, which is in line with the congregational norm that females comprise 61% of most congregations.3

Because the surveys were anonymous, participants had the freedom to be honest in their answers without fear of judgment by others, which seemed to be a theme from the write-in responses to the last question which gave participants the freedom to express their feelings about counseling. The majority of the write-in comments were positive in regard to counseling and the need for it.

Counselor Preferences

Despite the low number of professional African American counselors, race was a factor for less than 30% of the respondents and in no generation’s top five criterion for a counselor. This would indicate and lay to rest the researcher’s bias of the lack of African American counselors as being a major reason for not seeking counseling. Gender was also not a major factor with just 21% of the respondents with a preference of having a counselor of the same gender.

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While overall the preference for a counselor was pastor/minister with degree and pastor/minister then LPC, when looking at the generational choices, both Baby Boomers and Millennials, who comprised 66% of the total respondents, selected LPC as their number one criterion for a counselor and both had pastor/minister as their second choice for a counselor. The fact that these generational groups prefer LPCs could account for the high instances of their inability to find help and their reliance on pastors who they can access virtually at any time.

Trust

Throughout this study, an emerging theme is one of mistrust. LPCs do not trust pastors to know when to refer congregants and pastors do not trust therapists to respect the religious aspect of the people they refer. African Americans do not trust a psychological system that is, in some cases, four times more likely to misdiagnose and label them as schizophrenic. Some law enforcement officers and agencies do not trust African Americans, labeling them as “outsiders” and placing them in the category of being unworthy of protection, conversely some African Americans do not trust police because of the incidents of police killings where “no one” is held accountable for the taking of a life, even when the person was not guilty of a crime.

African Americans also have difficulty trusting a criminal justice system in which sentencing along racial lines is still common practice, despite the steps that have been taken to alleviate the practice of harsher punishment for people of color. Finally, there are those congregants who do not trust their pastors to keep their sessions confidential.

This prevailing environment of mistrust makes seeking help considerably more challenging for the African American community. When an individual does not know who they can trust, coupled with the 36% of respondents who either do not know where to get help or how to ask for help, this exponentially decreases the odds of an individual getting help.
The pastoral and LPC community must not only strive to create a positive environment, but also make a way to reassure African Americans that counseling can be and is a safe, judgement free atmosphere where they can seek out and receive the help they need. Education through marketing is vital in getting the information to the people who need it. Advertisers consistently target specific demographics of people. A one-hour television program typically consists of 14 minutes of advertisements. A marketing campaign for mental health should be a part of the myriad of advertisements the public is bombarded with on an hourly basis.

Summary

In summary, at the onset of this project, there was believed to be a stigma amongst the African American community about counseling and what it represents. There have been several reasons reported as the cause for this phenomenon. They include the belief it represents a lack of faith, the sole dependence on faith, family dynamics, access to care, and the mistrust of counselors and the “system”.

Counseling professionals maintain African Americans 1) fail to receive professional mental health support, 2) seek their pastor first or 3) completely fail to seek counseling assistance. This survey shows there is a group whose numbers are slightly higher in seeking counseling which may in turn be good for the generations which follow. The pastors who were interviewed all had positive attitudes toward counseling, despite their lack of referral resources.

Pastors and LPCs must find a way to work together if the growing African American sector of society is to receive the help they need to address and overcome their issues. Pastors must think beyond spiritual health and get informed about what services the congregations they serve need and what services are available in the community in which they serve. Training is
essential to discover their limits and know when a referral is warranted, recognizing also that a referral does not necessarily mean pastoral counseling ends.

LPCs must respect the religious background and beliefs of the African American client and be willing and able to adjust their treatment accordingly. This could mean partnering with pastors to create a treatment plan that will garner more success because it includes a part of the client that is so vital to their moral fiber. This partnership could result in clients remaining in counseling for longer periods if they feel the counselor understands and respects their religious values and does not advise treatment that will be in direct conflict with their belief system.

Almost half the respondents stated they lacked the knowledge to get help, whether it was where to look or how to ask. Informed pastors can be key in directing this population to the help they need which could alter attitudes and change mindsets, which in turn can continue to positively affect generations to come.

The research determined that in the African American churches of Metro Atlanta, when evaluating the raw numbers, more people selected LPCs in their preference for a counselor, but when ranked in order of importance they preferred speaking with their pastors first. Years of experience was an area at the forefront of every generation while race was not of significance when selecting a counselor.

Overall, it does not appear that African American’s views toward where to turn for counseling have changed. Because of this, it is vital pastors and LPCs come together to establish a partnership to close the gap between the African Americans who need mental health assistance and those who receive it. If the African American community is going to receive the help they need to overcome their mental health issues, it requires pastors and LPC to recognize the value each has in the lives of African Americans. Working together, they could also stimulate a change
in the other areas of society. When an individual can find value and worth inwardly, it can radiate outwardly and change an entire generation one congregation at a time.
Appendix 1

Permission request/pastor recruitment

Pastoral Counseling and the African American Churches of Metro Atlanta: Breaking the Stigma Associated with Asking for Help
LaSonja Richardson
Liberty University
Rawlings School of Theology

Date: _______________
Church:____________________________
Address 1
Address 2

Dear Pastor ________,
As a graduate student in the Rawlings School of Divinity at Liberty University, I am conducting research as part of the requirements for a Doctor of Ministry, Pastoral Counseling Degree. The title of my research project is, Pastoral Counseling and The African American Churches of Metro Atlanta: Breaking the Stigma Associated with Asking for Help, and the purpose of my research is to determine if African Americans are truly averse to counseling or if they seek counseling from other sources.

I am writing to request your participation through an interview and your permission to invite members of your church to anonymously participate in my research study through a survey. If you agree to be interviewed and permit me to survey your participants, we will need to schedule a time to meet for the interview. The interview will take 20-30 minutes.

Members will be asked to complete the attached survey. I will either visit corresponding churches in person or send a video to be played during announcements to introduce the requested research. Surveys will be placed in the churches for members to complete anonymously and return in collection boxes. The surveys will take 10-15 minutes to complete.

Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, please respond by email to lrichardson3@liberty.edu.

Sincerely,

LaSonja Richardson
Co-Pastor Love Christian Center
Appendix 2

The Liberty University Institutional Review Board has approved this document for use from 10/26/2018 to 10/25/2019 Protocol # 3494.102618

CONSENT FORM
Pastoral Counseling and the African American Churches of Metro Atlanta: Breaking the Stigma Associated with Asking for Help
LaSonja Richardson
Liberty University
Rawlings School of Divinity

You are invited to be in a research study of African Americans and the stigma associated with asking for help. You were selected as a possible participant because you are an African American pastor. Please read this form and ask any questions you may have before agreeing to be in the study.

LaSonja Richardson, a doctoral candidate in the Rawlings School of Divinity at Liberty University, is conducting this study.

Background Information: The purpose of this study is to ascertain how accurate the research is that states African Americans are an underserved community in the field of counseling and mental health assistance.

Procedures: If you agree to be in this study, I would ask you to do the following things: 1. Agree to a 20-30-minute interview. The interview will be conducted by me. It will not be recorded and names will not be disclosed.

Risks: The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

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

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

Confidentiality: For the interviewees, 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.

- Churches and pastors will receive a code to be used in place of their real name.
- 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. After three years, all electronic records will be deleted.

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 LaSonja Richardson. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at 757-320-7677 and/or lrichardson3@liberty.edu. You may also contact the researcher’s faculty chair, Dr. Allen McFarland, at armcfarland@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.

______________________________________________________________________________
Signature of Participant
Date

______________________________________________________________________________
Signature of Investigator
Date
Appendix 3

PASTORAL INTERVIEW QUESTIONS

1. What is the gender of the pastor?
   Male    Female

2. What is the age range of the pastor?
   a. 73 or older (Mature Silent)
   b. 54–72 (Baby Boomer)
   c. 38–53 (Gen X)
   d. 37 or younger – (Millennial)

3. How many years have you served in ministry?
   a. Less than 5
   b. 5–10
   c. 11–20
   d. More than 20

4. How many years have you been pastoring?
   a. 1–5
   b. 6–10
   c. 11–20
   d. More than 20

5. How many churches have you pastored?
   a. 1
   b. 2
   c. 3
   d. 4+

6. What is the population of the church you currently pastor?
   a. <50
   b. 50–99
   c. 100–299
   d. 300–499
   e. 500+

7. Does your church offer counseling for your members?
   Yes (Go to question 9)    No (Go to question 21)

8. If no, do you have a network of referral agencies to recommend?
   Yes        No
9. Who provides the counseling?
   a. Pastor
   b. Deacons
   c. Counseling Team
   d. Associate Ministers

10. If counseling is provided, have the counselors been formally trained?
    Yes
    No (Go to question 12)

11. What type of training was received?
    a. Received certification through a formal program
    b. Formal education (College degree – BS or higher)
    c. Other training ________________________________

12. If there is a team of counselors, do members have the option to request a specific counselor?
    Yes
    No
    There is no team

13. How are counselors assigned?
    a. Gender specific
    b. Area of expertise
    c. Other ________________________________

14. Are there safeguards in place to protect the counselor and counselee? (i.e. gender specific counseling, designated area, security on the premises, etc.)
    Yes
    No

15. Are counseling services made available at various times to allow access by all members?
    Yes
    No

16. Is there a cost associated with the counseling services?
    Yes
    No (Go to question 19)

17. Can insurance be billed?
    Yes
    No

18. If insurance is not an option, what alternatives do members without insurance have to receive counseling?
    a. Member referred to outside agency
    b. Fee adjusted
    c. Fee waived
    d. None

19. Are counseling services available to non-members?
    Yes
    No
20. Is there a fee for non-members?
   Yes  No

21. Has the pastor ever personally utilized counseling services?
   a. Yes  No
Appendix 4

RECRUITMENT SCRIPT

Dear Member:

I am Pastor LaSonja Richardson, as a graduate student in the Rawlings School of Divinity at Liberty University, I am conducting research as part of the requirements for a Doctor of Ministry, Pastoral Counseling degree. The title of my study is Pastoral Counseling and the African American Churches of Metro Atlanta: Breaking the Stigma Associated with Asking for Help. The purpose of this study is to ascertain how accurate the research is that states African Americans are an underserved community in the field of counseling and mental health assistance and to determine if African Americans are truly averse to counseling or if they seek counseling from other sources.

If you are 18 years of age or older, an African American, a member of the church, and are willing to participate, I am asking you to complete a brief survey. It should take approximately 10-15 minutes for you to complete the survey. Your participation will be completely anonymous, and no personal, identifying information will be collected.

To participate, complete and place the survey in the marked box by [DATE].

A consent document is attached to the survey. The consent document contains additional information about my research, but you do not need to sign and return it.

If you choose to withdraw from the study, please do not place your survey in the box.

Thank you for your participation.

Pastor LaSonja Richardson
Doctor of Ministry Student
MEMBER CONSENT FORM

Pastoral Counseling and the African American Churches of Metro Atlanta: Breaking the Stigma Associated with Asking for Help
LaSonja Richardson
Liberty University
Rawlings School of Divinity

You are invited to be in a research study of African Americans and the stigma associated with asking for help. You were selected as a possible participant because you are an African American church member. Please read this form and ask any questions you may have before agreeing to be in the study.

LaSonja Richardson, a doctoral candidate in the Rawlings School of Divinity at Liberty University, is conducting this study.

**Background Information:** The purpose of this study is to ascertain how accurate the research is that states African Americans are an underserved community in the field of counseling and mental health assistance and to determine if African Americans are truly averse to counseling or if they seek counseling from other sources.

**Procedures:** If you agree to be in this study, I would ask you to do the following: Complete an 11-question, anonymous survey, which will take 10-15 minutes, and place it in the provided box.

**Risks:** The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

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

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

**Confidentiality:** The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records. Data will be stored in a locked file and may be used in future presentations. After three years, all records will be destroyed.
**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 prior to returning your survey.

**How to Withdraw from the Study:** If you choose to withdraw from the study, please discard and do not submit your survey.

**Contacts and Questions:** The researcher conducting this study is LaSonja Richardson. You may ask any questions you have now. If you have questions later, you are encouraged to contact her at 757-320-7677 and/or lrichardson3@liberty.edu. You may also contact the researcher’s faculty chair, Dr. Allen McFarland, at armcfarland@ 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.
Appendix 6

MEMBER SURVEY

1. What is your gender?
   Male          Female

2. What is your age?
   a. 18 – 37
   b. 38 – 53
   c. 54 – 72
   d. 73+

3. Does your church offer counseling services?
   Yes          No

4. Have you ever engaged in counseling services?
   Yes          No (Go to question 7)

5. If yes, what type?
   a. Mental Health
   b. Premarital
   c. Financial
   d. Marital
   e. Other __________________________________________

6. If you have received counseling services, were they effective?
   Yes (Go to question 10)          No (Go to question 9)

7. Have you ever desired counseling services but did not engage?
   Yes          No (Go to question 10)

8. If you desired counseling, but did not engage, what is the reason? (Mark all that apply)
   a. Did not feel my session would be kept confidential
   b. Felt it would represent a lack of faith
   c. Afraid of what others would think
   d. Did not know how to ask for help
   e. Did not know where to look
   f. Lacked financial resources
   g. Other __________________________________________
9. If your counseling was not effective, why not?
   a. Did not feel comfortable speaking with the counselor
   b. Counselor did not address my issue
   c. I was not ready to address my issue
   d. Did not trust the counselor
   e. I felt forced to attend
   f. Other ________________________________

10. If you were to seek counseling, please rank your top five criterion for selecting a counselor, one being most important and five being least important.

   ____ Age
   ____ Race
   ____ Psychologist
   ____ Social Worker
   ____ Pastor/minister
   ____ Years of experience
   ____ Same gender as myself
   ____ Opposite gender as myself
   ____ Licensed Professional Counselor
   ____ Session will be covered by insurance
   ____ Counselor with 4-year degree or higher
   ____ Pastor/minister with degree in counseling
   ____ Counselor with a certificate of counseling

11. What, if any, further information would you like to share about counseling?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________


Thank you for your participation and assistance in this vital research.
Appendix 7

PowerPoint Presentation

PASTORAL COUNSELING AND THE AFRICAN AMERICAN CHURCHES OF METRO ATLANTA: BREAKING THE STIGMA ASSOCIATED WITH ASKING FOR HELP

LaSonja C. Richardson

Thesis

A stigma exists in the African American Christian community that seeking counseling services displays a lack of faith and therefore is unspiritual; however, as a new generation emerges with more liberal views on counseling and the role of the church, an opportunity to define pastoral counseling as an acceptable practice is emerging.
Statement of the Problem

- Professional counselors believe African Americans do not seek counseling, despite the need
- Some will seek their pastors first
- Congregational concerns
  - Can the church speak with any relevance to their concerns?
  - Is competent and compassionate care consistently available at their levels of need?
  - Is that care truly confidential?
  - How accessible is it?

Counseling Barriers

- Religiosity
- Stigma of being labeled
- Family pressures
- Negative stereotypes
- Pastoral views
LPC vs Pastor

- Licensed Professional Counselors
  - Master’s-degreed mental health service providers
  - Trained to work with individuals, families, and groups
  - Treat mental, behavioral, and emotional problems and disorders.

- Pastors
  - Lead a congregation of individuals teaching them in spiritual matters
  - May or may not have a degree
  - May or may not be trained
  - Sometimes attempt to treat all areas of an individual’s life

Methodology

- Phenomenological study
- Qualitative and Quantitative
- Case Study
  - Pastoral Interviews
  - Member Surveys
Sources

- Books
- Journal Articles
- Newspaper Articles
- Online Sources
- Reports

Historical Roles

- Church
  - Mandatory attendance
  - Readily accessible
  - Source of help
Religious Connection

- As high as 90% of African Americans are connected to a religious community
- College students more likely to utilize religious services than traditional
- Older African Americans engage in prayer first
- 30 – 40% utilize the church as their first stop for counseling services

Statistical Data for African Americans

- 22% live in poverty,
- 45% are in the youth criminal justice system
- 45% are in foster care
- Over 25% of those exposed to violence suffer with the effects of post-traumatic stress disorder
- Nearly twice as likely as Whites to be diagnosed with schizophrenia.
- Incidence of breast cancer is higher than that of White women
- 3 times more likely to have diabetes
- 45% more suffer with heart disease
- Incidence of prostate cancer is more than double
- HIV/AIDS is more than seven times that of Whites
- Infant mortality rate among African American women, commonly associated with a lack of motherly education, is more than twice that of Caucasians, to include the most educated African American women versus the least educated Caucasian woman
At-Risk Population

- Homelessness
- Foster Care
- Infant Mortality
- Welfare
- Racial profiling by law enforcement
- Incarceration
- Victims of serious crimes
- Racial disparities in sentencing practices
- Substandard medical care
- Poverty
- Unemployment
- Segregation
- Slavery
- Lack of educational opportunities
- Racism
- Sexism

Barriers

“For centuries, Black men in America have been victims of a system that was designed to suppress and obliterate their sense of confidence, self-reliance, and mature manhood.”

_The History & Heritage of African American Churches_

L.H. Whelehel, Jr.

The African American has experienced numerous years of abuse, oppression, subjugation, cruelty and mistreatment from systems that are supposed to serve and protect the rights of all individuals. This behavior has created an environment of doubt and mistrust.
RESEARCH

Research Process

- Identification
- Collection
- Evaluation
- Presentation
Phenomenological Approach

- All participants were of African American heritage
- All participants were congregants of a predominantly African American Metro Atlanta church
- The phenomenon of interest was a perceived aversion of African Americans to seeking mental health counseling

Historical Black Church Denominations

- African Methodist Episcopal Church
- African Methodist Episcopal Zion Church
- Christian Methodist Episcopal Church
- Church of God in Christ
- National Baptist Convention of America
- National Baptist Convention, USA, Inc.
- Progressive National Baptist Convention, Inc
Research Tools

• Structured Interviews – 21 multiple choice questions
• Fixed Choice Survey – 10 multiple choice, 1 open ended question

Biases

• Members utilize pastors because counseling is free
• Congregants don’t utilize LPCs because of the lack of availability of African American counselors
• Pastors believe LPCs lacked a spiritual base and knowledge
• LPCs believe Pastors lack the education and training to conduct counseling
Study Participants

- Church Denomination
  - One Baptist
  - Three Missionary Baptist
  - One Church of God
  - One Non-denominational

- Church Membership
  - Less than 50 - 1
  - 50 – 99 – 1
  - 100 – 299 – 3
  - More than 500 – 1

FINDINGS
Participation

- Pastoral Interviews – 6
- Member surveys – 157

Participant Classifications

- Mature/Silents – born 1927 – 1945
- Baby Boomers – born 1946 – 1964
Pastoral Experience

- In ministry – 5 to 20+ years
- Pastoring current church – 6 to 20+ years
- Churches pastored – 1 to 4
- Counseling provided – 5 pastors (1 with no training)
- Counseling utilized – 4 had, 2 had not (1 casually remarked, probably needed to)

Survey Participants

- A U.S. Congregational Life Survey reports, “There are fewer men in worship than women...61% of worshipers are women, despite men being about 50% of the population
Have you ever desired counseling but did not engage?

If you desired counseling, but did not engage, what is the reason? (Mark all that apply)
### Overall Responses for Counselor Preference

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<th>Criterion</th>
<th># of scored Responses</th>
<th>Total Score</th>
<th>Avg</th>
<th>Ranking</th>
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<td>Years of experience</td>
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<td>Same gender as myself</td>
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### Counselor Preferences

#### Mature Silent – 73+

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<tr>
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#### Baby Boomers – 54 – 72

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<th>Avg</th>
<th>Ranking</th>
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Counselor Preferences

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<th>Millennial – 18 – 37</th>
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<tr>
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<td><strong># of scored Responses</strong></td>
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<td>Years of experience</td>
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Top Criterion

- Every generation preferred LPC and years of experience in varying degrees
- Three generations selected pastor/minster with degree, pastor/minster and age
- The Mature/Silents were the only generation who selected counselor with certificate of counseling.
- Generation X was solitary in their selection of covered by insurance
- Millennials were alone in psychologist
What’s Needed

**Pastors**
- Acquire the necessary training to effectively counsel
- Have access to and use a strong referral network
- Set and adhere to limitations
- Establish and foster a relationship with the LPC community

**Licensed Professional Counselors**
- Respect the religiosity of the individual
- Seek to understand and work within the religious beliefs of their client
- Establish and foster a relationship with the religious community

Conclusions

- While religion is still at the forefront of the African American community, it does not appear that it is a barrier to counseling.
- Pastors seemed to have a healthy attitude toward counseling but failed to go further by not having the “safety net” or back up of a referral network to call upon when a counselee’s issue is beyond their training, area of expertise or experience.
- 44% have never engaged in counseling of any type, less than 20% have engaged in mental health counseling. This would indicate that the views of African Americans toward mental health counseling have not changed.
- Because there were at least two generational groups who preferred LPCs as their first choice in counseling, pastors should make a concerted effort to establish relationships with that group in their community.
Conclusions

• Previous generations do not appear to be having a negative effect on current generations as it relates to counseling.

• Respondents did not have the knowledge to get the help they needed
  • Did not know how to ask for help
  • Did not know where to look

• Religion being a heavy factor in the African American community, there must be a concerted effort to educate African Americans on the availability and benefits of counseling and mental health treatment.

• A lack of trust seems to be a recurrence in this study that must be overcome if African Americans are to receive the mental health treatment they need.

QUESTIONS?
Bibliography


"Black & African American Communities and Mental Health." *Mental Health America*. 2019.


Clinton, Timothy. "Lessons Learned in the Counseling Chair." 2017.


October 26, 2018

LaSonja Richardson
IRB Approval 3494.102618: Pastoral Counseling and the African-American Churches of Metro Atlanta: Breaking the Stigma Associated with Asking for Help

Dear LaSonja Richardson,

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):

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

Liberty University | Training Champions for Christ since 1971